

Political Psychiatry in the Twentieth Century

by Hervé Guillemain

Soviet psychiatry and American psychiatry have different histories. Yet, both were conceived, each in their own way, as instruments of control aimed at repressing deviant behavior.

A review of: Élodie Edwards-Grossi, [Bad Brains. La psychiatrie et la lutte des noirs américains pour la justice raciale. XXe-XXIe siècle](#), Rennes, PUR, 2021, 286 p., 25 € ; Grégory Dufaud, [Une histoire de la psychiatrie soviétique](#), Paris, Éditions EHESS, 2021, 300 p., 23 €.

Psychiatry has always been political. In French historiography, its advent has been variously described as an instrument for the biopolitical control of populations, as a civic attempt to humanize the insane in the era of the French Revolution, as an emanation of the bourgeois monarchical order, or as a facet of the moral order at the height of Catholic domination. From the start, psychiatry has been intertwined with political powers for administrative, financial, and institutional reasons. Some alienists reinterpreted the revolutionary actions and democratic temptations of their time in light of their new knowledge. Nineteenth-century psychiatry was political in terms of the context in which it operated, the subjects it discussed, the foundations of its knowledge, the treatments it offered (the most important being the so-called “moral treatment”), its links with the authorities, and the role it played in maintaining public order. The Great War revealed these political issues to the general public, particularly when the authorities favored the redeployment of soldiers with mental disorders for military purposes, prompting violent legal and media reactions. Two recent books

offer a broader chronological and geographical perspective on the political dimension of twentieth-century psychiatry.

Soviet Psychiatry: From the Ideal of Prevention to the Repression of Dissidents

Grégory Dufaud, a specialist in contemporary Russia, offers an essay that explores the long-term links between Russian and Soviet psychiatry and power. For her part, Élodie Edwards-Grossi reveals the extent to which American psychiatry was permeated by the black question since its very inception. These two different space-times ought to be presented distinctly before the political dimensions of twentieth-century psychiatry can be compared between them.

Long before the Bolshevik revolution, psychiatry assumed social and political control functions in Russia. The regionally decentralized profession was insufficiently endowed, poorly regarded in the medical field, and lacking in means of coercion—as internment procedures were governed by the forces of order. The first psychiatric institutions were created in the nineteenth century, in particular Kazan mental hospital in 1869. Following the events of 1905, these institutions took in political prisoners, much to the dismay of Russian psychiatrists who saw their dream of founding an honorable medical discipline slipping away. The rallying of psychiatrists to the Bolshevik camp was therefore no accident. In their eyes, the centralization of the healthcare system under the aegis of the college of physicians in 1918 heralded changes conducive to the development of the discipline. The reform was accompanied by the integration of asylums into the hospital system and the renewed influence of Moscow psychiatrists. While the ambitions for reform were high, the achievements were less impressive—as suggested by the images taken by Dziga Vertov in Katchenko hospital in 1924 and the first-hand testimonies that revealed a world of punishment and torture. The establishment in the 1920s of the Semashko model of healthcare, which gave priority to prevention, also contributed to the development of outpatient psychiatry, with Moscow as its main site of experimentation. The emphasis on prevention (of suicide, alcoholism, and overwork, the latter being the object of much scrutiny under Stakhanovism) and the development of dispensaries were part of the extension of the mental hygiene paradigm that had been at work for some years in the Western world. This paradigm developed especially in the Russian capital.

On reading the author and the witnesses quoted in the book, it is not clear how the Stalinist purges later influenced the reorganization of the profession. However, one can easily see how the authorities' doctrinal orientations—in particular Pavlovian physiology—shaped the evolution of psychiatric knowledge in the Soviet Union. The climax of this story is the use of psychiatry against dissidents in the 1960s and 1970s. After Khrushchev's speech at the 20th Congress of the Communist Party, protests spread throughout the country, bringing together deported peoples forbidden to return to their homeland, individuals disappointed by the de-Stalinization process, and populations weakened by the unfavorable economic climate. The authorities had to face a heterogeneous opposition, which required the implementation of new policing methods. From 1962 onwards, forensic psychiatry departments were mobilized to this end. Up until 1976, hundreds of individuals deemed not responsible were sent for treatment. The authorities then aimed to silence opponents without resorting to conventional judicial tools, and in particular to trials, which could have had unfortunate media repercussions. As Dufaud points out, the KGB took an interest in this new system for the psychiatrization of political opponents, which freed it from the need to produce forgeries against the opposition. Opponents were interned in psychiatric hospitals or special establishments run by the Ministry of Internal Affairs (there were eight such institutions in 1970), often after passing through the Serbski Institute. While the story of Leonid Plyushch is well known (Tania Mathon and Jean-Jacques Marie, *L'affaire Pliouchtch*, Le Seuil, 1976), the psychiatric trajectory of Piotr Grigorenko is much less so. A Red Army officer of Ukrainian origin who was downgraded for his hostile comments on the cult of personality, Grigorenko was examined at the Serbski Institute in 1964, diagnosed as paranoid, and interned at the Leningrad Special Hospital until April 1965. His trajectory is emblematic of the contribution of Moscow psychiatry to the new management of political opponents in the 1960s. On reading Dufaud, one understands that this system was of dubious efficacy, as abusive Soviet internment practices were brought, not without difficulty, to the attention of the World Psychiatric Association in the 1970s. The publication in 1971 of the documents collected by Vladimir Bukovski further discredited Soviet psychiatry. While Dufaud's account ends with this episode, we know that the collapse of the Soviet Union in the late 1980s did not put an end to this type of practice, as illustrated by two recent cases under Vladimir Putin (the case of Mikhail Kosenko in 2014 and that of Alexander Gabychev in 2021).

Twentieth-Century American Psychiatry and the So-Called Black Problem

Edwards-Grossi's book opens with an observation: At the beginning of the Great Migration of blacks from the rural South to the urban North in the early twentieth century, American psychiatry was in turmoil. In the South, segregation was weakened by the rise of the civil rights movement and the legal victories it achieved. In the North, a whole new system of care had to be devised to accommodate uprooted populations with major socio-economic difficulties who sometimes suffered from mental disorders. The theoretical corpus of American psychiatrists was then filled with obsessive descriptions of blacks based on prejudices that linked ghetto culture to mental deviance. Thus, scientific studies on black soldiers during the Second World War privileged a form of psychic essentialization whereby these exemplary combatants appeared as aggressive by nature.

After the war, however, psychiatry for blacks changed in nature. In March 1946, Fredric Wertham, a naturalized American German psychiatrist, opened a psychiatric clinic for black patients in the Harlem district of New York with donations from local residents. He named it after Paul Lafargue, Marx's son-in-law and author of the well-known book *The Right to Be Lazy*. The clinic was the only one of its kind in the country at the time. As Edwards-Grossi explains, this veritable urban laboratory developed an original approach to psychiatry that relied in particular on the assistance of black social workers, psychologists, and staff and that introduced a fee proportionate to the means of the neighborhood clientele. At a time when psychoanalysis, which is based on a completely different approach to the payment of treatment, was becoming fashionable in New York, the Lafargue clinic proved to be a revolutionary place. Wertham politicized psychiatry in an unprecedented way, focusing for instance on the mental health of black children, which he claimed suffered from the perpetuation of school segregation. As Edwards-Grossi rightly points out, while the experiment was short-lived—the clinic ceased operations in 1958 due to a lack of funding—it did have a lasting impact on American psychiatry and the civil rights movement.

This fairly exceptional and highly localized experiment should not lead to ignoring the majority experience of blacks in psychiatric hospitals. The 1960s saw the beginning of the deinstitutionalization movement in the United States as in many other countries, which led to beds being closed and mental patients being treated beyond the walls of institutions, including with neuroleptics after their creation in

1952. Yet, community psychiatry, which was to take over from institutionalization, was never up to the task. Precarious and vulnerable black populations were thus propelled into a world without asylum but with a bloated prison system.

Community Psychiatry Against the Psychiatrization of Political Demands: Two Minority Experiments

Beyond the specificities highlighted by the two authors, these two historical situations have a number of commonalities. First, they have a similar chronology. The histories of Soviet psychiatry and American psychiatry, especially in Moscow and New York, show that certain psychiatrists experimented with a preventive, community, and social medicine aimed at meeting the mental health challenges of their respective societies. However, these innovative psychiatric experiments were in the minority and lacked in resources, and so were unable to reach a significant critical mass. In contrast to these emancipatory ideals espoused by a minority of psychiatric professionals, the hospital system functioned as a huge machine for controlling populations and behaviors deemed deviant in the two countries. This was nothing new. In the nineteenth century, the classification of mental illnesses in the United States had helped to reinforce racial segregation, in particular *via* the diagnoses of drapetomania and political excitement. In Czarist Russia, psychiatrists had presented themselves early on as pillars of social renewal (*ozdrovlenie*). With the social changes of the 1960s Cold War—de-Stalinization in the Soviet Union and civil rights activism in the United States—psychiatry took on a new role in controlling resistance in democratic and non-democratic societies alike. In the United States, black militancy was pathologized with ulterior motives. The “black power” slogan of the Black Panthers was subjected to psychiatric scrutiny and classified as paranoia. In the Soviet Union, human rights activists and anti-Stalinist Leninists were likewise subjected to medico-political classification. The extension of the field of psychiatry is evident here. As Edwards-Grossi recalls: “There was indeed an ‘extension of the jurisdiction of medicine’ to the intimate, the family, since here psychiatrists considered the so-called black problem to be medical in nature. [...] It is this mechanism of culturalization that allowed and facilitated the psychologization of deviance.” (p. 144)

The notion of schizophrenia played a major role in these parallel regimes. Created by German-language psychiatry in the early twentieth century, this diagnostic label often served to designate the misfits of modernity, particularly young women.

During the Cold War, it was used (not only in the United States, as Edwards-Grossi makes clear) to designate a group of individuals, this time mostly men, whose behavior and ideas were deemed incompatible with the socio-political norms of the time and the existing regime, whether democratic or not. While it is true that the label of sluggish schizophrenia attributed to dissidents in the Soviet Union and that of paranoid schizophrenia assigned to civil rights activists in the United States represented a small minority of diagnoses in the space-times concerned, it does seem that schizophrenia became the *morbus democraticus* of the twentieth century.

These studies of distant lands and times should not distract us from the present situation. Two centuries after its advent, psychiatry has become medicalized, benefits from new treatment techniques, and is subjected to greater controls. However, it is sometimes politically instrumentalized, as illustrated by recent developments in the pathologization of radicalization or by recurrent debates on psychiatric responsibility.

Further readings:

- Alexandre Klein, Hervé Guillemain, Marie-Claude Thifault, *La fin de l'asile ? Histoire de la déshospitalisation psychiatrique dans l'espace francophone au XX^e siècle*, Rennes, PUR, 2018.
- Fanny Lebonhomme, « 'Le Mur lui est monté à la tête'. Construction du mur de Berlin et basculement dans la maladie (Berlin-Est, 1961-1968) », *Le Mouvement Social*, 2015/4 (n° 253), p. 31-47.
- Jonathan M. Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Boston, Beacon Press, 2010.

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