

Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-13

By: Julie V. Brown

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Article:

Russia's psychiatrists, like members of many other occupational groups, were drawn into politics in the early years of the twentieth century. Although relatively small in size, the psychiatric profession was especially vocal during that era. In a number of respects, the particular concerns of psychiatrists differed from those of other doctors; however, Nancy Frieden's observation that "professional grievances formed the core of the physicians' opposition" is as applicable to psychiatric physicians as to most other medical practitioners—and indeed to other professional groups as well.² While a large number of Russia's educated workers were critical of specific governmental policies and of the very structure of their society, the political activists among them tended to channel much of their energy into the effort to gain increased autonomy and status for their respective occupations.

These professional issues were clearly important to members of Russia's educated labor force, especially as they compared their situations with those of colleagues in other societies. They rankled at what they perceived as their undeservedly low status, their inability to put their knowledge into action, and their persistent subordination to nonspecialists. Scholarly attention has naturally focused upon these professional grievances, as they have much to teach us both about professionalization and about opposition movements in late imperial Russia. This focus has, however, diverted attention from other salient dimensions of professional interest and involvement in the political events of that era.

The specialized theoretical and practical knowledge of a profession is the foundation upon which its claims to superior status and autonomy ultimately rest. In the case of medicine, professional knowledge is presumed to be derived from supranational scientific principles and hence to be impervious to such influences as culture, politics, or individual idiosyncrasy. It has, therefore, the potential to serve both as a source of allegiance independent of political authority and as a rationale for action. This essay will demonstrate the extent to which the politicization of the psychiatric profession was reflected in its scientific writing and analysis and show how this development encouraged further political involvement. Russian psychiatrists certainly had many professional grievances; their identity as scientific observers and concerned clinicians, however, led them also to analyze the political turmoil from a mental-health perspective. They sought to assess the impact of revolutionary events on the incidence and content of mental disorders and they clinically dissected political movements on the left and right. As their disaffection from the tsarist regime grew more pronounced, their scientific criticism of the failings they perceived grew more expansive. Psychiatric opinion gradually coalesced around the proposition that the existing order represented a threat to the mental and physical health of the population. In consequence, the professional duty of the physician to ameliorate suffering and promote health merged with or even superseded the personal responsibilities of the psychiatrist as citizen. "Scientific" conclusions became a call to arms.

The Early Development of Russian Psychiatry

Prior to the middle of the nineteenth century, psychiatry in Russia consisted of a few isolated practitioners at the helms of asylums in Moscow and St. Petersburg and of half-hearted attempts to introduce the study of insanity into the curricula of the empire's medical schools. The growth of a vigorous psychiatric profession commenced with the reforms of medical education that followed Russia's disastrous experience in the Crimean War (1854-55). In 1857 the first department (*kafedra*) of psychiatry was established at the Medical-Surgical Academy in St. Petersburg, the leading medical school in the Russian Empire. Under the direction of I. M. Balinskii, an energetic young pediatrician drafted by the academy's director to head the department, psychiatry prospered in St. Petersburg. Balinskii's students received both clinical and theoretical training, and many traveled abroad, where they continued their studies in the laboratories of the most eminent western psychiatrists and neurologists.

The introduction of training programs in psychiatry, while part and parcel of thorough-going curriculum changes, was also a byproduct of efforts to reform the institutional structure for the care of the insane. Asylum reform was a pet project for Nicholas I, whose administration set in motion a plan to construct a network of regional asylums to provide the most "modern" care available to Russia's insane population. The simultaneous establishment of the department of psychiatry in St. Petersburg was intended to ensure the availability of a supply of medical experts with which to staff the institutions.

The government's enthusiasm for asylum construction waned as costs rose far beyond anticipated levels; however, its desire for a convenient means of isolating a potentially troublesome group continued to grow. After the reform era, primary responsibility for the institutional care of the insane was transferred to reluctant *zemstvos*. By the mid-1870s, the government had extended the *zemstvos*' mandate to *require* the provision of institutional care for *all* insane members of the population determined to be in need of it.³ The result was a dramatic growth in asylum populations. Despite continual construction of new facilities, asylums throughout the empire remained perpetually overcrowded.

The number of psychiatric physicians also grew at a steady pace. Increasing numbers of *zemstvos* sought out experts to staff their burgeoning institutions. Initially, most recruited graduates of the prestigious St. Petersburg Academy. By the 1890s, however, a majority of Russian universities had active programs in psychiatry. The largest (in Moscow, Kazan, Kiev, and St. Petersburg) boasted local professional societies and published specialized journals in the fields of psychiatry and neurology. By the end of the century there was intense rivalry between these different "schools" of psychiatry, each of which claimed a distinctive approach to the problem of mental illness and aspired to increase its own sphere of influence in the larger society.

In many countries of the West, psychiatry grew to maturity within the confines of the asylum. Asylum management was for the most part a practical art, acquired through apprenticeship in an institution. The majority of late nineteenth-century Russian psychiatrists, on the other hand, began their careers with extensive theoretical training in a university setting supplemented by practical experience treating patients in relatively well-equipped university clinics and small private asylums. In consequence, they entered practice with a strong commitment to both research and the treatment of patients. The working conditions they encountered in the provinces, however, were not conducive to success in either sphere. Provincial asylums were invariably understaffed, and many were in desperate need of repair. *Zemstvo* psychiatrists complained of enormous patient loads and found that they spent most of their time attempting to solve administrative problems.

Even more significant from their perspective was the continual need to fight for their right to *make* administrative decisions. Psychiatrists were often forced to share authority with other physicians who lacked any training in their specialty, and not infrequently their decisions could be overruled by bureaucrats with no medical training whatsoever. In short, *zemstvy* eagerly sought out psychiatric physicians as employees, but usually proved unwilling thereafter to delegate any real authority to them. Turnover rates at *zemstvo* psychiatric institutions were consistently high. Many psychiatrists moved in search of more congenial work environments, while others were fired for disagreeing too persistently with their employers.

The pressures on staff psychiatrists at provincial psychiatric institutions left little time for the treatment of individual patients and even less for research. Nonetheless, many of these practitioners attempted to remain professionally active. They contributed scores of articles to the profession's scientific journals. Most were descriptive, either commenting on the practical problems of managing an asylum or presenting the case history of an especially interesting patient. Those journals also record a rising level of discontent among them, which began to translate into action shortly after the turn of the century.

Psychiatrists and 1905

Psychiatrists entered the new century with great uncertainty. They had made little progress in solving any of the problems they regarded as central to their professional advancement. Instead, they found themselves increasingly embroiled in skirmishes with their various employers and with their colleagues in other sectors of the medical profession.⁴ The Russo-Japanese War brought some measure of renewed pride to psychiatrists, who, in their first real opportunity to demonstrate their military potential, earned kudos for prompt diagnoses of mental problems and orderly evacuation of patients from the distant front.

Thus, the mood of the profession in 1905 was one of a seasoned self-protective belligerence combined with temporarily bolstered self-confidence. As with many other groups of intellectuals, the events of that year thrust the psychiatrists headlong into politics. Members of the profession seized any opportunity to express their opposition to governmental policies and their support for fundamental political reforms. A national conference (only the second in the history of the profession), which convened in Kiev in August of 1905, provided them with a very effective forum. The resolutions passed at that heavily attended meeting were as far-reaching as those endorsed by any other occupational group.

The events of 1905 and early 1906 presented psychiatrists with new and challenging problems of both an administrative and a clinical nature; these facts are amply reflected in the professional literature of the era. They were compelled to cope with "political" patients admitted against their wishes and guarded around the clock by armed sentries. In addition, psychiatric hospitals, like many other institutions, were shaken by demonstrations and striking workers who sought improvements in their working conditions and an enhanced role in decision-making. The nature of these problems and their consequences for the future of the psychiatric profession have been analyzed elsewhere.⁵ Our focus here is rather on what psychiatrists perceived to be the *clinical* significance of the revolutionary events and the professional implications they ultimately derived from those perceptions.

Revolution and Mental Disorders

In the wake of "Bloody Sunday" and the ensuing political disturbances, some psychiatrists reported an increase in the number of patients appearing at their portals and a change in the nature of the problems which those patients were experiencing. These observations were discussed informally at meetings of local psychiatric societies in Moscow and St. Petersburg, and members of the profession agreed that further examination of the matter was in order. The first scholarly article to address the relationship between mental disorders and political disorders was published within the year by Dr. F. E. Rybakov, a psychiatrist at the Moscow University Clinic, who reported a dramatic increase in the number of patients served by the clinic. Although the particular complaints presented by his patients differed from one case to the next, in Rybakov's view most were directly connected to current political events.

Rybakov's style of presentation was familiar to his colleagues. As indicated above, interesting case studies comprised a significant portion of the contents of professional journals. What was distinctive about Rybakov's analysis was his insistence that the political unrest in Russia was producing a new type of mental disorder and that severe problems had developed in individuals with no prior personal or family history of mental disease. The prevailing wisdom in the international psychiatric community during the late nineteenth and early twentieth centuries was that serious mental problems rarely if ever arose in the absence of a constitutional weakness (attributable to heredity, physical illness, or injury). Rybakov, however, described several case histories

involving individuals he insisted lacked any preexisting pathology. In each instance he said that the mental difficulties had developed swiftly and had been associated with a particular traumatizing incident.⁶

Typical of the cases presented by Rybakov was that of a pharmacist (age 40) whose illness had developed shortly after a pharmacists' strike in his city. The patient had not participated in the strike, because his employer was unwilling to close the store where he worked. According to Rybakov's account, his patient was forced to work very hard, that day and began to exhibit strange behavior upon his return home in the evening. He reported to his wife that he had passed three vans filled with dead and wounded being transported to a hospital. He seemed agitated and anxious. A few days later he began complaining that he was going to be killed. He clung to his wife and refused to eat or sleep. He repeatedly asserted that some unidentified "they" intended to poison or electrocute him. Two weeks after the initial incident he was brought to the psychiatric clinic. Rybakov's examination revealed no physiological abnormalities (which would have suggested physical illness or inherited weakness), and the patient remained fully aware of his surroundings.

Rybakov also described the case of a 38-year-old male who began to display symptoms after he witnessed a detachment of Cossacks fire into an unarmed crowd near the university. The patient was fearful and suspicious, insisting that both the "Black Hundreds"⁷ and the revolutionaries intended to torture and kill him. He had difficulty sleeping and insisted that the physician not leave him by himself. These symptoms lasted for several weeks and then slowly subsided. According to Rybakov, the patient had suffered from a short-lived depression twenty years earlier when he was a student, but nothing was known of his family history.

In Rybakov's view the most striking feature in these cases was the rapidity of onset in individuals with no prior history of mental distress. Another common thread was the focus in the patients' delusions upon the violence which was occurring around them and the belief that they were to be targets of it. These facts suggested to him that the political disorders were an important etiological factor in the mental suffering to which he was witness and that the illnesses brought about by those events assumed a distinctive form.⁸ He concluded further that individuals who were not directly involved in the political struggle were more likely to fall victim to mental illness than those who were themselves active participants.

Rybakov's analysis was repeatedly discussed in succeeding months. Several of his conclusions were questioned by his colleagues unwilling to concede such a significant role to the political traumas. Dr. N. I. Skliar, of the Burashevo Agricultural Colony for the Chronically Insane in Tver Province, disagreed with Rybakov that the political events were the causal factor in those illnesses. If that were the case, he contended, the illnesses should quickly subside once the precipitating incidents had ended and could no longer influence the patients. However, "I failed to witness even one such happy occurrence in all the cases I observed."⁹ In Skliar's view, those individuals who fell ill during the time of political troubles would probably have done so even in the absence of traumatic events because of a predisposing weakness.

To illustrate his point Skliar described the case of a joiner (age 37) who was admitted to Burashevo in late October of 1905. The patient was very disoriented and hallucinating. His symptoms had appeared rather suddenly after he had witnessed a violent confrontation between opposing groups. According to his wife, the man had been particularly distressed at the sight of a woman being brutally beaten. Subsequently he became agitated. He could not sleep and his speech grew incoherent. He insisted that his wife swear an oath of loyalty to the tsar. For the first ten days after the patient was admitted to the hospital he remained quite agitated. He roamed incessantly about the ward, repeatedly murmuring the word, "conscience," and groaning that the various political parties were going to destroy each other. On occasion he became catatonic. He was incontinent and would not eat. He refused to sleep, because there was no picture of the tsar in the room. Upon examination of the patient, Skliar discovered that his uncle had suffered from a mental disorder and that the patient himself had been a heavy drinker. During the preceding year he had complained of headaches, and his reflexes were abnormal.

The evidence, in Skliar's view, pointed clearly toward preexisting constitutional weakness. In this case, as in the others he described, Skliar was only willing to acknowledge that the political upheavals had influenced the content of the patients' delusions and hallucinations. Noting that it was quite common for patients to incorporate current events into their psychoses, he regarded that as relatively insignificant.

A similar position was taken by Dr. L. S. Pavlovskaja, a St. Petersburg practitioner and one of the few female psychiatrists of the era. Pavlovskaja reported her conclusions based upon examination of twelve patients whose illnesses coincided with the political turmoil. Her patients exhibited "ordinary forms of psychosis," she asserted, and the histories of all included evidence of pre-existing pathology or hereditary predisposition.¹⁰

In later articles, Rybakov modified his conclusions somewhat. In an essay published in 1906, he acknowledged that further examination of many of his patients had revealed an underlying pathology which had merely been activated by mental shock. Rybakov continued to insist, however, that the psychoses which he had observed had features which distinguished them from "ordinary" ones. In particular he noted a combination of paranoia and depression which he attributed to psychological wounds resulting from exposure to traumatic political events.¹¹

Most of the profession was exposed during these years to the debate about the impact of political disturbances on mental health. Each of the major psychiatric journals carried articles on the subject, as did *Russkii vrach*, one of the most widely disseminated medical periodicals. The issue was repeatedly discussed at local psychiatric societies in St. Petersburg and Moscow, and the proceedings of those meetings were regularly published. Given the content of the case histories offered as evidence, the dearth of editorializing is noteworthy. Whatever the personal political persuasions of clinicians such as Rybakov, Skliar and Pavlovskaja, they presented their patients' symptoms and experiences without passing judgment upon either the left or the right or upon the merits or risks of political activity.

Political Activism and Mental Health

Psychiatrists' interest in the impact of rapid and violent political change on individual mental health remained high over the next several years. The focus of their analysis gradually shifted, however, from bystanders to participants and subsequently from the impact of participation in political movements on individuals to the psychological motivations for participation. The latter led to clinical assessments of the various political camps and ultimately to psychiatric evaluations of the collective mental health of the Russian people.

As noted above, Rybakov and others had maintained that individuals who were active participants in the political events of 1905 were less apt to fall victim to mental disorders than mere bystanders were. Rybakov attributed this tendency to the youth, vigor and resilience of the participants. Pavlovskaja, on the other hand, described several cases of young female activists who developed mental disorders. She maintained, however, that the prognosis was better for these patients than for those who had only been observers of the political scene. Although she regarded their participation as a contributing factor in their illnesses, she did not conclude that the activity in and of itself was harmful or dangerous. As she put it, the political activists tended to be "strong, young, energetic, and well able to cope with their illnesses."¹²

Dr. S. Iaroshevskii of Samara was the first to suggest that "the most severe illnesses were experienced by those who were participants in the political events."¹³ The cases described by Iaroshevskii were also primarily young women. While Pavlovskaja had emphasized the innate strengths of these individuals, Iaroshevskii stressed their vulnerability. He recounted the experiences of several young students who had attached themselves to political movements and subsequently proved unable to cope with the associated emotional stress. One of the cases he presented was K., a fifteen-year-old female student, who attended many political meetings. The meetings always produced a state of agitation in this young woman, but she returned home one evening more upset than usual. The speeches that night had been particularly fiery, and the patient was so excited by them that she was unable to sleep. She seemed delirious, and her parents thought her feverish, although her temperature was normal. The next day K. neither ate nor slept. She was depressed and fearful. Two days after the meeting she fainted suddenly and upon awakening became quite agitated. She screamed, grew violent, tore off her clothes,

and engaged in other inappropriate behavior. She claimed to see horrible visions and hear threatening voices and to be pursued by apparitions. According to Iaroshevskii, K. knew that these were hallucinations, but she was terrified by them nonetheless. His examination showed her to be a nervous individual, but the only physical abnormalities he noted were severe anemia and constipation.

Not content merely with describing his cases, Iaroshevskii lashed out at the leaders of all "extremist" political parties for recruiting vulnerable young students, and he called upon his colleagues to become involved. It was the moral responsibility of physicians, he insisted, to censure those who "deprive children of the peaceful conditions which are necessary for their proper growth and hurl them into the hideous jaws of the voracious beast of politics."¹⁴

Iaroshevskii's analysis indicated a clear distaste for extremist politics in any form. His article stressed what he perceived to be the mental-health risks of participation in political movements for immature individuals, but his plea to his colleagues was not a radical departure from the common professional practice of urging mental-health education when new risks were suspected. Iaroshevskii did not call for an end to radical political activity, nor did he directly question either the motives or the sanity of those who were in the forefront of political movements. The latter were increasingly brought into question by other psychiatrists, who both carried the discussion to higher levels of generality and noticeably blurred the distinction between scientific psychiatric analysis and political commentary.

Radical Politics and the Collective Psyche

At a public session of the Tenth Meeting of the Pirogov Society of Russian Physicians in Moscow in 1907, V. I. Iakovenko, an influential zemstvo psychiatrist, presented his analysis of the mental health of Russian society. Iakovenko was well known in the psychiatric profession as an individual who rarely hesitated to speak out on controversial issues. He had been at the center of several intra-professional disputes during his twenty-six-year career. At the time of the 1907 meeting, Iakovenko was something of a hero to many of his colleagues for having resisted what most regarded as inappropriate administrative demands of Moscow zemtsy the year before; his resolute stand had cost him the position he had held since 1894 as director of the Moscow Provincial Zemstvo's psychiatric hospital in Podol'sk.¹⁵

Iakovenko's address to the Pirogov Society focused upon the relationship between political activism and mental health. This was by that time a familiar theme. While he had clearly been influenced by the interpretations of individuals such as Rybakov and Iaroshevskii, Iakovenko's analysis was much bolder and more grandiose.

He introduced his subject by drawing parallels between individual and collective psychology, emphasizing that one could understand the collective psyche of a whole people in much the same way that one could study individual mental functioning. Having established his frame of reference, Iakovenko characterized the individual psyches of those who were involved in radical politics in Russia and then proceeded to an assessment of the collective psyche of his nation.

Iakovenko asserted that the increased politicization of Russian society was an indicator of improvement in the mental health of its collective psyche. The defeat of the nation in the Russo-Japanese War had suggested deep-seated pathologies, he charged. Just as a disturbed individual does not run from danger, a mentally unhealthy society is unable to defend itself: "There exist organic weaknesses in our social and political structure which have rendered us weak and unable to protect ourselves against an external enemy."¹⁶ The efforts to remove those pathologies from the society through political and social change were positive, he insisted, and should be encouraged.

While Iakovenko maintained that the increased political activity was a "healthy" reaction, he acknowledged that there were unhealthy individuals who participated in it. In his view, these fell into three broad categories:

- (1) the highly intelligent but mentally unstable, a category which included some individuals who were on the borderline of real illnesses, such as neurasthenia and hysteria;¹⁷
- (2) individuals who displayed symptoms of degeneration (*vyrozhdnie*),¹⁸ but who were frequently not recognized as psychologically disturbed by the general population. Among these were the feeble-minded, the senile, epileptics, and sexual deviants; and
- (3) the morally depraved, who filled the prisons and whose abnormal behavior was a result of the cumulative effect of chronic alcoholism and poverty.

According to Iakovenko, each of these distinctive pathological types gravitated toward a particular political movement. The first tended to join "healthy progressive" movements, which Iakovenko defined as those on the left-hand side of the political spectrum. The second type aligned with conservative or right-wing political groups. The third joined movements for personal gain rather than because of ideology; consequently, they could be found in either camp.

The differential attraction of these various types of individual, Iakovenko continued, affected the style and behavior of the political movements. The "innovative" (*novatorskie*) movements on the left often exhibited eccentric and visionary tendencies and impetuosity and were prone to nervousness and self-delusion. The conservative movement, on the other hand, was characterized by sociopathic weakness, narrowmindedness, licentiousness, indifference to the public welfare, and outright cruelty. The "innovators" sometimes committed cruel acts, Iakovenko acknowledged, but he attributed this tendency to the youth of many of their members. Theirs was, he said, a momentary anger which quickly gave way to "forgiveness and magnanimity." The cruelty of the conservatives, on the other hand, he characterized as "prolonged and coldblooded....the type which is especially characteristic of epileptics and moral idiots."¹⁹

To support his position, Iakovenko pointed to the pogroms and punitive expeditions of the Black Hundreds. Some individuals participated in those raids out of ignorance, he conceded, but most did so because of their psychopathic natures. To shoot innocent women and children and burn down entire villages was barbaric even in wartime, he alleged. To do such things to one's own people was clear evidence of deeply rooted pathology.

Iakovenko concluded by exhorting his audience to action:

It is essential that medical treatment of these societal wounds and the creation of new patterns of existence finally be put into the hands of those who can provide tender loving care to the social organism.²⁰

Iakovenko's address was presented in the language of psychiatry and reflected a growing interest in collective psychology among intellectuals in several disciplines. However, the speech was clearly polemical in nature. The author did not present case histories nor did he cite other researchers, as was the norm for scholarly presentations at professional meetings. His primary intent was less to advance scientific understanding than to comment on political events and to exhort his colleagues to action.

Iakovenko's speech was delivered before a large audience and was subsequently published in the society's journal. It was widely cited in the months which followed, and the level of interest remained high; the Psychiatric Section of the Pirogov Society declared "psychiatry and revolution" a theme for the program at the society's next meeting.

There were few who disagreed (at least openly) with Iakovenko, and the intense reaction to the assertions of the one individual who did publicly denounce him is indicative of an emerging consensus within the profession. Iakovenko's challenger was V. F. Chizh, Professor of Psychiatry at Iurev University and a staunch supporter of the autocracy. Despite a distinguished career in both university teaching and mental hospital administration, Chizh was often at odds with his colleagues because of his conservative social and political views. In an era

when many physicians were ardent opponents of the death penalty, for example, Chizh publicly defended it, demonstrating his commitment by serving as attending physician at executions of political prisoners.

Not surprisingly, Chizh disagreed with Iakovenko on every issue. He attempted to refute the idea that the rising level of political participation was healthy. Increasing political freedom was positively correlated with mental illness, he charged, quoting a French psychiatrist, Bournet, to support his point. The only individuals who felt constrained by the lack of political rights were certain members of the intelligentsia, a small proportion of the total population. It would doubtless insult that group, he commented acerbically, to suggest that their struggle had made them go mad.²¹

Chizh's view of the political movements of left and right was also diametrically opposed to that of Iakovenko. He denied ever having witnessed even one case of mental illness among either the leaders or the followers of the conservatives. It was patently absurd, he scoffed, to argue that feeble-minded or senile individuals could even adhere to political positions, much less lead political movements. His patients were preoccupied with their illnesses and had no interest whatsoever in politics, he continued.

Chizh then described numerous examples of disturbed individuals on the other side. Among them was one young man whom Chizh had diagnosed as schizophrenic (*Dementia praecox*) in 1903. According to the author, the patient had been killed in a confrontation with a military detachment. "It seemed to me that the 'comrades' of this young man took advantage of his disability and placed him in the most dangerous spot."²² He reported another case in which the patient recovered from his disorder after aggressive treatment and then looked back upon his earlier political involvement as a manifestation of his illness.

Chizh also disputed Iakovenko's benign view of the cruel acts perpetrated by the left. While generally critical of the notion that the political unrest of 1905 had caused a rise in the number of cases of mental disease ("suffering strengthens people," he countered), Chizh cited several such cases. Each, he said, had resulted from the actions of left-wing groups. One incident involved a 32-year-old policeman, who developed a mental disorder as a direct result of cruel treatment by revolutionaries, who kept him blindfolded and tied up for over twenty-four hours during which time they continually threatened to execute him. Another victim was a priest, who had been attacked by an unidentified group of people. These individuals, whom Chizh assumed to be members of the radical left, had shaved off the priest's hair and beard and beat him senseless.²³

Chizh summarized his disagreement with Iakovenko as the result of their different points of departure. Iakovenko regarded the rising interest in politics as an indicator of improvement in the health of the collective psyche. Chizh, on the other hand, saw a concomitant decline in devotion to religion, ethics, and aesthetics, trends which he viewed as indicative of deterioration.

One of Chizh's stated reasons for responding to Iakovenko was to put an end to polemics, to extricate psychiatric science from politics. In fact, he achieved quite the opposite and in the process brought the wrath of his professional colleagues down upon his own head. While Chizh did present specific cases to buttress his argument and made occasional references to professional literature, he failed to convince his peers that his was a dispassionate, scientifically neutral analysis. Even the journal that published Chizh's article included a lengthy disclaimer in the same issue. Calling the author's views "extreme ones with which we cannot agree," the editors challenged Chizh's argument on scientific grounds of logic and evidence and on moral grounds, as well. Chizh seems to have forgotten, they wrote, that one of our own, the psychiatrist V. V. Vorob'ev, was murdered by a policeman in 1905. That murder was a meaningless and cruel act perpetrated by a representative of the right who was clearly a severely disturbed individual.²⁴ Other professional commentators also criticized Chizh's views, expressing instead their support for the position taken by Iakovenko. The editors of a Moscow psychiatric journal summed up the position of the majority when they commented, "The only significance of Chizh's article is that it serves as a reminder of the intensely reactionary period we are now compelled to endure."²⁵

Revolution and Mental Health

This was an era of many disappointments for Russian psychiatrists and of steadily rising discontent with the tsarist regime. Not only did the political reforms promised in 1905 materialize only in part, but changing policies toward mental institutions and the role of psychiatrists within them increasingly alienated the profession and gave rise to real scepticism regarding its future under the existing order.²⁶ During the years just prior to World War I, members of the psychiatric profession repeatedly returned to the assessment of the collective psyche of their nation and the mental-health consequences of the social and political order. With ever louder voices they assailed governmental policies as "direct threats to mental health."²⁷ Many of the targets of their verbal attacks had been singled out for criticism in earlier years. After 1905, however, the criticisms were far more likely to be framed in the language of psychiatric discourse and presented as the product of scientific analysis. By implication, they did not represent the idiosyncratic passion of private moral conviction but rather logical and dispassionate professional judgments. Indeed psychiatrists prided themselves on their ability

to subject to rigidly objective scientific analysis issues which under normal circumstances provoke the most subjective—even emotional reactions. The psychiatrist, who is accustomed to dealing with the irrational behavior of the insane, develops the ability to suppress his spontaneous emotional reactions ...and to penetrate deeper to discern causation. He understands better than most the expression "*tout comprendre c' est tout pardonner*."²⁸

The preceding assertion notwithstanding, psychiatrists were less and less inclined to "understand and forgive." On the contrary, they contended that their heightened understanding compelled them to take action: "While poets only wish to be proud and brave, we representatives of science must be. Guided by her light we must declare openly and loudly that it is wrong to make people go mad, to drive them to suicide and mental illness."²⁹

Psychiatrists blamed the government for the continued ignorance and impoverishment of the peasantry, both of which, they charged, increased susceptibility to mental illness. Chronic malnutrition aggravated by unsanitary living conditions led to widespread physical illness that weakened the population, rendering it more likely to fall victim to mental illness. Urbanization and industrialization in their view had merely worsened an already desperate situation.

Living and working conditions in the cities were even less healthy than those in the countryside. Crowding and filth in combination with a lack of social supports had produced mental distress in epidemic proportions in urban areas. To blame, in the eyes of many psychiatric physicians, were both governmental insensitivity to the problems of the people and the emerging values and institutions of a capitalist Russia. Capitalism, they charged, pitted individual against individual in ruthless competition and produced even greater discrepancies between the life chances of rich and poor. From a mental-health standpoint capitalism was, in the words of V. M. Bekhterev, the internationally renowned head of the Department of Psychiatry and Neurology at the Military Medical Academy in St. Petersburg, "the fundamental evil of our era."³⁰

Psychiatrists also criticized Russia's educational system for its rigidity and its neglect of the psychological needs of the empire's youth. Citing the works of contemporary educational psychologists in the West, they charged that Russian schools were harmful to the developing personalities of Russia's youth and pointed to rising rates of insanity, suicide, and crime among the young to buttress their point.³¹

The profession also laid culpability for high rates of alcoholism and alcohol-related psychoses on the shoulders of the government. They demanded, as they had in the past, an end to the alcohol monopoly. However, they paid greater attention to the unsatisfactory socio-economic conditions which encouraged heavy alcohol consumption. Only radical measures had any hope of success, they emphasized. Any efforts to teach the population about the problem would continue to prove futile, they charged; these efforts could not alter fundamental living conditions, and the government denied the opportunity to organize and propagandize freely.³²

Political repression was also singled out as a significant factor in rising rates of mental illness. Psychiatrists cited case after case of insanity produced by conditions within tsarist prisons. Not only did innocent and honorable individuals (among them a Moscow psychiatrist, D. K. Lebedev) perish in those dreadful institutions, but many who survived suffered permanent mental and physical impairment.³³ Most psychiatrists no longer argued that the disorders of 1905 had caused mental illnesses. Instead, they analyzed the consequences of the political repression which followed. The incidence of mental illness rose after 1905, they alleged, because of the terrible disappointment experienced by the population when most of the reforms promised by the October Manifesto were not realized. With each additional act of repression, more individuals succumbed to disillusionment, followed by the pathological conditions of depression and despair.³⁴

One of the most outspoken members of the profession during these years was P. P. Tutyshkin, whose career as a radical has been well chronicled.³⁵ Tutyshkin was among those who continued the tradition established by Iakovenko of analyzing the Russian collective psyche. Tutyshkin's assessment at the Third Congress of Russian Psychiatrists in early 1910 reflected the deepening despair within the profession at the effects of governmental repression. Tutyshkin's diagnosis of the national mental state was "mass moral insanity," a condition which, he charged, was worsening and threatened the destruction of Russian society. Prolonged economic and political deprivation, he argued, had weakened the reserves of physical and psychic energy at all levels of society. The most visible effects, according to Tutyshkin, were in the realm of volition. A weakening of individual and collective wills was evident, on the one hand, in rising rates of neurasthenia and hysteria, and on the other, in a decreasing resistance to authority. Rather than demanding more rights, he said, individuals were bending before authority, and the more animalistic side of human nature was gaining in strength. He cited as indicators of the increasing influence of baser instincts higher rates of alcoholism, anti-semitism, and materialistic behavior.³⁶

The only solution to this perilous situation was, in the author's view, fundamental political and economic reform. However, he acknowledged that psychiatrists lacked the power to bring that about overnight. While urging that they press onward toward that goal, Tutyshkin also advocated that his profession focus upon changing the attitudes of the young. Those who have studied the human mind have taught us, he continued, about the relationship between thought and deeds: "ideas lead to action!" The concepts which currently dominated the consciousness of the masses in Russian society were "lawlessness" and "tyranny". The result was a collective sense of the futility of action. In order to prevent the moral degeneration of the Russian people, he insisted, the scientific responsibility of psychiatrists must be to propagandize alternative concepts such as "legality" and "rights." Once these ideas have been internalized by young people, he concluded, they will take steps to ensure that they become a reality.³⁷

As an early Bolshevik, Tutyshkin was doubtless much more radical than many of his colleagues. Still, the written records of the time offer little evidence to suggest that many disagreed with his overall evaluation of Russia's mental-health problems. On the contrary, among those who wrote in the professional media and joined in discussions at meetings of psychiatrists, there was widespread acceptance of the need for radical reforms. If the existing sociopolitical order jeopardized the psychological and physiological well-being of Russian society, then in their view the collective mental health hinged upon its transformation. At risk were not only the current generation of Russians but all of those to come. Sholomovich observed,

Psychiatry, in analyzing the pathological effects of the political repression we are enduring, should acknowledge that the disease-producing seeds of lawlessness and brute force are being scattered throughout our land. The effects will be experienced by future generations of psychiatrists.... We are witness only to their earliest and weakest, however disheartening, growth.³⁸

Bernshtein added, "We shall be called to account by our children for the consequences of these horrible events."³⁹

For many Russian psychiatrists the conclusion was inescapable. The failure to act was equivalent to professional irresponsibility. In other words, the role of activist ceased to be one that was selected on the basis

of personal conviction but was inseparable from the role of scientist and healer. Individuals might differ in the rapidity with which they sought to change their society but few disputed the value of change as an ultimate goal. As Bekhterev commented in 1911,

We must acknowledge that some of these etiological factors are such that we cannot change them quickly. This would include, for example, social and economic conditions, the elimination of class differences, etc. Nonetheless, we must try as hard as we can to bring these changes about.⁴⁰

The commitment of Russian psychiatrists to radical social change was evident in their writings and in their actions, as well. Some, like Tutyshkin, were drawn into the revolutionary movement and used their hospitals as centers for underground political activity.⁴¹ Mounting political involvement was reflected in the growing numbers of psychiatrists who were fired, imprisoned, exiled, or resigned in protest in the decade prior to the revolution.⁴² The extent to which the profession had become radicalized is suggested by the fact that psychiatrists were one of the first professional groups to offer support to the Bolsheviks after the revolution in October of 1917.⁴³

The reasons for the radicalization of Russian psychiatrists are complex, and the foregoing analysis has merely attempted to demonstrate a relationship between the profession's scientific work and its politicization. Having once studied revolution as a possible cause of insanity, many psychiatrists subsequently came to regard it as a prerequisite for mental health. In the process they defined a course of action for themselves: the duty of the physician to protect and preserve health in accordance with scientific findings dictated a commitment to radical social change.

There was, of course, no universal consensus among psychiatrists regarding the direction the future should take. However, toward the end of the imperial period, conservative views, such as those of Chizh, were virtually absent from the professional media.⁴⁴ Those calling for political activism included many of the most senior members of the Russian psychiatric profession, such as Bekhterev, Rot, Serbskii, Iakovenko, and Kashchenko, as well as an even more daring younger generation of zemstvo practitioners.⁴⁵

It is perhaps not inconsequential that the dissenting voices grew silent as the psychiatric criticism of Russian society took the shape of scientific analysis. All professions are dependent upon public acceptance of the validity and importance of their knowledge. As a relatively new profession with a tenuous grasp on official recognition, consistency was especially critical for psychiatry. Noisy public debating over the fundamentals of psychiatric knowledge posed a threat to the profession, as its members were well aware. On previous occasions they had managed to subdue disagreements by reminding each other that society would not take them seriously if they could not reach agreement amongst themselves regarding diagnostic and etiological categories.⁴⁶ Thus, pressures for consistency in its professional "presentation of self" may well have accelerated the apparent move toward consensus through a combination of self-censorship on the part of dissenters and editorial decisions by those who controlled access to the professional media.

While it would be inappropriate to assert that their science made them into revolutionaries, it seems clear that psychiatrists' professional analysis of Russia's mental-health needs at minimum reinforced their political convictions. Indeed, given the importance of professional identity and the respect for science among psychiatrists, it does not seem unreasonable to propose that the influence was even stronger; that their collective perception of professional duty superseded individual conviction. The near disappearance of dissenting opinions from the psychiatric literature of the immediate prerevolutionary era would certainly provide support for this argument.

In conclusion, the case of the Russian psychiatric profession on the eve of the revolution is a particularly useful one. On the one hand, it suggests a previously neglected source of revolutionary ideologies. While Russian psychiatrists were viewed by their society with the same ambivalent mixture of curious respect and suspicion

that one finds elsewhere, their ideas were widely disseminated. Psychiatric gatherings were attended by a broad spectrum of the public, and psychiatrists' writings found a place in many journals besides the specialized press.

Examination of the influence of politics on the work of early twentieth-century Russian psychiatrists also illustrates the complex interrelationship between science (and scientific medicine in particular) and society. The influence of social and political forces may be more clearly visible in psychiatry than in some other fields, but the science of mental disorders is by no means unique in this respect. To the extent that health and illness are influenced by environment, the role of scientist and healer entails consideration of the influence of social, economic, and political conditions on the well-being of individuals. That those conditions should on occasion be found to be pathological is hardly surprising. The leap from that conclusion to the role of revolutionary is a larger one. Historical and sociological evidence suggests that professions, dependent as they are upon the support of the polity, only rarely make such a leap. The fact that many Russian psychiatrists did so reflects in large part their perception of an untraversable chasm separating their world-view from that of the reigning powers. Atypical as it is, their story offers insight into the dynamics of professionalization, and not just within the boundaries of imperial Russia.

Notes:

- 1 I would like to express my gratitude to the International Research and Exchanges Board, Fulbright-Hays, the AAUW Educational Foundation, and the Kennan Institute for Advanced Russian Studies for funding the research on which this article is based.
- 2 See Nancy Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856 - 1905* (Princeton, 1981), p. 25, and compare Harley Balzer, "Educating Engineers: Economic Politics and Technical Training in Tsarist Russia," PhD Diss., University of Pennsylvania, 1980; Jonathan Sanders, "Drugs and Revolution: Moscow Pharmacists in the first Russian Revolution," *Russian Review*, vol. 44 (1985), pp. 351-377; Scott Seregny, "Professional and Political Activism: the Russian Teachers' Movement, 1864 - 1908," Ph.D. Diss., University of Michigan, 1982.
- 3 In practice this requirement was increasingly interpreted to mean all "dangerous" insane. See Julie V. Brown, "Psychiatrists and the State in Tsarist Russia," in S. Cohen and A. Scull, eds., *Social Control and the State* (New York, 1983), pp. 267-87.
- 4 For a detailed account of these problems, see Julie V. Brown, "The Professionalization of Russian Psychiatry, 1857-1911," Ph.D. Diss., University of Pennsylvania, 1981.
- 5 Julie V. Brown, "The Deprofessionalization of Russian Physicians: A Reconsideration," *International Journal of Health Services*, vol. 17 (1987), pp. 65-76.
- 6 F. E. Rybakov, "Dushevnye rasstroistva v sviazi s tekushchimi politicheskimi sobytiiami," *Russkii vrach*, no. 51 (1905), pp. 1593-1595.
- 7 Counterrevolutionary nationalist gangs.
- 8 Although emphasizing the "newness" of the disorder he described, Rybakov used existing terminology to name it. His diagnosis was primary insanity with delusions of persecution (*pervichno-bredovoe pomeshatel'stvo*—paranoia).
- 9 N. I. Skliar, "Eshche o vliianii tekushchikh politicheskikh sobytii na dushevnye zabolevaniia," *Russkii vrach*, no. 8 (1906), pp. 222-224. Similar positions were taken by other psychiatrists. See A. N. Bernshtein, "Psikhicheskie zabolevaniia zimoi 1905-1906 g. v Moskve," *Sovremennaia psikhiaitriia*, vol. 1 (1907), pp. 49-67; and I. S. German, "O psikhicheskom rasstroistve depressivnogo kharaktera, razvivshemsia u bol'nykh na pochve perezhivaemykh politicheskikh sobytii," *Zhurnal nevropatologii i psjkhiatrii im. S. S. Korsakova*, vol. 6 (1906), pp. 313324.
- 10 L. S. Pavlovskaiia, "Neskol'ko sluchaev dushevnoho zabolevaniia pod vliianiem obshchestvennykh sobytii," *Obozrenie psikhiaitrii, nevrologii i eksperimental' noi psikhologii* (cited hereafter as OPNiEP), vol. 12 (1907), pp. 552-558. See also L. S. Pavlovskaiia, "Dva sluchaia dushevnoho zabolevaniia pod vliianiem obshchestvennykh sobytii," *OPNiEP*, vol. 11 (1906), pp. 418-422.

- 11 F. E. Rybakov, *Dushevnye rasstroistva v sviazi s poslednimi politicheskimi sobytiiami* (Moscow, 1906), p. 21.
- 12 Pavlovskaiia, "Neskol'ko sluchaev," p. 558. Pavlovskaiia attributed many of her patients' problems to romantic attachments (and attendant sexual arousal) they experienced while participating in the political movements. For a discussion of her work, see Julie V. Brown, "Female Sexuality and Madness in Russian Culture: Traditional Values and Psychiatric Theory," *Social Research*, vol. 53 (1986), pp. 369-385.
- 13 S. Iaroshevskii, "Materialy k voprosu o massovykh nervnopsikhicheskikh zabolovaniakh," *OPNiEP*, vol. 11 (1906), p. 9.
- 14 Iaroshevskii, "Materialy."
- 15 For an account of this incident, see Brown, "Deprofessionalization."
- 16 V. I. Iakovenko, "Zdorovye i bolezennye proiavleniia v psikhike sovremennogo russkogo obshchestva," *Zhurnal obshchestva russkikh vrachei v pamiat' N. I. Pirogova*, 13 (1907), p. 275.
- 17 These were relatively minor disorders to which, it was believed, the highly educated and intelligent were especially predisposed. Hysteria was studied in the late nineteenth and early twentieth centuries by Charcot and Freud. Neurasthenia (or nervous exhaustion) was a syndrome described by the nineteenth-century American neurologist George Beard. In mid-twentieth-century terms such problems would be categorized as neurotic disorders.
- 18 The concept of degeneration was popular during this era. According to the Austrian psychiatrist, Morel, who wrote extensively on the subject, "Degenerations are deviations from the normal human type, which are transmissible by heredity and which deteriorate progressively towards extinction." Cited in Franz G. Alexander and Sheldon T. Selesnick, *The History of Psychiatry* (New York, 1966), p. 210.
- 19 Iakovenko, "Zdorovye i bolezennye," p. 282.
- 20 Iakovenko, "Zdorovye i bolezennye," p. 287.
- 21 V. F. Chizh, "Znachenie politicheskoi zhizni v etiologii dushevnykh boleznei," *OPNiEP*, vol. 13 (1908), p. 7.
- 22 Chizh, "Znachenie politicheskoi zhizni," p. 9.
- 23 Chizh, "Znachenie politicheskoi zhizni," pp. 155-56.
- 24 P. A. Ostankov, ed., "Khronika i smes'," *OPNiEP*, vol. 13 (1908), p. 64.
- 25 P. B. Gannushkin, ed., "Khronika," *Sovremennaia psikhiatriia*, vol. 2 (1908), p. 523.
- 26 See Julie V. Brown, "A Socio-historical Perspective on Deinstitutionalization: The Case of Late Imperial Russia," *Research in Law, Deviance, and Social Control*, vol. 7 (1985), p. 167-188.
- 27 A. S. Sholomovich, "K voprosu o dushevnykh zabolovaniakh vznikaiushchikh na pochve politicheskikh sobytii," *Russkii vrach*, no. 21 (1907), p. 720. See also V. P. Osipov, "O politicheskikh iii revoliutsionnykh psikhozakh," *Nevrologicheskii vestnik*, vol. 17 (1910), p. 437-492.
- 28 Professor V. K. Rot in an opening address to the First Congress of the Russian Union of Psychiatrists and Neuropathologists in 1911 *Trudy pervogo s' ezda russkogo soiuz psikhiatrov i nevropatologov* (Moscow, 1914), p. 63.
- 29 V. P. Serbskii, "Russkii soiuz psikhiatrov i nevropatologov im. S. S. Korsakova," *Trudy pervogo s' ezda*, p. 83. This address, Serbskii's opening speech to the first conference of the Russian Union of Psychiatrists and Neuropathologists, was so fiery that the police used it as a pretext to close the meeting.
- 30 V. M. Bekhterev, "Voprosy nervno-psikhicheskogo zdorov'ia v naselenii Rossii," *Trudy tret' ego s' ezda otechestvennykh psikhiatrov* (St. Petersburg, 1911), p. 66.
- 31 See, for example, *Trudy tret'ego s' ezda*, pp. 727-765, and *Trudy pervogo s' ezda*, pp. 749-790.
- 32 See discussion in *Trudy tret'ego s' ezda*, pp. 422-427.
- 33 Brown, "Professionalization," p. 389.
- 34 Bernshtein, "Psikhiatricheskie zabolovaniia," pp. 49-67. See also V. M. Bekhterev, "O prichinakh samoubiistva i o vozmozhnoi bor'be s nim," *Trudy pervogo s' ezda*, pp. 84-107.
- 35 See A. G. Ianovskii, "P. P. Tutyshkin—vrach, uchenyi, revoliutsioner," *Zhurnal nevropatologii i psikhiatrii im. S. S. Korsakova*, vol. 74 (1974), pp. 1411-1415; and Brown, "Professionalization."
- 36 P. P. Tutyshkin, "Zadachi tekushchego momenta russkoi obshchestvennoi psikhiatrii," *Trudy tret'ego s' ezda*, p. 736.
- 37 Tutyshkin, "Zadachi tekushchego momenta," p. 737.

- 38 Sholomovich, "K voprosu," p. 720.
- 39 Bemshtein, "Psikhiatricheskie zabolevaniia," p. 67.
- 40 Bekhterev, "O prichinakh," p. 110.
- 41 The activities of the psychiatric institution in Khar'kov provide an instructive example. The staff held political meetings, published illegal literature, and on occasion sheltered fugitive revolutionaries within its walls. Similar activities went on at Liakhovo Psychiatric Colony near Nizhnii Novgorod. Krasnosel'skaia Asylum, a private institution in Moscow, was used after 1905 to hide illegal literature and weapons and for political meetings. Contemporary evidence strongly suggests that the staffs of a number of other institutions were similarly engaged. These include Bekhterev's Psychoneurological Institute in St. Petersburg. See Brown, "Professionalization," pp. 397-398.
- 42 The journal of the Pirogov Society of Russian Physicians listed thirteen psychiatrists who were either fired or otherwise punished by the authorities in 1906 alone. The professional media continued to report such incidents over the next few years.
- 43 See, for example, T. I. Iudin, *Ocherki istorii otechestvennoi psikhiatrii* (Moscow, 1951), and S. I. Mitskevich, *Zapiski vracha-obshchestvennika (1888-1917)* (Moscow, 1969). P. E. Zabludovskii, *Istoriia otechestvennoi meditsiny* (Moscow, 1960), also lists many psychiatrists who worked with the Bolsheviks in the early postrevolutionary period.
- 44 An interesting exception is Professor I. A. Sikorskii of Kiev University. A leading member of the profession, Sikorskii horrified his colleagues by testifying for the prosecution in the Beilis case. That incident proved an international embarrassment for Russian psychiatrists; they were publicly censured for it by their western colleagues. *Zhurnal nevrologii i psikhiatrii im. S. S. Korsakova*, vol. 13 (1913), pp. 354-56.
- 45 Without the benefit of opinion surveys, it is harder to assess the views of those who chose to remain silent during these years. T. I. Iudin, a practicing psychiatrist during the early twentieth century who later wrote a history of Russian psychiatry, alleged that some practitioners retreated into narrowly defined clinical research in order to avoid falling victim to political reprisals. See Iudin, *Ocherki*, pp. 322-323. Such a response could hardly be interpreted as indication that those individuals supported the policies of the autocracy. Indeed, it seems remarkable that so few psychiatrists would express public support for the government, given the opportunities for professional advancement which were continually emerging in the wake of repeated firings and protest resignations.
- 46 Brown, "Professionalization," Chapter four.