



DIRECTORATE-GENERAL FOR EXTERNAL POLICIES
POLICY DEPARTMENT



PSYCHIATRY AS A TOOL FOR COERCION IN POST-SOVIET COUNTRIES

DROI



DIRECTORATE-GENERAL FOR EXTERNAL POLICIES OF THE UNION

DIRECTORATE B

POLICY DEPARTMENT

STUDY

PSYCHIATRY AS A TOOL FOR COERCION IN POST-SOVIET COUNTRIES

Abstract

During the 1960-1980s in the USSR, psychiatry was turned into a tool of repression. Soviet psychiatry was cut off from world psychiatry and developed its own - highly institutional and biologically oriented – course, providing at the same time a “scientific justification” for declaring dissidents mentally ill. Since the collapse of the USSR there have been frequent reports of persons hospitalized for non-medical reasons, mostly in the Russian Federation and Ukraine.

The abuses are caused by an underdeveloped mental health profession with little knowledge of medical ethics and professional responsibilities of physicians; by a system that is highly abusive and not able to guarantee the rights of patients; because of corrupt societies where also psychiatric diagnoses are for sale; because of lack of financing and interest by the authorities and in some cases because of a deteriorating political climate in which local authorities feel safe to use psychiatry again as a tool of repression.

Through targeted interventions from outside the situation could be considerably ameliorated and a clear break with the past could be made possible. In this respect the European Parliament can play a crucial role in empowering those who wish to make a clear break with the Soviet past.

This study was requested by the European Parliament's Subcommittee on Human Rights.

AUTHOR:

Robert VAN VOREN, Chief Executive of the Federation Global Initiative on Psychiatry (FGIP) and Professor of Soviet and Post-Soviet Studies at Ilia State University in Tbilisi (Georgia) and at the Vytautas Magnus University in Kaunas (Lithuania)

ADMINISTRATOR RESPONSIBLE:

Anete BANDONE
Directorate-General for External Policies of the Union
Policy Department
WIB 06 M 85
rue Wiertz 60
B-1047 Brussels

Editorial Assistant: Pia VANNESTE

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EXECUTIVE SUMMARY

Since the disintegration of the Soviet Union there have been repeated reports of a renewed use of psychiatry for political purposes. Most of the more recent cases concern the Russian Federation and Ukraine, and although in none of the cases long-term hospitalization in a mental facility with compulsory treatment followed, the main questions are whether we are looking at a systematic abuse of psychiatry and what the reasons are that these abuses occur again.

In order to understand the current situation in mental health care in the former USSR, one has to analyse the context within which the political abuse of psychiatry developed during the Soviet period. On basis of the now available evidence one can safely conclude that the system of political abuse was carefully designed by the KGB in order to rid the country from undesired elements. However, psychiatry itself lend itself to become such a perfect tool of repression because it had been totally separated from world psychiatry and was monopolized by one school of thought based in Moscow. Hence, through a system of totalitarian control, Soviet psychiatrists could be easily (and often unknowingly) turned into wheels in this repressive machinery.

After the fall of Soviet power, attempts were made to open Soviet psychiatry to the world. However, in some of the former Soviet republics (notably in the Russian Federation and most of the Central Asian Republics) the old *nomenklatura* maintained its powerbase, effectively keeping post-Soviet psychiatry under their control and free from Western influence. When, after the assumption of Vladimir Putin to power in 2000, the political climate in the Russian Federation started to deteriorate, local officials felt it was possible again to revert to old mechanisms of subduing bothersome citizens by scaring them off with the psychiatric threat.

Considering all the evidence, there is no proof that we are now looking at a governmental policy of using psychiatry for non-medical purposes. Rather, we are looking at a professional field that has far from recovered from Soviet rule, is lagging far behind in the understanding of, and adhering to international human rights standards and professional ethics, is rampant with corruption (e.g. by selling false diagnoses) and is strongly influenced by the pharmaceutical industry that is in fact only interested in commercial gain.

In order to change the situation and to develop a bulwark against misuse of the psychiatric profession in the future, it is pivotal that large-scale investments are made in the provision of modern mental health literature, education, and (training in) monitoring of human rights in closed institutions. The new law on non-governmental organizations in Russia (2012) potentially complicates the situation, but can easily be bypassed by making use of modern technology (internet, applications for smartphones and tablets, e-learning).

1. INTRODUCTION

Since the beginning of this century the number of claims and reports that psychiatry is again abused for political reasons in the former USSR has increased considerably. Most of the claims concern persons belonging to the opposition to the current governments, or people who have been active in disclosing cases of corruption that often involved government officials. The issue is of particular concern because since the early 1970s, when political abuse of psychiatry became an important issue on the agenda of the world psychiatric community, most of the attention was focused on the USSR and it appears that the current allegations indicate that the climate in at least some of the former Soviet republics has not changed enough to form a bulwark against the return of such practices.

Beyond doubt, the Soviet Union is not the only country where political abuse of psychiatry has taken place. Over the past decades quite extensive documentation has been published on similar abuses in other countries as well. One of the countries where systematic political abuse of psychiatry took place was Communist Romania.¹ There were also reports on cases in Czechoslovakia, Hungary and Bulgaria, but all these cases were individual and there was no evidence that any systematic abuse took place. An extensive research on the situation in Eastern Germany came to the same conclusion, although in this socialist country politics and psychiatry appeared to have been very closely intermingled.² Later, information appeared on the political abuse of psychiatry in Cuba, which was however short-lived and never developed into a full-scale means of repression.³ In the 1990s, a case of political abuse of psychiatry took place in The Netherlands, in the course of which the Ministry of Defence tried to silence a social worker by falsifying several of his psychiatric diagnoses and pretending his behaviour was the result of mental health problems.⁴ And, finally, since the beginning of this century the issue of political abuse of psychiatry in the People's Republic of China is again high on the agenda and has caused repeated debates within the international psychiatric community.⁵

During the past decades, human rights organizations were regularly approached with requests to deal with abusive situations in psychiatry in countries such as South Africa, Chile and Argentina. In the case of South Africa severe abuses were the result of the racially discriminatory policy of *Apartheid*, which resulted in very different conditions in mental health services for the white ruling class and the black majority. Claims that psychiatry was abused as a means of political or religious repression were never confirmed. In Argentina and Chile the abuse concerned individual psychiatrists, who were recruited to determine which forms of torture were the most effective, not the psychiatric profession as a whole or official bodies.⁶

¹ In 1997 the International Association on the Political Use of Psychiatry (IAPUP) organized an investigative committee to research what actually happened. The report was titled *Psychiatry under Tyranny, An Assessment of the Political Abuse of Romanian Psychiatry During the Ceausescu Years*, Amsterdam, IAPUP, 1989.

² Süß, S., *Politisch Missbraucht? Psychiatrie und Staatssicherheit in der DDR*, Berlin, Ch. Links Verlag, 1998.

³ Brown, Ch.A., and Lago, A., *The Politics of Psychiatry in Revolutionary Cuba*, New York 1991

⁴ For the case of Fred Spijkers see Nijeboer, A., *Een man tegen de Staat*, Papieren Tijger, Breda, 2006. The case took many years to be resolved, and although the victim was compensated and even knighted by the Dutch Queen, it is still not fully closed, and Fred Spijkers is still trying to have his false psychiatric diagnosis revoked.

⁵ Munro, R., *Judicial Psychiatry in China and its Political Abuses*, GIP, Amsterdam, 2001, and Munro, R., *China's Psychiatric Inquisition*, Wiley, Simmonds & Hill, London., 2006.

⁶ Recent reports on torture in the Georgian penitentiary facility also indicate that physicians were present during torture and in some instances even participated in them.

Composition of the report

In order to understand the nature of current abuses of the psychiatric profession in former Soviet republics, one has to understand the origins and nature of the Soviet system of psychiatric abuse. Many if not most of the current leaders in psychiatry in the former USSR were educated in Soviet times, and some reached leadership positions already during Soviet rule and continued in these positions ever since. It is estimated that as much as 80% of the current leaders in Russian psychiatry achieved leadership positions already in Soviet times and have maintained that role ever since. It is safe to assert that much of the violations that now take place in post-Soviet psychiatry are directly related to that tainted past.

For that reason this report starts with an in-depth analysis of Soviet psychiatric abuse, its origins, scope and subsequent development, and then continues with the situation in the early post-Soviet period. It then continues with a report on psychiatric abuse in the 21st century and finishes with conclusions and recommendations to the European Parliament.

2. WHAT IS POLITICAL ABUSE OF PSYCHIATRY?

Political abuse of psychiatry refers to the misuse of psychiatric diagnosis, treatment and detention for the purposes of obstructing the fundamental human rights of certain individuals and groups in a given society. The practice is common to but not exclusive to countries governed by totalitarian regimes. In these regimes abuses of the human rights of those politically opposed to the state are often hidden under the guise of psychiatric treatment. In democratic societies “whistle blowers” on covertly illegal practices by major corporations have been subjected to the political misuse of psychiatry. Admittedly, those involved in the struggle against political abuse of psychiatry never reached full consensus on what the exact boundaries were between political abuse of psychiatry and more general misuse of psychiatric practice. Over the years, many individual cases were discussed extensively, determining whether it should be considered as one of political abuse of psychiatry or not. The issue continues to be discussed, in particular because recent cases are often more complex and involve less overt government involvement.

The fact that the use of psychiatry for political purposes is reported from so many diverse countries reveals an on-going tension between politics and psychiatry, and also that using psychiatry to stifle opponents or solve conflicts appeals not only to dictatorial regimes but to well-established democratic societies. Psychiatry is a branch of the medical profession that very much functions on basis of attempts to understand the functioning of the human psyche rather than on full scientific evidence. Diagnoses are internationally agreed upon in order to allow mental health professionals to structure their understanding and have a common language, yet at the same time the psychiatric profession is trying to deal with still limited scientific proof that their understanding is fully correct.⁷ Nevertheless, it is clear that the political use of psychiatry has been a favourite of collectivist (socialist or communist) regimes. An explanation might be that ideologies that envision ideal societies where all are equal and all will be happy often conclude that those who oppose this must be of an unsound mind. As Soviet leader Nikita Khrushchev stated in 1959: “A crime is a deviation from the generally recognized standards of

⁷ Currently two major international classifications exist: ICD-10, developed and disseminated by the World Health Organization, and DSM, developed by the American Psychiatric Association. Both classifications have proponents and opponents. In addition, there is a strong debate with regard to classifications of mental disorders, and much of the debate focuses on the allegation that some illnesses are constructed in order to give the pharmaceutical industry the chance to market new drugs. Most recently, the soon to be introduced classification DSM-V is under fierce attack, and in May 2013 the National Institute of Mental Health (NIMH) in the United States decided not to use this classification.

behaviour frequently caused by mental disorder. Can there be diseases, nervous disorders among certain people in Communist society? 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.”⁸

It is also important to note that political abuse of psychiatry stands out from general abuse of psychiatry, or abusive practices in psychiatry. The latter include general human rights violations in mental institutions (e.g. adverse living conditions, abuse by staff, unlawful incarceration, inhumane treatment), as well as “economic abuse” of psychiatry, such as the sale of diagnoses to criminals in order to avoid long terms of incarceration or bribing a psychiatrist to have a relative diagnosed mentally ill in order to claim property or have a spouse temporarily or permanently “removed”. In the underlying report we will come back to the latter issues when discussing current abuses, even though they are not automatically of a political character.

Finally, it is important to note that in the case of Soviet psychiatric abuse, as well as in cases like the systematic abuse of psychiatry in the People’s Republic of China, there is a vast “grey area” involving people who are hospitalized either because they are considered bothersome to the authorities because of their constant complaints (which may have a querulant character) or people who do suffer from mental health problems but who never should have been either compulsorily treated or hospitalized. Many victims of psychiatric abuse in China are so-called “petitioners”, who travel to Beijing from the provinces in order to issue complaints against local officials. Instead of being heard they are hospitalized and frightened with psychiatric “treatment”. It is quite possible that some of them either issue unfounded complaints or have a mental health problem that triggers their behaviour, yet in no way should that be a pretext for hospitalization and forced treatment.

Also in the Soviet Union this vast grey area existed. In the course of time, an ever-growing proportion of the Soviet population was registered as having mental illness. Persons on the list had some of their civil rights revoked, and often registration on this psychiatric register would turn into a life-long stigma. On top of that, it was hard for them to find a job, housing etc., as a result of which they became outcasts in society. In early 1988, Soviet Chief Psychiatrist Aleksandr Churkin claimed in an interview that 5,5 million Soviet citizens were on the register and that 30% would be removed from that list within two years.⁹ However, a year later the journal *Ogonek* gave a figure of 10,2 million people registered as mental patients, a figure it had received from the State Statistics Committee.¹⁰ In 1989 a US State Department delegation to the USSR that examined the political abuse of psychiatry concluded that, apart from many people having been hospitalized for political reasons, there were also those who did have a mental illness but should never have received the treatment they had been given.¹¹

3. POLITICAL ABUSE OF PSYCHIATRY IN THE USSR

3.1 Historical Perspectives

Generally speaking, the use of psychiatry to incarcerate dissidents in psychiatric hospitals in the USSR started to have a systematic character in the late 1950s and early 1960s. However, there are cases of political abuse of psychiatry known from a much earlier date. During the first years of the Soviet State

⁸ Speech published by *Pravda* on May 24, 1959.

⁹ *Corriere della Sera*, April 5, 1988

¹⁰ *Ogonek*, no. 16, 15-22 April, 1989, p.24

¹¹ See the US report in *Schizophrenia Bulletin*, Supplement to Vol. 15, No. 4, 1989

some attempts to use psychiatry for political purposes took place, yet these cases were isolated and applying a psychiatric diagnosis seemed to be the easiest option to side-track a political opponent.

The political abuse of psychiatry became a more frequent phenomenon in the 1930s. According to a series of letters published by a Soviet psychiatrist in *The American Journal of Psychiatry*, the first Special Psychiatric Hospital in Kazan was used exclusively for political cases. Half of the cases were persons who indeed were mentally ill, but the other half were persons without any mental illness, such as the former Estonian President Paets who was held in Kazan for political reasons from 1941 till 1956.¹² The infamous Serbski Institute for Forensic and General Psychiatry in Moscow, where later many dissidents would be diagnosed to be insane, had from early on a political department. However, initially it was reported to be a relatively humane institution with a benevolent staff.¹³ However, the atmosphere changed almost overnight in 1948 when Dr. Daniil Lunts was appointed head of the Fourth Department.¹⁴

More cases of political abuse of psychiatry are known from the 1940s and 1950s, including that of Party official Sergei Pisarev who was arrested after criticizing the work of the Soviet secret police in connection with the so-called Doctor's Plot.¹⁵ After his release in 1955, Pisarev initiated a campaign against the political abuse of psychiatry, concentrating himself on the Serbski Institute that he considered to be the root of evil. As a result of his activity the Central Committee of the Communist Party established a committee that investigated the issue and concluded that political abuse of psychiatry was indeed taking place. However, the report disappeared in a desk drawer and never resulted in any action.¹⁶

The available evidence shows that in the course of the 1960s the political abuse of psychiatry in the Soviet Union became one of the main methods of repression. By the end of that decade many well-known dissidents were diagnosed as being mentally ill. A crucial role in this played KGB Chairman Yuri Andropov personally, who in 1967 took the helm of that organization and made de struggle against "ideological diversion" the centrepiece of his KGB work. According to a former general of the Fifth (dissident) Directorate of the Ukrainian KGB, it was Andropov who together with a selected group of associates developed the political abuse of psychiatry as a systematic means of repression. KGB offices in other republics, like in Ukraine, received detailed instructions from "the centre" how to use psychiatry either as a "preventive measure" or to remove a "hostile element" from society.¹⁷

There are several documents available that document the role of Yuri Andropov. A report by Lieutenant-General S. Smorodinski of the KGB in Krasnodarski Krai of December 15, 1969, shows that people sent to the Serbski Institute formed only the tip of the iceberg. This report, which KGB Chairman Yuri Andropov sent to the Politburo in January 1970, discussed more effective measures to register and isolate mentally ill persons, including those "who had terrorist and other intentions dangerous to society."¹⁸ Among the latter, Smorodinski listed people who tried to escape from the Fatherland, people "fanatically trying to meet with foreigners", as well as those who tried to found new [political] parties or to suggest control mechanisms with regard to the Communist Party. According to Smorodinski one

¹² *Kaznimye sumasshestviem*, Frankfurt, Possev, 1971, p. 479.

¹³ Bloch, S. and Reddaway, P., *Russia's Political Hospitals*, London, Gollancz, 1977, p. 53-54.

¹⁴ Van Voren, R, Daniil Lunts, *Psychiatrist of the Devil*, unpublished manuscript, 1978; Van Voren, R., *Soviet Psychiatric Abuse in the Gorbachev Era*, Amsterdam, IAPUP, 1989, p.16. Shostakovich, Boris: *Biography of D.R. Lunts*, in *Ocherki Istorii*, published on the occasion of the 75th anniversary of the Serbski Institute, pp. 202-204

¹⁵ An anti-Semitic campaign developed at Stalin's orders that should have led to a new wave of terror and probably to the deportation to Asia of Jewish communities that survived the Second World War.

¹⁶ Pisarev, S., *Soviet Mental Prisons*, Survey, London, 1970, pp. 175-180

¹⁷ Information received in January 2013, source anonymous yet known to the author.

¹⁸ Letter of Yuri Andropov to the members of the Politburo, No. 141-A, dated January 20, 1970, "Secret". It is accompanied by the report by Smorodinski addressed to Yuri Andropov. See: www.bukovsky-archives.net

person suggested establishing a “council to control the activities of the Politburo,” which was considered to be an especially dangerous act; others were accused of spreading anti-Soviet leaflets. Smorodinski concluded that the Krasnodarski Krai had only 3785 beds available, while 11-12,000 persons should be hospitalized. Andropov added to Smorodinski’s document: “Similar situations occur in other parts of the country.” In other words: the number of beds in the USSR needs to be increased considerably in order to meet this urgent demand.¹⁹

How extensive the abuse had become in the early 1970s is also well illustrated by a report on a high-level meeting between the East German Stasi and the Soviet KGB in Berlin in April 1976, with data on the situation a few years earlier: “The increased stability of society in the USSR is also clear from the fact that in 1974 fewer people were convicted because of slandering the state or anti-Soviet propaganda than in previous years. For example, in 1973 a total of 124 persons were arrested for these crimes against 89 persons in 1974, in the context of which it is important to note that 50% of these people were mentally ill.”²⁰

Psychiatry was not only used against individuals, but sometimes also to remove larger groups of “undesired elements” during Communist festivities or special events. In some cases they were delivered en masse, such as in 1971 in Tomsk: “At a ceremonial meeting of the hospital staff in 1971 [in Tomsk], which I attended, [hospital director Dr. Anatoly] Potapov²¹ said literally the following: ‘We expect to register a great number of patients on November 4-7. There’ll be a special mark on their papers. They are suffering from ‘paranoid schizophrenia’. We are to accept them all no matter how many there are...’”²² In 1980, KGB Chairman Yuri Andropov was quite explicit in a “top secret” memorandum to the Central Committee of the Communist Party with regard to the preparations of the 1980 Olympic Games in Moscow. In his 6-page report he quite explicitly wrote that ‘with the goal of preventing possible provocative and anti-social actions on the part of mentally ill individuals who display aggressive intentions, measures are being taken, together with police and health authorities, to put such people in preventive isolation during the period of the 1980 Olympics.’²³ This use of mental hospitals to separate undesirable elements during Communist holidays and special events was not limited to the USSR, however. Similar practices have been reported from Romania under Ceausescu and in the People’s Republic of China.²⁴

3.2 Conceptual aspects of Soviet political psychiatry

The political abuse of psychiatry in the Soviet Union developed within a totalitarian environment, which greatly facilitated its growth. As Professor Richard Bonnie pointed out, “in retrospect, repressive use of psychiatric power in the Soviet Union seems to have been nearly inevitable. The practice of involuntary psychiatric treatment presents an unavoidable risk of mistake and abuse, even in a liberal, pluralistic

¹⁹ The Five Year Plan of 1971-1975 included the construction of 114 psychiatric hospitals with a total capacity of 43,800 beds.

²⁰ MfS-HAXX, 2941, p. 93.

²¹ Anatoly Potapov, a psychiatrist by profession, was from 1965 to 1983 director of the psychiatric hospital in Tomsk. He would later become Minister of Health of the Russian Soviet Republic.

²² *Moscow News* no. 37, 1990, reprinted in *Documents* 38, September 1990.

²³ *Regarding the main measures to guarantee security during the period of preparation and implementation of the XXII Olympic Games in Moscow*, signed by KGB Chairman Yuri Andropov, document 902-A, dated May 12, 1980, p. 3.

²⁴ For Romania see: *Psychiatry under Tyranny*, p. 9. In China, in preparation of the Olympic Games of 2008 the Beijing police defined a grading standard for mentally ill persons who could cause incidents and accidents and are moderately disruptive. Security brigade chiefs, civil police chiefs and the security directors of all police branches in all the incorporated districts and county councils of Beijing were trained according to the “Beijing City mental health ordinance”. Also a thorough investigation of basic information regarding the mentally ill of Beijing was carried out. The Beijing Police used the above-mentioned professional training and basic investigation to determine a grading standard to rate the risks posed by mentally ill persons. See www.legaldaily.com.cn April 4, 2007

society. This intrinsic risk was greatly magnified in the Soviet Union by the communist regime's intolerance for dissent, including any form of political or religious deviance, and by the corrosive effects of corruption and intimidation in all spheres of social life."²⁵ It was facilitated by the belief that persons who opposed the regime were mentally ill, as there seemed to be no other logical explanation why one would oppose the best socio-political system in the world.

The diagnosis of 'sluggish schizophrenia' that was developed by the Moscow School of Psychiatry and in particular by Academician Andrei Snezhnevsky, provided a handy framework to explain this behaviour. According to the theories of Snezhnevsky and his colleagues, schizophrenia was much more prevalent than previously thought because the illness could be present with relatively mild symptoms and only progress later. And in particular sluggish schizophrenia broadened the scope, because according to Snezhnevsky patients with this diagnosis were able to function almost normally in the social sense. Their symptoms could resemble those of a neurosis or could take on a paranoid quality. The patient with paranoid symptoms retained some insight in his condition, but overvalued his own importance and might exhibit grandiose ideas of reforming society. Thus symptoms of sluggish schizophrenia could be "reform delusions", "struggle for the truth", and "perseverance".²⁶ However in the *World Health Organization Pilot Study on Schizophrenia*, a computer program re-assigned cases of schizophrenia from Moscow to non-psychotic categories far more frequently than in any other country, thus highlighting this aberration in classification.²⁷

Several scholars analysed the concepts of sluggish schizophrenia in the USSR, and the scientific writings that focused on this diagnosis. Canadian psychiatrist Harold Merskey, together with neurology resident Bronislava Shafran, in 1986 analysed a total of 64 scientific articles published in the *Korsakov Journal of Neuropathology and Psychiatry* in 1978 and 1983 and they concluded that "the notion of slowly progressive schizophrenia is clearly widely extensible and is much more variable and inclusive than our own ideas of simple schizophrenia or residual defect states. Many conditions which would probably be diagnosed elsewhere as depressive disorders, anxiety disorders, hypochondriacal or personality disorders seem liable to come under the umbrella of slowly progressive schizophrenia in Snezhnevsky's system."²⁸ Two years later, Soviet dissident and former political prisoner Semyon Gluzman carried out even more extensive research. In his analysis he quoted a large number of works by well-known associates of the Serbski Institute, and in some of these studies the political "illness" was far from being camouflaged. In some studies patients were ill with "excessive religiosity",²⁹ another study concluded "compulsory treatment in an ordinary psychiatric hospital may be recommended for patients with schizophrenia with delusional ideas of reform, who show a diminished level of activity and in whom we can observe a difference between their statements and behaviour." However, another patient showed an "extreme social dangerousness and [this formed] the foundation of the recommendation for compulsory treatment in a Special Psychiatric Hospital"³⁰

²⁵ Bonnie, Richard: *Political Abuse of Psychiatry in the Soviet Union and in China: Complexities and Controversies*. In: *The Journal of the American Academy of Psychiatry and the Law*, Vol. 30, number 1, p. 138, 2002.

²⁶ See Bloch, S., *Soviet Psychiatry and Snezhnevskyism*, in Van Voren, R.(ed.), *Soviet Psychiatric Abuse in the Gorbachev Era*, 1989, pp. 55-61.

²⁷ *The International Pilot Study on Schizophrenia*. World Health Organization, 1973.

²⁸ Merskey, H, and Shafran, B.: *Political hazards in diagnosis of 'sluggish schizophrenia*, p. 249. Published in the *British Journal of Psychiatry*, 1986, 148, pp.: 247-256

²⁹ *On Soviet Totalitarian Psychiatry*, p.42

³⁰ *On Soviet Totalitarian Psychiatry*, p. 43.

3.3 Factors contributing to Soviet psychiatric abuse

There is ample evidence that the core group of psychiatrists that developed and implemented this system to treat dissenters as psychiatrically ill on the orders of the Party and the KGB knew very well what they were doing³¹. Yet for many Soviet psychiatrists the diagnosis of grandiose reformism as mental illness seemed very logical, because they could not otherwise explain to themselves why somebody would give up his career, family and happiness for an idea or conviction that was so different from what most people believed or forced themselves to believe. In a way, the plan was also very welcome, as it excluded the need to put difficult questions to oneself and one's own behaviour. And difficult questions could lead to difficult conclusions, which in turn could have caused problems with the authorities for the psychiatrist himself.

The onset of political psychiatry can probably best be seen as the result of a combination of factors that were only possible to mature under a totalitarian regime. The decision in 1950-1951 to give monopoly over psychiatry to the Pavlovian school of Professor Andrei Snezhnevsky was one crucial factor.³² As noted earlier, the key to the politicization of psychiatry was that Soviet society had become a centrally ruled totalitarian State. In that state, doctors had to swear the Oath of the Soviet Doctor instead of the Hippocratic Oath, which made clear that the Soviet Doctor's ultimate responsibility was to the Communist Party, not to medical ethics.³³ Soviet psychiatrists had little chance to escape the all-pervasive control by the Communist Party and its organs because of their three-fold dependency on the Soviet state: scientifically, because their research work depended on their allegiance to the Soviet authorities; politically, because they had to organize their professional life and interact with authorities so as not to lose their support; and economically, as private practice did not exist and they were all employees of the State.³⁴ People in leadership positions did not only need to be successful in leadership: "that success... depended on other conditions; those who were able to maintain the necessary interactions with the authorities had the biggest chance of making a career."³⁵

Another factor that helped to impose political abuse of psychiatry on the psychiatric community and root out potential opposition was the fact that 'for many years there was an unchangeable yet informal hierarchy of mental health institutions. This looked more or less as follows: the highest step on the ladder formed the scientific research institutes, then the psychiatric faculties, then Moscow and Leningrad psychiatric hospitals, then provincial and city psychiatric hospitals, then provincial and city

³¹ For instance, in 2001 Dr. Yakov Landau of the Serbski Institute said on Polish television that "the organs [KGB] burdened us with very responsible work (...) They expected us to do what they asked us to do, and we knew what they expected." There are many of such indications that leading psychiatrists knew full well what they were involved in.

³² On October 11-15, 1951, a joint session of the USSR Academy of Sciences and the USSR Academy of Medical Sciences met in compliance with an order of I. V. Stalin to institutionalize the theory of higher nervous activity of I. P. Pavlov. The session decreed that annual scientific conferences should be held to consider problems related to Pavlovian physiology. In response to this call, a year later a session of the Presidium of the Academy of Medical Sciences and the Board of the All-Union Society of Neuropathologists and Psychiatrists on the 'Physiological Teachings of the Academician I. P. Pavlov on Psychiatry and Neuropathology' was convened. A number of influential Soviet psychiatrists - V. A. Giliarovskii, M. O. Gurevich and A. S. Shmaryan — were condemned for adhering to anti-Marxist ideology and to psychiatric theories conceived by Western psychiatrists. The named psychiatrists acknowledged the correctness of the accusations, admitted their 'errors', and promised in the future to follow Pavlov's teachings on psychiatry. The session's Presidium urged the development of a "New Soviet Psychiatry" based upon experimental and clinical findings and consistent with the Pavlovian conceptualization of higher nervous activity, which considered psychiatric and neurotic syndromes in terms of the dynamic localization of the brain's functions.

³³ The Oath of the Soviet Doctor was adopted by the Presidium of the Supreme Soviet of the USSR on March 26, 1971. *Vedemosti Verkhovnogo Soveta SSSR*, 1971, no. 13, p. 145

³⁴ *Psychiatry, psychiatrists and society*, p. 86

³⁵ *Psychiatry, psychiatrists and society*, p.87

outpatient clinics and, at the lowest step, came the regional psycho-neurological outpatient clinics and cabinets. If a doctor who worked in a dispenser would change a diagnosis, it was usually considered as an “attack” on the institution that was higher up on the hierarchical ladder. Because for many years, a diagnosis established by a “higher institution” was obligatory to follow by a “lower institution”.³⁶ In other words, if the Serbski Institute in Moscow declared a dissident to be mentally ill, no lower-placed psychiatrist would dare to go against it.

Finally, one should not forget that the Soviet Union had become a closed society, a society that was cut off from the rest of the world. World psychiatric literature was unavailable, except to the politically correct psychiatric elite. “Western psychiatric literature became rare: the number of periodicals that came was limited and a large part wound up in the “special holdings” (*spetskhran*) of the Lenin library [in Moscow] and were impossible to get access to.”³⁷ The power of the Party seemed endless, whether one believed in their ideals or not. And thus any person who decided to voice dissent openly ran a high risk of being considered mentally ill.

4. THE EARLY POST-SOVIET PERIOD

4.1 Emergence of a non-governmental sector in mental health

Until the late 1980s, psychiatry in the USSR was dominated by only one organization: the All-Union Society of Psychiatrists and Neuropathologists (AUSPN), which was directly controlled by the Ministry of Health of the USSR.³⁸ During the period of glasnost and perestroika this started to change. As early as 1988 an Estonian Society of Psychiatrists was established, two years later followed by a Lithuanian Psychiatric Association. In the mean time, in March 1989, a small group of psychiatrists and psychologists in Moscow founded the Independent Psychiatric Association (IPA). The IPA was admitted as member to the WPA in October 1989.³⁹

In January 1991, the former dissident and political prisoner Semyon Gluzman managed to establish a Ukrainian Psychiatric Association. From the very start he took a different approach than the IPA, trying to avoid a “dissident” association but instead incorporating as many of the leading figures as possible, provided they were not active and knowing participants in the repression machinery and support the notion that reform was necessary. In this way, he managed to win over leading Ukrainian psychiatrists.⁴⁰ At the founding congress of the Ukrainian Psychiatric Association, a statement was adopted, which said that “today’s psychiatry in our country is to a great extent dehumanized and in service of personal and non-professional interests of the government, whose institutions are incapable of ensuring the defence of human rights and the economic development of our society. The result is that the loss of priority of the moral-ethical and spiritual aspects [in psychiatry] started with the activities of doctors, including psychiatrists. This manifested itself with inevitable regularity in cases of psychiatry for goals which have nothing to do with health and welfare.”⁴¹

³⁶ *Psychiatry, psychiatrists and society*, pp. 41-42

³⁷ *Psychiatry, psychiatrists and society*, p. 58

³⁸ The stationary of the AUSPN even had the heading AUSPN and then as sub-heading “Ministry of Health of the USSR”.

³⁹ The Estonian society was not admitted to the WPA, as Estonia still being part of the USSR was considered to be a “region” and the WPA refused membership to “regional psychiatric associations”.

⁴⁰ The Ministry of Internal Affairs (MVD) was considered part of the state security system, administered camps and prisons, guarded Special Psychiatric Hospitals (which in 1988 had been transferred to the Ministry of Health, but still for security were dependent on the MVD) and had in Stalin time even been part of the same structure as the KGB – NKVD.

⁴¹ “Announcement to the psychiatric community of Ukraine” translation printed in *Documents* 39, October 1990.

Even in Leningrad, the second largest city and former capital of Russia, hundreds of psychiatrists joined the Leningrad Psychiatric Society, later named St. Petersburg Psychiatric Association, out of protest against the continued dominance of the old nomenklatura over psychiatry in Russia. Their dissatisfaction came to light in February 1990, when the Leningrad Society of Psychiatrists adopted an appeal to the All Union Society.⁴² In their appeal, the Leningrad psychiatrists expressed their “dissatisfaction with the activity of the Board of the All Union Society [which] promoted the emergence in the USSR of independent psychiatric associations, one of which was recently unconditionally accepted as a full member of the World Psychiatric Association... The composition of the board of the All Union Society is characterized by a concentration of all power in the hands of three Moscow institutions on a Union level. Of the 23 members of the presidium of the board of the society, 20 are from Moscow and of those, 18 are from institutions directly subordinate to the Ministry of Health of the USSR and the Academy of Medical Sciences of the USSR.”⁴³ The appeal resulted in strong reactions from the Moscow psychiatrists. However, nothing was done to try to keep the Leningrad psychiatrists on board and, as a result, they went their own way.

Following the collapse of the Soviet Union in August 1991, psychiatric associations were established in all former Soviet republics, the New Independent States (NIS). In October 1992, the WPA accepted the Kazakh Psychiatric Association, Latvian Psychiatric Association, and the Lithuanian Psychiatric Association as ad-hoc members.⁴⁴ In Russia, next to the IPA and the St. Petersburg Psychiatric Association, a Russian Society of Psychiatrists was established as a separate legal entity, not as a successor to the All Union Society, and applied for membership in the WPA in October 1992.⁴⁵ The same year, the All-Union Society gave up its membership and subsequently died a silent death.

In the course of the 1990s apart from psychiatric associations new professional bodies were established for psychiatric nurses (e.g. in Ukraine and Belarus), as well as relative organization, multi-disciplinary organizations and, by the end of the century, the first groups of consumers of mental health care services. Gradually a network of non-governmental organizations in the field of mental health emerged, creating a vibrant web of groups, committees and associations that strived to alter the existing highly institutional and biologically oriented psychiatry that was almost synonymous to massive human rights abuses towards a consumer-oriented and community based mental health care where the rights of patients are respected. Most of the organizations were connected to the Network of Reformers in Psychiatry that was established in 1993 in the Slovak capital Bratislava and that for more than a decade formed the main link between the different groups and Western counterparts, forming both a safety net and a think tank for the more than 1,000 reformers that were eventually connected.⁴⁶

⁴² In the letter, the Leningrad Society complained that “the activity of the current Presidium of the All Union Society of Psychiatrists does not correspond to the spirit of reforms taking place in the country today. It is characterized by passivity, avoidance of many vitally important problems of psychiatry or attempts to decide them secretly... So far nothing has been reported to republican and regional societies on the conclusion of the commission of American psychiatrists who inspected Special Psychiatric Hospitals in our country in March 1989. The Soviet response to these conclusions is unknown to a broad mass of members of the Society. The necessary information and evaluation of the conclusions of the Eighth Congress of the World Psychiatric Association have not been given. ... There are rumors of some kind of ‘conditions’ on which the return of our Society were allegedly based that has disturbed the practicing psychiatrists in our country. These rumors have not been dispelled by the board of the All Union Society of Psychiatrists until today.” See the Korsakov Journal of Psychiatry and Narcology, no.8, 1990.

⁴³ Korsakov Journal of Psychiatry and Narcology, no.8, 1990. Reprinted in translation in *Documents* 39, October 1990.

⁴⁴ Letter from Juan Jose Lopez Ibor to Jim Birley, October 23, 1992.

⁴⁵ Letter from the Russian Society of Psychiatrists to Lopez Ibor, October 12, 1992. The Society claimed to have 500 members.

⁴⁶ See for a detailed description of the Network of Reformers in Psychiatry: Van Voren, Robert: *On Dissidents and Madness*, Rodopi 2009, chapter 17.

4.2 Abuse of psychiatry in the early post-Soviet period

With the fall of communism in Eastern Europe in the late 1980s the practice of using psychiatry to suppress political opponents virtually ceased to exist. Some cases surfaced in Central Asia, notably in 1996 in Turkmenistan and in Uzbekistan.⁴⁷ What came in place, however, was a very disturbing collection of other forms of abuses, ranging from “economic abuse” (e.g. having relatives declared mentally ill or suffering from dementia in order to take control of their possessions such as real estate) to criminals buying their way out to freedom by bribing psychiatrists in delivering false diagnoses. In addition, human rights abuses in the mental health system in the former Soviet republics were rampant, due to lack of resources, out-dated methods of treatment, lack of understanding of human individual rights and a growing lack of tolerance in society where *survivalism* became the main philosophy of the population at large.

4.2.1 Russia

In Russia, a “Law on Psychiatric Care and Guarantees of Citizen’s Rights in its Provision” was introduced in January 1993, replacing the law that had been introduced in the USSR in 1988 and to a large degree written by the very same experts of the Institute of State and Law. The 1993 Law can be considered to be liberal and in line with international standards. It stipulates that all persons with a mental illness shall be treated with humanity; that a diagnosis of mental illness shall be made in accordance with internationally accepted medical standards and that the right to confidentiality of information shall be respected. It further stipulates that a patient has the right, whenever possible, to be treated near his or her home or the home of his or her relatives or friends and shall have the right to return to the community as soon as possible; that the patient has the right to be treated in the least restrictive environment and that no treatment shall be given to a patient without his or her informed consent. Finally, it also mentions that every patient has the right to refuse or stop treatment, shall be informed of all of his or her rights and that an involuntary patient may apply to a review body for release or voluntary status.

The 1993 Law is still in use, with a number of minor modifications carried out in 2004, and new modifications are pending in order to bring it in line with a new law on health protection. However, the main problem in Russia (as in most of the other former Soviet republics) is not in the law itself, but in its implementation. Many of the complaints with regard to psychiatric malpractice focus on incorrect application of the law, and often rights cannot be implemented due to the inadequacy of mental health care services in the country. The key issue is that the reform movement in mental health had only a limited impact and did not manage to alter the situation in mental health fundamentally. Many of the mental health institutions remained inhuman environments and places where many human rights abuses were a daily occurrence, while the level of psychiatric care was far from acceptable and knowledge about modern therapeutic approaches, the role of relatives and carers and the self-help capabilities of mental health users remained scarce and limited.

One of the main reasons for this situation is the fact that the leadership of Soviet psychiatry in Russia maintained its powerbase and in many regions managed to maintain its monopoly on information and knowledge. During its decades of isolation, Soviet psychiatry had become a deformed branch of medicine that mainly focused on separating persons with mental illness from society and keeping them under constant control. Many people spent years and even decades in mental institutions, heavily

⁴⁷ The cases of political abuse of psychiatry in Turkmenistan came to light in August 1996 during the World Congress of the World Psychiatric Association in Madrid, where most of the new psychiatric associations in the former USSR were represented. A collective letter of protest, signed by all of the associations present (including the Russian Psychiatric Society) was sent to the Turkmen authorities, after which the abuse immediately came to an end.

drugged and often “treated” with primitive substances (such as sulphazine and insulin). Whereas in many former Soviet republics the leadership changed or at least contacts with world psychiatry were re-established, in Russia the information gap continued, partially because psychiatric leaders effectively kept psychiatric literature away from their students and colleagues (knowing that access to such literature would immediately show their own incompetence) and partially because knowledge of foreign languages in Russia continued to be more an exception than the rule. Attempts to change that situation faltered because of lack of necessary funds. Although through private initiatives more than a hundred psychiatric manuals were published in Russian, the print runs remained too small to have a serious impact.⁴⁸ In many cities the available books were banned from distribution.

Many of the current leaders of Russian psychiatry, especially those who already belonged to the establishment in Soviet times, also revoked the earlier confession read at the 1989 WPA General Assembly that psychiatry in the Soviet Union had been abused systematically for political purposes. They now preferred to refer to “individual cases of “hyper-diagnosis” or “academic differences of opinion”.⁴⁹

4.2.2 Ukraine

In 1991 a committee attached to the Ukrainian Psychiatric Association (UPA) started its work to deal with citizens’ complaints against psychiatric malpractice. The committee functioned until 2005 and its statistics of appeals clearly indicate that the amount of appeals diminished each subsequent year (from 21,357 in 1992 to 513 in 2005); that appeals, related to involuntary admission gradually ceased to be filed altogether and that the same was true for appeals concerning archaic Soviet diagnoses, in particular the diagnosis of so-called “sluggish schizophrenia”. Undoubtedly, these positive effects were caused by on one hand Ukraine accepting the ICD-10 diagnostic criteria of the World Health Organization (WHO), and on the other the appearance of lawyers who were at least to a certain degree familiar with issues concerning the rights of persons with mental disorders.

During the first years of independence most appeals by citizens concerned involuntary admissions to psychiatric institutions and the hyper-diagnosis of schizophrenia. Both were typical manifestations of the Soviet psychiatric tradition when professionals continued to function according to old Soviet legal and diagnostic criteria. During that period, the only registered attempt to use psychiatry as an instrument to suppress political and religious non-conformity took place in 1993, when the Ministry of Internal Affairs, with consent of the public prosecutor’s office, tried to have hundreds of arrested members of the new religious movement “White Brotherhood” admitted to psychiatric institutions. However, all Ukrainian psychiatric services categorically refused to comply. Only a few of those arrested and who were, in fact, suffering from psychiatric disorders were involuntarily admitted.

In 2000 Ukraine adopted a new Decree on Psychiatric Help, which greatly contributed to a further improvement of the situation. For the first time judicial control of involuntary admissions was introduced.

5. POLITICAL ABUSE IN THE TWENTY-FIRST CENTURY

In several former Soviet republics, notably Russia and Ukraine, individual cases of political abuse of psychiatry continue to take place and the number of reports have increased significantly over the past

⁴⁸ Most of the publications were issued by the Sphere publishing house in Kiev, a joint venture of the Ukrainian Psychiatric Association and Global Initiative on Psychiatry, with financial support from the European Commission, the Open Society Institute and other Western donors.

⁴⁹ Dmitrieva, D., *Alyans Prava i Miloserdiya*, Moscow, Nauka, 2001, pp. 116-130

few years. Also from Kazakhstan recently a case has been reported, involving journalist Aleksandr Kharlamov, which is cause for serious concern.⁵⁰ However, in general one can assert that there appears to be no *systematic* and *government-inspired* repression of dissidents through the mental health system. Instead, citizens today fall victim to regional authorities in localized disputes, or to private antagonists who have the means to bribe their way through the courts. Cases like that of Aleksandr Kharlamov in Kazakhstan appear to be individual, and also in that case it is not sure what direction it eventually will take.

5.1 Russia

The resumption of individual cases of political abuse of psychiatry in Russia is closely linked to the deteriorating human rights situation in the country and the fact that lower-level authorities feel much more freedom to clamp down on undesired elements than previously. Again an air of untouchability is returning to Russia's rulers, and the rule of law has increasingly become subject to political machinations. The current situation in Russia also shows that much of the structure is still in place that allowed the political abuse of psychiatry to happen. The first cases of renewed political abuse of psychiatry started to emerge in the beginning of the twenty-first century, after Vladimir Putin resumed the Presidency and the downward spiral towards increased repression commenced. Here are some of the cases that surfaced.

5.1.1 Cases of alleged abuse

In St. Petersburg, Ivan Ivannikov, who lectured for 38 years at the State University of Economics and Finance, found himself wrestled to the ground, handcuffed and dragged to the city psychiatric hospital in December 2003 after a protracted dispute with a well-connected contractor over repairs to his apartment. An influential state psychiatrist signed the recommendation for commitment without ever having met Ivannikov, deciding that his multiple legal complaints against the contractor constituted an "obsession" with "revenge." He was released after 60 days.

In the fall of 2005 a human rights activist from Cheboksary, Albert Vasilievich Imendayev, decided to run for the legislature. He was required to appear at the local election commission to finalize his candidacy, when an investigator from the prosecutor's office met him at the courthouse with three police officers. They kept him locked up until a judge could be found to sign the order committing him for a psychiatric evaluation. He was sent straight to the psychiatric hospital. By the time he was released nine days later, the election-filing deadline had passed and he was out of the race. Imendayev's "act of insanity" had been filing a series of legal complaints against local officials, police, prosecutors and judges, alleging corruption, violation of court procedures and cronyism. The prosecutor, a frequent target of Imendayev's complaints, called his behaviour "paranoia".

In another case in Cheboksary, a four-term opposition deputy in the regional parliament, Igor Molyakov, spent six months in jail on libel charges in 2004. While incarcerated, he was sent for psychiatric hospitalization after a judge agreed with government lawyers that Molyakov's repeated writings about corruption among local authorities reflected an outlook so "sombre" that it might constitute a "mental disorder."

⁵⁰ In the beginning of 2013 atheist activist Aleksandr Kharlamov was arrested and charged with "inciting religious hatred". He was twice ordered to undergo a psychiatric examination. Kharlamov complained to Radio Free Europe from prison that "an order has come down to present him as psychiatrically ill and on this basis to lock him up in a psychiatric hospital". Indeed he has been in a psychiatric facility in Almaty since April 2013 and his relatives have not been allowed to see him. What will happen in his case remains unclear.

In the same period Natalya Kuznetsova was dismissed from her position at the Audit Office of the Russian Federation after she openly asserted that in 2001 and 2002 some 140 million US dollars were stolen from the State budget. A State psychologist issued a statement that she was suffering from mental health problems. "When finally on January 25, 2005, they dismissed me from my job," she stated, "they threatened to call an ambulance to take me immediately to a psychiatric hospital for forced treatment."⁵¹

In September 2012, Siberian journalist Ruslan Makarov was sent for psychiatric evaluation after his personal psychiatrist purportedly told investigators he had threatened to kill Altai Republic Governor Aleksandr Berdnikov. In his case, the psychiatrist who was his personal doctor initiated the case in the first place because she reported something that he told her in a private session, something that must be considered a breach of medical confidentiality. A court ruled, however, that his forced psychiatric evaluation was illegal because prosecutors had dispensed with the required court hearing. Karelian human rights activist Maksim Yefimov was sent for evaluation after publishing a December 2011 blog post that was critical of the Russian Orthodox Church. After he was released, he fled to Estonia and is seeking political asylum.

Much international attention was given to the case of Larisa Arap, an opposition activist and journalist from Murmansk, who was hospitalized in 2007 for 46 days after publishing an article about human rights abuses in a psychiatric hospital in the town of Apetity, where she had been hospitalized herself as a patient in 2004. An independent psychiatric evaluation showed that Ms. Arap was indeed suffering from mental health problems; however, in hospitalizing her not the right procedure had been followed and it was questioned whether her state was such that a hospitalization had indeed been necessary. The case of Larisa Arap clearly showed the complexity of the issue. Although quite possibly both her belonging to the opposition to Vladimir Putin and her critical article triggered the psychiatric hospitalization, the fact that the person indeed suffered from mental health problems makes it very difficult to assert that this was a case of political abuse of psychiatry.

5.1.2 Some of the most recent cases

Also following Putin's re-election as President of Russia in 2012 complaints about non-medical use of psychiatry to silence dissident or "bothersome" citizens continued.

In August 2012 it appeared that in the case of "Pussy Riot", the defendants had all been examined psychiatrically by psychiatrists from the Kashchenko psychiatric hospital outside Moscow, an institution that in Soviet times was heavily implicated in the political abuse of psychiatry. According to the psychological and psychiatric report presented by the prosecution, the three women suffered from "personality disorders" and thus should be isolated from society. The experts themselves, however, did not appear in court and could not be questioned by the defence. The language used in the report, however, sounded very similar to the qualifications used in Soviet times when diagnosing dissidents.⁵²

On March 18 2013, Lyudmila Popkova, a labour union leader who got into trouble with the authorities after exposing corruption in the Kremlin administration, was handed a piece of paper ordering her to appear before a Moscow judge the same day. Within fifteen minutes she was remanded to a Moscow psychiatric hospital for up to 30 days of "evaluation." She was eventually released on April 9, 2013.

⁵¹ For the cases of Ivannikov, Imendayev, Molyakov and Kuznetsova see: Murphy, Kim: "Speak out. Are you crazy?" in the Los Angeles Times, May 30, 2006

⁵² This is how the psychiatrists from Kashchenko Psychiatric hospital described the defendants' disorders: Nadezhda Tolokonnikova shows signs of "an active life position ... and a tendency to express her opinions categorically"; Yekaterina Samutsevich suffers from "obstinacy, decisiveness and a tendency toward oppositional forms of behavior during conflicts, along with subjectivist and vigilant character traits"; Maria Alyokhina shows signs of "demonstrative, overrated self-opinion."

Another recent case concerns Yelena Kotova, a former director of the European Bank for Reconstruction and Development (EBRD), who was accused of commercial corruption in connection with a \$95 million EBRD loan to businessman Sergei Chernikov in 2009. Chernikov, She underwent a 28-day psychiatric evaluation ordered by Moscow's Tverskoi district court, but also in her case no psychiatric diagnosis followed. This mechanism appears to become more and more common: judges using their right to send a person for a compulsory psychiatric evaluation to a psychiatric institution. And it is becoming particularly common in cases involving corruption, so-called extremism and political dissent. Although in general no psychiatric diagnosis follows, the ultimate goal seems not to be psychiatric hospitalization but frightening the persons concerned.

5.1.3 The Budanov case

Among all these cases that have some “political connotation”, one case stands out, in which there was definitely a repeated and strong intervention from the highest authorities. This concerns the case of Yuri Budanov, an Army colonel who had been charged with raping a Chechen girl, Elza Kungaeva, and murdering her in an exceptionally brutal manner. The case began on March 26, 2000, the day Vladimir Putin was first elected President of Russia, and lasted for more than three years. In the course of these years six commissions examined Budanov in an attempt by the political and military establishment to avoid him being sentenced to a long term of imprisonment. Every time the official line of the Kremlin changed a new psychiatric examination was ordered that provided a report in agreement with the official political position. The Serbski Institute in Moscow was deeply involved in the case and one of the psychiatrists involved, professor Tatyana Pechernikova, had been active in the political abuse of psychiatry in Soviet times. Interestingly, however, a military court eventually found him of sound mind and guilty, and sentenced him to ten years in camp.

5.1.4 Monitoring and Advocacy

Only few organisations in Russia concern themselves with violations of the Law on Psychiatric Help, infringements on the rights of patients and human rights violations in psychiatric facilities. Persons who see themselves as victim of abuse can seek assistance from the National Ombudsman, or can turn to one of the relatively few NGO's that deal with these issues. Most active in this field is the Independent Psychiatric Association.⁵³ The head of the legal section of the association, Yulia Argunova, authored a very helpful manual how to defend your rights as a user of mental health care services.⁵⁴ In addition to the few Russian NGO's, also some international NGOs are active, in particular in opposing the system of guardianship of persons with mental disability and in taking Russian authorities to court in Strasbourg in cases of violations of patients' rights. In these cases it is helpful that Russia ratified a number of international agreements and conventions (e.g. the European Convention on Human Rights and the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment) and can thus be held accountable for its actions.⁵⁵ However, the question is whether litigation really leads to structural change in mental health care provision in Russia. The sector remains undervalued, underfinanced and still dominated by a psychiatric leadership that seems more interested in holding on to their power than in bringing services up to international standards.

⁵³ See page 11

⁵⁴ <http://library.khpg.org/files/docs/1322416957.pdf>

⁵⁵ In January 2013 the European Court of Human Rights found that Russia violated the right of a man who was prohibited from marrying the woman he loved. The *Lashin v. Russia* case was the first to address the right to marry by persons with psycho-social disabilities. For the first time the Court recognized that a blanket ban on the right to marry for persons under guardianship is incompatible with the European Convention.

The long-term effects of psychiatric hospitalization and forced “treatment” (or rather: torture) with neuroleptic drugs have been extensively described in the literature on Soviet political abuse of psychiatry. Some victims emerged from psychiatric hospital physically permanently damaged; others were mentally destroyed. Some, like the Ukrainian mineworker and rights activist Aleksei Nikitin, did not survive hospitalization altogether. With regard to the current cases of political use of psychiatry, the long-term effect of the forced intake of drugs remains limited due to the sheer fact that the current hospitalizations usually last days, weeks or at maximum months. Most cases of abuse are, as is euphemistically called, a “preventive measure” mainly with the purpose to scare somebody off and make him/her discontinue earlier activities. However, the psychological damage of such hospitalization can be considerable, and there are usually no services that have expertise in helping the victims after their ordeal has ended. In Ukraine a centre for the treatment of torture victims is active; Russia currently has none of these services available.

Unfortunately, psychiatric facilities in Russia have hardly been subjected to monitoring visits, e.g. by the Committee for the Prevention of Torture (CPT) of the Council of Europe. Only in 2002 a CPT visit was carried out at the Vladivostok psychiatric hospital. The delegation reported that it “heard no allegations of deliberate physical ill-treatment of patients by staff at Vladivostok City Psychiatric Hospital. A few complaints were heard of occasional rude behaviour and verbal abuse by orderlies.”⁵⁶ The delegation did point out, however, that the orderlies lacked adequate training and should be better prepared before starting to work in the hospital. Indeed, that is a general problem throughout most of the former USSR, as orderlies are usually unskilled labour hired for one purpose only: to maintain order within the hospital wards. Other monitoring visits were carried out by NGO’s, e.g. by the Moscow Helsinki Group now almost a decade ago, in in 2004.

5.2 Ukraine

The violation of psychiatric patients’ rights in Ukraine is at the moment in most cases caused by opportunistic material reasons. Apartments, houses and other property of psychiatric patients are taken away by relatives or by organized criminal groups that have the legal status of commercial enterprises and stand in direct contact with local authorities and police precincts. Unfortunately, some lawyers and psychiatrists also participate in these illegal activities. These criminal activities are made easier because social services and free legal assistance are practically non-existent in Ukraine. The utmost reluctance of prosecutor’s offices to control this area also helps the criminals to operate effectively and remain unpunished.

The Ukrainian Psychiatric Association, which now has some 2,000 members, believes that until 2005 the number of these cases decreased because they constantly informed the mass-media about the most typical and outrageous cases of abuse. Also, they heavily invested in training mental health professionals in issues of human rights and medical ethics, and the level of expertise among lawyers and judges, who previously had no experience in the area, increased considerably. Finally, very helpful turned out to be regular inspections of psychiatric facilities e.g. by the Committee for the Prevention of Torture of the Council of Europe.⁵⁷

However, in 2005-2006 the number of appeals related to violation of psychiatric patients’ rights gradually showed again an increase. However, the nature of the appeals had changed: there were far more will contests on the grounds that the deceased allegedly lacked mental capacity at the time when the will was drafted. These concerned usually family conflicts, where the “wronged” party resorted to

⁵⁶ Report p-rus-20011202-en, published June 30, 2003, publication reference CPT/Inf (2003) 30

⁵⁷ Carried out in 2002, 2005 and 2008, see the database of the Council of Europe at <http://www.cpt.coe.int/en/hudoc-cpt.htm>

bribing forensic psychiatrists, falsifying documents etc. More and more so-called posthumous evaluations in absentia were conducted in order to have the last will and testament changed. Since these illegal practices remain largely unpunished, some psychiatrists just carry on with them even when they are made public by the media. One of the most striking examples is the Karpenko case.⁵⁸

However, it seems that such abusive practices remain an exception in Ukraine. As a rule, it happens when prosecution authorities, managers of medical facilities and judges are either personally involved or don't consider it necessary to control these issues. Nevertheless, experts (usually public organizations) occasionally report about attempts by the authorities to use psychiatry in order to persecute their public opponents. One typical example is the case of Anatoli Ilchenko, who in 2012 was brought to a Kiev psychiatric clinic by the police because he was publically protested against bringing the European Football Championship to Ukraine. The doctors who examined Ilchenko were unaware of his past as a long-term prisoner of Soviet specialized psychiatric clinics.⁵⁹ Despite of the police's imperative requests, Ilchenko was declared mentally healthy and immediately released from the clinic.

It is important to note that Ilchenko and other Ukrainian citizens were declared mentally healthy by Ukrainian psychiatrists who refused to have them hospitalized, which in itself shows a clear break with the past. However, at the same time the story of Igor Mitrov demonstrates a remnant of Soviet "ideological" tradition in Ukrainian psychiatry.⁶⁰ One should keep in mind, though, that this story took place in the Crimea, a specific area in Ukraine where the political elite gravitates towards Russia.

Ukrainian experts believe that at present the risk of abuse that is motivated by either material or administrative reasons is the greatest within the area of forensic psychiatry. Since forensic psychiatry, just as all forensic medical expertise, lies within the competence of the Ministry of Health, it falls outside the control zone of the Ministry of Justice. Experts are also concerned about continuing practices of using treatments that have no relation to evidence-based medicine.⁶¹ Also, Ukrainian media increasingly report on abuses (e.g. forced unpaid labour by patients) and human rights violation in social care homes, that fall under the authority of the Ministry of Social Policies of Ukraine. Recently, the European Court for Human Rights in Strasbourg condemned Ukraine in the case of Nataliya Mikhaïlenko versus Ukraine.⁶² In its judgment, the Court highlighted the absurdity of a law that prohibits someone under guardianship from accessing a domestic court to challenge the guardianship. It found a violation of Article 6 of the European Convention on Human Rights, guaranteeing the right to fair trial.

⁵⁸ Vladimir Karpenko, an economist by profession, married and with two children, was a Soviet official who after independence started his own construction company. When reaching pensioner age he wanted to hand over his business to his children. A serious conflict erupted in the course of which one son had him pronounced mentally incapable by a Kiev regional court. Karpenko contacted the Ukrainian Psychiatric Association and after 18 months of legal battle the decision was reversed. The case was widely publicized in the mass media, which very much helped to bring the case to a positive end.

⁵⁹ Ilchenko was in 1989 examined by a delegation of the US State Department, diagnosed to be mentally healthy and subsequently released by the Soviet authorities at the request of the American delegation.

⁶⁰ In 2010 the then 21-year old Igor Mitrov, inhabitant of Kerchi (Crimea), was sent by the military to a psychiatric hospital for a three-week psychiatric examination. The main symptom for his illness was the fact that he refused to speak any other language than Ukrainian. This was diagnosed as a "personality disorder". On basis of this he was refused the possibility to serve in the Ukrainian Army. He was subsequently diagnosed by a commission of the UPA, which found no symptoms of mental illness whatsoever. He is now a student in the philological faculty of the University of Kiev.

⁶¹ We are referring to neurosurgeries that allegedly effectively treat specific psychiatric problems but are far removed from official treatment protocols, and about quack remedies "treating" psychiatric disorders in children, such as professor Chuprikov's method of "pneumopressing" the brain, as well as various exotic biological "preparations", unknown anywhere outside the Ukraine, such as Cerebrocurine.

⁶² [http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-119975#{"itemid":\["001-119975"\]}](http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-119975#{)

6. CONCLUSIONS AND RECOMMENDATIONS

For over 50 years totalitarian indifference to human dignity and freedom had colluded with prejudice to bloc mental illness and its consequences from entering the public debate and receiving adequate attention and resources. This resulted in severe deterioration of the mental health services and in parochial solutions, the most hideous of which was the political abuse of psychiatry in the former USSR. Health governance in the region by and large still disregards these bitter lessons of recent history and disavows the connection between poor health indicators and inadequate country mental health policy.

Mental health policy awareness in the region was rapidly raised after 1989 by the human rights movements and not by evidence based assessment of needs and concerns for quality assurance and cost effectiveness of the mental health care systems. The lack of national mental health policies, and respective absence of operational policy at local service level is a serious barrier to the introduction of structured clinical practice in the mental health sector. And often where a policy is developed (e.g. in Lithuania) it is not put into practice. As a consequence the whole idea of policy driven and an accountable mental health service is not being rooted in the countries in the region. While international bodies like the World Health Organisation (WHO) and the European Union readily provide road maps to reformed services, transformational leadership stands out as the scarcest commodity on the managerial and governance side. The profound crisis of leadership and governance continues largely because of the enforced discontinuation of the participatory tradition these countries suffered under totalitarian rule.

In addition to focused efforts at enhancing governance, all countries struggle to implement reforms. This remains the case even though the development of community mental health services, as a replacement for institutional care, lacks adequate support from the local communities and funding from budgetary and external sources. Nevertheless most countries push ahead with such reforms without real understanding of the mechanisms of social defence, which operate counter-productively.

6.1 Conclusions

Regrettably, the political climate in some of the former Soviet republics, and notably the Russian Federation, is again such that local officials feel they have the liberty to revert to using psychiatry as a tool of frightening their opponents. In most cases, there is no attempt to revert to long-term hospitalizations and compulsory treatment, as in the Soviet period, but rather using psychiatry as a matter of "*profilaktizirovanie*" (prevention), as KGB-Chairman Yuri Andropov preferred to call it. There is also no indication that this has become a government policy. Rather, it is a litmus test of what is happening in society, officials making use of the heritage of out-dated Soviet psychiatric practice.

What is disturbing, however, is the fact that twenty years after the end of Soviet power, in the field of mental health care Soviet views and perspectives still persist, and that in many parts of the former USSR (and in particular in the Russian Federation and in most of the Central Asian Republics) only very little has changed in terms of therapeutic approaches, respect for of human rights and medical ethics, and mental health service provision in general. In most countries, the "internaty" (social care homes) continue to function as before, and hundreds of thousands of persons are locked away in large and inhumane institutions for the rest of their lives. The political abuse of psychiatry in the USSR was merely the tip of the iceberg, and that still continues to be the case.

In order to have this changed, much more needs to be done than to revert cases to the Court of Human Rights in Strasbourg. This might help solve individual cases and set some jurisprudence, but it will in no way alter the general situation on the ground. In a country that spans one-sixth of the globe what happens in far-away Strasbourg has virtually no impact. The only thing that can bring about real

improvement is attitudinal change, and to achieve that all doors and windows have to be opened, allowing fresh air to come in and once and for all end the monopoly on information, perceptions and views and enable the younger generation to understand what is really happening outside their limited boundaries. Change will need to come from within, but can be triggered from outside.

A complication in this respect is the new law on NGO's that was passed by the Russian Duma in 2012, and on basis of which non-governmental organizations in Russia will have to register as a "foreign agent" if they receive funds from abroad and are active in politics. There is no doubt organizations promoting change in mental health would be considered a "foreign agent", which automatically would mean intense scrutiny by the FSB (which' predecessor KGB was the architect of political abuse of psychiatry in the first place) and, in the end probably, being closed down for administrative reasons. This means that much of the work focusing on opening doors and windows should be done from outside the country, using modern technological approaches (internet, applications via tablets and smartphones, e-learning, etc.).

6.2 Recommendations

The real challenge all countries face on a daily basis is the re-training of mental health professionals in skills of contemporary mental health service delivery (multidisciplinary teamwork, case management, psychosocial rehabilitation). In that respect the following issues can be considered as key elements:

6.2.1 Lobbying and monitoring

Human rights abuses in mental health institutions in Eastern Europe and the former USSR are a daily occurrence. This counts for regular psychiatric hospitals, but no less for the so-called social care homes in the region that house hundreds of thousands of persons with mental illness and mental disability or persons who are just outcasts in society. Regularly social care homes burn to the ground, killing some or most of their inhabitants. Usually in press reports the institutions are euphemistically called "nursing homes", while in fact they are rickety and often wooden structures that house far too many patient in adverse conditions, and when disaster strikes they have no chance of escape. Much emphasis should be put on mapping these institutions, monitoring the human rights conditions there, and pressing authorities to develop alternative systems of care by which people are returned to the community and taken care of either within their own communities or by specialized services. A key issue in this debate is the earlier mentioned issue of guardianship, a system that is widely practiced throughout the region and as a result of which people see their rights taken away. The system is absolutely contrary to the UN Convention of the Rights of Persons with Disabilities (CRPD) and should be abandoned. However, this only makes sense if at the same time major investments are made in developing alternative mechanisms that are in line with international human rights standards.

It is important that the governments of the countries concerned know that the situation in mental health in their countries is closely watched and that sooner or later abuses and human rights violations will be brought to light. The issue of non-medical use of psychiatry should be a regular item on the agenda of human rights consultations or in the framework of the Eastern Partnership (e.g. in the case of Ukraine). Also at other regional and international fora the issue should be regularly discussed. Important in this respect is to have an approach of constructive criticism, on one hand pointing out all the deficiencies, violations and inadequacies, but at the same time offering a hand to those who strive to alter the situation and bring mental health care provision up to international standards. Important would be to press for the abolition of the antiquated and inhuman system of social care homes, to facilitate and promote regular and detailed monitoring of the human rights situation in the relevant institutions and to make sure that the mental health profession abides by international standards and

classifications, such as the International Classification of Diseases (ICD-10) of the World Health Organization.⁶³

6.2.2 Literature

Whereas in many former Soviet republics the leadership changed or at least contacts with world psychiatry were re-established, in Russia in particular the information gap continued, partially because psychiatric leaders effectively kept psychiatric literature away from their students and colleagues (knowing that access to such literature would immediately show their own incompetence) and partially because knowledge of foreign languages in Russia continues to be more an exception than the rule. Attempts to change that situation faltered because of lack of necessary funds. Although the Sphere printing house in Kiev managed to publish more than a hundred psychiatric manuals in Russian, the print runs remained too small to have a serious impact.⁶⁴ In many cities the available books were even banned from distribution.

At the moment, most of the literature published in Russia in the mental health field is either focused on rather obscure forms of “psychotherapy”, or published by the pharmacological industry, or written by old-style Soviet psychiatric leaders, who were heavily involved in Soviet psychiatric abuse.⁶⁵ The only psychiatric journal that provided access to modern psychiatric literature and was free of advertisements by pharmaceuticals, the *Review of Contemporary Psychiatry*, ceased to exist five years ago due to lack of funds. A psychiatrist or mental health professional who does not know a Western language and has no access to printed translated psychiatric literature in Russian, has no chance of being informed of modern approaches in mental health care, and has no knowledge about current views on patient rights, human rights in mental health and, for instance, the UN Conventions on the Rights of Persons with Disabilities (CRPD). And this is a situation that the old psychiatric leadership would like to see continued as long as possible.

6.2.3 Education

The debates in the 1970s and 1980s surrounding the issue of political abuse of psychiatry in the USSR stimulated an ongoing debate on human rights and professional ethics. During those years the World Psychiatric Association (WPA), around which most of the discussions evolved, adopted an ethical code on human rights that condemns the use of psychiatry for non-medical purposes. This was updated and expanded several times, and also installed mechanisms to investigate complaints of violations of these regulations.⁶⁶

⁶³ There are increasing reports that Russia is not planning to adopt ICD-11 when it will be published in 2015, but rather go for its own “Russian classification”, which would include Soviet psychiatric diagnoses such as “sluggish schizophrenia”. This would have a major negative impact not only on Russian psychiatry, but on psychiatry throughout the former USSR, as in many countries psychiatric literature is still exclusively available and used in Russian.

⁶⁴ Sphere Publishing house was a joint venture of Global Initiative on Psychiatry and the Ukrainian Psychiatric Association, that functioned from 1996 until 2008, when it was closed down due to lack of funding. Since, hardly any Western manual on psychiatric practice has been published in Russian.

⁶⁵ In 2011 one of the larger Western pharmaceuticals even published works by Andrei Snezhnevsky, the architect of the system of political abuse of psychiatry, in Russian for dissemination in Russia and beyond.

⁶⁶ The Hawaii Declaration of 1977 had been drawn up by the Ethical Sub-Committee of the Executive Committee set up in 1973 in response to the increasing number of protests against the use of psychiatry for non-medical purposes. One of the principles stated in the Declaration was that a psychiatrist must not participate in compulsory psychiatric treatment in the absence of psychiatric illness, and also there were other clauses that could be seen as having a bearing on the political abuse of psychiatry. The Declaration was amended in Vienna in 1983, and in 1996 succeeded by the Madrid Declaration of 1996, which was further expanded in 1999. In addition, the organization set up Committees on Ethics and on the Review of Abuse of Psychiatry.

Unfortunately, in the former USSR there is very limited knowledge and understanding of declarations and international documents that guarantee the rights of citizens with a mental disorder. This concerns the ethical codes as adopted by the World Psychiatric Association, but also the Convention on the Rights of Persons with Disabilities (CRPD), which has far-reaching implications for the psychiatric profession. Litigation at the Court of Human Rights in Strasbourg helps to solve individual cases, yet it does not change the attitudes of both government officials and mental health personnel. Much more is needed to help to make a shift from a repressive and custodial system to one that respects human rights and is focused on (re-)integration of persons with mental illness into society. To this end, training is a vital element, which for the past decade has been virtually absent as a result of lack of necessary funding.

Special attention ought to be paid to the role of the pharmaceutical industry, which throughout the post-communist period has mostly been an obstacle to reform. Commercially, it is understandable that their main goal is to explore this vast market of Eastern Europe and the former USSR, yet at the same time it cannot be ignored that they have used the situation to make services and professionals totally dependent on their financial support, have turned the main attention to the availability of drugs rather than the availability of psycho-social rehabilitation services, and have very much stimulated corruption within the mental health field. The absence of psychiatric associations in the region having Guidelines on Corporate Sponsorship is only one of many telling signs. Much effort is needed to counter and regulate the influence of the pharmaceutical industry.

6.2.4 Funding

As indicated above, investments are needed to bring about the reform of the mental health care system that is so much needed in this part of the world. Investments are needed in the development of alternative care models and systems, but above all in knowledge and understanding of what modern mental health care provision is about. Such investments should be made possible through targeted calls for proposals, e.g. through the EIDHR, technical assistance (e.g. developing monitoring mechanisms and training in their implementation) and the facilitation of exchange of information and international collaboration through professional exchange programs, funding for networking and targeted seminars, as well as facilitating international travel by adjusting visa regimes for specific target groups. With regard to Russia, it would be important to drop the precondition of having a Russian partner or lead applicant when submitting project proposals, as the new law on NGO's would immediately turn them into "foreign agents" and the resulting strict supervision by security agencies and ultimate closing down.

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