

Civil Society and Soviet Psychiatry

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Since the late 1980's, it has become commonplace among Western and Soviet observers to refer to the gradual emergence in the USSR of a civil society. This article will consider to what degree reforms in psychiatry and in the ensuring of rights for the mentally ill have contributed, or have failed to contribute, to creating the basis for a civil society in the Soviet Union. I will treat psychiatry as a microcosm in which to test the proposition that a civil society may be emerging.

Western writers on the emergence of civil society in the Soviet Union have paid little attention to a careful definition of the term.¹ Moreover, the definitions usually implied by them appear to diverge substantially from the meanings typically given to the term by political philosophers over the last three centuries. For example: "Civil society is a sphere of social life where people as private citizens interact with each other, creating their own various organizations not controlled by the state."² It is, of course, easy to agree that such a "sphere of social life" has existed in the Soviet Union since the 1950's, that it has come into the open and expanded dramatically since 1986-87, and that in most cases it strives to be as independent as possible from the state. But it is much harder to say that it constitutes civil society.

Classical theorists of civil society have seen an *interdependence* between civil society and the state. In return for the state's granting of various degrees of autonomy to the voluntary associations of civil society, these

associations either implicitly or explicitly pledge their loyalty to the state. Without such a relationship, whether it be with a Hobbesian or a democratic state, the various associations cannot achieve the recognition and stability which are essential if they are to develop and thrive as a civil society. Civil society also makes direct inputs into the polity and affairs of state, for example through such associations as political parties. It has a strong interest in legal order and in political stability, since disorder and revolution inevitably threaten its survival. Civil society, theorists also stress, must be civil—a society in which tolerance and viable, civilized relations between individuals and groups having different political and religious persuasions, and with various commercial and intellectual interests, can flourish.

Many qualifications and exceptions to the above generalizations can of course be made. But rather than review here the particular views of Locke, Montesquieu, Rousseau, Hegel, de Tocqueville, Marx, Durkheim, Gramsci, and others, or even summarize a recent and stimulating comparative study of such views,³ let me for the moment only comment that the contemporary situation in the Soviet Union is not very conducive

¹See, e.g., S. Frederick Starr, "Soviet Union: A Civil Society," *Foreign Policy* (Washington, DC), Spring 1988, pp. 26-41; idem., "Civil Society and the Impediments to Reform," in William G. Miller, Ed., *Toward a More Civil Society? The USSR Under Gorbachev*, New York, Ballinger, 1989, pp. 304-09; idem., "The Road to Reform," in Abraham Brumberg, Ed., *Chronicle of a Revolution*, New York, Pantheon Books, 1990, pp. 17-29; Gail Lapidus, "State and Civil Society: Toward the Emergence of Civil Society in the Soviet Union," in Seweryn Bialer, Ed., *Politics, Society, and Nationality Inside Gorbachev's Russia*, Boulder, CO, Westview, 1989; Vladimir Shlapentokh, *Public and Private Life of the Soviet People*, New York, Oxford University Press, 1989; Geoffrey Hosking, *The Awakening of the Soviet Union*, Cambridge, Harvard University Press, 1990; Victoria Bonnell, "Voluntary Associations in Gorbachev's Reform Program," in George Breslauer, Ed., *Can Gorbachev's Reforms Succeed?* Berkeley, CA, Berkeley-Stanford Program in Soviet Studies, 1990, pp. 177-93; and Helsinki Watch (L. Alexeyeva and C. Fitzpatrick), *Nyeformaly: Civil Society in the USSR*, New York, Helsinki Watch, 1990.

²Shlapentokh, op. cit., p. 190.

³Salvador Giner, "The Withering Away of Civil Society?" *Praxis International* (Oxford), October 1985, pp. 247-67.

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to the emergence of a civil society as just defined. First, the lack of any political tradition of democratic compromise, honest debate, and coalition-building, and the prevalence in traditional Soviet political culture of intrigue and diktat, have made the emerging pluralistic culture anything but tolerant and civilized.⁴ Some radical democrats have been as bad as the politically threatened conservatives; for example, they have paralyzed the Leningrad city council by extremist behavior.⁵ Second, the civil associations and the government have not built bridges to each other. The government has been aggressively defensive of its old prerogatives, and the civil associations have been unsure about the desirability of close cooperation with a discredited regime. And third, since 1988, there has been steadily growing instability in the USSR, with no solid improvement in legal order—a trend that, I believe, will get worse in the 1990's.⁶

Another way of framing these objections to the current orthodoxy about the emergence of civil society is to suggest that the explosion of voluntary associations is evidence not of the emergence of civil society but, rather, of a developing anticommunist revolution. If this is the case, then many of the associations—whether political, professional, religious, commercial, trade-unionist, or whatever—may prove to be more immediately concerned with furthering a revolution than with creating a civil society. And whether or not such a society would emerge after a revolution is impossible to predict.

What we can say, however, is that the above pattern seems to have occurred in the late tsarist period. Many of the prerequisites for a civil society came into existence in the wake of Alexander II's "Great Reforms," but the attempt to complete and secure civil society by building a bridge between the state and society during the "constitutional experiment" of 1907–14 failed.⁷ The gap was not adequately bridged, voluntary associations increasingly promoted or connived at revolutionary activity, revolution ensued, and the embryonic civil society—after a short, chaotic flowering in 1917—was soon crushed by the Bolsheviks.

In my view, then, it is premature to conclude that a civil society—rather than just some prerequisites for one—has emerged in today's Russia, the republic on which I would like mainly to focus. But let me also state my view that the emergence of the prerequisites for a

civil society is probably the most hopeful sign of development regarding the future of Russia over the next decade or two—whether that future be evolutionary or revolutionary in nature.

Psychiatry and Patients' Rights

All societies find it difficult to provide humane assistance to the mentally ill and ensure ethical behavior by mental-health professionals. Issues surrounding the treatment of the mentally ill are not easy. As the Russian psychiatrist V. A. Gilyarovskiy said, "Psychiatry is a mirror that reflects the shadowy sides of life." Nonetheless, in the highly developed civil societies of Western Europe and North America, the following conditions usually obtain, if in varying degrees. Psychiatric theory and practice are fields in which freedom exists to debate, innovate, and experiment. Private and public sectors interact, and many specialized journals and magazines, as well as parts of the mass media, act as forums for discussion, criticism, and exposés of real or perceived abuses. Medical and lay organizations exist for similar purposes; they also pursue corporate goals concerning the moral development and autonomy of the mental-health professions. Important here are maintaining educational standards, promoting research on a national and international basis, enforcing patients' rights and professional ethics through the use of disciplinary codes, and—together with lawyers—refining solutions to the many problems presented by the interaction of psychiatry and the law.

Psychiatry and mental health provide illustrations of the interdependence between civil society and the state. Political parties, pressure groups, professional organizations, health administrators, and government agencies at various levels interact, consult, and disagree with each other constantly over financing the public sector and the overall regulation of both public and private sectors. Government ultimately produces budgets, directives, regulations, and, occasionally, laws. The deepest conflicts in this sphere usually concern money, for example, the level of funding for the public sector. For lack of sufficient resources, this sector is often unable to provide high-quality care to many of its patients. Finally, charitable and voluntary organizations strive to fill the gaps in the established structures, and pursue goals of special concern.

As the reformist forces in Soviet psychiatry seek to move their whole psychiatric system toward this sort of pattern, they face enormous problems. First, the totalitarian communist system, which destroyed the last elements of the embryonic civil society in the 1920's, persisted in many respects until the late 1980's, and even

⁴Vera Tolz, *The USSR's Emerging Multiparty System*, Washington, DC, Center for Strategic and International Studies, 1990, pp. 86–87.

⁵Andrei Chernov, "In Favor of a Strong Hand," *Moscow News*, Oct. 21, 1990.

⁶Peter Reddaway, "The Quality of Gorbachev's Leadership," *Soviet Economy* (Washington, DC), Vol. 6, No. 2, 1990, pp. 125–40.

⁷Geoffrey Hosking, *The Russian Constitutional Experiment*, Cambridge, Cambridge University Press, 1973, Ch. 9.

struggles to survive today. For decades, this system has regarded the mentally ill as an unredeemable, essentially incurable, unproductive, and expensive nuisance, which must be kept out of sight and handled at lowest possible cost to the state's resources. Although ordinary citizens have had, in effect, no enforceable rights, the mentally ill were even more helpless before the all-powerful state. Second, doctors have been servants of the state, virtually obliged to carry out its orders, deprived of professional autonomy, and forced to operate in structures established by politicians trained in Marxist-Leninist ideology. Third, psychiatrists have been trained in a monopolistic psychiatric theory which lays down, among other things, that most mental illness is incurable and that acts of deviation from the social and political norms of Marxism-Leninism are symptoms of mental illness. Fourth, the totalitarian state used the psychiatric system to stifle dissent and political deviance. It pressed psychiatrists to diagnose some of the dissidents as mentally ill, and then to treat them in institutions for indefinite periods of time with the aim of forcing them to recant their beliefs.⁸

Has Soviet psychiatry changed in recent years? Are there indications that any changes that have taken place reflect the emergence of a civil society in the USSR? Probably the biggest achievement to date has been the initiation in the USSR since 1987–88 of an increasingly open public discussion of all the issues just listed. This has been the joint work of an informal, loose, unarticulated, but de facto coalition of reformist forces. In many cases, these forces have acted independently of each other, while trying to build on each other's successes. This coalition, which I have described in detail elsewhere,⁹ has consisted of a number of official, semi-official, unofficial, and foreign components. The main official components have been the USSR Ministry of Foreign Affairs under Eduard Shevardnadze, which has been directly engaged in dealing with and pressuring leaders in the field of Soviet psychiatry; the personal office of Aleksandr Yakovlev, which has quietly "sponsored" key parts of the media's efforts to promote reform; the Academy of Sciences' Institute of State and Law, which has encouraged key staff people to push for legal reform; and, on occasion, even the KGB, which has shown some willingness to help dissidents who are opposed to psychiatric abuse.¹⁰ Other components have been official and semi-official press organs that have had a strong or intermittent commitment to reform, notably *Kommunist*, *Moscow News*, *Literaturnaya Gazeta*, *Ogonek*, *Izvestiya*, *Komsomol'skaya Pravda*, *Sobesednik*, and *Meditsinskaya Gazeta*.¹¹ Unofficial components have been new groups—such as the Moscow-based Independent Psychiatric Association (IPA)

—which have enjoyed the encouragement or toleration of the official components. Finally, the informal reformist coalition has been rounded out by forces operating outside the USSR, notably the main psychiatric associations of the United States, Great Britain, and West Germany, some elements in the leadership of the World Psychiatric Association (WPA) elected in 1989, the International Association on the Political Abuse of Psychiatry, and the broadly based human-rights bodies Amnesty International and Helsinki Watch.

The Soviet Psychiatric Establishment

Materials in the Soviet media on the issue of psychiatry and the treatment of the mentally ill have been somewhat one-sided, inasmuch as almost all of them have come from the reformists. The main obstacle in the latter's path, the psychiatric establishment, has stated its case only rarely. Its few statements have been defensive in tone and designed to avoid the real issues. It has maintained a grip on the core of the system, a grip that is only slightly less powerful than it was before 1987. Quite simply, the establishment fears that if it launches serious reforms in psychiatry it will almost at once be swept away, official investigations into the system of political abuse of psychiatry will be started, and its leading figures will be, at the least, publicly disgraced.

The establishment has four principal bastions. The Serbskiy Research Institute of General and Forensic Psychiatry has been the operational apex of the system of psychiatric abuse for some four decades. Its director since 1957, Georgiy Morozov, who personally handled many well-known dissidents, formally retired in a blaze of official glory in 1990,¹² but remained as honorary director and was replaced by his close friend Tat'yana

⁸On all this, see Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals*, London, Gollancz, 1977; Sidney Bloch and Peter Reddaway, *Soviet Psychiatric Abuse: The Shadow over World Psychiatry*, London, Gollancz, 1984; and Alexander Podrabinek, *Punitive Medicine*, Ann Arbor, MI, Karoma Publishers, 1980.

⁹Peter Reddaway, "Reform of Soviet Psychiatry: Is the Establishment Beginning to Panic?" *Radio Liberty, Report on the USSR* (Munich), Nov. 2, 1990, pp. 1–14.

¹⁰For example, in 1989, the KGB facilitated the reformist psychiatrist Semen Gluzman's attendance at a World Psychiatric Association congress, where he greatly embarrassed the official Soviet delegation by his pointed criticisms of the psychiatric system in the USSR.

¹¹The materials appearing in these and other publications since 1987 have been chronicled systematically elsewhere. See Peter Reddaway, "Soviet Psychiatry: An End to Political Abuse?" *Survey* (London), October 1988, pp. 25–38; idem., "The Uphill Struggle for Change in Soviet Psychiatry," *Report on the USSR*, Nov. 3, 1989, pp. 1–9; and idem., "Reform of Soviet Psychiatry: Is the Establishment Beginning to Panic?" loc. cit.

¹²Georgiy V. Morozov, "Jubilee," *Zhurnal Nevropatologii i Psikhatrii* (Moscow), No. 6, 1990, pp. 156–57.

Dmitriyeva, who quickly showed herself adept at appearing to be flexible and humane, while evading the most sensitive issues.¹³

The All-Union Research Center for Mental Health is still run by the regime's chief apologist for psychiatric abuse over the last 20 years, Marat Vartanyan, whom the reformists have rightly identified and attacked as the now undisputed "Godfather" of the establishment. Accordingly, Vartanyan has been increasingly boycotted by psychiatric groups in the West.

The All-Union Scientific Society of Psychiatrists, which resigned from the WPA in 1983 to avoid expulsion and was conditionally readmitted in 1989, was until 1991 headed by a close associate of Vartanyan and Morozov, Nikolay Zharikov, who in 1973 declared a well-known dissident, Yuriy Shikhanovich, to be mentally ill.¹⁴ Its new president, Aleksandr Tiganov, is an intimate colleague of Vartanyan. Faced with the threat of becoming irrelevant as alternative associations sprang up, this society has recently begun to stir.¹⁵ But no serious change has yet occurred. In 1989, its leadership tried to falsify the record of the WPA congress of that year in order to retract a generalized, grudging Soviet admission that, because of political circumstances, political abuses of psychiatry had in fact taken place in the past. Frustrated in this, it then prevented the admission from appearing in the Soviet press until a year after the event.¹⁶ In this way, it tried its utmost to defend the establishment's central, life-and-death claim, namely, that although a few isolated mistakes may have occurred in the past, they were not deliberate and certainly did not constitute any "policy."

The USSR Ministry of Health has done everything possible to defend the psychiatric establishment from criticism, yielding ground with great reluctance only when the reformist coalition has—as in the case of a visit by an American psychiatric delegation in 1989—concentrated maximum pressure on it. Key figures in this ministry have been Yevgeniy Chazov, the minister of health from 1987 to 1990, the Ministry of Health's chief psychiatrist—Aleksandr Churkin until 1989, thereafter Aleksandr Karpov—and their immediate superior, Vladimir Yegorov. In the past year, Yegorov has shown some signs of being interested in reform.

The defensiveness of the whole establishment was obvious during the visit of the US psychiatric delegation, of which I was a member, and also in the visit's aftermath.¹⁷ The establishment did not like the delegation's critical, though tactfully written report,¹⁸ and managed to prevent publication even of extracts of it in any nonspecialist Soviet source until a year and a half after it appeared in a US publication in July 1989.¹⁹ The leadership's obstructiveness showed again in March

1991, when it created a flimsy pretext to block a visit by a WPA delegation that was to decide whether to recommend the confirmation or rejection of the All-Union Society of Psychiatrists as an association member. The establishment's tendency to deceive and manipulate by saying different things to different people has recently been documented in detail by Catherine Fitzpatrick of Helsinki Watch.²⁰

Efforts at Change

In the face of the establishment's refusal to reform the profession, independent-minded psychiatrists have been forced to strike out on their own. They have attempted to develop new organizations and change the laws applying to psychiatry.

Given the virtual absence of private funds in the USSR, and a high level of official resistance and harassment, alternative psychiatric groups have developed slowly. They have not been able to acquire their own facilities, and their publications have to date been technically primitive²¹ and few in number. Nonetheless, the Independent Psychiatric Association has impressive achievements to its credit. It has given psychiatric evaluations to several hundred individuals who had reason to fear unjustified, forcible internment in a mental hospital. Over a five-month period, it evaluated

¹³Tat'yana Dmitriyeva, "The Abuses Are in the Law," *Novoye Vremya* (Moscow), No. 5, February 1991, pp. 31–33. See also Dmitriyeva and I. Gurovich's article on the need to introduce an independent legal-social counseling service for patients in mental hospitals. *Meditsinskaya Gazeta* (Moscow), May 15, 1991.

¹⁴See the text of the official psychiatric report in *Khronika Zashchity Prav v SSSR* (New York), No. 36, October–December 1979, pp. 63–67.

¹⁵Yuriy Savenko, "Perestroika Begins with Skirmishes," *Meditsinskaya Gazeta*, Sept. 23, 1990; Nikolay Zharikov and Grigoriy Lukacher, "But Was There a Skirmish?" *ibid.*, Oct. 10, 1990; Modest M. Kabanov, "A Deficit of Morality and . . . Psychiatry," *Leningradskaya Pravda* (Leningrad), May 26, 1990; *Zhurnal Nevropatologii i Psikiatrii*, No. 8, 1990, pp. 139–42.

¹⁶James Birley's interview with Yelena Izyumova, *Literaturnaya Gazeta* (Moscow), Nov. 11, 1990.

¹⁷Peter Reddaway, "Should World Psychiatry Readmit the Soviets?" *The New York Review of Books*, Oct. 12, 1989, pp. 54–58; and follow-up correspondence, *ibid.*, Dec. 22, 1989, p. 54.

¹⁸"Report of the US Delegation to Assess Recent Changes in Soviet Psychiatry (with official Soviet responses, and also a complete Russian translation)," *Schizophrenia Bulletin* (Washington, DC), Vol. 15, No. 4 (Supplement), 1989, 219 pp.

¹⁹"An Evaluation of Recent Changes in Soviet Psychiatry," *Meditsinskaya Gazeta*, Feb. 1, 1991. Short extracts appeared earlier in the research journal *Zhurnal Nevropatologii i Psikiatrii*, No. 5, 1990, pp. 146–58.

²⁰Helsinki Watch, *Psychiatric Abuse in the Soviet Union*, New York, May 1990.

²¹The one exception here is the Leningrad Psychiatric Association's *Obozreniye Psikiatrii i Meditsinskoy Psikhologii im. V. M. Bekhtereva*, the impressive first issue of which appeared in May 1991.

168 such people, and in 60 of those cases in which an official diagnosis had been made earlier, the IPA's diagnosis differed from the official one and/or the IPA found evidence of psychiatric abuse.²² The IPA has also organized scientific conferences at which heterodox papers were presented, made proposals for reform of the laws governing the psychiatric profession, and issued reformist statements on issues of public concern. In revenge for these activities, Karpov of the Ministry of Health organized a split in the IPA and then, using an array of "dirty tricks," created and fostered a rival group with dubious credentials.²³ In March 1991, the rival group collapsed.

Other associations of independent psychiatrists have emerged, notably in Leningrad, Georgia, Estonia, and Lithuania. The Estonian association has been granted provisional membership in the WPA, and the Lithuanian one has applied for it. In Ukraine, the psychiatrist Semen Gluzman, who served ten years in prison and exile for demonstrating the falsity of the psychiatric report by Morozov and others on a leading dissident, General Petr Grigorenko, has, with the encouragement of Ukraine's progressive minister of health, played an active role in forming another such association.²⁴ He has also continued to publish his thoughtfully critical views in the Soviet media.²⁵

Crucial to any secure civil society is, as mentioned above, the rule of law. Has Soviet reform taken strides in this direction with respect to psychiatric practices? Yes, but with mixed results. The 1988 legislation on psychiatric care was a step forward, but it was severely criticized both in the USSR and abroad for doing too little to secure patients' rights.²⁶ The drafting process was dominated by the hard-line Ministry of Health, which undercut some of the reformist proposals advanced by the Institute of State and Law.

In 1990, a draft of a new and better "Law on Psychiatric Care in the USSR" was published.²⁷ However, this law was also criticized both at home and abroad, including by the American forensic psychiatrist Loren Roth.²⁸

In October 1990, a revised draft was circulated among psychiatric specialists. It has been trenchantly analyzed by American lawyer Lisa Chalidze, who welcomed some features, but made many suggestions on how to improve it.²⁹ For example, she criticized the draft for selecting only certain civil interests for protection. It would be preferable, she said, to state a general principle that all rights of mental patients, which include all rights enjoyed by other citizens, are protected unless specifically limited by law. Such a formula would of course ensure a much larger number of rights than can be specifically dealt with in a single law. Chalidze also criticized the implied intention of the drafters to provide

a basic amount of protection at the all-Union level, and then allow the republics to add to, but not reduce, this protection. "What," she asked, "if the union republics fail to enact such legislation?" This problem grows more acute as some of the republics strive toward varying degrees of independence, and also raises the danger of the USSR not meeting its obligations under international law. Finally, Chalidze criticized the draft for not providing for judicial review in cases of unjustified initial psychiatric examinations; for loose legal wording; and for permitting involuntary hospitalization if a person were deemed to pose a threat of serious (but, remarkably, undefined) "moral harm."

It is not inevitable that the legal reformers will again have their proposals watered down by the conservative psychiatric establishment. In October 1990, a "working group" of 19 people was set up to revise the draft. In this group, reformers somewhat outweigh conservatives. Among the former are Dr. Gluzman, four members of the IPA, including its president, Yuriy Savenko, and the reformist lawyers Stanislav Borodin and Svetlana Polubinskaya. The working group is attached to the "Subcommittee on Constitutional Legislation and Legislation to Reform the Political System" of the USSR Supreme Soviet's Committee on Legislation. Both the subcommittee and the working group are chaired by People's Deputy Andrey Sebentsov. The working group had a lively discussion at its first session,³⁰ subsequently met on a weekly basis, and plans to finish its draft in time for the Supreme Soviet to consider it in au-

²²Reddaway, "Reform of Soviet Psychiatry: Is the Establishment Beginning to Panic?" loc. cit.

²³Ibid.; and L. Yelin in *Novoye Vremya*, Sept. 11-17, 1990, pp. 38-39.

²⁴International Association on the Political Abuse of Psychiatry, *Documents on the Political Abuse of Psychiatry in the USSR*, No. 43, P. O. Box 3754, 1001 AN Amsterdam, February 1991.

²⁵Semen F. Gluzman and Leonid I. Plyushch, "Grimaces of the Carnival of History," *Sobesednik* (Moscow), No. 48, November 1990, pp. 4-7; see also Reddaway, "Reform of Soviet Psychiatry: Is the Establishment Beginning to Panic?" loc. cit.

²⁶Soviet sources critical of the legislation include Stanislav Borodin and Svetlana Polubinskaya, "Laws for Psychiatry: Support or Fifth Wheel?" in Yu. Baturin, Comp. *Pul's Reform: Perestroyka* (The Pulse of Reforms: *Perestroyka*), Moscow, Progress, 1989, pp. 177-93; and Stanislav Borodin and Svetlana Polubinskaya, "Juridical Problems of Soviet Psychiatry," *Sovetskoye Gosudarstvo i Pravo* (Moscow), No. 5, 1990, pp. 67-76.

Non-Soviet sources include "Report of the US Delegation to Assess Recent Changes in Soviet Psychiatry," loc. cit.; and Anatoly Koryagin, "Compulsion in Psychiatry: Blessing or Curse?" *Psychiatric Bulletin* (Royal College of Psychiatrists, London), No. 14, 1990, pp. 394-98.

²⁷*Meditsinskaya Gazeta*, July 27, 1990.

²⁸Semen F. Gluzman, "Both Morality and Law," *ibid.*, Sept. 5, 1990; Yuriy Savenko and Aleksandr Rudyakov, "For the Presumption of Psychological Health," *ibid.*, Aug. 8, 1990; and Loren Roth, "Notes," International Association on the Political Abuse of Psychiatry, op. cit.

²⁹Lisa Chalidze, "Psychiatric Reform in the Soviet Union," manuscript awaiting publication.

³⁰Roth, loc. cit.

turn 1991. Confusingly, the USSR Council of Ministers has been working since early 1990 on its own draft law, which is also entitled "On Psychiatric Care in the USSR." This draft has apparently not yet been circulated or published because of disagreements between the USSR Supreme Court and the USSR Procuracy. The danger exists that delay may result if two draft laws, which may not be easily reconciled with each other, are presented to the legislature at the same time.

Customs and Public Attitudes

Good law, though, however desirable, will not by itself ensure humane treatment for patients. Law alone cannot force psychiatrists and other mental-health professionals to act in an ethical manner. As Leon Lipson observes in his wise reflections on the problems of building the rule of law, "The sense of ethical responsibility may owe more to custom, art, and religion than to the legal system."³¹

It is in this regard that the tight grip compromised leaders hold on the Soviet psychiatric system has yet another pernicious effect. The "custom" they are so grimly perpetuating has long alienated both patients and the public from psychiatry. Until they are replaced with new reformist leaders who can introduce new "custom," i.e., attitudes and procedures, into the whole system, the alienation will be almost impossible to combat. Several hundred psychiatrists have been compromised simply by their involvement in political abuse, and many of them are still working.³²

All this makes the results of the first major academic survey of public attitudes toward psychiatry, medical personnel, and patients not so surprising. Conducted in 1990 in Moscow and a small provincial town by Dr. V. Rukavishnikov, the survey's findings include, according to a lengthy summary, the following:³³

- "Every second Muscovite shares the view that a psychiatric hospital is a place where criminals hide from legal retribution and where dissenters are locked up; that it is more a prison than a hospital. Every third one calls a psychiatric hospital a place where healthy people are turned into cripples."

- Although many respondents held that deliberate psychiatric abuses occurred in the past, between 12 and 32 percent, depending on respondent category, said they personally knew of a *recent* case.

- Because "the punitive functions of psychiatry have seeped so deeply into our consciousness," people "rarely go to a psychiatric clinic voluntarily."

- Thirty-two percent of respondents' answers had

an "anti-psychiatric" tendency (i.e., like many other people throughout the world, they believe that psychiatry is not an objective science, but a set of arbitrary norms which reflect the interests of the dominant classes).

- Six percent of psychiatrists and 14 percent of psychiatric nurses had never heard of the psychiatric legislation of 1988. Nor had most of the public.

- Sixty-eight percent of all respondents believed that in the last few years nothing of substance had changed in mental hospitals, and 85 percent believed this of outpatient psychiatric clinics. One in ten held that things had got worse.

- Patients said the "worst evil" for them was "the indifferent, sometimes rude attitude of the staff," which "humiliated them." They also deplored the crowded and dirty conditions, and the ban on use of the telephone by psychiatric patients.

- Echoing Lipson's thought, many respondents expressed the view that "conditions in Soviet psychiatry will improve only when the moral climate in society as a whole changes."

Unreformed Practices

Until changes in psychiatry and the moral climate of society take place, reformers face a psychiatric profession rigidly trained in a single, questionable theory and accustomed in many cases to behave toward patients with authoritarianism or indifference. One well-known psychiatrist, Aron Belkin, sees the need for wholesale reeducation: "Retrain our doctors from the very beginning. Only then will we be able to overcome the crisis in which we find ourselves."³⁴ Modest Kabanov, leader of Leningrad's reformist psychiatrists, attacks the "monopolism" of the school of psychiatry developed by the former tsar of Soviet psychiatry, Andrey Snezhnevskiy (1904–87), "with its purely biological, one-sided approach to mental illness in general, and with its elastic view of what constitutes schizophrenia." This monopolism is still promoted by Vartanyan and his center, which helps explain "why we have such a sorry state

³¹Leon Lipson, "Towards the Rule of Law in Soviet Society," in Human Rights Project Group (Part of the International Foundation for the Survival and Development of Humanity), *The Rule of Law in Modern Society*, New York, Human Rights Project Group, 1991, pp. 37–41, at p. 40.

³²Andre Koppers, *A Biographic Dictionary on the Political Abuse of Psychiatry in the USSR*, Amsterdam, International Association on the Political Abuse of Psychiatry, 1990, pp. 13–53.

³³Elena Salina, "Ripples in the Water," *Stolitsa* (Moscow), No. 3, March 1991, pp. 53–55.

³⁴*Meditsinskaya Gazeta*, Jan. 12, 1990.

of affairs in psychiatry."³⁵ As for other personnel in the psychiatric system, like hospital orderlies, a senior administrator is pessimistic about improvements, given the lack of state funds: "The level of orderlies' pay is so low that either one cannot recruit orderlies at all, or one has to be content with individuals with highly dubious moral and ethical qualities."³⁶

The same official, a member of a return delegation of Soviet psychiatrists to the US,³⁷ reports enthusiastically about most but not all aspects of the American psychiatric system. He sees attractive features worthy of emulation in the shortness of the average hospital stay, the scrupulous attention to patients' rights, and the minimal policing of patients, but understandably regards the good material conditions in American institutions as unattainable in view of Soviet poverty.

The deepening economic crisis and the evident inability of the state to increase real spending on mental health have led some more enterprising hospitals to seek support from church volunteers, who have only recently been allowed to operate legally. One of these is Moscow's biggest psychiatric hospital, the Kashchenko, which, according to a supporter, is falling apart and "in a disastrous financial state." Praising its doctors for their dedication, this woman calls on Muscovites to follow the example of local Baptists, "who constantly help the hospital both with funds and by caring for the severely ill," and also of an Orthodox Metropolitan who has made a donation.³⁸

Another of the very few reports on specific hospitals to have appeared in the press concerns the high-security inter-regional hospital in Dvoryanskoye near Volgograd.³⁹ The newly appointed chief psychiatrist of the region, L. Sokolova—her job is unpaid and held on top of a regular position—visited it, and was quoted as saying: "For a month I couldn't recover from what I had seen. . . . It was some sort of nightmare! I wouldn't be surprised if in such conditions people lose the habit of human speech and just twitch and completely rot." Since complaints had come that an inmate, Vladimir Novikov, was being held there for political reasons, Sokolova organized a commission of inquiry. The ultimate finding of this and a second commission was that "200 inmates (including Novikov) out of the 600 in Dvoryanskoye are behind barbed wire without justification." The hospital had been transferred from the Ministry of the Interior to the Ministry of Health "along with all its previous staff, and of course with the patterns of behavior that had become entrenched over many years." The press report adds that the inmates "are in essence without any rights. And their written complaints are—in view of their illnesses—ignored." Since the report says that the Ministry of Health has been asked to carry out a

second examination of all 600 inmates, the reader gains the impression that real changes are still not assured. And such practices are still going on in one of the seemingly few regions that have chief psychiatrists with both the humanity and the courage to risk disturbing deeply vested bureaucratic interests. Such accounts, by their inconclusiveness as well as their rarity, help one to understand the size of the problems involved in trying to carry out reform when there is little or no reforming zeal coming from the top, when the bureaucracy mostly opposes change, when minimal outside resources exist to draw on, and when the economy is collapsing.

Given these factors and the situation reported in Dvoryanskoye, it is hard to be confident that the use of the very painful but ineffective drug Sulphazine, and of Atropine shocks, has sharply declined in Soviet mental institutions. Soviet spokesmen first told Western colleagues that in response to the American delegation's representations, these drugs had been banned. However, no announcement to this effect appeared in the press, and only five months later did the text of the relevant regulation appear in the specialist journal *Voprosy Narkologii*.⁴⁰ But the regulation did not ban the drugs, merely their use "without the written consent of the patient to such treatment." And since psychiatrists told the US delegation in March 1989, unapologetically, that Soviet psychiatric patients are not consulted about their medication and are obliged to take it, it is even more doubtful how much impact an almost unpublished and conditional instruction will have.

The Dvoryanskoye account also reinforces the impression gained from the US delegation's visits to two similar institutions, as well as from other sources, that the high-security hospitals, and probably ordinary hospitals too, still contain many people held without medical justification, including some interned for political or religious

³⁵Kabanov, loc. cit. Snezhevskiy's disciple, Anatoliy Smulevich, has continued to defend Snezhevskiy's most disputed diagnosis—"sluggish schizophrenia" (see the source cited in fn. 18 above for one such defense)—and the official psychiatric journal has declined to publish a detailed Western refutation of Smulevich's work. When it did publish a short Soviet refutation by P. V. Mikhalev, it followed this up with a crude Stalinist-style attack on Mikhalev by O. G. Vilenskiy. See *Zhurnal Nevropatologii i Psikiatrii*, No. 3, 1990, pp. 147–49, and No. 12, 1990, p. 109, respectively.

³⁶Vladimir F. Yegorov, "And What About Over There, Across the Ocean?" *Meditsinskaya Gazeta*, Feb. 15, 1991.

³⁷For a discussion of the controversy in advance of this visit, see *ibid.*, May 20, 1990.

³⁸*Ogonek* (Moscow), No. 44, October 1990.

³⁹*Izvestiya* (Moscow), Dec. 22, 1990. One additional "strict surveillance psychiatric hospital," an especially infamous one in Sychevka, Smolensk region, has also been profiled. See the lengthy report by V. Rekhina in *Meditsinskaya Gazeta*, May 17, 1991. This report includes interviews with its humane-sounding head doctor, Mikhail Fedorov, who says that his orderlies are still (contrary to official assurances) convicted prisoners serving their terms, and who blames the Ministry of Health as well as Soviet poverty for most of the hospital's failings.

⁴⁰(Moscow), No. 1, 1990.

reasons. Certainly, new internments of dissidents have continued to occur sporadically, and have been reported by the official press and by human-rights groups.⁴¹

More serious in terms of the number of people involved has been the virtual impossibility, in practice, of formerly hospitalized dissidents obtaining psychiatric rehabilitation.⁴² Because this would entail faulting the original "phony" diagnoses, the Ministry of Health has gone to great lengths to prevent the psychiatrists who signed the diagnoses from being revealed as, probably, co-oppressors with the politicians. Meanwhile, the dissidents continue to suffer restrictions on their rights, though less so if they can manage to get themselves removed from the state's "psychiatric register" of out-patients subject to compulsory recall. In 1988, officials announced their intention to reduce the register by some 2 million, from 5.6 million,⁴³ and substantial progress has apparently been made toward that goal.

Other areas of current concern are the rights of alcohol and drug abusers and of orphans. The former are still, contrary to the USSR constitution, being deprived of their freedom by order of doctors, not courts, and made to do forced labor in camps. And 500 orphans in Leningrad have been labeled by doctors as mentally retarded, even though they seem not to be. The apparent reason is that such labeling is financially advantageous to the officials running the institutions that hold them.⁴⁴

Although the psychiatric establishment has hung on through the last year or so, and taken some comfort from Gorbachev's lurch toward the hard-liners in autumn 1990, the reformers have kept up their pressure, even following the partial removal from the political scene of two important patrons of their coalition—Shevardnadze and Yakovlev. Apart from items mentioned earlier, the Soviet press has educated the public about psychiatric abuse and related issues through a stream of additional materials.⁴⁵ Either gradually, as up to now,

or perhaps more suddenly, it seems likely that the positions of the hard-liners will continue to erode, and those of the reformers to strengthen.

Conclusion

As noted in the beginning, civil society needs to have a substantial autonomy from the state, yet it must constantly interact with it. It must have civilized procedures, and it depends heavily on the assurance of legal order and political stability. Psychiatry is not yet contributing decisively to the construction of a civil society in the USSR. Its leadership belongs not to civil society, but to the state. The profession as a whole is demoralized, divided, unreconciled with society at large, and quite incapable as yet of healthy, autonomous development. The reformist elements within it have no established, powerful structures of their own through which to interact with the state, although the potential embryos of such structures have appeared and are beginning to play a marginal role in the legislative process. There is very little legal order in the psychiatric system, first because there is very little in the state and society as a whole, and second because the establishment has consistently hampered the development of better, more just laws and regulations, fearing the consequences for itself.

With the sharp conflicts and clashing interests that inevitably result from all these circumstances, there is, despite the valiant efforts of Dr. Gluzman and some other reformers, not very much civility to the debates surrounding psychiatry. As mentioned above, the virtual absence to date of private funds of any size, coupled with the economic crisis, greatly hamper progress toward a civil society. And finally, while such progress is nonetheless occurring, and would occur much faster if the profession's leaders could be decisively replaced, the possibility also remains that progress could be set back—temporarily or otherwise—if the chaotic evolutionary process turns into revolution.

⁴¹Moscow News, Nov. 25, 1990; and International Association on the Political Abuse of Psychiatry, *Documents on the Political Abuse of Psychiatry in the USSR*, No. 40, Amsterdam, November 1990, and No. 42, Amsterdam, January 1991.

⁴²Birley, loc. cit.

⁴³See the discussion of this issue in Reddaway, "The Uphill Struggle for Change in Soviet Psychiatry," loc. cit., p. 4.

⁴⁴International Association on the Political Abuse of Psychiatry, *Documents on the Political Abuse of Psychiatry in the USSR*, No. 43, Amsterdam, February 1991.

⁴⁵Albina Bichaninova, "We Need a Memorial to All Victims of Psychiatric Abuse," *Moscow News*, Sept. 23, 1990; Nikolai Lupandin, "Psychiatric Abuse," *ibid.*, Aug. 26, 1990; Boris Protchenko and Aleksandr Rudyakov, "Psychiatry Is a Human Right," *Kommunist* (Moscow), No. 12, August

1990, pp. 104–11; Vyacheslav Bakhmin, "Looking into Psychiatric Wards," *New Times*, Sept. 11–17, 1990, pp. 34–38; I. Virabov, "The Moon They Make in Hamburg," *Komsomol'skaya Pravda* (Moscow), Sept. 1, 1990 (this article is about Mikhail Zotov); Natal'ya Safronova's articles in *Meditinskaya Gazeta*, July 22, and Sept. 14, 1990; Anatoliy Koryagin, "Patients Against Their Will," *Meditinskaya Gazeta*, Oct. 14, 1990; Peter Reddaway, "Csars of Official Psychiatry," *New Times*, No. 5, February 1991, pp. 34–35; A. Yakovlev in *Pravda*, Jan. 28, 1991; L. Yelin in *New Times*, June 19–25, 1990, pp. 24–25, and June 26–July 2, 1990, p. 45; P. Penezhko in *Smena* (Moscow), No. 8, 1990, pp. 54–64, and V. Nayman in *Komsomol'skaya Pravda*, Aug. 16, 1990.

Books

China's International Security Policy

Roxane D. V. Sismanidis

R. MARK BEAN. *Cooperative Security in Northeast Asia: A China-Japan-South Korea Coalition Approach*. Washington, DC, National Defense University Press, 1990.

ROSITA DELLIOS. *Modern Chinese Defence Strategy: Present Developments, Future Directions*. New York, St. Martin's Press, 1990.

IN THE decade after the historic December 1978 Third Plenum of the 11th Central Committee of the Chinese Communist Party, China's international security policy followed a pragmatic course similar in its broad outlines to that of the country's domestic policy, which

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JUNE TEUFEL DREYER and ILPYONG KIM, Eds. *Chinese Defense and Foreign Policy*. New York, Professors World Peace Academy, Paragon House Publishers, 1989.

CHONG-PIN LIN. *China's Nuclear Weapons Strategy: Tradition Within Evolution*. Lexington, MA, Lexington Books, 1988.

deemphasized confrontational politics and stressed economic development. China's leaders pursued five principal foreign objectives: maintenance of a stable domestic and international environment, expansion of Chinese power and influence, integration of China into global affairs, reduction of threats to Chinese security, and the building of military power. Throughout most of the 1980's, the People's Republic of China (PRC) successfully utilized this multifaceted policy to enhance its global standing, augment its national power, and reduce threats to its security.

What contributions do the five books reviewed here make to our understanding of this policy? In *Cooperative Security in Northeast*

R. R. SUBRAMANIAN. *India, Pakistan, China: Defence and Nuclear Tangle in South Asia*. New Delhi, ABC Publishing House, 1989.

Asia, R. Mark Bean contends that common political aspirations, mutual economic interdependence, and fear of growing Soviet regional military power have resulted in increased official and unofficial political, diplomatic, and economic ties among the Northeast Asian triangle countries of China, Japan, and South Korea. Bean argues that these factors will lead to unofficial cooperative security relations among the triangle countries; he also explores what role the United States might play in strengthening this coalition and making it responsive to US interests.

Rosita Dellios's *Modern Chinese Defence Strategy* disputes assessments that people's war under modern conditions (PWMC) is a makeshift doctrine dictated by technological and fiscal restraints, and instead holds that Chinese defense modernization entails the application of "middle-range" technology to unconventional warfare methods. Dellios suggests that in a