

THE rise of the human rights movement in academic circles in the Soviet Union has led, over the past few years, to an extremely disturbing reaction from the authorities—the incarceration of dissidents in mental institutions. The case of Zhores Medvedev in 1970 is perhaps the best known, but Medvedev's rapid release within a month was an exception, and the average dissident, caught in the penal psychiatric system of the Soviet Union and unable to reap the benefits of a pressure campaign such as that launched by the world scientific community in Medvedev's support, may well expect a considerable stay in an entirely inappropriate establishment.

One such long term internee, Viktor Fainberg, who was released in November 1973 and, after a brief reconfinement in April-May 1974, was finally allowed to emigrate to Israel, visited London recently. He was able to provide considerable background material concerning this abuse of psychiatry. The picture he gives is a horrifying one—of institutions in which the 'doctors' are officers of the MVD, wearing uniforms and bearing military ranks and titles; where convicted criminals serve out their terms in the capacity of male nurses, frequently terrorising the patients and robbing their food parcels; where the treatment facilities for somatic illnesses are scanty (Mr Fainberg himself, who developed thyrotoxicosis during his internment, saw an endocrinologist only twice a year); and where the death rate from the occasional routine operation such as appendicectomy is abnormally high because of inadequate post-operative care. Far more alarming in its implications, however, is the picture of false diagnosis and the punitive use of drugs—a picture already publicised in 1973 by Academician Andrei Sakharov, but which emerges in far greater detail from the descriptions of Viktor Fainberg, who has actually been a candidate for such 'treatment'.

The route by which a prospective patient reaches such an institution may vary. Zhores Medvedev was seized without warning. The chemist Anatolii Chinov, caught trying to cross the Soviet-Czechoslovak border in December 1968, himself put forward a plea of insanity, on the advice of his cousin, a psychiatrist, who erroneously thought that this offered him the best chance of rapid release. (This was at the beginning of the new policy). Mr Fainberg himself, who was a member of a small human rights group in Leningrad which was in contact with the better known Moscow group of Sakharov, was sent for a psychiatric report after one warning. In his case, the offence was

that of contempt of court—refusal to testify against five members of his group in whose possession incriminating (dissident) literature was found.

The criteria of selection for psychiatric as opposed to standard legal measures seem somewhat arbitrary. Of the five members of the Leningrad group in question, three (including the chemist Lev Kvachevskii) received terms in labour camps and two were sent to penal psychiatric institutions. Asked if he could suggest any possible basis for the division, Mr Fainberg

Soviet abuse of psychiatry

from Vera Rich, London

said that psychiatric procedures seem to be particularly favoured if the offence in question carries a fairly mild maximum sentence under the criminal code (six months of obligatory work, that is, forfeiture of a percentage of salary in his own case), whereas a 'patient' committed for compulsory psychiatric treatment may be held for an indefinite length of time. It would seem, too, that any background of mild psychological illness—of having in the past consulted a psychiatrist, even for anxiety or some emotional problem—may be used to substantiate the standard diagnosis of schizophrenia under which such dissidents are committed. Indeed, says Mr Fainberg, the psychiatrist who is to report on a given dissident is sometimes selected on the basis of such background evidence. If a dissident happens to be the child of a broken marriage, for example, he will be sent to a psychiatrist who is particularly interested in that field.

Asked if any of the detainees referred for a psychiatric report are ever returned to the KGB certified sane, Mr Fainberg observed that in such cases "experienced psychiatrists know what is expected of them" and that if, on rare occasions, someone in the provinces does file a negative report, a second opinion will be sought. The only exceptions have been in response to world opinion, as in the Medvedev case or that of Vladimir Boukovskii. Bukovskii, a former biology student who was expelled from his institute before graduation, has had a long history of dissidence and had already spent some time in a penal psychiatric institution when, in 1971, he was arrested for publicising the cases of General Grigorenko and of Mr Fainberg himself. Bukovskii was sent by the Court to the Serbskii Forensic Psychiatric Institute in Moscow for obser-

vation but it so happened that, just at that time, the World Congress of Psychiatrists was taking place in Mexico. It is to Soviet fears of the possible reaction of the assembled psychiatrists that Mr Fainberg attributes the fact that Bukovskii was returned by the Serbskii psychiatrists to the court.

Once in the penal mental hospital, says Mr Fainberg, the dissidents are generally isolated from other patients. Conditions are harsh (one hour of exercise per day, permission to write to relatives only once a fortnight, and then under supervision). 'Treatment' consists largely of massive doses of aminazine (chlorpromazine) or haloperidol, far in excess of any legitimate therapeutic dose, given orally if possible or else by injection. Patients who refuse the tablets, he says, are beaten and kicked by the male nurses—injuries being officially attributed to the patient "falling and hurting himself". The only way to refuse such compulsory medication is by the threat of hunger strike, since this, in the case of the more notable dissidents, can attract undesirable publicity. Fainberg says that the remarks of certain of the staff indicated that they do not accept the official diagnosis, and that the dissidents themselves counter all attempts to convince them of their own insanity by speaking only to those members of the staff who do not consider them mad.

The pattern of treatment of dissident patients varies, it would seem, throughout the Soviet Union, being most severe in outlying areas. The Dnepropetrovsk institution, where the unfortunate Chinov was subjected to 30 insulin shocks and to electroconvulsive therapy (ECT) before his relatives managed to get him transferred to Leningrad, has a particularly bad reputation. In 1972, it was proposed to disperse all the dissidents from Moscow and Leningrad to institutions in remote provinces—a policy which led Viktor Fainberg to embark on a hunger strike (his fourth) and to smuggle out an appeal to Kurt Waldheim. This dispersal policy was then abandoned.

Soviet psychiatric theory, based as it is on Pavlovian behaviourist ideas, is peculiarly amenable to the concept that dissidents can be turned by psychiatric measures back onto the paths of correct Marxist-Leninist thought. But it would seem from Mr Fainberg that the Soviet use of psychiatry as a means of dealing with dissidents cannot be explained as a sincere attempt, however misguided, at the therapy of persons genuinely regarded as deviant from the social norm, but is rather a deliberate and cynical abuse of professional skill.