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Psychiatrists as Agents of the Soviet Minds: The Involvement of Psychiatrists in Silencing Soviet Dissidents during the 1970s

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Psychiatrists as Agents of the Soviet Minds

The Involvement of Psychiatrists in Silencing Soviet Dissidents during the 1970s



Pl. 1. Kashchenko Psychiatric Hospital in 1978 (Photograph by Peter Reddaway).

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This dissertation is dedicated to all the victims of the psychiatric abuse in the Soviet Union.

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List of Abbreviations

APA	American Psychiatric Association
KGB	Komitet Gosudarstvennoy Bezopasnosti Committee for State Security
MVD	Ministerstvo vnutrennih del SSSR Ministry of Internal Affairs of the USSR
OPH	Ordinary Psychiatric Hospital
SPH	Special Psychiatric Hospital
WPA	World Psychiatric Association

Introduction

“Can there be diseases, nervous disorders among certain people in Communist Society?” Asked Soviet President Nikita Khrushchev in a 1959 Pravda newspaper article.¹ He continued by answering his own question: “Evidently yes. If that is so, then there will also be offences that are characteristic for people with abnormal minds. To those who might start calling for opposition to Communism on this basis, we can say that clearly the mental state of such people is not normal.”²As the statement by Khrushchev shows, in the Soviet Union the minds of the people were formed by communism. Or as former dissident Vladimir Bukovsky explains, if a person decides to go against the regime, they show a manifestation of pathological processes in their psyche.³ This meant that a court would see a need for a forcible treatment, as Fireside explains in his book *Soviet Psychoprisoners*, since the criminal was then found non-accountable for their actions. Thus a dissident would receive mandatory therapy for their behaviour and the only way a person could reverse the schizophrenia label was to openly renounce their dissenting views.⁴ The misuse of the psychiatric profession to silence any criticism on the Soviet regime became known to the outside world in the early 1970s and in the decade that followed, more information became available for researchers such as Sidney Bloch and Peter Reddaway, who published the book *Russia's Political Hospitals: the Abuse of the Psychiatry in the Soviet Union* in 1979.⁵ As Bloch, Reddaway and Fireside argued in the late 1970s, Soviet psychiatrists were actively participating in the misuse of their profession. After the initial discovery of the abusive practices within the Soviet psychiatric hospitals that dissidents were facing, scholars such as Robert van Voren and Anastasiya Schacht have researched the issue from various perspectives and analysed the role of the psychiatrist in the historic period. Their understandings vary from crediting hierarchical structures and ideological pressures to ensure behaviour of the Soviet doctors involved in the treatment of dissidents.

Therefore this project will question to what extent were psychiatrists involved in the abuse of dissidents during the 1970s in the Soviet Union. Dissidents are, throughout this research,

¹ This thesis uses Russian forms for the personal names of Russian sources or place names. The choice of any language, orthography, script or transliteration system should not be interpreted as a political statement.

² Robert van Voren, *Cold War in Psychiatry: Human Factors, Secret Actors*, (Amsterdam: BRILL, 2010): 96.

³ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980): ix.

⁴ Harvey Fireside, *Soviet Psychoprisoners*, (Canada: George J. McLeod Limited, 1979): xvii.

⁵ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 17-8.

understood as people who have deviated in various ways from the norms and social conventions that have been laid down firmly by the Soviet Union, and their activities have therefore been identified and labelled as suspect. The definition of Bloch and Reddaway of this group is chosen as it captures all forms of dissent behaviour: from advocating for human rights to nationalist or religious believers, all was suspected by the Soviet Union as deviating from the Communist Party line.⁶ Thus all the sources chosen from dissidents were chosen on the grounds that they were actively speaking out against the social conventions and norms that the Soviet Union expected from them, which led to their internment at psychiatric hospitals. Furthermore, by focusing on the period of the 1970s, all the events surrounding the misuse of psychiatry from the late 1960s to the early 1980s will be taken into account. This period was chosen as the misuse of psychiatry became known worldwide, while the dissidents were still facing abusive practices in the Soviet Union.

The extent to which the psychiatrist were involved in this historic episode is researched through a case study approach as the descriptive sources are analysed on their own as well as placed in the context they were produced in. This methodology was chosen from the work of social scientist Robert Yin and his book *Case Study Research and Applications: Design and Methods*, as it is one of the most recent studies in the analysis of case studies focusing on historic documents.⁷ The selection of sources for the case study is based on a framework established through the work *Russia's Political Hospitals: The Abuse of Psychiatry in the Soviet Union* of Bloch and Reddaway, where a psychiatrist was either active as a high-level doctor, a lower-level psychiatrist or became a dissenting psychiatrist.⁸ The primary Russian sources and secondary interpretations of the abusive practices within the Soviet psychiatry were gathered from the archive in the Andrey Sakharov Research Centre for Democratic Development in Kaunas, Lithuania. This centre is focused on the development of Eastern European democracies and safeguards documentation on the repression of political freedom in the region.⁹ This archive contains documentation on psychiatry in the Soviet Union as they were collected by Robert Van Voren, Peter Reddaway and the International Association on the Political Use of Psychiatry.¹⁰

⁶ Sidney Bloch and Peter Reddaway, *Soviet Psychiatric Abuse: The Shadow over World Psychiatry*, (London: Victor Gollancz Ltd, 1984): 30.

⁷ Robert Yin, *Case Study Research and Applications: Design and Methods* (California: SAGE Publications Inc., 2018), 16-30.

⁸ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 220-42.

⁹ "Purpose," Sakharov Centre, accessed June 6, 2022, <https://www.sakharovcenter-vdu.eu/sakharov-center/purpose/>.

¹⁰ "Archival Holdings," Sakharov Centre, accessed June 6, 2022, <https://www.sakharovcenter-vdu.eu/archives/archival-holdings/>.

The analysis of the corpus of archival sources shows that the extent to which the Soviet psychiatrists were involved in the abuse of their profession to silence dissidents during the 1970s in that they shaped their profession into a tool that shifted from being useful to useless. The high-level psychiatrists contributed to the abuse by developing scientific theories on schizophrenia that made it possible to diagnose many mentally healthy dissidents as ill. Furthermore, the hierarchical structure ensured that the lower level psychiatrist listened to the doctors in charge. They acted out of fear, conformism or ambition and used the tool they were given to treat dissidents through mandatory abusive therapy. However, the psychiatrists were involved in ending the misuse of their profession as well: as more and more doctors spoke out against the abuse, it became less useful as a tool since dissidents could no longer be silently discredited. Even though the misuse of the psychiatric profession is studied in the 1970s, it is still of great importance to understand the role of the psychiatrist in these events. Journalist Anna Politkovskaya claims in her book *Putin's Russia: Life in a Failing Democracy*, the psychiatrist known for misusing the schizophrenia diagnosis against anti-Soviet activist throughout the 1970s are still working as doctors in Russia.¹¹ Furthermore, important psychiatrist Snezhnévskiy whose broad understanding of Schizophrenia was used to diagnose many dissidents as mentally ill, is still defended by Russian doctors. As Anatoliy Smulevich claims in an interview with the magazine *Dnevnik psikhiatra* in 2014, Snezhnévskiy did not misuse his profession and would never misdiagnose someone healthy as schizophrenic. The abuse that is attributed to the doctor is therefore not true and can be seen as slander.¹² Smulevich was a student of Snezhnévskiy and is currently as a professor member of the Russian Academy of Medical Sciences.¹³ Therefore the aim of researching the psychiatrists involvement of misusing their profession during the 1970s to silence opposition is to develop an understanding of abusive psychiatry as a tool that could be used by Russia to this day.

First in order to achieve the understanding of the psychiatrists involvement in the silencing of dissidents, the academic debate on that perceived role will be discussed. Then a framework is established from the academic literature and the corpus of data it applies to is discussed. The first chapter analyses the role of three important figures in the Soviet psychiatry of the 1970s: professor Andrey Snezhnévskiy, doctor Georgiy Morozov and doctor Daniil Lunts. The second chapter

¹¹ Anna Politkovskaya, *Putin's Russia: Life in a Failing Democracy*, (New York: Metropolitan Books, 2007): 152-4.

¹² Anatoliy Smulevich, "Psikhiatriya nel'zya vydumat' iz golov i iz uchebnikov," *Dnevnik psikhiatra*, April 8, 2014. https://psychiatr.ru/download/1543?view=1&name=Dnevnik_Psichiatra+1-Copy1.pdf.

¹³ "Anatoliy B. Smulevich," Research Gate, accessed June 6, 2022, <https://www.researchgate.net/profile/Anatoliy-Smulevich>.

researches the involvement of the psychiatrists working for these three key-players and their role in the abusive practices. The final chapter looks at the psychiatrists who protested against the misuse of their profession in various ways. The conclusion summaries the findings of the chapters, analyses the ethical aspects of the research, discusses the limitations and examines the possibilities for future research.

Chapter One: The shifts in the Perceived Role of the Psychiatrist

The psychiatrists working in the mental institutions of the Soviet Union are understood differently by various scholars, which is the result of two phases within the academic debate about the perceived role of the psychiatrists in the abuse. During the late 1970s, the book *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union* by Sidney Bloch and Peter Reddaway was one of the first publications to fully examine the abusive practices.¹⁴ During that period, Harvey Fireside followed with his book *Soviet Psychoprisons*, depicting the the role of the psychiatric doctors at great length.¹⁵ The research done by both academics was conducted during the late 1970s and early 1980s, a time were the abuse became known outside the Soviet Union. Therefore, it has to be taken into account that there was less information available on the abuse when they researched the issue in contrast to later publications, as victims were afraid to speak about their experiences or still locked up. After initial discovery on the topic of psychiatric abuse as a political weapon, debate and research slowed down. The topic reemerged when Robert Van Voren wrote about the issue in 2015, as the researcher approached the issue from a point of reflection. The author looked at the role of psychiatrists in the abuse as a continuous practice in his article "Fifty Years of Political Abuse of Psychiatry - No End In Sight.", which was published in the international peer-reviewed journal *Ethics, Medicine, and Public Health*.¹⁶ A different methodology was used in the work of Schacht, that looked at the psychiatrist's role as well, but rather focused at the hierarchical power structure of their profession. Her 2022 publication "Power in Psychiatry: Soviet Peer and Lay Hierarchies in the Context of Psychiatry" in the peer-reviewed journal *History of Psychiatry* is used to understand the role of power and weigh this interpretation against the work of the other authors.¹⁷ Recent research into the issue does not focus on bringing the abusive practices into the known, it looks at practice from a different perspective: either as a recurring procedure or as a hierarchical issue within the Soviet Union.

The literature review first examines the historic point of view from scholars Bloch, Reddaway and Fireside and how their recent discoveries of the abuse of psychiatry led to an early

¹⁴ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977).

¹⁵ Harvey Fireside, *Soviet Psychoprisons*, (Canada: George J. McLeod Limited, 1979).

¹⁶ Robert van Voren, "Fifty Years of Political Abuse of Psychiatry - No End In Sight," *Ethics, Medicine, and Public Health* 1, no. 1 (2015): 44-51.

¹⁷ Anastasiya Schacht, "Power in Psychiatry: Soviet peer and lay Hierarchies in the Context of Political Abuse of Psychiatry," *History of Psychiatry* 33, no. 1 (2022): 21-33.

understanding of the role of the doctors involved. The next section analyses the recent points of view on this issue by authors Schacht and Van Voren. This leads to an analysis of the different approaches and weighing their point of views on which the main argument is build upon: the understanding of the role of the psychiatrists shifts over time. The review concludes by weighing the discussed literature, how it is used in the research process and what this project contributes to the academic debate.

Historic Perspective

The book *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union* of Bloch and Reddaway is one of the first publications on the misuse of psychiatry in the Soviet Union, with a specific look at labelling sane dissenters mentally ill and in need of compulsive treatment in hospitals. For their research, the authors looked at documentation of psychiatric abuse smuggled outside the Soviet Union and spoke to victims as well as dissenting psychiatrists in order to examine which part of the psychiatric institute is responsible for the misuse of mental illnesses for silencing dissidents.¹⁸ According to Bloch and Reddaway, three different groups can be identified amongst psychiatrists. There was a group at the core of the abuse, lower-level doctors that followed the order of this core group and psychiatrists who protested against the abuse. The lower-level group of doctors are understood as the average psychiatrists who had very limited knowledge of the political use of their discipline. And even if they were more informed than their colleagues, the psychiatrist usually remained passive. This behaviour, Bloch and Reddaway explained, is due to the conformist attitude of the Soviet society as a whole. The psychiatrists observe the conventions and practices that are prescribed by the Communist Party and then knows, out of either habit or fear, what is expected even without clear instructions. The regular psychiatrists thus knows that if a case is transferred from the KGB towards the psychiatric institutions, this person needs to be labeled as non-responsible for their actions and receive compulsory treatment. And even if, the authors conclude, the doctor had suspicions about the misuse of their profession, they could still hold on to the rationale that a few years in a mental hospital may be less traumatic than imprisonment.¹⁹

Two years later, in his 1979 work *Soviet Psychoprisoners*, scholar Harvey Fireside agrees with

¹⁸ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 31.

¹⁹ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 220-34.

Bloch and Reddaway on the argument that most Soviet psychiatrists did what was expected of them by the KGB. For his work, Fireside surveyed cases and concluded that the average doctor involved in psychiatry during the 1970s knew what was expected of them from the secret service. The author does not elaborate on how he conducted the survey or which cases he looked at. Despite the unclarity of his research, Fireside argues that the political bias of psychiatrists needs to be taken into account, which is not touched upon in the work of Bloch and Reddaway. Whereas the latter argue that the rules that psychiatrist followed came directly from the Communist party, Fireside goes one step further and argues that the typical Soviet psychiatrist saw the minds of every person they examined as a mirror of the nation's economic system. Fireside credits the role of communism not only as a source of fear as Bloch and Reddaway did, but also looked at the ideology to how psychiatrists diagnosed patients. Thus, the reasoning for misdiagnosing of dissidents is not out of fear for the ideology, but because of bias towards the Soviet system.²⁰

Apart from the psychiatrists acting as was expected of them, there were doctors critical of the abuse as well. In both works, the authors look at the role of the dissenting psychiatrists. What needs to be taken into account by analysing this part of their work is that the misuse of psychiatry within the Soviet Union was just being acknowledged a few years prior to their publications. Both works contributed to drawing attention to the issue, telling the story of dissenting psychiatrist such as Ukrainian doctor Semën Glúzman. Both authors agree that his heavy punishment (seven years in a strict camp and three years of internal exile) for his criticism on the misuse of his profession was to deter other doctors who might feel the impulse to protest publicly against the abuse.²¹ The colleagues that psychiatrist Glúzman was criticising came from a group Bloch and Reddaway describe in their work as the core psychiatrists in the system of abuse. They mention key figures such as Doctor Georgiy Morozov, Doctor Daniil Lunts and claimed as most notorious, Dr. Andrey Snezhnévskiy, that were all involved in developing a system to label dissidents as mentally ill in order to silence their activism. In the case of Dr. Snezhnévskiy, the authors argue that the psychiatrist developed an understanding of schizophrenia that made it possible to diagnose any dissident with this illness.²² This role is however minimised two years later in the work of Fireside, since the author argues that Snezhnévskiy comes not from a malicious drive to support the misuse of the communist regime. When looking at the motivations of the psychiatrist to diagnose many

²⁰ Harvey Fireside, *Soviet Psychoprisons*, (Canada: George J. McLeod Limited, 1979): 31-40.

²¹ Bloch and Reddaway, *Russia's Political Hospitals*, 234-8.; Fireside, *Soviet Psychoprisons*, 31-8.

²² Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 220-7.

dissidents with schizophrenia, Fireside states that Snezhnévskiy believed he was acting upon scientific validity.²³ In a short period, the individuals that Bloch and Reddaway saw as the core psychiatrists responsible for the misuse of their profession, Fireside perceived as researchers convinced by their own scientific studies which led peculiar theories on the diagnosis of schizophrenia.

In conclusion, both works of Bloch and Reddaway and Fireside show an early understanding of the various roles a psychiatrist could have had during the misuse of their profession. Where both authors agree upon the involvement of the regular doctors, they show a different understanding of key figures in this historic episode such as Snezhnévskiy. These remarks are further touched upon in the more recent works of Van Voren and Schacht that are discussed in the next section.

Recent Studies

The perspective on the role of psychiatrists has changed as modern studies approached the historic period differently from the studies done in the 1970s. Whereas Bloch, Reddaway and Fireside focused on the responsibility within the psychiatry profession, in the article “Power in psychiatry. Soviet peer and lay hierarchies in the context of political abuse of psychiatry”, Schacht looked at the influence of hierarchal power within the institution. The author looked at the political entanglement and relations amongst psychiatrists at all levels of power. Through this analysis, Schacht concludes that the role of the majority of the psychiatrists did not actively participate in the silencing of dissidents. This argument is formed on the notion that all psychiatrists in the Soviet Union treated their patients, even though they might be dissidents, in a way that Schacht describes as paternalistic or humiliating. Because the lower level psychiatrists had no power to respond or criticise what was expected of them, they did not question the activities of their profession or take responsibility for their partaking in it.²⁴

The lower level psychiatrist is given more agency in a recent study by Van Voren. The author focused in his article “Fifty years of political abuse of psychiatry — no end in sight” on the continuation of misuse of psychiatry in the Soviet Union, and claims the regular doctors knew what what going on in terms of silencing dissidents. Van Voren argues that they might not have been fully

²³ Harvey Fireside, *Soviet Psychoprisons*, (Canada: George J. McLeod Limited, 1979): 39-40.

²⁴ Anastasiya Schacht, “Power in Psychiatry: Soviet peer and lay Hierarchies in the Context of Political Abuse of Psychiatry,” *History of Psychiatry* 33, no. 1 (2022): 21-33.

aware that they were part of a powerful institution and that their role changed due to the regime, but that the psychiatrists did know that they contributed to abuse. The average psychiatrist did not want to get in trouble, and achieving this meant fulfilling every request of the secret service without questioning. The doctors had no opportunity to question or criticise the control of the communist party, and this led to passive behaviour and the opportunity for the regime to change the position of the average psychiatrist to a contributor of the abuse. This was possible, Van Voren continues, because the Soviet doctors were dependent on the state to be able to work; via the financial support, the loyalty to the regime and political connections within the communist party. These conditions needed to be met for a psychiatrist at any level to be able to work in the Soviet Union, which made it possible to put constraints on their work.²⁵

The distinction in the approach of Schacht and Van Voren is subtle, but makes a great difference for recent understanding of the role of psychiatrists in the abuse. Whereas Schacht argues that the doctors did not actively misuse their position in order to silence patients since it was already part of their profession to act a certain way, Van Voren states that it the profession itself changed in order to silence dissidents and that this came from the KGB and the Party. The level of active participation is understood differently by the authors and results in the debate about to what extent the soviet doctors contributed to the abuse knowingly.

Where both authors agree upon is the historic claim that there was a core group of influential psychiatrists that shaped the abuse and the parameters in which it took place. According to Van Voren, Dr. Snezhnévskiy had the monopoly position when it came to diagnosing dissident behaviour through his school of thought that the author labels as the Moscow School of Psychiatry. The doctor saw rebelling against the regime as a form of sluggish schizophrenia, an illness that was so broad it became known later as his trademark to diagnose activists.²⁶ Schacht describes the academia that followed the Snezhnévskiy school of thought as the most notable group of high-rank officials from that period, as they were responsible for originating a loose diagnosis of schizophrenia. This group claimed their power in the Soviet psychiatry through the hierarchy that existed within the institution: these few intellectuals set the rules and vectors the discipline was ought to follow. These exceptions came from the insights of the core group of psychiatrists such as Snezhnévskiy, as well as officials from the Ministry of Health, the Politburo and the KGB. This influence can be analysed by looking at the positions these officials took, for instance via steering

²⁵ Robert van Voren, "Fifty Years of Political Abuse of Psychiatry - No End In Sight," *Ethics, Medicine, and Public Health*: 44-51.

²⁶ *Ibid*, 47.

the board of the Academy of Medical Sciences, controlling the peer journal Korsakov and holding surveying functions. Schacht concludes that even Snezhnévskiy had to answer to the grip this group had through various ways such as scholarly and medically on psychiatry.²⁷ When assessing this core group of doctors, Van Voren goes one step further and claims that the psychiatrists in powerful positions during the 1970s are still in power in Russian psychiatry to this very day.²⁸

Analysis of Three Levels

So far this review has shown that there is a difference between the older perception of the role the psychiatrists had in the abuse and how recent studies look at this historic episode. Since the differences within the older and newer approaches have been discussed, this section looks at their collective understanding of the three discussed groups: the core group of psychiatrists, the average psychiatrist and the dissenting doctors within the Soviet psychiatry. Since all discussed literature has looked at these groups and came up with various interpretations, it can be shown how the perception of the average psychiatrist changed over time, how the outlook on the most influential doctors progressed and how the dissenting psychiatrist became less important.

First of all, there is a shift in the understanding of the average psychiatrist and their contribution to the misuse of diagnoses. The older literature argues that the psychiatrists clearly knew what was expected of them through the unspoken expectations of the regime, however saw this not necessarily as a form of abusing their position per se. It is difficult to estimate to what extent the regular doctors knew, however Bloch and Reddaway argue that they had some knowledge and Fireside states that the psychiatrists act upon what was expected of them from the secret services. Both authors use the analysis of the role of communism and how the mind ought to be a reflection of that ideology. This role is understood differently in more recent work, whereas Schacht would argue that the older literature overstates how many psychiatrists were actually involved in the abuse. According to the author, the role of the doctor in the Soviet Union was already one of humiliating patients, thus their role did not necessarily change or contribute to newer forms of misuse. This point is disagreed upon by Van Voren, who claims that the Soviet psychiatrists did have an understanding that they were involved in misusing mental illnesses. The average

²⁷ Anastassiya Schacht, "Power in Psychiatry: Soviet peer and lay Hierarchies in the Context of Political Abuse of Psychiatry," *History of Psychiatry* 33, no. 1 (2022): 8.

²⁸ Robert van Voren, "Fifty Years of Political Abuse of Psychiatry - No End In Sight," *Ethics, Medicine, and Public Health*: 47.

psychiatrist understood that their role was subordinate within the institution and society. The more recent publications disagree with the older school of thought on the extent the average psychiatrist knew or even contributed to abuse, and even in the more recent work the scholars do not agree upon this role.

This change in understanding can be explained by looking at the time of publication of the research. The books of Fireside and Bloch and Reddaway were written while the discussed abuse was recently discovered and it was not fully clear yet what the scope of the issue was. In the case of Schacht, the historic episode of soviet psychiatry as a weapon during the Soviet Union was already closed. Since it was not completely known what the involvement was of the average psychiatrist due to the lack of information, a different interpretation could be possible. However, Van Voren disagrees with Schacht on the extent to the abuse being an issue from the past. The author claims that the same misuse of mental illness still occurs in the Soviet Union current day, since the same doctors remained in power for many years.

Where all the publications do focus on is the structure of hierarchy that was present in the psychiatric institution of the Soviet Union, which lead to the role of a few core psychiatrists. In the earlier works, it is already underscored that the diagnoses of schizophrenia that was broadened due to the views of Snezhnévskiy gave the doctors a tool to claim dissidents were mentally ill. This core group of psychiatrists are claimed by both Bloch and Reddaway and Fireside to be a group of a select few individuals that were responsible for the abuse taking shape at lower levels of the institution. However, on the specific aspect of Snezhnévskiy the authors disagreed: Bloch and Reddaway credit the doctor for knowingly contributing to the abuse via the broadening of the schizophrenia diagnosis, Fireside claims the psychiatrists was not maliciously participating. The author claims that the doctor was convinced of the scientific validity of his work. This point of view has not been the one to survive the many years of research since. In the discussed recent research of Van Voren, Snezhnévskiy is fully credited as it was his own school of thought that the communist psychiatrists were forced to follow. The doctor was a leader of the high ranking officials that decided via the Serbski Institute which diagnoses and treatments the dissidents were given. The recent studies discussed in this debate describe his role as setting the rules and Van Voren even claims that this line of thought was followed many years beyond the fall of the Soviet Union. An explanation for Fireside seeing the role of Snezhnévskiy different than the other authors could be the argument that Snezhnévskiy truly did believe in his own understanding of sluggish schizophrenia, and therefore was just as conformist as the earlier discussed average psychiatrists was to the regime. However, one could contradict this view and state that he had such an important

role in the institute itself, the only way he could have this leader position would be if he worked with the party officials.

Finally, the role of dissenting psychiatrist criticising the abuse has not been in focus in the more recent works looking into Soviet psychiatry. Both Fireside and Bloch and Reddaway tell the stories of the psychiatrists criticising their profession and how their punishment was used to refrain other doctors from accusing the regime of abuse. Van Voren briefly mentioned the actions of Glúzman in critiquing the profession and in the work of Schacht it is not mentioned at all. In the older literature many chapters are devoted to how the dissenting psychiatrists contributed to challenging the regime and therefore showing a fuller picture of the role of all the psychiatrists involved in the abuse. It contributes to the argument that there were certain expectations from every psychiatrist involved with dissidents, and the ones critiquing that acknowledge these unspoken rules. Thus the work of Schacht and Van Voren could benefit greatly from looking more into the role of the dissenting psychiatrists and how they spoke out against the abuse of mental illness and the imprisonment of dissidents in mental hospitals.

Concluding remarks

The academic debate shows that the approach to Soviet psychiatrists involved shifted over time. The older literature looks at the role of the ideology and the newer literature credits a more complex system of hierarchy in psychiatry. This shift is partly due to the earlier works being published as the abuse was still unfolding. Even the role of key figures such as Snezhnévskiy has not been agreed upon: the views shift from crediting him as the main source for the abuse, others state he saw his work as merely scientific. Lastly, the role of the dissenting psychiatrists is minimised in the more recent studies compared to the older work.

This research was limited by the element of secrecy discussed earlier; due to the lack of full access we will never fully know what was in the minds of psychiatrists involved. Therefore this thesis contributes to this gap by assessing Russian and English primary sources and using the same distinction established in the discussed older and newer literature. These sources are analysed through the distinctions of a core group of psychiatrists, the average psychiatrists and the dissenting psychiatrists. Thus to contribute to this debate, a similar framework will show how the role of the psychiatrist is perceived and apply this to ego documentation of victims, correspondence between psychiatrists, news paper articles and other reports. The next chapter on methodology elaborates on the design of this project.

Chapter Two: Methodology

The academic debate from the last decades shows that there is a shift in the understanding of the perceived role of the psychiatrist in the abuse of dissidents during the 1970s in the Soviet Union. The earlier publications use ideology as an explanation for the psychiatrists involvement, whereas the recent literature claim the abuse happened through a complicated system of hierarchy within the profession. What the academics agree upon is the distinction of three levels within the psychiatric profession in the Soviet Union during the 1970s: the highly influential psychiatrists, the middle and lower level psychiatrists and the psychiatrists who were critical of the abusive practices and became outsiders themselves.

These three levels will be applied to the psychiatric abuse in the specific period of the 1970s to further understand the perceived role of the psychiatrists. First, a case study approach is explained through the work of Robert Yin. The social scientist Yin specialises in case study research and his 2018 publication *Case Study Research and Applications: Design and Methods* is one of the most recent works on the use and design of this methodology.²⁹ The following section explains which primary and secondary sources make up the corpus of the case study. Lastly, the final part discusses the framework that distinguishes and analyses the case study sources and then establishes the following three chapters.

Case Study Research

In this section the approach to the case study of the perceived role of doctors throughout the psychiatric abuse is explained by discussing the approach through the work of Yin and how this research uses his methodology. According to Yin, the use of a case study shows one specific phenomena in depth, while taking into account the contextual conditions pertinent to the case. Thus sources that form the case study are looked at on their own and placed into the real-world context they are produced in. This approach is especially useful for historic research, Yin argues, since the approach takes into account all the conditions that are pertinent to the case. The approach looks at the direct observations of the events that are being studied and assesses both primary and secondary documentation as sources of evidence.³⁰

²⁹ Robert Yin, *Case Study Research and Applications: Design and Methods* (California: SAGE Publications Inc., 2018), 16-30.

³⁰ Robert Yin, *Case Study Research and Applications: Design and Methods* (California: SAGE Publications Inc., 2018), 42-6.

This approach is used to look in depth at the perceived role of the psychiatrists in the abuse within the context of the Soviet Union during the 1970s, taking into account the political, economical and cultural conditions that are pertinent to the abusive practices. The method of studying and observing sources is applied to descriptive examples of abusive practices in the Soviet psychiatry. The examples will be looked at individually and will be put into the wider context of the Soviet Union in the 1970s and how the psychiatric profession was then perceived. Thus the discussed approach of Yin by places sources on their own as well as into the wider context they are a product of is used to observe the accounts about the abuse by victims, dissidents, doctors and Western critics.

Corpus of Sources

The approach is applied to a case study that is build up through a variety of primary and secondary documentation. This section explains how through archival research the data are collected and which documents make up the corpus of sources.

The various forms of psychiatric involvement in the abuse of dissidents during the 1970 were further discussed in an interview with Robert van Voren on March 21st 2022 via Zoom. Van Voren is a Dutch professor of Soviet and Post-Soviet Studies at the Vytautas Magnus University in Kaunas, Lithuania, where he is also active as the Chief Executive of the Federation Global Initiative and Psychiatry (FGIP) which is located in the Sakharov Research Centre. This centre, fully named the Andrey Sakharov Research Centre for Democratic Development, is devoted to the development of democracies in Eastern Europe and the former Soviet Union and holds archives of materials of repression of political freedom in the region. Furthermore, Van Voren has published many works relating to the mental abuse of dissidents in the Soviet Union, which are also used for this research.³¹ After this interview, there was the opportunity to conduct research in the archive of Van Voren which is located in the Sakharov Research Centre in Kaunas, Lithuania. This archive contains documents on psychiatry in the Soviet Union collected for many decades by Van Voren, as well as Peter Reddaway and the International Association on the Political Use of Psychiatry.³² For this project, the archive was visited for two days in April, where sources were collected on the basis of

³¹ "Robert van Voren (LT/NL) - Executive Director," Sakharov Centre, accessed June 5, 2022, <https://www.sakharovcenter-vdu.eu/sakharov-center/executive-office/robert-van-voren/>.

³² "Archival Holdings," Sakharov Centre, accessed June 6, 2022, <https://www.sakharovcenter-vdu.eu/archives/archival-holdings/>.

their focus on psychiatrists involvement between the late 1960s and early 1980s in the Soviet Union.

The sources were various forms of documentation and were mainly collected from the archive in Kaunas. The first chapter uses several documents to understand the role of Snezhnévskiy, first of all statements by the professor himself to the state media agency TACC are analysed.³³ Second, interviews with American Psychiatrist Walter Reich with Snezhnévskiy from the *Commentary* journal and *The New York Times* are used.³⁴ Third, encounters Swedish psychiatrist Carlo Perris³⁵ and American doctor Alan Stone³⁶ had with the Soviet doctor. Then recollections from Viktor Nékipelov³⁷, Zhores Medvedev and Roy Medvedev³⁸ are used as a source to understand his connection to the dissidents. Lastly, the unpublished Russian manuscript *Psikhiatriya, Psikhiatry i Obshchestvo*³⁹, here translated as Psychiatry, Psychiatrist and Society, by two former colleagues of Snezhnévskiy is a valuable source on the characteristics of the Soviet professor. For the analysis of Morozov, an interview with the doctor in the magazine *Sovet·skiy Soyuz* (translated: Soviet Union)⁴⁰ and articles by TACC⁴¹ are used. Furthermore, the *New York Times* article by Reich⁴² describes Morozov as well. Lastly, the recollections of dissident Nékipelov⁴³ and Medvedev⁴⁴ are used to give an insight in the director of the Serbski Institute. The

³³ TACC. “‘Antisovet·skaya kampaniya’ na Kongresse psikhiatrov v Gonolulu.” *TACC*, September 1, 1977.

³⁴ Walter Reich, “The World of Soviet Psychiatry,” *The New York Times*, January 30, 1983, <https://www.nytimes.com/1983/01/30/magazine/the-world-of-soviet-psychiatry.html?pagewanted=print>.

Walter Reich, “Soviet Psychiatry on Trial,” *Commentary* 65, no. 1 (1978).

³⁵ Carlo Perris, “Interview with Carlo Perris,” *Svenska Dagbladet*, May 28, 1980.

³⁶ Alan Stone. “A Commentary by the APA President Elect,” *Psychiatric News* 18, no. 1 (1978): 1.

³⁷ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980).

³⁸ Roy Medvedev and Zhores Medvedev, *A Question of Madness*, (London: Macmillan Ltd, 1971).

³⁹ ———, *Psikhiatriya, Psikhiatry i Obshchestvo*, (Kaunas: Andrey Sakharov Research Centre for Democratic Development, 1990).

Names of the authors are known to the author but are kept anonymous for reasons of confidentiality. *Psikhiatriya, Psikhiatry i Obshchestvo*, is part of the Andrey Sakharov Research Centre in Kaunas, Lithuania.

⁴⁰ Ignatenko, Mayya. “O psikhii.” *Sovet·skiy Soyuz*, 1987
Since the document was part of the archive it is unclear when it was published in 1987.

⁴¹ TACC, “Morozov otritsayet ispol'zovaniye psikhii protiv dissidentov”, *TACC*, July 20, 1987.

⁴² Walter Reich, “The World of Soviet Psychiatry,” *The New York Times*, January 30, 1983, <https://www.nytimes.com/1983/01/30/magazine/the-world-of-soviet-psychiatry.html?pagewanted=print>.

⁴³ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980).

⁴⁴ Roy Medvedev and Zhores Medvedev, *A Question of Madness*, (London: Macmillan Ltd, 1971).

sources of data for the section on Lunts contains the publication of the doctor in the Soviet journal *Law and Government*⁴⁵, the Manual *Posobiye po psikhii dlya inakomyslyashchikh*⁴⁶ (translated: Psychiatry for Dissidents) by dissident Vladimir Bukovsky and psychiatrist Semën Glúzman, encounters of Nékipelov with the doctor and lastly, a report by American doctor Norman B. Hirt on the Soviet psychiatric abuse for the Committee of Judiciary United States Senate.⁴⁷ The second chapter on the lower level psychiatrists uses first of all an appeal to human rights organisations by Viktor Faynberg⁴⁸ on his encounters with Soviet doctors. Second, the book *Notes of a Soviet Doctor* from Georgian physician Gavriil Ponder⁴⁹ is used. This book is further analysed by the American doctor David Hawkins in the *American Journal of Psychiatry*.⁵⁰ Third, the personal accounts of Viktor Nékipelov⁵¹ illustrate the role of the average psychiatrist. Fourthly, the recollections of anonymous dissidents kept at psychiatric hospitals in the Soviet Union that were interviewed by Nanci Adler and Semën Glúzman⁵² are part of the sources in this chapter. The final document of this chapter is a Russian letter from dissident Boris Yevdokimov⁵³ send to Amnesty International about his internment. The third chapter on the dissenting psychiatrist contains an article by the Soviet doctor Etely Kazanetz⁵⁴ on the misunderstood diagnosis of schizophrenia, as well as a response to these statements by American psychiatrist Reich.⁵⁵ Second, a case study on an anonymous patient by Georgian doctor Artandil Papiashvili⁵⁶ is used. From the Soviet psychiatrist Anatoliy are both

⁴⁵ Georgiy Morozov, M.L. Kalashnik and Daniil Lunts, “The Subject and Functions of Forensic Psychiatry,” *Soviet Law and Government* 8, no. 2-4 (1969).

⁴⁶ Vladimir Bukovskiy and Semën Glúzman, “Posobiye po psikhii dlya inakomyslyashchikh.” Accessed August 9, 2022. <https://www.soviethistorylessons.com/psychiatry-manual-for-dissidents>

⁴⁷ Subcommittee to Investigate the Administration of the Internal Security Act and Other Internal Security Laws, *Abuse of Psychiatry for Political Repression in the Soviet Union: Hearing, testimony of Dr. Norman B. Hirt*, (United States, Purdue University, 1975).

⁴⁸ Viktor Faynberg, “Obrashcheniye k pravozashchitnym organizatsiyam”, *Samizdata* 1276 (1970): 1-17.

⁴⁹ Gavriil Sergeevich Ponder, *Notes of a Soviet Doctor*, (New York: Consultants Bureau, Inc., 1959).

⁵⁰ David Hawkins, “Psychiatric Education in Eastern Europe,” *American Journal of Psychiatry* 138, no. 12 (1981): 1578-9.

⁵¹ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980).

⁵² Nanci Adler and Semën Glúzman, “Soviet Special Psychiatric Hospitals: Where the System was Criminal and the Inmates were Sane,” *British Journal of Psychiatry* 163, no. 6 (1993): 713-720.

⁵³ Boris Yevdokimov, Boris Yevdokimov v Amnesty International, August 12, 1978.

⁵⁴ Etely Kazanetz, “Differentiating Exogenous Psychiatric Illness From Schizophrenia,” *Archives of General Psychiatry* 36, no. 7 (1979): 740-5.

⁵⁵ Walter Reich, “Kazanetz, Schizophrenia, and Soviet Psychiatry,” *Archives of General Psychiatry* 36, no. 9 (1979): 1029-30.

⁵⁶ Artandil Papiashvili, “Istoriya bolezni K.,” N.D., (1979): 1-11.

journal publications in the *British Journal of Psychiatry*⁵⁷ and *The Lancet*⁵⁸ are used, as well as a personal letter⁵⁹ from him smuggled from a labour camp.

Framework

The sources that form the case study are categorised through the framework that is established in the academic literature. By creating a framework to apply to the collected documents, Yin argues that the data is then not only observed on its own, but placed in a wider context.⁶⁰ This section shows the way in which the corpus of data is organised and analysed in the coming chapters.

The academic debate on the perceived role of the psychiatrists made clear that there is a distinction of three groups within the Soviet psychiatry during the 1970s, namely a doctor played either a core role in the abuse, was part of the middle group carrying out their job or was critical of the abusive practices. This same distinction is applied when organising the corpus of data. For instance, when analysing the primary source of Nékipelov discussing his psychiatric interment in his work *Institute of Fools: notes the from Serbski*, this document shows how the victim looks at the psychiatrists he encountered. These encounters will be categorised into three different levels.⁶¹

The framework uses the definitions given to the three levels identified within the Soviet psychiatry by Sidney Bloch and Peter Reddaway in their book *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*. This publication is chosen due to their importance for the research on their topic, since it was one of the first publications that gave the abusive psychiatric practices international attention and has since been used by many other scholars researching this topic. Bloch and Reddaway define the core psychiatrist as the highly influential actors who knowingly contributed to the abuse and mention Professor Snezhnévskiy, Doctor Morozov and Professor Lunts as examples.⁶² The role of the core psychiatrist is further discussed in chapter one. The average psychiatrist is understood by Bloch and Reddaway as the vast majority of the doctors

⁵⁷ Anatoliy Koryagin. "The Involvement of Soviet Psychiatry in the Persecution of Dissenters," *British Journal of Psychiatry* 154, no. 3 (1989): 336-40.

⁵⁸ Anatoliy Koryagin, "Unwilling Patients," *The Lancet* (1981): 821.

⁵⁹ Anatoliy Koryagin, Anatoliy Koryagin Kollegam, 1977.

⁶⁰ Robert Yin, *Case Study Research and Applications: Design and Methods* (California: SAGE Publications Inc., 2018), 220.

⁶¹ Viktor Nékipelov, *Institute of fools: notes the from Serbski*, (New York: Farrar Straus Giroux, 1980).

⁶² Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 220-7.

working underneath the core group in psychiatric hospitals.⁶³ Chapter two discusses their participation in the abuse and analyse their involvement. Lastly, the dissenting psychiatrist is defined by Bloch and Reddaway as the doctors who display their opposition towards the misuse of their profession publicly.⁶⁴ This group is elaborated upon in chapter three. In conclusion, the next part of the research will categorise the corpus of data into these three distinctions, each in a different chapter analysing the involvement in the abuse of the core group, the average psychiatrist or the dissenting psychiatrist respectively.

⁶³ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 230-4.

⁶⁴ *Ibid*, 234-42.

Chapter Three: The Core Psychiatrists

Reflecting upon his interment in the Serbski Institute after being arrested for anti-Soviet publications in 1973,⁶⁵ dissident Viktor Nékipelov writes in *Institute of Fools* that he observed a need amongst the doctors in the special psychiatric hospital to keep the managing psychiatrists happy. As he recollects: “If not enough patients are brought in, the doctors themselves create them and pretend to be very busy and highly scientific as they apply the erudite doctrines of Professor Snezhnévskiy”.⁶⁶ The lower level doctors pretend to work in order to keep up the appearances of the psychiatric sham, Nékipelov concludes, for the leading figures such as Snezhnévskiy, Morozov and others.⁶⁷ This observation by Nékipelov illustrates the hierarchical structure within the Soviet psychiatry during the 1970s.

This chapter analyses the role of the three key figures that shaped the profession that led to the abusive practices to silence dissidents: Professor Andrey Snezhnévskiy, Doctor Georgiy Morozov and Professor Daniil Lunts. These doctors were chosen as their importance in this historic episode has been established by scholars Bloch, Reddaway, Fireside and Van Voren in the academic debate. For each of these psychiatrists it is taken into account their position within the profession as well as their connection to the KGB, since the psychiatry did not stand on its own as an institution. As former prisoner Medvedev explains in the work of Fireside, *Soviet Psychoprison*, Soviet psychiatry is closely related to both the Communist Party and the KGB. Medvedev argues that within the Soviet Union, the Party, the state, the KGB and the whole penal system were closely interconnected. This meant that it was easier to declare one person insane, than to compromise the communist system as a whole.⁶⁸ Thus to understand how the high-level doctors could operate within the psychiatry, their relation to the larger Soviet system and KGB is looked at as well.

Professor Snezhnévskiy

Without a doubt, Bloch and Reddaway wrote in their 1977 publication, Dr. Andrey Snezhnévskiy is

⁶⁵ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 147.

⁶⁶ Viktor Nékipelov, *Institute of Fools: Notes from Serbski*, (New York: Farrar Straus Giroux, 1980): 68-9.

⁶⁷ Ibid.

⁶⁸ Zhores Medvedev, “Foreword,” in *Soviet Psychoprison*, by Harvey Fireside (Canada: George J. McLeod Limited, 1979), xiii.

the most known and influential figure of the Soviet psychiatry during the 1970s. Snezhnévskiy held the prestigious title of academician, held an advisory position to the Ministry of Health on psychiatric issues and held editorship over the Soviet psychiatric journal *Korsakov Journal of Neurology and Psychiatry*. Furthermore, his influence went beyond just the Soviet psychiatry: during the 1970s Snezhnévskiy held a honorary membership of the World Psychiatric Association.⁶⁹ The WPA is a worldwide organisation where the psychiatric associations of 121 countries work together in developing their profession.⁷⁰ However, Snezhnévskiy lost that position in 1983 when the Soviet psychiatry resigned from the WPA due to the allegations of abuse.⁷¹

Apart from his resume, the psychiatrist is credited for the Snezhnévskiy school of thought on the interpretation of the mental illness schizophrenia. When interviewing the Soviet psychiatrists on schizophrenia at the WPA's World Congress of Psychiatry in 1977 in Honolulu, American psychiatrist Walter Reich asked Snezhnévskiy about his understanding of the mental illness. The Soviet doctor defines three forms of schizophrenia: continuous display of schizophrenia, periodic attacks of schizophrenic behaviour or shift-like sluggish schizophrenia, which is a combination of the first two forms. When a person is diagnosed with shift-like schizophrenia, they have attacks of schizophrenic episodes that changes their behaviour in between the attacks. The symptoms of schizophrenia can be very mild but present, Snezhnévskiy explained to Reich: "Social withdrawal, confrontations with parental and other authorities, philosophical concerns, and 'reformism', which is to say, the wish to change society."⁷² These symptoms, as Reich notes, are in the Western psychiatry not seen as schizophrenia.⁷³ Six years later, the American psychiatrist Reich had a second opportunity to interview Snezhnévskiy on his work on schizophrenia for American newspaper *The New York Times*. At this moment in 1983, Snezhnévskiy had been accused of being in charge for the psychiatric abuse within the Soviet Union, crediting his theory on the various forms of schizophrenia as the reason many dissidents were repressed, declared mentally ill and send to Special Psychiatric Hospitals. Reich confronted Snezhnévskiy with the accusation of diagnosing dissidents with schizophrenia for the political purpose of repressing them, which Snezhnévskiy irately denied. The Soviet psychiatrist insisted that a good clinician did see this as diagnostically

⁶⁹ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 220-1.

⁷⁰ "About Us," World Psychiatric Association, accessed June 11, 2022, <https://www.wpanet.org/about-wpa>.

⁷¹ Robert van Voren, *Cold War in Psychiatry: Human Factors, Secret Actors*, (Amsterdam: BRILL, 2010): 203.

⁷² Walter Reich, "Soviet Psychiatry on Trial," *Commentary* 65, no. 1 (1978): 44.

⁷³ *Ibid.*

dangerous, but could see the differences between a non-schizophrenic condition and several mild forms of schizophrenia.⁷⁴

Snezhnévskiy did not recognise the criticism on his school of thought and saw the Soviet Union as successfully treating patients on the basis of their mental illness. As the psychiatrist argued in TACC, the state news agency of the Soviet Union and current-day Russia⁷⁵, the Soviet courts base their verdicts on medical expertise and then decide if a compulsory treatment is needed in the case of a socially dangerous person. The medical advise, he continues, is compiled and signed by multiple psychiatrists, not just one individual doctor. “Patients were placed in mental clinics in the Soviet Union only on the basis of a doctor’s diagnosis”, the psychiatrist claims, “as there is absolutely no possibility of a healthy person being placed in a mental hospital.” Therefore, there is no direct link between the legal system and the psychiatry, making it impossible to wrongly intern a sane person in a special psychiatric hospital. concludes Snezhnévskiy.⁷⁶ The psychiatrist continued to express his praise for his profession and what it achieved in the Soviet Union. For instance, when Alan Stone, the President-Elect of the American Psychiatric Association (APA), met Snezhnévskiy in 1978, Stone describes a man that held the Soviet psychiatry in high regards. For Snezhnévskiy it was clear that the Soviet doctors understood the minds of the people. For instance, if a person did not see the greatness of the Russian Revolution, their mind had to be ill for not understanding the importance of this historic event. According to Stone, Snezhnévskiy came across as defining diagnoses under the influence of social and political factors.⁷⁷

A similar portrait of Snezhnévskiy is painted in the accounts of Zhores and Roy Medvedev, who wrote about their experiences with the psychiatrist in their work *A Question of Madness*, where the brothers give a recollection of the interment of Zhores in a special psychiatric hospital and the struggle for Roy to free him. In the efforts to discharge Zhores, Roy met with Snezhnévskiy in Moscow to discuss the case. During this meeting, Roy recalls that according to Snezhnévskiy, psychiatrist in the Soviet Union never misdiagnose due to the high scientific standards they uphold. To prove his argument, Snezhnévskiy read out testimonials by scientists from abroad about the state of Soviet psychiatry.⁷⁸ An example of a testimony by a Western colleague that Snezhnévskiy could

⁷⁴ Walter Reich, “The World of Soviet Psychiatry,” *The New York Times*, January 30, 1983, <https://www.nytimes.com/1983/01/30/magazine/the-world-of-soviet-psychiatry.html?pagewanted=print>.

⁷⁵ “About the Agency,” TACC, accessed June 14, 2022, <https://TACC.ru/TACC-today>

⁷⁶ TACC. “‘Antisovet’skaya kampaniya’ na Kongresse psikiatrov v Gonolulu.” *TACC*, September 1, 1977.

⁷⁷ Alan Stone. “A Commentary by the APA President Elect,” *Psychiatric News* 18, no. 1 (1978): 1.

⁷⁸ Roy Medvedev and Zhores Medvedev, *A Question of Madness*, (London: Macmillan Ltd, 1971): 129-31.

refer to was made by Swedish psychiatrist Carlo Perris in a 1980 edition of the Swedish newspaper *Svenska Dagbladet*. Perris was given the opportunity to access the report on dissenter Grigorenko and how the Soviet doctors had diagnosed him with schizophrenia. The Swedish psychiatrist claimed that the report was not falsified and that his Russian colleagues did not make any medical errors. He continued by stating that the steps taken to declare Grigorenko ill were legal in the USSR and had not been abused, since “the protests against the abuse of psychiatry in the USSR are exaggerated. There must be many more dissidents outside prisons and mental hospitals than inside. And why use psychiatry as a cover when it is possible to deport people silently?”⁷⁹ The statements were critiqued by the Swedish colleague of Perris, Lars Lindberg, who worked as a professor of forensic psychiatry in Stockholm. In the Swedish medical Journal *Läkartidningen* Lindberg wrote in 1980 that many psychiatrists worldwide were shocked by the statement of Perris that Grigorenko was rightly diagnosed in the Soviet Union. According to Lindberg, Perris was heavily influenced by Snezhnévskiy’s school of thought on Schizophrenia when he worked with Soviet Psychiatrist for several research projects.⁸⁰

The Swedish colleague Perris was a supporter of the Snezhnévskiy school of thought and the diagnosis of schizophrenia by many dissidents in the Soviet Union. How this school of thought and the psychiatrist himself became dominant in the Soviet psychiatry is analysed by two of his former collages in the 1990s and almost published in a manuscript called *Psikhiatriya, Psikhiatry i Obshchestvo* (translated: Psychiatry, Psychiatrists and Society) . After finishing the project, the authors requested to remain anonymous and their findings to not become published due to the repercussions it could have on their careers. However, the text remains in the archives of Robert van Voren and gives a unique insight in Snezhnévskiy.⁸¹ The authors describe Snezhnévskiy as a “talented scientist, whose goal in life was clearly to find the scientific truth, and at the same time he was an amoral political, who made this same truth secondary to the demands of the authorities”.⁸² Thus the high regards he held for his scientific field were dominated by the willingness to adjust to the Communist Party. Therefore, the authors argue, they do not believe he was an architect of the

⁷⁹ Carlo Perris, “Interview with Carlo Perris,” *Svenska Dagbladet*, May 28, 1980.

⁸⁰ Lars Lindberg, “Excerpt of an article by Professor Lars Lidberg,” *Läkartidningen* 34 (1980): 1-3.

⁸¹ —, *Psikhiatriya, Psikhiatry i Obshchestvo*, (Kaunas: Andrey Sakharov Research Centre for Democratic Development, 1990).

Names of the authors are known to the author but are kept anonymous for reasons of confidentiality. *Psikhiatriya, Psikhiatry i Obshchestvo*, is part of the Andrey Sakharov Research Centre in Kaunas, Lithuania.

⁸² —, *Psikhiatriya, Psikhiatry i Obshchestvo*, (Kaunas: Andrey Sakharov Research Centre for Democratic Development, 1990), 96-7.

psychiatric abuse. They rather perceive the role of Snezhnévskiy as the implementer of a political diagnosis of schizophrenia and then agreed to not question the authorities in doing so. Furthermore, within the Soviet Union every branch or field in society was build around one leader and one school of thought, and according to the authors, Snezhnévskiy became the leading force within psychiatry because this void needed to be filled. Thus it was not necessarily Snezhnévskiy that shaped the Soviet psychiatry with his school of thought, the authors conclude, it was rather the Soviet society that needed a leading force to make the psychiatry fit the overall totalitarian state and Snezhnévskiy happened to be the right person for the job.⁸³

Snezhnévskiy might have held the Soviet psychiatry in high regards and played an active role in the development of the schizophrenia diagnoses that declared many dissidents mentally ill during the 1970s, it is difficult to establish what part of him actively contributed to the abuse. Whereas the Soviet psychiatrist eagerly showed of his theories to Western colleagues, the critique he faced was shrugged off. If Snezhnévskiy was either motivated by scientific drive or following the orders of the Communist Party as his former Soviet colleagues describe, what is clear is that the school of thought of Snezhnévskiy was an important tool in silencing dissidents. This school of thought was carried out by other Soviet psychiatrists, such as Doctor Georgiy Morozov and Doctor Daniil Lunts.

Doctor Morozov

When asked in 1987 about the decade long criticism of Western doctors on the Soviet Psychiatry in an interview with for the health section of the magazine Soviet Union, Doctor Georgiy Morozov responded with praise for his profession: “Attacks on psychiatry are commonly launched by Western propaganda because ours is a highly specialised field of medicine where a lay person cannot easily find his way around and distinguish between the truth and outright slander”.⁸⁴ The praise of Morozov for his psychiatric field comes from a position of power: as the director of the Serbski Institute in Moscow since 1957 Morozov played an important role in the experiences of many dissidents.⁸⁵ The Serbski Institute for Forensic Psychiatry was established in 1920 and

⁸³ ———, *Psikhiatriya, Psikhiatry i Obshchestvo*, (Kaunas: Andrey Sakharov Research Centre for Democratic Development, 1990), 96-7.

⁸⁴ Ignatenko, Mayya. “O psikhiatrii.” *Sovet-skiy Soyuz*, 1987
Since the document was part of the archive it is unclear when it was published in 1987.

⁸⁵ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 223-4.

became the main centre in the Soviet Union on the research on forensic psychiatry, as well as an assessment institute for forensic cases from all over the country. Many dissidents have undergone psychiatric examination or treatment in the institution.⁸⁶ Furthermore, Bloch and Reddaway link this influence not only to his leadership position in the Serbski Institute, Morozov became in 1975 the chairman of the All-Union Society, a Soviet organisation similar to the American Psychiatric Association.⁸⁷ Lastly, the textbook *Forensic Psychiatry* from 1970 that is mandatory for all psychiatrists in training in the Soviet Union is edited by Morozov.⁸⁸

As the director of the Serbski Institute, Morozov served as a chairman of the commissions diagnosing several cases of dissenters with various forms of schizophrenia, such as Viktor Faynbergh, Zhores Medvedev and Natalya Gorbanevskaya, whom all were vocal about the abusive practices they faced in the Special Psychiatric Hospitals.⁸⁹ When discussing his experiences with the psychiatrist in the *British Medical Journal*, Medvedev states that not only in his case, but many cases Morozov played an important role in the diagnosis. According to Medvedev, both Morozov and Snezhnévskiy were “responsible for many decisions which sent some political ‘dissidents’ into psychiatric prison hospitals.”⁹⁰ Furthermore, in the memoirs *A Question of Madness* of brothers Roy and Zhores Medvedev, about the experiences Zhores had with special psychiatric hospitals and the struggle of Roy to free his brother, Morozov is described as a military ranked psychiatrist with close ties to the authorities. When Roy meets up with a friendly psychiatrist who remains anonymous, the colleague advises to avoid Morozov as much as possible. The anonymous psychiatrist states that Morozov had a bad reputation in the psychiatric circles, as the doctor supposedly had said: “Why bother with political trials when we have psychiatric clinics?”⁹¹ An example of that alleged quote of Morozov in practice, can be found in the way the case of dissident Faynberg was handled. Viktor Faynberg was sent to the Serbski Institute for a psychiatric examination after his arrest for the Red Square demonstration against the Soviet invasion of Czechoslovakia in 1968. The forensic commission, crediting Morozov as medical expert, concluded that Faynberg was suffering from

⁸⁶ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 53.

⁸⁷ *Ibid*, 223-4.

⁸⁸ Georgiy Morozov and n.d. Kalashnik (eds.) *Forensic Psychiatry*, (New York: International Arts and Science Press, 1970).

⁸⁹ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 224.

⁹⁰ *British Medical Journal*, “Abuse of the Psychiatry,” *British Medical Journal* 3, no. 5879 (1973): 509-10.

⁹¹ Roy Medvedev and Zhores Medvedev, *A Question of Madness*, (London: Macmillan Ltd, 1971): 66-7.

post-schizophrenic psychologic changes due to brain damages. Therefore Faynberg was recommended mandatory treatment in a special psychiatric hospital.⁹² During the demonstration on the Red Square in 1968, Natalya Gorbanevskaya stood next to Viktor Faynberg in protest of the Soviet invasion. Two years later, Gorbanevskaya was diagnosed by the same Serbski commission as Faynberg after her anti-Soviet poetry and participation in several protests. This commission was led by Morozov, who concluded in April 1970 that Gorbanevskaya needed compulsory treatment for her chronic schizophrenia.⁹³ The examples of dissidents Medvedev, Faynberg and Gorbanevskaya show that the position Morozov held in the Soviet psychiatry meant that he actively diagnosed many well known dissidents that were critical of the Soviet regime during the 1970s.

Even a decade after these diagnoses the director of Serbski continued to defend his profession and the practices that occurred in his institute and many other special psychiatric hospitals by denying any allegations of abuse. As Morozov responded to the criticism in a news article from the Russian state media TACC (translated TACCS), the Soviet Psychiatry was not used to repress dissidents as the Western Press claimed. On the contrary, the diagnosed dissidents had “committed socially dangerous actions because of their psychic disfunction and in accordance with the penal code underwent forensic psychiatric examination the way it is the done the world over”.⁹⁴ Morozov concluded that the dissidents who had fled from the Soviet Union to the West after their interment at Soviet Psychiatric Hospitals were trying to conceal their illness, otherwise no-one would believe their inventions about the mental institutions of the Soviet Union.⁹⁵ As can be seen in the defence of his profession by Morozov in the Soviet press, the doctor claims the Soviet psychiatry acts in accord with what is either scientifically proven or constituted in the Soviet law.

This connection between the Soviet law and the union’s psychiatry mentioned by Morozov indicates the relations the director of the Serbski Institute had with law enforcement. As Viktor Nékipelov recalls in his book *Institute of Fools: Notes from Serbski*, he saw the KGB visiting or telephoning the institute many times, specifically discussing the patients in section four, where the dissidents diagnosed with schizophrenia were often kept.⁹⁶ The connection to the KGB was suspected from abroad as well: when visiting the Soviet psychiatrist Snezhnévskiy in 1983 for an

⁹² Harvey Fireside, *Soviet Psychoprisoners* (Canada: George J. McLeod Limited, 1979): 79-80.

⁹³ Ibid, 73.

⁹⁴ TACC, “Morozov otritsayet ispol'zovaniye psikhiiatrii protiv dissidentov”, *TACC*, July 20, 1987.

⁹⁵ Ibid.

⁹⁶ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980): 26.

article in the New York Times, American psychiatrist Walter Reich described Snezhnévskiy's colleague Georgiy Morozov as the head of an institute that was known to diagnose many dissidents with schizophrenia. Furthermore, according to the informants of Reich, Morozov had "supporters high in the K.G.B. Yet his name had become so widely linked to the worst cases of psychiatric abuse that his usefulness in the international arena was badly compromised."⁹⁷ Within the institution, Nékipelov could never be fully sure of the relationship between Morozov and the KGB, but suspected the connection nonetheless. The patient of the Serbski Institute had the same suspicions about Morozov's subordinate, Doctor Daniil Lunts, whose role in the psychiatric abuse is discussed in the next section.⁹⁸

Doctor Lunts

"In my opinion, Lunts is a thorough bastard, a compliant and merciless Soviet *oprichnik*⁹⁹, no better than the criminal doctors who performed inhuman experiments on the prisoners in Nazi concentration camps."¹⁰⁰ In his memoirs on the internment at the Serbski Institute, former prisoner Nékipelov uses these terms to describe Doctor of Medical Sciences Daniil Lunts, who directed Section Four of the institute.¹⁰¹ Nékipelov was not the only dissident that loathed the Soviet doctor. According to Bloch and Reddaway, Lunts was seen by the dissident movement as the most notorious doctor of Soviet psychiatry. Lunts started to head section four in 1960, which made him in charge of the ward for the diagnosis of political offenders. There the psychiatrist gained his notorious reputation for his clinical approach, the authors argue. Lunts used the diagnosis of schizophrenia in an extremely broad and loose way in order to follow the needs of the KGB.¹⁰²

Lunts understood his psychiatric profession as being in service of the larger goals of the Soviet Union. His ideas on psychiatry can be found in the 1969 publication Lunts wrote together with the earlier discussed doctor Morozov and Soviet doctor Kalashnik. In the article "The Subject

⁹⁷ Walter Reich, "The World of Soviet Psychiatry," *The New York Times*, January 30, 1983, <https://www.nytimes.com/1983/01/30/magazine/the-world-of-soviet-psychiatry.html?pagewanted=print>.

⁹⁸ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980): 26-7.

⁹⁹ *Oprichniki* is a term describing the Tsar Ivan IV bodyguards. They were known for the savagery with they exterminated opponents of the tsar.

¹⁰⁰ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980): 130-2.

¹⁰¹ Ibid.

¹⁰² Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 224-5.

and Functions of Forensic Psychiatry Soviet Law and Government”, published in the journal *Soviet Law and Government*, the authors argue that psychiatry is in service of the Soviet justice system and therefore psychiatrists have the chief task to consolidate socialist legality. Thus when a Soviet psychiatrist encounters a dissident on their professional path, “psychiatrists should not only diagnose mental illness and treat the patient: they must also determine the extent to which the existing medical disorders affect the individual’s ability to account for and govern his actions.”¹⁰³ This meant for dissidents that medical examination would exclude them from the right to have a trial, because the criminal behaviour of critiquing the Soviet Union showed signs of a medical disorder, former dissident Zhores Medvedev explains in *Soviet Psychoprisons*. According to Medvedev, it is easier to declare a person non-accountable and withhold them any juridical opportunities than to compromise the Soviet system as a whole. Thus the forensic psychiatry becomes then an attractive means for getting rid of dissidents.¹⁰⁴ The aim of activist Vladimir Bukovsky, who was imprisoned in several psychiatric hospitals during the 1970s, and Ukrainian psychiatrist Semën Glúzman was to prepare dissidents facing doctors such as Lunts when they faced medical examinations and interment at special psychiatric hospitals. In their 1976 published *Posobiye po psikhii dlya inakomyslyashchikh* (translated: *A Manual on Psychiatry for Dissidents*), Bukovsky and Glúzman warned the reader about the diagnosis they could receive. “We know of no case where a schizophrenic has been declared legally accountable,” the authors wrote, “that most experienced diagnostician Professor Lunts favours introducing into civil legislation the concept of ‘limited’ or ‘partial’ competence, yet deliberately pronounces criminal diagnoses of insanity on healthy people.”¹⁰⁵ Thus the dissident had to be warned when meeting Lunts, as the doctor loosely diagnosed patients in order to make them non-accountable for the Soviet judicial system, as it was to him an integral part of his psychiatric profession.

This notion was taken into account by Viktor Nékipelov, who had a few brief encounters with Lunts during his imprisonment in the Serbski Institute in Moscow. Upon their meeting in the institute, Nékipelov wrote “I noticed that he was not taking his eyes off my left hand. I was holding my glasses by the earpiece and twirling them mechanically as a I talked with Lunts.”¹⁰⁶

¹⁰³ Georgiy Morozov, M.L. Kalashnik and Daniil Lunts, “The Subject and Functions of Forensic Psychiatry,” *Soviet Law and Government* 8, no. 2-4 (1969): 3-23.

¹⁰⁴ Zhores Medvedev, “Foreword,” in *Soviet Psychoprisons*, by Harvey Fireside (Canada: George J. McLeod Limited, 1979): xii-xiii.

¹⁰⁵ Vladimir Bukovskiy and Semën Glúzman, “Posobiye po psikhii dlya inakomyslyashchikh.” Accessed August 9, 2022. <https://www.soviethistorylessons.com/psychiatry-manual-for-dissidents>

¹⁰⁶ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980): 118.

Immediately Nékipelov changed his behaviour and crossed his arms on his chest, as he became afraid Lunts would see this motion as a symptom of schizophrenia.¹⁰⁷ During his internment, Nékipelov submitted a letter of protest that he no longer wanted doctor Lunts to participate in his assessment. In the document to the director Morozov of Serbski, Nékipelov explains that Lunts had become known for being compromised and accused of making biased diagnosis of political prisoners. The dissident concludes the request by stating he questions the integrity and professionalism of Lunt and therefore refuses the participation of the doctor in any direct or indirect ways in his medical examination. This protest was seen by Lunts as offensive, Nékipelov heard from doctor Tabakova, one of the lower level psychiatrists of the institute.¹⁰⁸

Doctor Lunts being offended by the accusations of his patient Nékipelov fits the impression Western investigators got from the Soviet psychiatrist. American doctor Norman B. Hirt studied the Soviet psychiatric abuse during the 1970s for the American Senate, specifically the Committee of Judiciary United States Senate. For his research, Hirt interviewed a number of dissidents and two former KGB psychiatrists that fled the Soviet Union, who all remained anonymous.¹⁰⁹ His report, published in 1972 for the ninety-fourth congress, stated that Lunts was working directly for the KGB in order to use the psychiatry for political purposes. Furthermore, Hirt claimed that the Soviet psychiatrist instructed other doctors on how to diagnose patients in order with what was expected from the secret service. Hirt concludes that ‘Luntsism’ was the way in which Lunt acted to not only the wishes of the KGB, but was just as responsible for the medical torture of many patients.¹¹⁰

Concluding Remarks

The profiles of Snezhnévskiy, Morzov and Lunts show that each of these three figures all held the Soviet psychiatry in high regards and rejected any forms of criticism on the possibility of misusing their profession. Whereas Snezhnévskiy seems to be more scientifically driven in his understanding of schizophrenia, this diagnosis was continuously used by influential psychiatrist Morozov and

¹⁰⁷ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York, Farrar Straus Giroux, 1980): 118.

¹⁰⁸ *Ibid*, 138-40.

¹⁰⁹ Subcommittee to Investigate the Administration of the Internal Security Act and Other Internal Security Laws, *Abuse of Psychiatry for Political Repression in the Soviet Union: Hearing, testimony of Dr. Norman B. Hirt*, (United States, Purdue University, 1975): 2.

¹¹⁰ Subcommittee to Investigate the Administration of the Internal Security Act and Other Internal Security Laws, *Abuse of Psychiatry for Political Repression in the Soviet Union: Hearing, testimony of Dr. Norman B. Hirt*, (United States, Purdue University, 1975): 38.

Lunts to diagnose dissident behaviour in commissions. As Lunts, in close relations with the KGB, used psychiatric treatment as a tool to silence what was perceived as criminal activities, this tool was shaped by the symptoms Snezhnévskiy contributed to schizophrenia. Morozov was as a director of the largest forensic psychiatric institution of the Soviet Union active in many commissions that diagnosed the dissidents, acting upon the wishes of the KGB and the ministry of internal affairs. Thus these three high-level psychiatrist were either openly used as a symbol to justify the diagnosis and abusive treatment of dissidents by using their theories or active behind the walls of the psychiatric institutions to implement the ideas into reality. Furthermore, as they were important figures in the worldwide psychiatric profession, they all were praising and defending the Soviet psychiatry. In the case of Snezhnévskiy it seems that the doctor was more convinced by the academic theories than his colleagues Morozov and Lunts, who were more actively participating with the dissidents than Snezhnévskiy was. Especially in the case of Lunts, as the case study shows he was instructing lower level psychiatrist to diagnose schizophrenia by lower level psychiatrists; how this level within the profession acted is discussed in the next chapter.

Chapter Four: The ‘Average’ Psychiatrist

“To work here, you’ve got to be a monster”, stated an employee of the Special Psychiatric Hospital in Leningrad to imprisoned dissident Viktor Faynberg in 1970. In the account of his time in the special hospital, Faynberg writes about the psychiatrists he encountered and their abusive practices, giving insight in the role of the average Soviet psychiatrist.¹¹¹ The former mental prisoner interned from January 1969 to February 1973 in the Leningrad psychoprison and was kept there for demonstrating against the Soviet invasion of Czechoslovakia.¹¹² Recollections such as Faynberg’s from the hospital in Leningrad show how the lower level psychiatrists coped with the instructions of the high profile psychiatrists. This chapter looks into the perceived role of the average psychiatrists: from becoming a psychiatrists in the Soviet Union, the influence of military personnel, the therapy the psychiatrists gave within the hospitals and what motivated them to work within the psychiatric profession.

Education and Oath

The communist ideology plays a large part in the training of becoming a psychiatrist in the Soviet Union during the 1970s and the decades prior to that period. During their teaching as a psychiatrist, doctors in training have to swear an oath in which they promise to follow the political ideology of the Soviet Union in their profession. As the oath states, the psychiatrists swears to be “guided by the principles of communist morality, ever to bear in mind the high calling of the Soviet physician and my responsibility to the people and the Soviet State”.¹¹³ As former mental prisoner Medvedev states in the introduction of Fireside’s book *Soviet Psychoprisons*, the ideology being an integral part of the oath explains how psychiatrists were used to make the larger system of communism work. Within the Soviet Union, the Party, the state, the KGB and the whole penal system were closely interconnected. This meant that it was easier to declare one person insane, Medvedev continues, than to compromise the communist system as a whole.¹¹⁴ This ideological culture in which the average psychiatrists worked that facilitated the abuse can be seen as a product of the decades prior

¹¹¹ Viktor Faynberg, “Obrashcheniye k pravozashchitnym organizatsiyam”, *Samizdata* 1276 (1970): 1-17.

¹¹² Harvey Fireside, *Soviet Psychoprisons*, (Canada: George J. McLeod Limited, 1979): 44.

¹¹³ Sidney Bloch and Peter Reddaway, *Russia’s Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 43.

¹¹⁴ Medvedev, Zhores, “Foreword,” In *Soviet Psychoprisons*, by Harvey Fireside, (Canada: George J. McLeod Limited, 1979), xiii.

to the 1970s. As the Georgian physician Gavriil Sergeevich Pondoev explains in his work *Notes of a Soviet Doctor* from 1959, every Soviet doctor is trained to understand that the whole of his profession must be carried out with “unconditional subordination of personal interest to those of the state”.¹¹⁵ Once you became a psychiatrist, you carry the responsibilities to take care of the entire socialist community, rather than just treating one individual. The Georgian doctor praised this position of the Soviet doctor as it was different in the history of public health: since the Soviet doctor had medical ethics based on the teachings of Marx and Lenin which was a triumph on the Western influences.¹¹⁶ The Western psychiatry saw the influence of ideology during the training of Soviet psychiatrists as resulting in docile doctors that easily follow orders. According to doctor David Hawkins, who researched the psychiatric education on behalf of the American Department of Psychiatry, the communist teachings made Soviet doctors more biologically and socially oriented than the American doctors within the same profession. Furthermore, the doctors were rather authoritarian oriented in comparison to their Western counterparts, which resulted in more collective group therapy as a form of treatment. Hawkins agrees with the position of the Soviet psychiatrist being part of the larger collective and the emphasises of the society as a whole rather than the individual.¹¹⁷ Thus the role of the ideology and the emphasis on the socialist collective were heavily present in the training of Soviet psychiatrists, resulting in doctors that saw the disagreements with Communism as a small default, since the larger system proved that the public health was socialist.

After all the Soviet psychiatrists received this doctor training with emphasis on the teachings of Marxism and Communism, they would work in either an Ordinary Psychiatric Hospital or a Special Psychiatric Hospital.¹¹⁸ It is unknown how many psychiatrists worked in the special psychiatric hospitals that existed during the 1970s due to concealment of data about the abuse. Lieutenant-General Smorodinski of the KGB claimed in 1969 that the coming Five Year Plan needed to establish the urgent demand of beds in psychiatric hospitals, meaning the construction of 114 new psychiatric hospitals with a capacity of 43.800 beds.¹¹⁹ Another reason why it is difficult to estimate

¹¹⁵ Gavriil Sergeevich Pondoev, *Notes of a Soviet Doctor*, (New York: Consultants Bureau, Inc., 1959): 206-7.

¹¹⁶ Ibid, 214-5.

¹¹⁷ David Hawkins, “Psychiatric Education in Eastern Europe,” *American Journal of Psychiatry* 138, no. 12 (1981): 1578-9.

¹¹⁸ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 186.

¹¹⁹ Robert van Voren, “Psychiatry as a Tool of Repression against Dissidents in the USSR,” *Deeds and Days* 55, no. 0 (2011): 31-2.

how many lower level doctors worked in the special psychiatric hospital is the bureaucratic distinction under which these institutions fell. The SPH's fell under the Ministry of Internal Affairs, and the influence of medical staff working alongside military personnel is further discussed in the next section.

Military Presence

The difficulty with precisely defining the role of the average psychiatrist is the overlap between medical personnel and the role the Soviet military played within the psychiatric institutions and how this was used to ensure certain behaviour from the regular doctors. As Bloch and Reddaway already established in their 1977 publication *Russia's Political Hospitals*, the psychiatric hospitals were under the control of the Ministry of Internal Affairs (MVD). This ministry was responsible for the ordinary policy and other penal institutions, making the psychiatric hospitals fall under the rules of law and order. All psychiatrists therefore received a military ranking as well: the director of a hospital was for instance ranked as a colonel. This meant, Bloch and Reddaway concluded, that both medically trained staff and non-medical military personnel worked together in the psychiatric hospitals.¹²⁰

The combination of military and medical staff in the hospitals made it difficult for the dissidents to distinguish if they were questioned by an officer with a military background or a psychiatrist with a medical training. As Nékipelov writes in his account of the imprisonment in the Serbski Institute in Moscow during the 1970s: "I do not know precisely how the Ministry's influence manifests itself, but the entire staff of the institute has military, MVD ranks, the doctors being officers and the nurses probably sergeants".¹²¹ The presence of military personnel amongst other medical personnel, Nékipelov argues, results in the assiduity and vigilance of the psychiatrist who then carry out the government orders without any doubts.¹²² A similar account can be found in the experiences by Faynberg while being kept at special psychiatric hospital in Leningrad. During a meeting with doctors two years into his imprisonment, he was led to a room for treatment where he met three doctors who introduced themselves as psychiatrists from various civil hospitals. Faynberg responded to the introduction by stating that "for the last two years, I've been accustomed to seeing

¹²⁰ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 191-6.

¹²¹ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York: Farrar Straus Giroux, 1980): 26-7.

¹²² Ibid.

only doctors in military uniform.”¹²³ The response by one of the psychiatrists was that they were civilian psychiatrist. The interview that followed discussed the experiences of Nékipelov about the many times he claims to be beaten up by guards in the hospital. According to the dissident, half of the people at the hospital were orderlies and military personnel, with little to do with medicine and maintained order through brutal force. The doctors were unable to protect patients from the violence, since they were afraid of repercussion.¹²⁴ The presence of military personnel amongst medical staff and the results of this can be found in other accounts as well, for instance in the recollection of Yevdokimov’s imprisonment in the psychiatric hospital in Kazan. As is written in the letter dated 1978 to Amnesty International about his experiences, Yevdokimov argues that his psychiatrist Volkova stated that an examination in which he was present was not necessary, since the commission decided he was mentally ill. It is unclear to Yevdokimov which doctors were part of the commission or how it was possible they came to this diagnoses without meeting him.¹²⁵ In conclusion, from these accounts on the military personnel working alongside the psychiatrists can be taken that military presence resulted in certain behaviour of the psychiatrists working in several psychiatric hospitals. As the recollections of former prisoners Nékipelov, Faynberg and Yevdokimov show, the rules that were established by higher ranking doctors had to be followed since the present military personnel led to conformism and diligence. The forms of treatment the doctors acted upon are further elaborated on in the next section.

Therapy through Violence and Drugs

Within the psychiatric hospitals, the middle level psychiatrists were responsible for treating the people who had been declared mentally ill or committed serious crimes such as murder, rape, or other violent offences. Thus the job of the doctors working in these institutions was not only to give therapeutic treatment to improve the mental conditions of the patients, it was also to protect society from offenders.¹²⁶ The therapy the doctors in special hospitals were in reality often twofold: intimidation often through violence and mandatory drugs. To understand the treatments given by the

¹²³ Viktor Faynberg, “Obrashcheniye k pravozashchitnym organizatsiyam”, *Samizdata* 1276 (1970): 1-17.

¹²⁴ Ibid.

¹²⁵ Boris Yevdokimov, Boris Yevdokimov v Amnesty International, August 12, 1978.

¹²⁶ Sidney Bloch and Peter Reddaway, *Russia’s Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 191.

lower level psychiatrists, this section looks at the recollections of former patients Viktor Nékipelov¹²⁷, Viktor Faynberg¹²⁸ and a group of anonymous victims.¹²⁹

In the publication *Institute of Fools: Notes from Serbski*, Viktor Nékipelov wrote about the period he was kept at section four amongst other people diagnosed with schizophrenia at the Serbski Institute in Moscow. Nékipelov worked as both a pharmacist and a poet and was arrested in 1973 for his anti-Soviet publications.¹³⁰ Three years later, he published his manuscript *Institute of Fools* and wrote about the several encounters he had with doctors from different levels within the institution. Nékipelov described the psychiatrists he met as consciously unethical, stating that “their motives are mostly the humdrum ones of careerism and intellectual and political conformism, vices often laced with straightforward cynicism, laziness or stupidity.”¹³¹ Furthermore, Nékipelov saw many psychiatrists turn to drugs in their procedures to treat patients. According to the Serbski prisoner, many inmates received injections of drugs accompanied by the interrogations of psychiatrists. And if a patient refused to collaborate with the psychiatrists, there were punishments in the form of tranquillising drugs in large doses.¹³²

The experiences of Nékipelov with violence and mandatory therapy in the form of drugs in the Serbski Institute are similar to what Faynberg went through during his imprisonment in the SPH of Leningrad, where he spent five years for demonstrating against the Czechoslovakia invasion.¹³³ Recollections such as Faynberg’s from the hospital in Leningrad show how the people kept at the hospital encountered brutal force and mandatory medication almost daily. For instance, Faynberg remembers how in August 1970 a Soviet doctor injected a patient called Vladimir Alekseyev and then left the ward to give the orderlies “the chance to beat him up while keeping her own hands ‘clean’.”¹³⁴ These instances were never questioned or investigated when reported by other patients to the psychiatrists of the SPH, and if a patient died of the abuse, Faynberg claims that their death

¹²⁷ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York: Farrar Straus Giroux, 1980).

¹²⁸ Viktor Faynberg, “Obrashcheniye k pravozashchitnym organizatsiyam”, *Samizdata* 1276 (1970): 1-17.

¹²⁹ Nanci Adler and Semën Glúzman, “Soviet Special Psychiatric Hospitals: Where the System was Criminal and the Inmates were Sane,” *British Journal of Psychiatry* 163, no. 6 (1993): 713-720.

¹³⁰ Sidney Bloch and Peter Reddaway, *Russia’s Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Gollancz, 1977): 147.

¹³¹ Viktor Nékipelov, *Institute of Fools: Notes from the Serbski*, (New York: Farrar Straus Giroux, 1980): 150.

¹³² *Ibid.*

¹³³ Harvey Fireside, *Soviet Psychoprisons*, (Canada: George J. McLeod Limited, 1979): 44.

¹³⁴ Viktor Faynberg, “Obrashcheniye k pravozashchitnym organizatsiyam”, *Samizdata* 1276 (1970): 6-7.

was ascribed to irreversible physical deterioration.¹³⁵ In the Leningrad SPH the same forms of punishment such as the forced injection of drugs occurred as Nékipelov experienced in the Sebsky Institute. Faynberg described that the psychiatrists in Leningrad saw the prescription of drastic injections as a way to discipline misdemeanours. The punishments of the psychiatrists were “unsuited to the patient’s illness and therefore lead to a marked deterioration of his conditions”, Faynberg writes, “For instance, injections of sulphanilamide are used almost exclusively as a punishment; the patient’s temperature then rises to 40 °C and for three days it is painful for him even to stir.”¹³⁶ Throughout his time in the hospital, Faynberg analysed that the system in which the psychiatrists worked together facilitated the abuse because of the mutual understanding to cover up each other’s practices. This means that if even one doctor wants to protect a patient or speak up about the abusive practices, is unable to do so, because there is a system in place that keeps everyone safely at their position within the institution.¹³⁷

Decades after the accounts of Nékipelov and Faynbergh, Historian and Sovietologist Nanci Adler and Ukranian Psychiatrist and former dissident Semën Glúzman revisited the issue and interviewed a sample of 22 dissidents who had been subject to compulsory treatment in psychiatric institutions between 1968 and 1987. This resulted in the 1993 article “Soviet Special Psychiatric Hospitals: Where the System was Criminal and the Inmates were Sane” in the *British Journal of Psychiatry*. The group of people were randomly selected, however they all were sent to a psychiatric hospital for treatment because of political motives and all were diagnosed with various forms of schizophrenia such as paranoid schizophrenia, sluggish schizophrenia or sociopathic schizophrenia.¹³⁸ Through the experiences of the dissidents Adler and Glúzman analysed, the authors identify three stressors the patients encountered: stressors that were either psychical, psychosocial or pharmacological. Within these stressors, the authors argue, psychiatrists abused their position in various forms. For instance, a doctor could be ambiguous to a patient when their incarceration would end or how the treatment was going, leaving the dissident in the unknown about their trajectory. Many dissidents that Adler and Glúzman interviewed discussed the continuous persecutions they experienced, where the doctors demanded that prisoners refuted their political views and follow the official Communist Party line. If a person declined to do so,

¹³⁵ Viktor Faynberg, “Obrashcheniye k pravozashchitnym organizatsiyam”, *Samizdata* 1276 (1970): 6-7.

¹³⁶ *Ibid*, 8.

¹³⁷ *Ibid*, 10.

¹³⁸ Nanci Adler and Semën Glúzman, “Soviet Special Psychiatric Hospitals: Where the System was Criminal and the Inmates were Sane,” *British Journal of Psychiatry* 163, no. 6 (1993): 714.

punishment followed in the form of shock treatment, neuroleptics and sulfazin. Furthermore, in cases where the patients would do anything that would distract them from reality such as reading or studying, “doctors immediately ascertained a ‘worsening condition’ and increased the doses of neuroleptics.”¹³⁹ This was just one example of the forms in which compulsory medication through various drugs were prescribed to the dissidents, as the experiences Adler and Glúzman researched show that the doctors continuously administered various doses neuroleptics or insulin which led to coma’s. This fuelled the fear of dissidents that there would be irreversible damage to their brains due to the drugs they got injected by the psychiatrists.¹⁴⁰

The anonymous accounts of the interview project by Adler and Glúzman show a similar understanding of the treatments patients received by psychiatrists during the 1970s that is recollected by Nékipelov and Faynberg. The doctors main job from their training was to cure any dissimilarities in the people’s mind with the communist ideology and worked alongside military personnel to achieve this. This meant in reality that within the walls of the Special Psychiatric Hospitals this ideology was forced upon victims through either violence or drug injections. Therefore, the accounts describe the average psychiatrists as brutal and unethical in their profession.

Motivations of the Psychiatrists

The therapy Faynbergh, Nékipelov and other dissidents received from the psychiatrists show the terrible circumstances in which the lower level psychiatrists operated. Even though it is difficult to fully determine what the doctors motivated to work and contribute to the abuse, this section examines what motivated the psychiatrist to continue in their profession. These motivations were either scientific ambitions, fear of prosecution, trying not to be too involved or conforming towards what was expected in the closed Soviet society.

During his interment at the Leningrad SPH, Faynbergh writes about a conversation he had with an employee of the hospital. “Here you’ve got to be a dog for the high-ups to like you”,¹⁴¹. Faynbergh noted a pattern that if a doctor gave the impression of being friendly to a patient or tried to retain a concept of morality, eventually were moved to another job within the hospital. Furthermore, if a doctor tries to commit misdemeanours that indicate that they are helping a patient,

¹³⁹ Nanci Adler and Semën Glúzman, “Soviet Special Psychiatric Hospitals: Where the System was Criminal and the Inmates were Sane,” *British Journal of Psychiatry* 163, no. 6 (1993): 715.

¹⁴⁰ *Ibid*, 715-6.

¹⁴¹ Viktor Faynberg, “Obrashcheniye k pravozashchitnym organizatsiyam”, *Samizdata* 1276 (1970): 10-1.

Faynbergh writes, they are sent off to a labour camp. “As a rule”, Faynbergh concludes, “that is the only way out.” Thus this indicates that there were doctors trying to leave the situation, however they also were fearful of doing so since it was understood this could mean being sent off to a camp. A different approach to the motivations of the Soviet psychiatrist can be found in *Posobiye po psikhiatrii dlya inakomyslyashchikh*, meaning *A Manual on Psychiatry for Dissidents*, which was written in 1976 by Vladimir Bukovsky, a human rights activist who was imprisoned in several psychiatric hospitals during the 1970s, and Ukrainian psychiatrist Dr. Semën Glúzman.¹⁴² They contributed the document illegally with the aim to make a handbook for dissidents on what to do if they faced psychiatric treatment in the Soviet Union. Within the manual, Glúzman and Bukovsky discuss the psychology behind the psychiatric institution and claim that certain characteristics can be found in people who chose to spend their career with the mentally ill. They categorise various forms of psychiatrists, from the academic who saw psychiatry as a solely scientific discipline and who stayed away from the diagnoses of dissidents as far as possible or the writer of a dissertation, who wanted to only work with diagnosing dissidents in order to extent he boundaries of psychiatry. Thus the scientific drive behind psychiatrist could either motivate them to move away from the profession or become more involved in the institutions. A third motivator according to Bukovsky and Glúzman is the political conformism of the psychiatrist to choose to work in the special psychiatric hospitals. They describe that a psychiatrist motivated through conformism is dangerous since he will follow the high level psychiatrists without any doubt as he would “yield easily to pressure form above, and always justifies himself (in his own eyes) by citing authorities and psychiatric ‘schools’.”¹⁴³ The middle level psychiatrist was either driven by scientific ambition or to conform to the overall political expectations to act as they were in the described experiences by the dissidents.

The explanations of what drove the lower level psychiatrists by Faynbergh, Glúzman and Bukovsky were all interpretations from the 1970s: when the abusive practices within the special psychiatrist hospitals were still happening on a daily basis. When taking the approach from reflecting upon the psychiatrist’s motivations decades after the abuse, Van Voren sees a different understanding of the ambitions of the doctors. As the author explains in his 2011 article "Psychiatry

¹⁴² Vladimir Bukovsky and Semën Glúzman, “Posobiye po psikhiatrii dlya inakomyslyashchikh,” accessed August 9, 2022. <https://www.soviethistorylessons.com/psychiatry-manual-for-dissidents>

¹⁴³ Ibid.

as a Tool of Repression against Dissidents in the USSR”,¹⁴⁴ Van Voren credits the closed society of the Soviet Union as a reason to why the psychiatrists in some cases did not make a conscious choice about their profession. For instance the average doctors did not have any access to global psychiatric literature and acted as to what the Party said their ideals were. Thus the conformism as which is seen already in the 1970s by Bukovsky and Glúzman in their manual for dissidents to explain the behaviour of psychiatrist, Van Voren credits the closed society as a reason for this behaviour: the lower level psychiatrists had no access to other ways of thinking about what was expected of their profession. Therefore if a psychiatrists had either scientific ambitions or were conforming towards the soviet expectations, they were all acting within the context of a closed of society without any access to information about other ways in which their profession could be carried out. However, the Soviet Union and the abusive practices within the psychiatric hospitals did not remain unknown to the outside world.¹⁴⁵

Concluding Remarks

In conclusion, the lower level psychiatrists were involved in the abuse as they acted out as to what was expected of them. These expectations were imprinted on them before they worked in the psychiatric hospitals: in their training and medical oath there was already an emphasis on the communist ideology and that their individual role was less important than the collective health of and safety of the Soviet Union. As the society was one that was closed off, the psychiatrists did not have any possibility to question what they were thought, leading to conformism. Furthermore, once working in the psychiatric hospitals, the doctors could be driven by fear to please their subordinates in order to avoid repercussions themselves. Which working in an environment where violence occurred daily and military personnel where their colleagues, it is understandable they were motivated to keep their heads down and not critique the misuse of their profession and follow the Party Line. Others could be completely inapt to the fear and driven by ambition and academic aspirations, as the attitude was to keep the high level psychiatrist happy, the rewards could be climbing up within the profession. Lastly, an argument that is given is the psychiatrist performed their job as was expected as they would think interment in the hospitals was better of for the

¹⁴⁴ Robert van Voren, “Psychiatry as a Tool of Repression against Dissidents in the USSR,” *Deeds and Days* 55, no. 0 (2011): 40-1.

¹⁴⁵ Robert van Voren, “Psychiatry as a Tool of Repression against Dissidents in the USSR,” *Deeds and Days* 55, no. 0 (2011): 40-1.

dissidents than being a send to a labour camp. This last motivation of the lower level psychiatrist could be even seen as an act of resilience against the abusive practices, as there was a group actively resisting the misuse of the psychiatric profession and becoming dissidents themselves.

Chapter Five: Psychiatrist as Dissident.

Send to a labour camp in the Ural Mountains for anti-Soviet activities in 1981, Soviet psychiatrist Anatoliy Koryagin wrote in a Russian letter that was smuggled from the camp to the West about how his activities as a dissident during the late 1970s were ignored. “The leaders of the Soviet psychiatry do everything possible, and more, to conceal the shameful facts and to whitewash, at one go, both themselves and the KGB,” Koryagin wrote, “by making absurdly stupid statements at international forums and in the press, while carefully not replying to questions about particular individuals whose cases have been documented by the Working Commissions.”¹⁴⁶ The Working Commission to Investigate the Use of Psychiatry for Political Purposes, for which Koryagin was active as a consultant psychiatrist before his arrest, was an example of the Soviet doctors becoming openly critical of the misuse of their profession. As Bloch and Reddaway claim in their book *Russia’s Political Hospitals*, there was a group during the 1970s of psychiatrists that acted out against the deliberately misdiagnosing and treatment dissidents for political reasons. These psychiatrists act with implicit benevolence towards the dissenter-patient and are thus in their own way practicing passive dissent against the misuse of their profession.¹⁴⁷ This group from dissenting psychiatrists was resilient in different ways: from critiquing the psychiatric theories of Snezhnévskiy or being part of the Working Commission. This section looks at the role of Soviet psychiatrists, from anonymous encounters by Faynbergh, to the known doctors Kazanetz, Papiashvili, and member Koryagin of the Working Commission to see how a psychiatrist could become a dissident themselves.

Acts of resistance

The Snezhnévskiy school of thought had a very broad understanding of schizophrenia and which symptoms were part of the various forms of the mental illness, as was explained in the first chapter on the theories of professor Snezhnévskiy. Within the academic field in the Soviet Union, these

¹⁴⁶ Anatoliy Koryagin Kollegam, 1977.

The letter was smuggled out of Labour Camp No. 37 in the Ural region in the Soviet Union.

¹⁴⁷ Sidney Bloch and Peter Reddaway, *Russia’s Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Gollancz, 1977): 234

ideas were not openly scientifically challenged. Until Dr. Etely Kazanetz, psychiatrist at the Serbski Institute in Moscow, published his research in 1979 on the diagnostic classifications of schizophrenia and concluded that the theories of Snezhnévskiy on the mental illness were incorrect. As Kazanetz concluded, many diagnoses were mistakenly based on the incorrect assessment of certain personality traits or giving too much significance to the role of heredity. Furthermore, external factors such as situational stresses or disturbances could not cause immediate schizophrenia. Therefore, Kazanetz saw it necessary to revise many patients with the diagnoses of schizophrenia, since it could lead to illegal inclusion of person that do not have that specific form of schizophrenia. The findings of Kazanets were published in the American journal ‘Archives of General Psychiatry’, which is part of the American Medical Association.¹⁴⁸ This shows an interesting act of resilience by the psychiatrist Kazanetz: openly questioning the school of thought by Snezhnévskiy which at that point has been continuously used during the 1970s to diagnose the behaviour. According to American psychiatrist Walter Reich, who published his response to the article of Kazanets in the same journal ‘Archives of General Psychiatry’, the research of Kazanetz shows how the Soviet psychiatrists questions the validity of the diagnostic system and how useful it is as a psychiatric practice, as it could lead to an over diagnoses of schizophrenia. However, Reich writes that Kazanetz is careful in his argumentation, since the Soviet psychiatrist never states that patients are fully misdiagnosed, the people are rather examined with the wrong mental illness. Still, the publication by Kazanetz is of great importance, Reich concludes, as his “daring is notable, his dissent from the psychiatric mood and ethos that dominate his field important and evocative, even when taken out of the Soviet context”.¹⁴⁹ And within the Soviet context, openly critiquing the school of thought that is primarily used to silence dissidents in an American journal shows clear signs of acting out against the abuse. As Bloch and Reddaway write in their publication 1984 *Soviet Psychiatric Abuse: The Shadow over World Psychiatry*, Kazanetz received an invitation in 1981 by the British Royal College of Psychiatrists to discuss his article at its annual conference. The Soviet psychiatrist, unknown before his publication in the American journal, eagerly welcomed the invitation. Unfortunately, Kazanetz never made it to the conference in the United Kingdom: the

¹⁴⁸ Etely Kazanetz, “Differentiating Exogenous Psychiatric Illness From Schizophrenia,” *Archives of General Psychiatry* 36, no. 7 (1979): 740-5.

¹⁴⁹ Walter Reich, “Kazanetz, Schizophrenia, and Soviet Psychiatry,” *Archives of General Psychiatry* 36, no. 9 (1979): 1029-30.

Soviet Ministry of Health denied Kazanetz the ability to travel abroad and therefore indicating, Bloch and Reddaway argue, that the ministry did not support the critical publication.¹⁵⁰

Another example of a Soviet psychiatrist disagreeing with what was happening within the psychiatric profession without critiquing the abusive practices openly, is the article Georgian Doctor Artandil Papiashvili wrote on a case study “Istoriya bolezni K.” in 1974. Through the case study, Papiashvili wrote down his experiences with the psychiatric services and the role the profession played in people’s social life. Papiashvili discusses the encounters he had with the 49 year old architect K. when he was visiting him in the Tbilisi Psychiatric Institute in 1973. The recollection of Papiashvili shows that the architect was held at a department in the hospital amongst patients without any diagnosis. When K protested against his internment, he was beaten up twice by the doctors and received forced injections of neuroleptics. After a week of being kept at the Tbilisi Psychiatric Institute, several senior psychiatrists such as members of the Academy of Medical Sciences of USSR and director of the psychiatric institute, diagnosed K. with paranoid schizophrenia. When the architect protested his diagnosis, the doctors saw this as a sign of his illness since he lacked insight in his own behaviour. Furthermore, when his wife protested the diagnosis, Director Zurabashvili of the institute, stated that K. probably communicated his illness to his wife and made her sick as well.¹⁵¹ This description of the anonymous case K. by Papiashvili was presented at a conference in 1974 in the Tbilisi Psychiatric Institute where the psychiatrist questioned Snezhvensky’s broad concept of schizophrenia as it gained a leading position within the Soviet psychiatry.¹⁵² The use of a case study in order to show where the Georgian psychiatrist challenges the ongoing practices in his profession is another way in which a Soviet psychiatrist critiqued the system within the parameters that were possible. Thus Papiashvili practiced passive dissent against the misuse of his profession, while still being part of the institution that facilitated the abusive practices.

Apart from critiquing the scientific theories of schizophrenia on which dissidents were diagnosed or the process of examination they faced, another form in which the psychiatrists acted out against the abusive practices was small acts of compassion to the dissidents in the Special Psychiatric Hospitals. In the recollection of Faynbergh of his imprisonment in the SPH of Leningrad, certain doctors were deliberately present during the treatment of patients in order to

¹⁵⁰ Sidney Bloch and Peter Reddaway, *Soviet Psychiatric Abuse: The Shadow over World Psychiatry*, (London: Victor Gollancz Ltd, 1984): 161-4.

¹⁵¹ Artandil Papiashvili, “Istoriya bolezni K.,” N.D., (1979): 1-11.

¹⁵² Ibid.

protect them from their colleagues. Others would openly ask their colleagues to refrain from using violence to the patients.¹⁵³ As Bloch and Reddaway analyse in the behaviour of the Soviet psychiatrist, there were examples of compassion in the treatment of the dissidents as Faynbergh encountered. Some psychiatrist would try to protect the dissidents during their imprisonment or would recommend their release after the doctors suspected their internment had satisfied the authorities. Other psychiatrists may have thought, the authors argue, that they were helping the dissidents by keeping them at psychiatric hospitals instead of long-term imprisonment at a labour camp.¹⁵⁴

These discussed efforts to challenge the misuse of the psychiatry were all within the Soviet Union and had to be acted out within what was allowed in order for the psychiatrists to not face repercussions themselves. This group are still considered dissenting psychiatrists, as they were actively questioning the abuse practices, even though they were not openly critiquing the abusive practices. There was a group however that was open about their investigations into the misuse of the psychiatry and this commission is discussed in the next section.

Koryagin and the Working Commission

When the misuse of psychiatry became a regular practice during the 1970s, the dissenting community in Moscow started to establish a commission in January 1977 to investigate and combat the issue. The Working Commission to Investigate the Use of Psychiatry for Political Purposes was led by the Soviet activist and journalist Alexander Podrabinek, alongside his friends computer specialist Vyacheslav Bakhim and self-educated worker Felix Serebrov and consulted Doctor Alexander Voloshanovich and Doctor Anatoliy Koryagin for psychiatric insight. The main goals of the commission were to publicise the cases of dissidents being forcibly interned in mental hospitals through illegal measures, release them as quickly as possible and to promote better conditions within the special psychiatric hospitals. This was done via the publication of Information Bulletins within the Soviet Union and send abroad to contribute as much information as possible about the abuse within the psychiatric hospitals and its victims, as well as lobbying abroad by the World Psychiatric Association or talking to Soviet psychiatrists about the issue. The latter, as Bloch and Reddaway write in their analysis of the commission in their 1984 publication of *Soviet Psychiatric*

¹⁵³ Viktor Faynberg, "Obrashcheniye k pravozashchitnym organizatsiyam", *Samizdata* 1276 (1970): 11.

¹⁵⁴ Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: the Abuse of Psychiatry in the Soviet Union*, (London: Victor Gollancz Ltd, 1977): 233-4.

Abuse: The Shadow over World Psychiatry, was done by carefully approaching the doctors responsible for the treatment of dissenters and talk to them about the abusive practices. However, this was fairly difficult, as Bloch and Reddaway conclude, since discussing ethical conduct with a Soviet doctor was only possible if the psychiatrist in question was either dead or prepared to serve a prison term themselves.¹⁵⁵

The danger in critiquing the abusive practices in the Special Psychiatric Hospitals as a psychiatrist are clear in the case of Doctor Anatoliy Koryagin, who collaborated with the working Commission to Investigate the Use of Psychiatry for Political Purposes as a chief psychiatric consultant. Reflecting upon his career in 1989 as a psychiatrist in his publication ‘The Involvement of Soviet Psychiatry in the Persecution of Dissenters’,¹⁵⁶ Koryagin realised the growing influence of the KGB in the early 1960s as the doctor worked in Siberia. Many lawyers and ministry officers tried to impress on Koryagin that his examination was a mere formality from their point of view, as they already knew what the patient was suffering from. “In each case, in order not to become a compliant party to the official organisations, I had to refuse categorically to make individual judgements,”¹⁵⁷ recalls the psychiatrist. He saw doctors who did give the diagnosis requested from the punitive organisations and many of his colleagues became accessories of to the KGB or the Ministry of Interior. Koryagin concludes that under Brezhnev’s rule over the KGB, a wave of repression unfolded and many dissidents faced psychiatric treatment without trial or examination of any kind.¹⁵⁸ As a consultant for the Working Commission, the psychiatrist had examined many dissidents that had undergone compulsory treatment in both ordinary and special psychiatric hospitals. Published as a personal paper in *The Lancet* in the article ‘Unwilling Patients’ in April 1981, Koryagin concluded that “these people were involved with the psychiatric service, although when I examined them they showed no signs of psychiatric illness, psychic defect or psychopathy.”¹⁵⁹ The analysis of Koryagin shows that mentally healthy people were wrongly declared ill as their points of view were considered anti-Soviet.¹⁶⁰ Two months after Koryagin published these statements in the *British Medical Journal*, *The Lancet* placed a letter from British

¹⁵⁵ Sidney Bloch and Peter Reddaway, *Soviet Psychiatric Abuse: The Shadow over World Psychiatry* (London: Viktor Gollancz LTD, 1984): 75-7.

¹⁵⁶ Anatoliy Koryagin. “The Involvement of Soviet Psychiatry in the Persecution of Dissenters,” *British Journal of Psychiatry* 154, no. 3 (1989): 336-40.

¹⁵⁷ *Ibid*, 336.

¹⁵⁸ *Ibid*, 337.

¹⁵⁹ Anatoliy Koryagin, “Unwilling Patients,” *The Lancet* (1981): 821.

¹⁶⁰ *Ibid*.

psychiatrist Gerard Low-Beer on the arrest of Koryagin. The letter mentions that Koryagin had been sentenced on the ground of anti-Soviet activities and faced seven years of imprisonment in a Labour camp and five years of internal exile. As evidence for these activities, the *Lancet* article where Koryagin claimed that the Soviet psychiatry declared healthy people as mentally ill for political purposes was mentioned. As Low-Beer concludes, the treatment of Koryagin should show that there are many examples of misuse of psychiatry to silence anyone who is critical in the Soviet Union.¹⁶¹ In a letter written in Russian and smuggled from a labour camp in the Ural Mountains, Koryagin reflects upon his incarceration and involvement with the Working Commission. The psychiatrists states that he is send to the labour camp because he had examined dissidents and communicated that they were not mentally ill with the psychiatric community around the world. As a result, the court ordered that Koryagin would be deprived of his Doctor of Science Degree, as his views were incompatible with the calling of a Soviet Scientist. Reflecting upon his own examination for this trail, Koryagin writes “KGB officials tried to force me to renounce my views, subjecting me to exhausting interrogations of many hours and locking me up in a punishment cell. They also threatened me, saying that I would never be freed from captivity, that I would be reduced there to a vegetable, that I would never again be able to work as a doctor, and so on.” As his case illustrates, Koryagin claims in the letter that there is no longer any doubt about the involvement of the Soviet psychiatry in diagnosing non-existent illnesses in healthy people. Thousands of dissidents suffer with him, and even written from the labour camp, Koryagin calls for action of all his Soviet and international colleagues to do everything to release them and shame those who have used the doctor’s sacred mouth for anti-humanitarian motives.¹⁶²

Koryagin was not the only member of the Working Commission that was arrested for their membership of the group: founder Podrabinek was told by the Party in December 1977 to emigrate, and when he refused, both his innocent brother and himself were arrested in May 1978. All members received various years of imprisonment, varying from a three years sentence for Podrabinek and Bakhim, whereas Serebrov was sentenced for four years of internment at a labour camp and five years in exile. All members had a similar trial, Bloch and Reddaway analyse: where no witnesses close to the members were allowed to speak in cross-examination and the overall verdict was time in a labour camp.¹⁶³

¹⁶¹ Gerard Low-Beer, “Anatoliy Koryagin,” *The Lancet* (1981): 1426.

¹⁶² Anatoliy Koryagin to Kollegam, 1977.

¹⁶³ Sidney Bloch and Peter Reddaway, *Soviet Psychiatric Abuse: The Shadow over World Psychiatry* (London: Victor Gollancz Ltc, 1984): 107-8.

Concluding Remarks

In conclusion, critiquing the science behind the diagnosis of schizophrenia might not have helped the dissidents in a direct way, but psychiatrist as Kazanetz did shed a light on the treatment of dissidents worldwide. Acts that did directly help the victims in psychiatric hospitals was trying to minimise the violence they faced on a daily basis. More open protest of the abusive practices came from psychiatrists as Koryagin and the Working Commission to Investigate the Use of Psychiatry for Political Purposes. Koryagin already experienced the pressure of the KGB and ministry officials during the 1960s. Later in his career, he became involved as a consultant for the Working Commission and diagnosed many dissidents as healthy instead of suffering from schizophrenia as was claimed by other psychiatrists. This resulted in his arrest and facing the same treatment as the dissidents he declared sane. Koryagin denied to renounce his research despite the pressures from the KGB and was send to a labour camp. Despite the pressures of the KGB to renounce his research, Koryagin was convinced his profession was being misused on a large scale. His arrest, and that of the other members of the working group during the late 1970s and early 1980s resulted in the end of the commission. Thus protesting the misuse of the psychiatry in the Soviet Union could take various forms, such as critiquing the scientific theories it was based on, protecting patients in the hospitals from violence, or working alongside a commission to investigate the abuse. All these forms of opposing the abusive practices however where never without risk: as the case of Koryagin shows, he became a dissident himself and faced years in a labour camp and exile. However, one could argue that despite the arrest of the members of the working group, they did achieve a lot by contributing information about the abuse. As the issue of misusing psychiatry became more known, it opened up not only the closed society the lower level psychiatrists worked in, it made it less useable as a tool to silence dissidents. Thus the involvement of dissenting psychiatrist in the abusive episode during the 1970s is being vocal about the issue and making it less possible for their profession being abused.

Conclusion

The perceived involvement of the psychiatrists in the silencing of dissidents has been the subject of academic debate, where scholars perceive the doctor's role in the abuse in various ways. The role of the Soviet psychiatrists from the 1970s has been understood differently over time. Research published during the 1970s from authors Bloch, Reddaway and Fireside looks at the influence of ideology as an explanation for psychiatrists's involvement. Recent studies by Van Voren and Schacht claim that a hierarchical structure within the psychiatric profession forced the doctors to contribute to the abuse. Because of the debate around the involvement of psychiatrists, I examined their role by questioning to what extent they were involved in the abuse of the dissidents during the 1970s in the Soviet Union. To conduct this research, I used the framework by Bloch and Reddaway from 1977 that distinguishes three levels within the psychiatric profession: the highly influential psychiatrists, the lower level psychiatrists and the psychiatrists that became dissidents themselves. Examples of these three levels were analysed using a case study approach with Russian, American, British, Swedish and Dutch sources.

This analysis shows that the psychiatrists were involved in the abuse of dissidents during the 1970s in the Soviet Union in three different ways. First, the psychiatrists were involved in the abuse by shaping their profession into a tool of abuse. Second, the psychiatrists used this tool in an abusive way that was expected of them. Third, certain psychiatrists spoke out against the misuse of psychiatry and made the tool unusable. Therefore, I conclude that the psychiatrists were to a great extent involved in the misuse of their profession by enabling their practice to be used for abusive purposes as well as ending this practice by becoming vocal about it. My research shows that the high level psychiatrist such as Snezhnevsky formulated theories about schizophrenia that were used to silence dissidents, resulting in an environment in which the lower level psychiatrists were expected to put these theories into practice. They were instructed by influential doctors Morozov and Lunts, who in turn had relations with the KGB. This resulted in a relationship between those levels of either conformism, fear or scientific ambition. The lower level psychiatrist could be pushed by scientific drive to diagnose any behaviour of dissidents as schizophrenic, or be fearful to be diagnosed in a same way if they spoke out against the issue. Furthermore, the Soviet Union during the 1970s was a closed society, thus the doctors conformed to what they were taught in their training and were unable to question their teachings. Psychiatrists that spoke out against the misuse of their profession contributed information about the abuse by producing information bulletins in

the Working Commission or critiquing the scientific grounds of Snezhnevsky's theories. The protesting psychiatrist influenced the lower level psychiatrist by contributing information and lobbying worldwide. The act of making the abuse known made it more difficult for the practices to continue. Since the purpose of diagnosing dissidents as mentally ill was to silence this group of activist, being vocal about the practice made the tool unusable. Thus in this case, I conclude that the psychiatrists played a crucial role in the abuse of their profession to the extent it became a useless tool to silence dissidents. My research shows that the high level doctors were necessary to construct a system of abuse, which not only silenced the dissidents but the lower level psychiatrists as well. This made the abusive practices within their profession possible. However, the psychiatrists that sided with the abused dissidents spoke out against these practices. I argue that the amount of critique of psychiatrists caused the end of the profession used as a weapon to silence dissidents, as it was no longer possible to silently discredit the people who criticised the Soviet Union. As the purpose of the psychiatry was to silence criticism in secret, the public attention these case started to draw made that impossible to continue. Therefore, my concluding point of view is that the psychiatrist were involved in the abuse of dissidents during the 1970s in the Soviet Union by either transforming their profession into a tool of abuse through creating or instructing certain academic theories, using this tool as a doctor to what was expected or speaking out against the misuse of psychiatry and thus making the tool unusable.

I took several social and ethical aspects into consideration, while conducting my research on the involvement of the Soviet psychiatrists in the abusive episode of the 1970s. First of all, my aim was to analyse the data that form the corpus of sources while taking into account the environment they were published in. However, my analysis is subject to personal interpretations. Each recollection by a victim of the abuse or the writings of a psychiatrist on their colleague was viewed through my personal lens. Therefore, I placed the sources within their given context of the Soviet Union in the 1970s and analysed the social, cultural and political conditions in which they were written to remain objective. Furthermore, I was transparent about the chosen material by including information about the authors, where they came from and what their points of view were. The ethical aspect of selecting certain sources over other sources results in an interpretation of the historic episode. For my research, I minimised personal bias by collecting various accounts that either confirmed or contradicted each other. This way I showed the complex forms the roles of a Soviet psychiatrist could take during the 1970s. The second aspect I took into account was the

secrecy surrounding the abuse of dissidents during the 1970s. Even though I am researching the issue decades later, a lot is still unknown about this period. This influenced my research as the connections of psychiatrists to the KGB could never be fully stated. However, many primary sources did mention the alleged ties between the secret service and the doctors. The third aspect I took into account during my research was the possible way in which the Bloch and Reddaway framework could be limiting. As their framework states, there is a clear distinction between the different roles a psychiatrist could have. However, as my research has shown, psychiatrists could shift between levels. A lower level psychiatrist could become a dissident, as is the case for psychiatrist Koryagin. Or a psychiatrist could have the ambitions to become a high profile figure within the profession, for which the career of Doctor Lunts is an example. However, for the purpose of observing the selected sources in the given context, I made the choice to follow the established distinction between the three levels. The next challenging aspect I encountered during my research was remaining objective while reading the experiences of the victims of the abuse. The recollections of dissidents could contain awful stories about their time in the Special Psychiatric Hospitals. This made it at times difficult for me to remain impartial in the process, however it motivated me as well to understand the historic episode even more. Finally, as a Western researcher living in a very different environment than the Soviet Union during the 1970s, I took into account that I could initially view the sources from that perspective. I overcame this limitation by including primary sources that were published in that period or are reflecting upon that time from a Russian point of view.

The involvement of the doctors in the misuse of psychiatry is an issue that should be continued to be studied in future research. As the introduction shows, psychiatrist such as Smulevich are defending the criticism of Snezhnevsky as slander and claim that the doctor did not misuse his profession.¹⁶⁴ Furthermore, Journalist Politkovskaya claims that the doctors that were active during the 1970s abusive period, are still working as psychiatrists under Putin.¹⁶⁵ Therefore, it is my belief that it is necessary to extend the research on the tool psychiatry could form for doctors and to follow the developments on how it could be abused within the psychiatric profession. Furthermore, my research has shown it is important to understand how psychiatrists speak up about the misuse of their practices as well and what repercussions they could face. Therefore, future research should use the understanding of the role of psychiatrists in abusive practices of the 1970s

¹⁶⁴ Anatoliy Smulevich, "Psikhiatriya nel'z'ya vydumat' iz golov i iz uchebnikov," *Dnevnik psikhiatra*, April 8, 2014. https://psychiatr.ru/download/1543?view=1&name=Dnevnik_Psichiatra+1-Copy1.pdf.

¹⁶⁵ Anna Politkovskaya, *Putin's Russia: Life in a Failing Democracy*, (New York: Metropolitan Books, 2007): 152-4.

and apply the analysis to contemporary Russian psychiatry. This leads to an examination of the structure the profession currently has and how criticism on the scientific field is treated.

Furthermore, it will give an insight in who the key figures within the Soviet psychiatry are and how they use their influence on Russia's psychiatry as a whole. Because as my research into the 1970s Soviet psychiatry shows, psychiatry is a powerful tool to silence criticism, thus it is of great importance to know how that tool is used to this day.

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