

## APPENDIX VI

### A MANUAL ON PSYCHIATRY FOR DISSENTERS\*

by Vladimir Bukovsky and Dr Semyon Gluzman, 1974

*(dedicated to Lenya Plyushch, a victim of psychiatric terror)*

Pushkin: You're a madman yourself!

Chaadayev: Why am I a madman?

Pushkin: You understand equality, but you live in servitude.

Chaadayev (pondering): Then it follows that you are right: I am a madman.

(A. Platonov, "Pupil of the Lycée")

#### *Introduction*

It is well known that in the Soviet Union today large numbers of dissenters are being declared insane, and there is reason to fear that this method will be used on an even greater scale in the future. It is not difficult to find an explanation for this phenomenon. From the point of view of the authorities, it is an extremely convenient method: it enables them to deprive a man of his freedom for an unlimited length of time, keep him in strict isolation, and use psycho-pharmacological means of "re-educating" him; it hinders the campaign for open legal proceedings and for the release of such people, since even the most impartial man will, if he is not personally acquainted with a patient of this sort, always feel a twinge of uncertainty about his mental health; it deprives its victim of what few rights he would enjoy as a prisoner, and it provides an opportunity to discredit the ideas and actions of dissenters, and so on.

There is, however, another, no less important side. Dissenters, as a rule, have enough legal grounding so as not to make mistakes during their investigation and trial, but when confronted by a qualified psychiatrist with a directive from above to have them declared non-responsible, they have found themselves absolutely powerless. All this has, inevitably, engendered renewed fear and dismay in dissenting circles and is a reason for cases of unexpected "repentance" and recantation which have occurred in recent months.

\* For Russian text see CHR, 1975, No. 13. This text was typed out in Moscow from the original hand-written text smuggled out of forced labour camp no. 35 in Perm region.

Forensic psychiatry has thus renewed the fear of persecution, which a knowledge of the law and skill in applying it had previously dispelled. A mood of resignation to one's fate, a sense of one's powerlessness to resist this method of persecution, has become widespread.

All this demonstrates the need for a handbook generalizing the experience gained from many psychiatric examinations and setting out the basic tenets of psychiatric theory, having the format of a guide to the kind of behaviour which will give the experts as little basis as possible for pronouncing the examinee insane. The present authors, one a former "mental patient", the other a former psychiatrist, hope that by combining experience with professional knowledge of the subject they will succeed in producing a work that fulfils as far as possible the aim outlined above.

This manual lays no claim to be an exhaustive analysis of the problems of psychiatry; some aspects have been deliberately simplified, as the handbook is designed for as wide a readership as possible.

*Legal part (schematic)*

You can be seen by a psychiatrist, even without your consent, in the following three cases:

I. *Compulsory examination or compulsory hospitalization within the framework of normal medical regulations.* Your convictions, openly expressed public stance, actions or acquaintances have made you an object of the close attention of a KGB squad. Because of certain unalterable circumstances, it is undesirable to institute criminal proceedings against you. In this case, the KGB (often not directly, but through the police, the procuracy, the local council, informers, etc., etc.) will tell medical establishments that they believe you are suffering from mental illness, and will indicate the reason for their interest in you.

A psychiatrist in a clinic, health centre, hospital or city first aid post is, in these circumstances, obliged to examine you and, if he considers it necessary, to have you admitted to a psychiatric hospital of the ordinary type.

A psychiatric examination of this kind may be carried out at home, at your place of work, at the scene of the "incident", in a preliminary detention cell, in an appropriate institution or in some other place.

If the psychiatrist finds that you show symptoms of an illness to a degree which does not require in-patient observation and treatment in a psychiatric hospital, you will be registered at a psychiatric clinic or in the psychiatric department of a polyclinic. You may be placed

in a psychiatric hospital of the ordinary type if you show evidence of the following:

- (1) mental derangement constituting a danger to yourself
- (2) mental derangement constituting a danger to other people
- (3) mental derangement verifiable only by in-patient examination
- (4) pronounced mental derangement which cannot be successfully treated in out-patient conditions
- (5) state of "acute psychosis" (i.e. what the ordinary person would call "going berserk").

Your removal from an out-patient psychiatric register, or discharge from an in-patient institution depends, formally, solely upon medical evidence (i.e. upon a psychiatrist).

If your condition is diagnosed by a doctor as abnormal, the forwarding (in psychiatric in-patient conditions) and investigation of your complaints, statements, petitions and letters depends wholly on the professional competence and conscience of your doctor, since the law makes this his responsibility. Relatives, friends and other interested persons may make requests and lodge claims regarding your case with the medical authorities (to the chief psychiatrist of the USSR, republic, region, area, town or district).

Mistakes can occur in psychiatric practice, as in any other form of human activity; the law does not define a doctor's liability for a professional error.

This state of affairs may be used by the authorities to explain a compulsory hospitalization which later turns out to have been unwarranted. For the same reason, an incompetent or morally irresponsible psychiatrist can give an incorrect assessment of your mental state without any damage to his own future reputation.

*II. Forensic-psychiatric examination following the institution of criminal proceedings.* After selecting the preventive measure to be taken in your case (usually arrest), the investigative organs or the procuracy may send you for forensic-psychiatric examination. For this purpose, a document is drawn up listing statements made or actions performed by you which cast doubts upon your mental health.

Normally the investigator (or procurator) does not make his doubts known to you, nor does he show you the relevant documents. He does not inform you, either, of the very fact that you are to undergo a psychiatric examination, or of how long it will take or where it will be carried out.

Forensic-psychiatric examinations are performed by commissions of not less than three psychiatrists. You may be subjected to either of the following forms of forensic-psychiatric examination: (1) out-patient; (2) in-patient.

An out-patient examination is normally carried out in a medical establishment or in a remand prison; it may last from a few minutes to several hours.

An in-patient examination is carried out in a psychiatric in-patient establishment (the Serbsky Institute of Forensic Psychiatry in Moscow, or investigation or ordinary "acute" admission wards in ordinary-type psychiatric hospitals; psychiatric sections of prison hospitals).

The length of an in-patient examination is not specified by law; usually it lasts from a few weeks to several months.

You will most likely not be informed of the experts' decision, if you are declared not responsible. From that moment, a defence counsel is permitted access to your case but you yourself will probably be barred from participating in the investigation.

The law provides for an unlimited number of repeat and supplementary examinations to be performed. The investigator (or procurator) has the responsibility of deciding which finding is correct, if the opinions of the commissions of experts differ.

Normally a non-responsible person is not called to attend the court hearing and is not informed of the court's ruling on his case.

Sometimes the psychiatric examination is performed in court. Essentially, it is no different from the ordinary out-patient examination. On the court's decision, legal proceedings may be suspended while the accused is sent for in-patient examination. The type of hospital to which the non-responsible person is to be sent (an ordinary hospital, or a special psychiatric hospital under Ministry of Internal Affairs jurisdiction) is determined by the court. It is, unfortunately, most unlikely that the court will order observation by a psychiatrist at your home, without depriving you of your freedom.

*III. If you are a witness* in a case, it is also possible that you may have to undergo compulsory out-patient examination. In this case, the formal pretext is that doubt has arisen in the mind of the investigator (procurator, court) as to your ability to grasp correctly circumstances which have an important bearing on the case and to give the correct evidence about them. In this case, in-patient examination can take place only with your express consent (which we hope you will not give).

Notarial law gives you the opportunity to safeguard your evidence by arming yourself in advance with an objective psychiatric report on the state of your mental health. At your written request, a notary will issue a decree ordering an examination, with indications as to the form it will take and the place where it is to be held. All you then have to do is pay for this formal notarial assistance and do everything necessary to ensure that if you are arrested and attempts

are made to have you declared mentally ill, this psychiatric report on you becomes generally known (see *Statute on RSFSR State Notarial System*, articles 66, 67, and "Instructions regarding the procedure for carrying out notarial transactions in state notarial offices of the RSFSR," pp. 139-146).

*General information on psychiatry*

"Where we lack concepts, words promptly step in to take their place" (Goethe's *Faust*). The principles governing the activity of the human brain are still unclear to us. Neurophysiology and the other concrete brain sciences are still unable to comprehend the "psychic" phenomenon of psycho-pathology. Equally mysterious and difficult to place within the strict framework of a systematic science are the concepts of health and sickness; the conceptual vagueness characteristic of medicine in general is especially marked in psychiatry. Madness is regarded both as a biological and a social (historical, philosophical, legal) problem.

In contemporary psychiatry as a whole, there is no firm basis for the system of categories in use or even for the system of classifying diseases of the psyche. Thus, for example, at a diagnostic symposium in Leningrad, 20 leading psychiatrists pronounced twelve different diagnoses on one and the same patient.

All mental illnesses can be divided into two groups: (1) those which have supposedly been defined, i.e. provisionally separated out from a chaotic mass of data accumulated over centuries and given individual identities, and (2) true mental illnesses with a cause known to science and characteristic dynamics. If the model for the first is purely "rhetorical", the second type is based on concrete scientific discoveries and its models are "demonstrable".

The basic method of clinical psychiatric investigation is still the subjective observation of the behaviour, speech, memory, etc., of the patient. Used in conjunction with this is information—again subjective—about the patient obtained from his associates, friends, relatives, from official documents and such-like. Other methods (laboratory analyses, ECG investigations) are of secondary importance.

The vagueness with which mental illness is defined does not unduly concern working doctors, since treatment is more often than not determined not by diagnosis, but by particular symptoms of illness.

In psychiatric theory, there are no generally-recognized standards of "sickness" and "health". A mass of abstract concepts exists from the philosophical to the cybernetic, all of them absolutely useless in psychiatric practice. Nevertheless, the day-to-day activity of the

doctor would be impossible without the use of some standard of health, even if it is only an arbitrary one. So practical psychiatry uses an arbitrary standard of mental health which is convenient, simple and easy to understand: that of the so-called "*rentier* living off the income from his shares". A *rentier* is a person of mediocre intellect and bourgeois tastes, civilized rather than cultured, who is unwilling to take chances. He is content with his low but stable social position ("the higher you fly, the harder you fall"), and never lets himself get carried away; he has no creative aptitude whatsoever, and is the mainstay of any authority; the guiding light in his life is his instinct for self-preservation. His life is monotonous but tranquil: he regards his life-style as the only correct one and indeed the wisest and safest one in our existence fraught with adversity.

The concept of the *rentier* is not a scientific one and is not mentioned at all in Soviet psychiatric literature. But applied psychiatrists use it every day in their work, though not always consciously, and of course, not as a hard and fast rule. (You will see below why the concept of the *rentier* is so dear to the so-called "average psychiatrist".)

#### *Dissent as a psychiatric problem*

The freedom of each of us as an individual is restricted by society's interests. The law and morality are expressions of such restrictions. The behaviour of a mentally-ill person who is not breaking the law is "foolish", "odd" and so on, and society regards it as undesirable.

It is with the protection of citizens from behaviour of this kind that psychiatry is concerned. Forcible incarceration in a mental hospital is justified from the social as well as the medical point of view. And if "health" is "desirable behaviour" and "sickness" is "undesirable behaviour", then the social aim of psychiatry is the transformation of undesirable behaviour into desirable. Thus, force used against a mentally-ill person is justified by the resulting benefit to society. This use of "evil in a good cause" was the reason for the breakaway of an "anti-psychiatry" school of thought from classical Western psychiatry. The "anti-psychiatrists" declare that "the substance of psychiatric science is the repression of the revolutionary sub-conscious in the name of the state; the history of psychiatry is the history of the methods by which society has striven to break down psychological resistance to the prevailing conditions of life."

You will agree that, in view of the vagueness of the categories it uses and the existence of a multitude of "scientific schools of psychiatry", it is quite possible for psychiatry to extend its competence beyond legitimate limits.

And under the conditions of the "social command" as practised

by various totalitarian régimes, psychiatric norms are defined by the needs of the particular moment, rather than by scientific and historical reasoning (compare this with the "anti-psychiatrists' " assertion that psychiatry, in fulfilling the demands of a class society, has always turned revolutionaries into psychopaths).

The Soviet use of psychiatry as a punitive means is based upon the deliberate interpretation of dissent (in the well-known sense of the word) as a psychiatric problem. In his monograph *The Theory and Practice of Forensic-Psychiatric Diagnosis*, Professor D. R. Lunts asserts that any illegal act, by virtue of its illegality alone, merits psychiatric analysis (in so far as it does not fit in with the *rentier* concept), and substantiates his remarks by claiming that under socialist conditions there are no social causes for criminal acts. Lunts attributes to *capitalism* the phenomenon of crime resulting from social disharmony.

Exculpation, i.e. declaring non-responsible dissenters who, in one way or another, express their disagreement with particular aspects of the Soviet government's domestic and foreign policy, is now being practised with single-minded determination. Basically, two psychiatric diagnoses are being used for this purpose: sluggish schizophrenia, and paranoid development of the personality. Other diagnoses are hardly ever mentioned, that is, dissent does not, even in theory, enter into them (fortunately for you, otherwise you would have to familiarize yourself with psychiatry in much more detail).

*Sluggish Schizophrenia.* To quote an expert of some experience, Professor Timofeyev: "The more one studies mild and attenuated (*stertye*) forms of schizophrenia (i.e. sluggish schizophrenia—the authors), the more difficulties one encounters in diagnostics. The question still remains problematical, since some psychiatrists do not recognize these particular forms of the disease, while others regard them as having a relatively independent existence." In another work Timofeyev asserts that "dissent may be caused by a disease of the brain in which the pathological process develops very slowly and mildly (sluggish schizophrenia—Gluzman), while its other symptoms remain for the time being (sometimes until a criminal act is committed) imperceptible." Thus Professor Timofeyev recognizes the existence of sluggish schizophrenia: "It is typical of persons of precisely this age-group (20–29—the authors) to exhibit a heightened propensity for conflict, the desire for self-assertion, the rejection of traditions, opinions, standards, etc.: this has contributed to the creation of the myth that some young people (who are actually suffering from schizophrenia) are being wrongfully placed in psychiatric hospitals and are being held there allegedly because they think differently from every one else."

By sluggish schizophrenia is understood a form of the disease in

which all its symptoms are "barely" or "only slightly" manifest, while symptoms as explicit as the presence of hallucinations are absent altogether. Its normal symptoms are (according to a textbook for students at medical institutes): unsociability, sluggishness, loss of interest in life, mild attacks of pessimism and melancholia; concentration on inner experiences, inadequate thoughts and actions, stubbornness and inflexibility of convictions, suspiciousness, etc. So if you are reserved, inclined to be introspective and uncommunicative, if you do not wish to alter your convictions since you do not regard them as "unsound", and if your allegations that you are being shadowed and that your telephone is tapped are viewed as "suspiciousness" and sometimes even as "persecution mania", when these things really are happening to you—the conclusion is obvious . . . The fact that you are coping successfully with your official responsibilities or your creative work, that you show an interest in them and are even making progress in your career, will not save you. Although formally the presence of pathological psychiatric symptoms does not rule out the possibility that you are still legally responsible, the outcome of your examination is predetermined.

According to the data of the Serbsky Institute of Forensic Psychiatry, approximately one half of all cases of sluggish schizophrenia are declared mentally competent. But we know of no case where a schizophrenic has been declared legally responsible. That most experienced diagnostician Professor Lunts favours introducing into civil legislation the concept of "limited" or "partial" competence, yet deliberately pronounces criminal diagnoses of insanity on healthy people, for "every class, every profession has its own ethical code". (*N.B.* limited competence and responsibility are indeed necessary, and exist as legal terms in the jurisprudence of all civilized countries.)

*Paranoid development of the personality.* A diagnosis which is, similarly, dubious and unspecific. To understand what lies behind this terminological label, one must be aware of the following:

- (1) psychiatry distinguishes three kinds of ideas (apart from normal ideas):
  - (a) The obsessive idea: observed in healthy people who are preoccupied by some aspiration and are wholly engrossed in a developing thought.
  - (b) The over-valued idea (pathological): a notion, usually rational in content, but the importance of which has been over-estimated beyond all reason. Objectively the importance of an over-valued idea is negligible in comparison with the individual's subjective evaluation of it.



- (c) The delusional idea (pathological): an erroneous notion, having no real basis and incapable of alteration. A concentration of such ideas is known as a delusional state.
- (2) Two types of the several types of delusional state are of interest to us:
- (a) Reformist delusions: an improvement in social conditions can be achieved only through the revision of people's attitudes, in accordance with the individual's own ideas for the transformation of reality.
  - (b) Litigation mania: a conviction, which does not have any basis in fact, that the individual's own rights as a human being are being violated and flouted; the reasons become "clear" to him, and he begins to send in complaints and demands to have "justice" restored.
- (3) A pathological development of the personality is known as psychopathy. Alongside this there exist extreme variants of the normal personality—the borderline between these and psychopathy is indistinct and vague. The dynamics of psychopathy involve what are known as periods of compensation (in the social respect) and periods of decompensation.

Only one of the types of psychopathy is of interest to us: paranoid psychopathy. It is characterized by suspiciousness, mistrustfulness and a greatly increased propensity to over-valued and delusional ideas; by rigid, one-track, sluggish thought-processes; and by a tendency to dwell at length on experiences connected with insignificant events. In conflict situations, paranoid psychopaths have paranoid reactions. In time, these turn into a paranoid development of the personality, that is, an orderly delusional system, in our case, litigation mania or reformist delusions.

Its development takes the following pattern: an obsessive idea arises, which then gives way to an over-valued idea, and finally to a delusional idea; the formation of an orderly (that is, outwardly convincing and not absurd) delusional system is followed by a systematized delusional state, then a systematized persecution mania, with a tendency towards over-estimation of one's own personality (all interpretations are those given in the psychiatry course for students at medical institutes in the USSR). As you can see, the demonstrability of this type of psychopathology is highly relative. And vice-versa: try proving that your opinions on the occupation of Czechoslovakia or on the absence of democratic freedoms in the USSR are not erroneous, with no real basis in fact. . . . Or that the surveillance of yourself and your close friends is not "persecution

mania". Or that your own subjective appraisal of internal political life in the USSR is not at all insignificant in comparison with the real facts. . . . Or that your being "relieved" of your job after you had been one of the signatories to a "declaration of protest" is a violation of your rights. . . . Doctors of Medical Sciences Pechernikova and Kosachev, experts at the Institute of Forensic Psychiatry, openly state: "Ideas of fighting for truth and justice most frequently arise in personalities with a paranoid structure," or: "The litigious-paranoid state develops following psychotraumatizing circumstances which affect the interests of the person concerned, and is typified by accusations of encroachment upon the legal status of the individual," or: "A characteristic feature of these (over-valued—the authors) formations is the conviction of the individual's own rightness, an obsession with asserting his 'trampled rights', the importance the sick person attaches to his own feelings as an individual," or: "They use the court hearing as a platform for making speeches and appeals."

But how are the psychiatrists to assess the mental state of a Georgy Dmitrov who makes a speech at his trial! . . . Or of many other public activists with their all-consuming belief in an ideal and their renunciation of their personal life? . . . For our psychiatrists, to be healthy means to be cautious, not very clever, "to keep one's wits about one". For wit leads to trouble.\* It only remains for a new type of mental pathology to be officially introduced into psychiatry, called the Chatsky complex.

Finally, a diagnosis of paranoid psychopathy and paranoid development of the personality does not automatically mean certain exculpation. According to official statistics from the Institute of Forensic Psychiatry, 95.5 per cent of cases are declared responsible. But this figure exists only on paper. There is a different set of statistics for dissenters, and they are not published. Pechernikova and Kosachev have given a very detailed account of the development of paranoid litigation mania, but they have "forgotten" to tell us the percentage of "paranoid litigants" exculpated.

#### *The psychology of the psychiatrist*

The twentieth century has confronted us with the problem of communication. Nowadays, people in different professions who speak the same language have difficulty in understanding each other. In the psychiatrist's consulting-room, too much will depend on your ability to communicate. Try to ensure that the expert

\* In Russian, a pun based on the title of Griboyedov's comedy *Woe from Wit* (*Gorye ot uma*), in which the hero Chatsky is a socio-political non-conformist.

understands you in precisely the way you intend: do everything you can to prevent the expert's "goal" of having you declared non-responsible, if such is his aim, from becoming a documentable diagnosis. Remember that the psychiatrist is an ordinary man possessing no supernatural powers. The view which exists in certain circles that the psychiatrist can "fathom your soul with his gaze, read your thoughts, or force you to tell the truth" is absurd. There are no therapeutic, hypnotic or pharmacological pressures that can reveal your secret thoughts and make you talk if you do not wish to. Neither is the idea of the psychiatrist as a person of extremely high intellect and with a profound knowledge of human psychology (in the everyday sense of the word) always valid.

The psychiatrist is a doctor who spends the greater part of his time within the walls of a psychiatric institution, amongst people who are mentally ill. He is accustomed to seeing suffering, violence, the most incredible perversions and grief. His patients are madmen—mad children and mad adults, women and men. Hence the very desire of a person to choose this profession, and his successful completion of a "probationary period" in psychiatry (for many people, the critical time), presuppose certain initial specific features in his character. Years of daily contact with this "graveyard of lost reason" leave their imprint on the personality of the doctor and work irreversible changes.

Here are the most characteristic types of working psychiatrist.

*The Novice Psychiatrist*: sincerely loves psychiatry and regards it as a fully-fledged scientific discipline. Because of his insufficient worldly and professional experience and the paucity of his knowledge, he discerns mental pathology where it undoubtedly does not exist. He does not understand the artificiality of psychiatric concepts. Thus he is very susceptible to suggestion and may sincerely "detect" that you have a pathological mental condition. He does not participate in forensic-psychiatric diagnostic commissions, and he is not dangerous, since it is not he who will decide your fate. The types of mature psychiatrist merit more detailed examination, for it is they who will determine your future.

*The Academic*: has retained his "youthful" passion for psychiatry and regards it as his vocation. For him, psychiatry is a scientific discipline (though with reservations). As a rule he sees (or "does not see": original unclear—Russian copyist) dissent as falling within the competence of psychiatry. He does not like participating in diagnoses concerning non-responsibility: "I am a doctor, not an investigator. . . ." He is sober enough to understand the state of affairs, but tries "not to dirty his hands": help him by using the right tactics.

*The Writer of a Dissertation*: chief characteristic: he is unconsciously

extending the boundaries of the disease which he is describing in his dissertation. . . . Persuade him by your behaviour that you are not suitable "material."

*The Voltairian*: a clever and experienced person and psychiatrist. He has become long since disillusioned with psychiatry as a science. He is highly intelligent, loves art and literature, and can talk at great length about them. He is socially inactive, since he does not believe in the success of any social transformations (the wisdom of Ecclesiastes); but a conformist stance in public is not excluded. He is something of a coward, and a cynic. He understands the state of affairs perfectly well, but even under "pressure" he will find you mentally healthy, moreover, by virtue of his cowardice he will do it convincingly and demonstratively, to remove any suspicion of "sympathy" towards you: "so that nobody can pin a thing on to him".

*The Philistine*: intellect and specialist knowledge no higher than average. Considers himself an intelligent and experienced doctor and his life-style a desirable standard for others. Within the framework of political conformism he is socially active, and he has a well-developed adaptability to external conditions ("social mimicry"). He does not understand phenomena such as surrealist art ("do horses really fly?"), modern poetry ("but where are the rhymes?") and suchlike. He sincerely regards your social position as abnormal; his basic argument is: "But you had an apartment, a family, a job. Why did you do it?" We do not advise you to talk to this contemporary *rentier* about abstract subjects, philosophy, theoretical physics, etc., or about modern art; try to keep to his level. He is dangerous and may detect a psycho-pathological condition. He yields easily to pressure from above, and always justifies himself (in his own eyes) by citing authorities and psychiatric "schools".

*The Professional Hangman*: deliberately practises the exculpation of mentally-healthy persons. He is usually a competent specialist. Therefore your only possible course is not to allow him to detect a single "symptom". In that case, he may, out of a certain sort of professional self-esteem, decide he does not want to "dirty his hands" by "blatant forgery".

#### *Practical recommendations on tactics*

The punitive organs have one important advantage over dissenters: they are actively amoral. The principle of "the end justifies the means" is used by the state against citizens who behave like the boy in Andersen's famous fairy-tale about the emperor with no clothes. Pseudo-scientific theses on the class character of morals permit the state to take openly immoral measures against "enemies of the

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Soviet people and the socialist system". But what is morality? Truth is moral, but falsehood is not, sincerity is moral, sympathy is moral, and so on. As a rule, dissenters adhere to precisely this kind of "classless" morality. In the context of the preliminary investigation, trial and psychiatric examination, this kind of morality implies the following:

- (1) that you give truthful testimony on all matters which interest the KGB or the court, knowing that this will be your ruin as a person under diagnostic observation
- (2) that you report to the KGB or to the court on circumstances and motives about which they had no knowledge, thus giving the psychiatric expert the necessary "material" to build up a picture of your "symptoms"
- (3) that you show impermissible weakness towards the investigator for whom it is "imperative to carry out the investigation successfully", or to the witness who turns coward "for fear of losing his job", and so on.

Unfortunately these are the facts. Lying is a vile thing to do: but bear in mind that your fate hangs on your decision and ability to act immorally towards persons and organizations which profess the morality of savages. On the basis of our own experience and that of hundreds of our comrades, we can tell you that the abstract morality which governs the behaviour of the person undergoing investigation, trial, or psychiatric examination, works against his vital interests. The correct behaviour to display during a period of psychiatric examination (as during criminal investigation or trial) entails not only a necessary minimum elementary knowledge of psychiatric theory and practice, but also a "worldly" morality.

All our recommendations are aimed at the "average dissident". Naturally we cannot take account of the multitude of individual circumstances, interests and fortunes. You are not obliged to follow a specific recommendation if it is objectively at variance with reality in your case. Indeed, to do so would be harmful. It is senseless, for example, to deny a brain injury in the past, if your documents refer to one; or to deny that you stammer, if such is the case, and so on. It is desirable that your potential witnesses should be able to give equally correct and "clean" evidence about your mental character. The information you give a doctor may not coincide with that contained in the materials of the criminal investigation. In the first place, the law does not prohibit a suspect or an accused from giving deliberately false testimony; and in the second place, the information at the disposal of the psychiatrists, although not kept secret

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from the KGB (in Soviet law, medical confidentiality exists as a purely formal category), may not be used during the investigation or court hearing. Always remember, however, to exercise caution when giving the psychiatrist any information about circumstances which specifically interest the KGB, since this information may in time be "strategically exploited".

*General information about your life.* Your mother's pregnancy and your birth were normal. You were born a healthy child and you learned to sit up, walk and talk at the proper times. In your childhood you showed an interest in your peers and derived pleasure from contact with them. You showed no preference for playing games alone, all by yourself, nor any propensity to daydreaming, lying or obstinacy; all your habits, actions and opinions were those normal for your age and sex. You showed a moderate or somewhat heightened interest in books, and you preferred books suitable for your age. You did not suffer from nocturnal fears, sleepwalking, disturbed sleep, stammering, exaggerated fear of the dark, herds of animals or heights, etc. You displayed no fitfulness of moods, weakness of will, over-sensitivity, no sudden aggressive reactions; you did not play truant from school or home; you made good progress in your studies and never stayed down to repeat a year, you showed interest in classroom, school and playground life and did not try to avoid joining in it; you were liked by your school-mates (but you were not too "exemplary" or lacking in initiative), your friends were always of your own age. During your teenage years there were no peculiarities or difficulties with your behaviour. You took failures calmly, but not without some concern; you felt no attraction for quiet and solitary pursuits, nor any aversion to sport, large crowds or mass entertainment. You were absorbed in the interests of your age-group and milieu: you loved the cinema, you loved books (but not just science fiction), you loved games; you felt love for the members of your family; you were absorbed in the interests and concerns of your family; you felt for your near and dear ones, you shared their illnesses, their troubles and their joys; you were not secretive, you shared your interests and your news with your family. Your interest in the opposite sex arose at the right time; you were not apathetic about choosing a career; you always displayed lively, vivid and adequate emotions; you sincerely sympathized with those close to you in their troubles and failures. You are not irascible by nature, your contacts with people are not superficial; you do not restrict yourself to the interests of your home and work environments. If you *are* a secretive and withdrawn person, the reason is that you are shy and not that you lack the need for social intercourse; you are not indifferent towards your professional obligations and feel no aversion towards them; unless your studies or

your profession require it, you show no interest (and never have) in philosophical problems (for there is a term "metaphysical intoxication"), in psychiatry, parapsychology or mathematics. Bearing in mind what you already know about the psychology of the psychiatrist, do not display any interest in modern art, and, especially, any understanding of it. You do not devote your spare time only to individualistic pursuits such as reading, gardening, or the contemplation of nature and works of art. You have hobbies, you are interested in sport (if only as a fan or a spectator). If you are unmarried, do not explain the fact by saying that you feel no attraction for the opposite sex or that you are repelled by the idea of family life; find some other reason (you have no apartment, your salary is too low, you were about to get married but were prevented by your arrest . . .). In respect of sexual behaviour, you have never overstepped the bounds of "decency". You have never been inclined to make "peremptory judgements", you understand—you have always understood—that "in life the crooked line is often shorter than the straight"; you have never performed any actions that were not justified by circumstances. If there is objective knowledge of any special peculiarities in your character, for example, that you have had "breakdowns", show an ability for critical self-analysis. You have never suffered brain injuries or had convulsions, fainting fits, hallucinations, memory disorders or diseases of the nervous system (the brain); you do not indulge in alcohol to excess; if you do drink, you have always preferred dry wines. Your social views have altered with age and have been corrected by the people round about you, by events and by reading books, etc., etc. Your reactions to injustices against you have never been excessively sharp, impetuous, effusive or long-lasting. Your dissenting views arose under the influence of books, tales of eyewitnesses and victims of repressions, your home upbringing and school education (if the circumstances allow you to offer this information painlessly), and as a result of a sober, objective appraisal of reality. However disagreeable it may be, the best motivation you can offer for the actions being imputed to you is: "I wanted to become famous, to be well-known; I did not understand the seriousness of the consequences, I did not stand aside and take a look at myself; I did not realise that I had gone too far", and so on. Unfortunately it is precisely unpleasant reasoning like this which will be interpreted in a positive light by the psychiatrist. We do not insist that everyone takes this advice on every occasion; but remember that circumstances may sometimes call for this kind of defence measure, especially as your moral stand (refusal to "ruin" your friends, "blacken" your past, etc.) will not suffer from this enforced tactical device.

*During the period of investigation*, dissenters are, as a rule, deprived of their freedom as a preventive measure. Denied the opportunity to see your family and friends, torn from your primary environment and your "life-stereotype," you become a participant in a fight with the KGB which you have already lost. It is in the investigation period that your behaviour and the circumstances of the case will predetermine whether or not you are to be declared non-responsible. The simplest way of safeguarding against exculpation is to give the KGB all the information it wants about all the persons in whom it is interested; not to spare family, friends, or anyone else and to disavow your "criminal past", etc., etc. As a rule, this guarantees that you will not end up in a mental hospital, even if you are a psychopath or a chronic alcoholic. There have indeed been instances of this. Happily, very few people resort to such an objectively and subjectively amoral way of protecting their interests. We hope that this simple, elementary method is unacceptable to you too.

During the period of the investigation, your behaviour will be influenced by the following factors:

- (1) total isolation from the outside world
- (2) anxiety about the future
- (3) psychological pressure from the investigator
- (4) the virtual certainty that you will have to share your cell with a prisoner who acts as an informer and directly or obliquely exerts psychological pressure upon you.

The informer will have been specially planted in your cell and his purpose is to bring influence to bear upon you, by any means, to the KGB's advantage. His methods include persuading you to give evidence, to show sincere repentance and thereby win a pardon; in the process, he cites himself or his friends as examples. Sometimes he "accidentally" finds that you and he had mutual friends in the past, and, referring to what they have told him, he informs you that he knows the "truth" about your wife's or fiancée's "infidelities". He squeezes the information out of you which the investigators need, creates an utterly intolerable psychopathic atmosphere in your cell, and prevents you from sleeping, eating, reading, etc. The investigator is, as you will quickly realize, organically incapable of keeping to the law in his actions; he will use persuasion, intimidation and blackmail, will infringe procedural norms for compiling investigative documentation, and so forth.

Alexander Volpin's *Instructions on behaviour while under investigation*, which are widely known to readers of *samizdat*, have, it is now clear, one important defect: the "legal stand" he advocates for persons



under investigation (insistence that the investigator adhere to the letter of the law, precise knowledge and assertion of one's legal rights) hampers the investigator from making a "clean sweep" of your case, from intimidating your witnesses during confrontations, from juggling with testimonies in interrogation records, and so forth. This exhausts the investigator and forces him to resort to seeking mental flaws in your character and to apply to have you sent for psychiatric investigation. You run a special risk of having the "experts" brought in, if you refuse outright to testify (although this is not prohibited by law). We therefore recommend that you only resort to such means of conducting your case in extreme situations.

If circumstances permit, do not carry on conversations with the investigator about subjects which have "emotional" significance to you; often the investigator deliberately conducts talks of this kind on subjects to which you are not indifferent, and in a tenor calculated to provoke you to an emotional reaction. This is how Leonid Plyushch, for example, was "prepared" for his examination, so that a documentary record of his "fantasies" could be compiled.

Be prepared in advance for the investigator to make false claims that he has "evidence" against you and "depositions which expose you". Remember that you will not be able to prove to the investigator (nor to the court) that you have been shadowed, that provocations have been staged against you, and so forth, for obvious reasons. If you do, the experts will add "persecution mania" to your "diagnosis". For the same reason, do not insist on these aspects if the circumstances of the case allow. Try to argue your opinions, not on the basis of personal experience nor by analyzing reality, but by referring to literary sources, statements by authorities, etc. (Otherwise the experts' findings will include "over-estimation of your capabilities".) Do not be shy of expressing anxiety about your family, relatives and friends. This is essential evidence in favour of your "emotional integrity".

Protest hunger-strikes are desirable only in extreme necessity: if you want to strike, your refusal to take food may be interpreted as a pathological symptom of mental illness (which happened in the case of Pyotr Grigorenko).

In no case should you make any mention of disillusionment with life, lack of the desire to go on living, or of plans to put an end to your life. This will immediately incur the suspicion that you are mentally sick and may be a weighty argument in favour of exculpation. You must not utter a single word about any thoughts or plans to do away with yourself.

Do not be afraid that pharmacological substances may be put into your water or food; do not refuse treatment if you are ill—the evidence about such methods has not, as a rule, been confirmed.

We do not believe that these methods of exerting pressure are practised, since they involve certain purely technical difficulties and would not, in fact, be very effective.

There are no "scientific" methods which can force you to act against your will and your conscience. The same applies to hypnotic suggestion, which is quite ineffective in such situations.

*The period of psychiatric investigation and actual diagnostic examination.*  
We shall take in-patient examination as being the most complex situation.

You have been taken under escort to the reception room at a psychiatric institution, where, from the moment of your arrival, you find yourself under observation by medical personnel. In the reception room you undergo a health and hygiene check and have your first talk with a doctor. Don't refuse to submit to the health and hygiene routine, to talk or to undergo the medical examination, since this may be interpreted as "mental negativism." In the ward (or cell) you will meet other patients under examination. They may include people who are mentally sick, and you will have to get used to their presence. Don't be frightened of them; even aggressive mental patients are not as dangerous as rumour would have it, especially in the hospital environment of a psychiatric institution where methods of "deterrence" are practised. Remember that even here the possibility of the presence of an informer cannot be entirely ruled out. Usually each ward has an orderly or medical assistant who is there at all times and whose duties include continuous surveillance and, when necessary, the controlling of aggressive behaviour, over-excitement, etc., by means of injections with drugs and various forms of tying down.

The medium-ranking medical personnel in psychiatric establishments keep a diary of their observations, to maintain a detailed record of all the peculiarities in the behaviour of patients and persons under examination, their statements, their requests, etc. Therefore you must keep a check on your every action and word: all will be reported to the doctor in charge of you (the so-called "reporting doctor" who will submit your case to the commission of experts). Your conversations with the "reporting doctor" will largely determine the commission's diagnosis. Be reasonably polite to him (whatever your feelings about him), answer all his questions, as far as is possible; some questions may seem "stupid" ("What is the date today? What day of the week is it? What year? What is a hundred minus thirty? What is the meaning of the proverb: 'You are sitting in the wrong sleigh'?" and so on). You will have a chance to determine the psychiatrist's intellectual level and his way of conducting a conversation; your aim should be to talk with him "in the same language, on the same conceptual level".

We have already given a great deal of advice on the tactics to use when talking to a psychiatrist and the content of your conversation in other sections of our manual. Try not to make use of expressions which may be regarded as "symbolic associations" (for example, Grigorenko was asked to give the "reasons" for his "anti-social activity". He replied: "I couldn't breathe.")

Do not categorically state that you have been shadowed, victimized, eavesdropped upon, provoked, etc. (Pechernikova and Kosachev: "As paranoid reactions develop and escalate into a pathological development of the personality, the basic psychopathological formations gradually begin to acquire ramifications of delusional ideas about persecution, other people's attitudes, 'grand interpretations.'")

Hunger strikes should only be declared in extreme circumstances, since they, too, will be interpreted as a manifestation of "psychopathic negativism". You will be unable to convince the psychiatrist of the objectivity and the social causes of your convictions (precisely because he too is well aware of the facts); consequently, we do not advise you to become involved in discussions on socio-political themes, otherwise you may be discovered to be "over-estimating your capabilities". (Pechernikova and Kosachev: "over-valued notions give place to interpretative delusions, which acquire the characteristics of incorrigibility, conviction, para-logicality; then there arises over-estimation of the individual's capabilities".) "Circumstantiality of thought" may also be noted (as happened with Grigorenko).

Naturally, if the psychiatrist has made up his mind to discern in you a pathological condition, any answer or action by you may be interpreted accordingly. Zhores Medvedev, for instance, was found to have a "split personality" on the grounds that he was a biologist by profession but also wrote poetry.

Your behaviour must be as natural as possible; do not hide your fears about the future, about your family, close friends and acquaintances, lest you be diagnosed as "emotionally dulled" or "cold".

Deny all knowledge of our manual, do not tell the doctor that you have ever been interested in psychiatry, parapsychology, philosophy or religion (if possible, base yourself on objective facts and circumstances).

Remember that a Soviet doctor cannot give you any assurance that he will observe his code of professional secrecy. Do not give him any "strategic" information which might be used against you or your friends.

After a certain time, the "reporting" doctor will present you to the commission, inform its members of his observations, and of the nature and content of his conversations with you, offer a preliminary

analysis and announce his findings of responsibility (or non-responsibility).

Finally, rumours of "pharmacological" interrogations in psychiatric institutions are not without some foundation. A method exists called the "amytal interview", in which you may be given an intravenous injection of sodium amytal. Shortly after the injection (within seconds), the victim goes into a brief period of intoxication similar to an alcoholic state; he then passes into a deep sleep. The principle is the rather banal one of "drinking loosens the tongue". The "disinhibition" method, for so it is officially called, is used in cases when it is desired to bring to light the patient's concealed delusions, hallucinations and so forth. We can competently state that the method is ineffective; do not be afraid of it, stay in control of your condition (this *is* possible), and the effect of "loosening your tongue" will not be achieved.

#### *Behaviour in the psychiatric hospital*

The worst may happen: in spite of the fact that you have followed our advice in every respect, you are declared non-responsible and the court has ruled that you be sent for compulsory psychiatric treatment. The mental patient is totally deprived of his rights, and his situation is an unenviable one. But do not despair! Scores of your comrades have been undergoing compulsory treatment for long years without any serious injury to their health. Despite the whole arsenal of psycho-pharmacological methods and shock therapy, contemporary science has—fortunately—not yet reached the point where it can work irreversible changes in the human individual or destroy a man's personality.

Every six months, you are required by law to be presented to a regular psychiatric commission. Who knows, perhaps one of these commissions will find you "cured". There are no grounds for relying on the conscience of doctors; and unfortunately, the pressure of world opinion has had little effect either as regards the criminal use of psychiatry in the USSR.

Practice has shown that in order to create more or less tolerable living conditions for yourself in a psychiatric hospital (a less marked "regimen of oppression", permission to read books, milder "treatment", with longer intervals between courses), it is essential that you tell the doctors that you have "re-appraised your former unhealthy convictions". With all due respect for the courage of Leonid Plyushch, who is deliberately refusing to resort to any "tactical devices" in the Dnepropetrovsk Special Psychiatric Hospital, we strongly advise you to make use of them all the same. For they, and they alone, are your only hope of salvation.

*Conclusion*

Professor Ushakov, who diagnosed one of the authors of this manual, writes the following in his textbook for medical students: "Scientific ideas, which are dominant in the consciousness of the scholar, and the fanatical ideas of the religious believer are variants of the over-estimation of ideas (that is, of over-valued, pathological ideas)."

After that, can one wonder at the widespread use of the practice of exculpating dissenters?

Today, a knowledge of the elementary tenets of psychiatric practice and an ability to behave consciously and competently in the presence of a psychiatrist are essential requirements for many people. Certain circumstances in our life have prevented us until now from generalizing our experience in written form and offering it to readers.

Our manual is also designed to help in a situation in which you might have to appear as a witness during an investigation. Upon your evidence will depend the fate of other people.

Our concise format has prevented us from going into some questions of psychiatric theory and the interrelationship between psychiatry and the law as deeply and as seriously as we would have liked. For those of you who wish to acquaint yourselves in more detail with the problems we have touched upon in our work, we recommend the following reading.

Together with this work, we earnestly ask you to publish "An *in absentia* forensic-psychiatric report on P. G. Grigorenko" with Gluzman's authorship acknowledged.

If necessary, supply a glossary of terms at the end of the work.

V. BUKOVSKY, S. GLUZMAN,  
Vladimir Prison—Perm Political Camp.

*Recommended reading*

1. Criminal Code (commentaries).
2. Criminal-Procedural Code (commentaries).
3. Fundamentals of Public Health Legislation of USSR and Union Republics (article 36).
4. RSFSR Law on Public Health (articles 54-56).
5. Directives on the immediate hospitalization of mentally ill persons. RSFSR Ministry of Health.
6. . . . . [illegible]
7. . . . .

8. Medvedev, Zh. *A Question of Madness (samizdat)*.
9. Grigorenko, P. *Memoirs (samizdat)*.
10. . . . .
11. Gilyarovskiy, V. A. *Psychiatry* (Moscow, 1938).
12. Gannushkin, P. B. *Selected Works* (Moscow, 1964).
13. Timofeyev, N. N., Timofeyev, L. N. Problems of medical deontology in clinical forensic-psychiatry, in *Korsakov Journal of Neurology and Psychiatry* (1973), No. 5.
14. Pechernikova, T. P., Kosachev, A. A. "Some peculiarities in the development and diagnosis of paranoid syndromes in psychopathic conditions," *Forensic-medical Examination* (1973), No. 4.
15. Timofeyev, N. N., "The deontological aspect of the identification of schizophrenics," *Korsakov Journal of Neurology and Psychiatry* (1974), No. 7.
16. Shmanova, L. M., *Clinical aspects of sluggish schizophrenia based on data from long-term follow-up observation (doctoral dissertation)* (Moscow, 1968).

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