

# Cold War Psychiatry, Extremism, and Expertise: The “Special Committee on the Political Abuse of Psychiatry”

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Throughout the history of psychiatric ethical professionalization, the question of the “extremist” contextualizes and frames the limits of medical practice. Using archival research at the Royal College of Psychiatrists, the article explores how professional committees debated medical ethics after evidence of psychiatric participation in national security measures against dissidents. British, American, and global professional associations organized a prominent struggle against Soviet membership of the World Psychiatric Association in the 1970s and 1980s—reconstituting the field of professional expertise through Cold War geopolitics. The Special Committee on the Political Abuse of Psychiatry was formed in 1978 at the British Royal College of Psychiatry to publicize the medical detention of dissidents in the USSR and to pursue the expulsion of the USSR delegation from global professional fora. In doing so, it constituted an identity for Global Mental Health (vis-à-vis Soviet abusive practice) as impartial, objective, and uncompromised. However, this article explores the many ambiguities that complicate the performative constitution of Western psychiatry as good, and Soviet psychiatry as bad—reflecting on the political dynamics, and philosophy of science, which underwrote the struggle for global expertise.

Tout au long de l’histoire de la professionnalisation éthique de la psychiatrie, la question de « l’extrémisme » a contextualisé et cadré les limites de la pratique médicale. Cet article s’appuie sur une recherche d’archives auprès du Royal College of Psychiatrists et explore la manière dont les comités professionnels ont débattu de l’éthique médicale suite aux preuves de la participation de psychiatres aux mesures de sécurité nationale contre des dissidents. Les associations professionnelles britanniques, américaines et mondiales ont organisé une célèbre lutte contre l’adhésion des Soviétiques à l’Association mondiale de psychiatrie durant les années 70 et 80, reconstituant ainsi le domaine de l’expertise professionnelle en se basant sur la géopolitique de la guerre froide. Le Special Committee on the Political Abuse of Psychiatry (Comité spécial sur l’abus politique de la psychiatrie) a été formé en 1978 au niveau du Royal College of Psychiatrists britannique afin de rendre publique la détention médicale de dissidents en URSS et de poursuivre l’expulsion de la délégation soviétique des forums professionnels internationaux. Ce faisant, il a constitué une identité de la Santé mentale mondiale (vis-à-vis de la pratique soviétique abusive) comme étant impartiale, objective et sans compromis. Cependant, cet article explore les nombreuses ambiguïtés qui compliquent la constitution performative de la psychiatrie occidentale comme étant bonne et de la psychiatrie soviétique comme étant mauvaise en se

livrant à une réflexion sur les dynamiques politiques et la philosophie de la science qui ont sous-tendues la lutte pour une expertise mondiale.

A lo largo de la historia de la profesionalización ética psiquiátrica, la cuestión del “extremista” contextualiza y enmarca los límites de la práctica médica. Utilizando la investigación de archivos del Real Colegio de Psiquiatras, el artículo explora cómo los comités profesionales debatieron la ética médica tras la evidencia de la participación psiquiátrica en las medidas de seguridad nacional contra los disidentes. Las asociaciones profesionales británicas, estadounidenses y mundiales organizaron una destacada lucha contra la pertenencia de los soviéticos a la Asociación Mundial de Psiquiatría en los años setenta y ochenta, reconstituyendo el campo de la pericia profesional a través de la geopolítica de la Guerra Fría. El Comité Especial sobre el Abuso Político de la Psiquiatría se formó en 1978 en el Real Colegio Británico de Psiquiatría para dar a conocer la detención médica de disidentes en la URSS, y para lograr la expulsión de la delegación de la URSS de los foros profesionales mundiales. Al hacerlo, constituyó una identidad para la Salud Mental Global (frente a la práctica abusiva soviética) como imparcial, objetiva y sin compromisos. Sin embargo, en este artículo se explora las numerosas ambigüedades que complican la constitución performativa de la psiquiatría occidental como buena, y la psiquiatría soviética como mala y se reflexiona sobre la dinámica política, y la filosofía de la ciencia, que subyacen a la lucha por la experiencia global.

This article explores the geopolitical practice of the ethics committees of psychiatric professional associations. These ethical committees developed as a response to the scandalous detention of democracy activists in psychiatric facilities in the Soviet Union during the Brezhnev Era. The Soviet Union systematically encouraged cooperation between the KGB and psychiatric facilities, diagnosing reformers—and their demands—as manifestations of “sluggish schizophrenia,” prompting their medical incarceration. This erupted into a global scandal involving diplomatic missions and the eventual resignation of the Soviet delegation from the World Psychiatric Association (WPA) in 1983. On both sides of the scandal, psychiatric professional associations were extremely vocal and their rhetoric deployed a binary distinction between the impartial, objective psychiatry (performed domestically) and the co-opted, political psychiatry performed by the other. This article argues that the scandal was productive in consolidating the professional identity and status of Global Mental Health as an authoritative field, but the geopolitical performance of expertise during the struggle was simultaneously beset by ambiguities and contradictions.

The WPA codified psychiatric ethics in 1977, making reference to the abuse of psychiatric practice in the Soviet Union. The British Royal College of Psychiatrists (RCPsych hereafter) had played a central role in pressuring the WPA to act and maintained a committee, which, for sixteen years, struggled to bring global attention to the human rights abuses taking place in the USSR, to expel the Soviet delegation from the WPA, and to urge governments (the Soviet Union being prominent among them) to cease the “political abuse of psychiatry.” “The Special Committee on the Political Abuse of Psychiatry”<sup>1</sup> was established by the Royal College in 1978, in the wake of allegations about Soviet misuse of psychiatry, but with a remit to consider similar allegations about professional practice in any country. While professional practices in the Soviet Union made up most of their discussions between

<sup>1</sup> It was renamed the “Special Committee on Unethical Psychiatric Practices” in 1986, was again renamed the “Ethics Working Group” of the Public Policy Committee in 1994, and again renamed the “Ethics Sub-Committee” in 1996, before becoming known as a subcommittee of the “Special Committee for Professional Practice and Ethics” after 2006.

1978 and 1992, the committee has also considered questions about the application of psychiatry in Japan, Uruguay, Lithuania, South Africa, Romania, and Sudan.

The article relies heavily on archival and documentary research to tell the story of RCPsych's "Special Committee on the Political Abuse of Psychiatry," its dealings with the Soviet Union and the WPA, and the codification of psychiatric ethics in response to the co-option of medicine by state security. The article extensively uses the contents of two boxes: "Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978-93" and "External Affairs and Information Services C: SCOUPP/Ethics Sub-Committee Minutes." As the archive is subject to the thirty-year closure rule, the archival material of the "special committee" has never been discussed in academic work.

This global controversy over medical ethics has significant relevance for International Political Sociology. The condemnation of Soviet psychiatry by the "special committee," and other associations, constituted the identity of Global Mental Health as scientific and objective through contrast with its "abusers." As Stefanis and Reisby have argued, the actions of the WPA during this period of crisis in psychiatry "restored the image of a unified, respectable and independent" psychiatric discipline (Stefanis and Reisby 1993, 14). By exploring the geopolitical performance of the scandal, this article contributes to literature in International Political Sociology, which highlights the "politics of expertise"—evaluating how scientific expertise, performed as apolitical and universal, is constituted and enacted through networks of authority, geopolitical assemblages, and political norms (Villumssen Berling and Bueger 2015; Rychnovská Pasgaard and Berling 2017; Leander and Waever 2018; Machold 2020).

Importantly, the British committee's denunciations of Soviet practices not only worked to secure an idea of psychiatry as impartial and scientific but also paid attention to domestic scandals. While condemning the "political abuse of psychiatry" abroad, the special committee also addressed the domestic involvement of psychiatrists in counterterrorism interrogations and scandals in the United Kingdom. Their commitment to uncovering these harms and codifying psychiatric ethics is evident throughout the materials. However, these domestic incidents *were never characterized as the "political abuse" of psychiatry*—no matter how serious the incident. This term was reserved only for matters in the Soviet Union. Instead, domestic scandals were treated as individual incidents of misstep or malpractice. The archival records of the "special committee" thus demonstrate a constitutive ambiguity within the concept of the "political abuse of psychiatry," as deployed to regulate the transnational scandal and to reconstitute professional expertise through ethical codification.

Intriguingly, and despite the terminology used publicly, the committee's private discussions did reflect on this double standard. They reveal that the only sustainable differentiation between Soviet and Western psychiatric wrongdoing was one of scale and systemization, *rather than the inherently scientific or nonscientific practice of diagnosis*. Dissidents were found to be suffering from "sluggish schizophrenia" in the Soviet Union by registered practitioners and were detained legally. Soviet practitioners thus made claims to the same scientific authority possessed by their Western counterparts, and the private minutes of the "Special Committee" reflect on the difficulties in criticizing detentions that followed such an established procedure. Here, the standing of the professional field was brought into doubt, with no scientific basis for criticizing the detention of dissidents in the Soviet Union. To remedy this lacuna, Western psychiatric associations invoked *the political system* of the Soviet Union as the cause of improper incarceration, rather than any discrepancy in diagnostic practice and legal procedure. The psychiatric science was portrayed as uniform, credible, and authoritative during the disputes, compromised only by "political interference." This distinction has proved very fruitful for a discourse analysis of the Special Committee's materials, as it reveals the struggle to maintain the

scientific authority of psychiatry in the face of damning evidence of medical complicity in human rights abuses.

Finally, this article explores how the codification of psychiatric ethics served to stabilize psychiatric associations' anxiety about the "political abuse" of their science—codification that continues to stabilize contemporary involvements of psychiatry with extremism and terrorism. As Lisa Stampnitsky so clearly identifies, the shift (in the United States and international organizations) from discourses of "insurgency" to "terrorism" in the 1970s opened space for the creation of multiple networks of expertise regarding terrorist subjectivity, fundamentally "irrationalizing" the terrorist actor (Stampnitsky 2013) and prompting the continual involvement of mental health professionals in their assessment and detection. While it is commonly noted that the "irrationality" discourse is predominantly applied to racialized Muslims in the post-9/11 era (Patel 2014; Aked, Younis and Heath-Kelly 2021; Younis 2021), this article explores how psychiatric expertise was deployed against the "domestic enemies" of the Cold War era, and how Western psychiatric professional associations condemned the geopolitical other for misusing psychiatry, while belatedly codifying their own ethical standards, in an attempt to consolidate the scientific rigor of ("global") psychiatric science against attributions of abusive practice.

### Order and Pathology

Much has been written to date on the symbiotic development of martial politics and the psy-disciplines (Howell 2014), the implication of psychiatrists in harsh interrogations and the detention practices of the War on Terror (Howell 2007; Aggarwal 2015), and the biopolitical function of psychiatry within liberal modes of governance. In *Madness and Civilisation* (1973), Foucault historicized the construction of madness as a diagnostic category, which, from the Middle Ages, enabled the incarceration of deranged subjects in the name of order, security, and decency. "Madness" enabled the division of subjects into categories of sane, and otherwise (Foucault, 1973). Since at least the nineteenth century, psychiatric diagnoses have enjoyed extended juridical power—playing a prominent role in legal trials by asserting the necessity of clinical incarceration over punishment-oriented incarceration and replicating the power of the criminal justice system in the identification and management of "dangerous" subjects (Rose 2017).

While the psy-disciplines have moved toward community care in the postwar era and away from a reliance upon simple incarceration, their relevance for the study of security and policing continues to be crucial. With the development of risk-assessment technologies for the prediction of criminal and even terrorist violence, the psy-disciplines are ever more deeply intertwined with the use of pre-criminal surveillance and penal control (Maurutto and Hannah-Moffat 2006; McCulloch and Wilson 2016). Mills and Winter have used the neologism "psy-security" to point to the refiguration of the terrain of security, such that its referent object and threat imaginary can now appear *inside the subject* (Mills and Winter 2020).

By constituting the subject as both the referent object of psychiatric impulses to liberate and cure *and* the potential threat to others, the psy-disciplines have proven to be exemplary bedfellows for the governance of terrorism—formalizing the discourse of "irrationality," which has been central to counterterrorism discourse since the 1970s (Stampnitsky 2013). Their disciplinary focus on regulating disordered subjects and reducing the threat they pose has continually placed psychiatric organizations close to efforts to quell domestic rebellions and insurgent threats. As Andrew Silke noted in 1998, psy-practitioners make a persistent return to theories of psychological abnormality to explain terrorism, despite little significant evidence of psychopathy or personality disorder in their subjects (Silke 1998).

A considerable amount of this literature attempts to resolve the question of psychiatry's relationship with national security, and particularly counterterrorism, by

pointing to Foucauldian readings of psychiatry's ordering function: through pathologization, it distinguishes the sane from the mad, securing the population from the dangerous subject (Rose 1999, 2017; Howell 2007, 2014; Aggarwal 2015). In this critical literature, psychiatry is inherently similar to, and developed alongside, securitization—rather than a recent addition to national security agendas (Howell 2014). However, this article does not *directly* speak to the question of psychiatry's relationship to political ordering or national security; rather its main contribution is to explore how psychiatric associations *themselves* characterized the involvement of their profession in security and counter-extremism. This is an article about the geopolitical struggles to constitute psychiatric expertise against the spectacle of “political abuse,” which so badly tarnished the discipline's credentials as an objective science.

As such, the article has much to contribute to literatures on the constitution and performance of professional expertise in the security arena. By exploring the geopolitical theatre of the struggle for psychiatric authority, the article highlights the professional networks through which international medical expertise was negotiated, disciplined, and regulated (Villumsen Berling and Bueger 2015; Rychnovská, Pasgaard, and Berling 2017; Leander and Waever 2018; Machold 2020). I proceed in two ways: first, I highlight the performative distinction made by the “Special Committee” between “political abuse of psychiatry” (which is practiced only by the geopolitical other) and “individual malpractice” (which is applied to the domestic involvement of psychiatrists in the “harsh interrogation” of Irish Republican Army (IRA) suspects). Effectively, Cold War geopolitics enabled professional associations to predominantly reframe the problem, with abusive psychiatric practice belonging to the political system of the “other.” In this way, psychiatry could be portrayed as an impartial and rigorous medical science, compromised only by rogue political efforts at co-option. As Stefanis and Reisby (1993, 14) put it, in their discussion of psychiatry's responses to the abuse scandal: “even the Pope can sin, but this does not make the Church sinful.”

Second, I use the private reflections of the “Special Committee” on the potential hypocrisy of this position. The procedural legitimacy of the USSR's diagnoses of “sluggish schizophrenia,” they noted, plunged any simple distinction between co-opted and un-co-opted, ethical and unethical, psychiatry into ambiguity. While the article details the efforts made to overcome this “hypocrisy,” it also engages with that which remains silent in the “Special Committees” discourse and the global debates over Soviet psychiatric practice. The history of Soviet science provides another reading of the “sluggish schizophrenia” diagnosis, which sheds an alternate light on the development of medical detention practices in the Soviet Union. By not acknowledging the different trajectory of Soviet etiology, the “Special Committee” missed an opportunity to productively engage their international counterparts—instead, framing the matter as deliberate abusive practice. This “path not taken” resulted from the framing of science as an objective reflection of reality, which could not tolerate the development of a different branch of etiology in the East.

The article thereby contributes to not only extensive discussions of the politics of expertise in International Political Sociology (IPS), but also the particular philosophy of science implicated in the intolerance for different etiologies, by exploring this historical professional scandal.

### **Early Meditations on Psychiatric Ethics and Political Repression: 1972–1978**

In 1972, the first denunciations of systematic Soviet abuses of psychiatry were made at a professional conference held by the WPA in Mexico City. Allegations that the security services of the Soviet Union were conspiring with psychiatrists to detain political dissidents as in-patients, subduing them with medication for extended periods of time, were emerging in activist circles—after Russian dissident,

Vladimir Bukovsky, sent a dossier documenting the abuses to the West in 1971 (Van Voren 2010, 490). The Soviet delegation to the WPA Annual Congress of 1972 vociferously denounced the allegations as politically motivated and slanderous (Stefanis and Reisby 1993, 14), and continued to do so, even after their resignation from the organization in 1983.

The first calls to form an ethical committee at the Royal College of Psychiatrists were made in a letter to RCPsych by Dr Thomas Bewley, on December 27, 1973. In January 1974, his memorandum—which prominently cites Soviet abuses as the driving force behind the need to professionalize psychiatric ethics—was considered at the Executive and Finance Committee of the College. Listing an array of human rights abuse allegations involving psychiatrists, Bewley’s memorandum situated the call for an ethical committee not in the harms caused by these incidents, but because the College could be exposed to claims of hypocrisy for making statements about international psychiatric malpractice without first cleaning house. He wrote:

The Royal College of Psychiatrists has recently been concerned by the alleged misuse of psychiatry to control political dissenters in Soviet Russia and has expressed views about this ... It has been suggested that in this country psychiatry has been similarly abused for the same purposes. There have also been allegations about the treatment of political dissenters in this country that have implications for the Psychiatry and the College. For example, the European Commission of Human Rights in Strasbourg has recently been hearing testimony from witnesses, including former internees from Northern Ireland ... *If the College is to retain credibility when expressing views about psychiatry in other countries it should be prepared to consider what happens in Britain ...* A special ethical committee might be formed ... to express a view on what is medically and psychiatrically justified ... Thomas Bewley, January 1974.<sup>2</sup> (emphasis added)

Medical ethics and professional legitimacy are here situated in the constitutive political relationship between self and other. This Cold War geopolitical frame would characterize much of the scandal endured by psychiatry in the 1970s and 1980s.

The Executive and Financial Committee granted Bewley’s request, and the Ethical Working Group was formed in 1974 (later to be replaced by the “Special Committee on the Political Abuse of Psychiatry” in 1978, when the true extent of the workload was realized). The working group received many communications from senior psychiatrists reflecting on the need for an ethical code of conduct for the profession, based upon the horrors of Soviet practice and the British torture of detainees in Northern Ireland. In 1975, Dr David H Clark made multiple such submissions to the Ethical Working Group. In a document dated April 1975, Clark outlined the particularly egregious nature of psychiatric participation in state torture. His memo opens with a discussion of the history of torture in the British Empire, the Nazi state, and (referring to a recent report by the Amnesty International) the contemporary use of torture in Brazil, Turkey, Chile, and South Africa. Yet for Clark, the participation of psychiatrists in the contemporary abuses of Soviet and British security services presented particular difficulties for the profession. Their medical expertise and juridical power (to detain) contributed to the legitimization of repressive state power, for example:

The use of psychiatric hospitalisation by the Soviet Authorities as a way of controlling dissident authors, poets and scientists is a rather more specialised case, because *however unpleasant it may be for those who receive it, the “treatments” used are all recognised Russian psychiatric procedures.* The main concern of doctors in general and the Royal College of Psychiatrists in particular is the medical involvement in these matters ... individual members of our profession are cooperating in these procedures and, for psychiatrists, whether psychiatrists are lending their expertise to develop more hor-

<sup>2</sup>Minutes of the Executive and Finance Committee, February 8, 1974; EFCC 1/74; C 1/74 in “College Archives—External Affairs and Information Services C: SCOUUP/Ethics Sub-Committee Minutes.”

rible methods of torture. A particular matter of concern to the Royal College is the activities of the British Army in August 1971 in Northern Ireland.<sup>3</sup> (emphasis added)

For Clark, torture methods were taking on the appearance of legitimacy through the participation of psychiatrists. He went on to note that 354 internees in Northern Ireland received special treatment at the hands of the British Army, of whom twelve experienced sensory deprivation and hooding alongside interrogation and remained “nervous wrecks.” Clark highlighted the problematic recommendation of the British government’s Parker Committee that psychiatrists be present at such “harsh interrogations” to advise the controller on the “demeanour” of the detainee, specifically about when the “interrogation was being pressed too far” (Clark 1975).

We can see in these archival documents that the Ethical Working Group was significantly concerned about the use of torture—not only for the welfare of detainees but also for the standing of the College and the discipline of psychiatry in general. Clark highlights the particular problem of “recognised Russian psychiatric procedures” underpinning the abuse. For him, the line between reputable scientific procedures and state oppression was becoming uncomfortably blurred. However, this discomfort was not reserved for international practice. The potential for psychiatry to pathologize political resistance, and undermine protest, was brought into sharp relief in 1974. The College was contacted for advice by Dr Cooper, concerning his ethical responsibilities to the hunger strikers interned in Northern Ireland, in his care. The letter characterized the IRA prisoners as “not psychotic, but [possessing] a particular fanatical motivation which blocks normal reasoning.”<sup>4</sup> As Andrew Silke has shown, psychiatry regularly invokes such “grey zones” to characterize (and quasi pathologize) extremist or terrorist offenders—using unconventional references to abnormality between that of a formal psychiatric condition and that of normal mental function (Silke 1998). In the urgent case of the hunger strikers, Dr Cooper sought clarification from the ethical working group of RCPsych as to whether he should allow the prisoners to starve themselves to death (and possibly risk criminal charges) or feed them forcibly against their will (risking potential charges of assault, given the violence of force-feeding a resistant individual).

Despite Dr Cooper’s comparison of the ethical quandary to that seen with anorexia nervosa, the Royal College sent a detailed reply emphasizing the political rather than pathological qualities of the situation. In June 1974, Dr Topp wrote a paper entitled “Food Refusal in the Custodial Situation,” which outlined the College’s position on the forced feeding of political prisoners. While food refusal should “absolutely” be interpreted as a form of suicidal behavior, Dr Topp emphasized that clinicians must be alert to the motivations behind it. Food refusal sparked by psychological distress would compel physicians to embark upon force-feeding, but food refusal “based upon a clear intention to protest, based upon personal ethical principles” should be respected as a form of protest—and a psychiatrist should not risk accusations of “breaking a legitimate political protest” by intervening.<sup>5</sup>

Addressing these incredibly serious matters regarding the treatment of militant detainees, as well as the international misconduct of Soviet psychiatrists, drove the Royal College to continually return to the question of an ethical code of practice (with which to rescue the psy-disciplines’ reputation for impartiality and professional expertise). Some members advocated for the development of a code of conduct—citing the examples of Soviet psychiatric misconduct, the practice of

<sup>3</sup>The document is not given a specific code in the archive. “Modern Torture and Doctors,” DH Clark 1975, in College Archives—External Affairs and Information Services C: SCOUUP/Ethics Sub-Committee Minutes.

<sup>4</sup>Letter from BD Cooper to Sir Martin Roth, President of the Royal College of Psychiatrists, May 10, 1974. Included in the archival box, “College Archives—External Affairs and Information Services C: SCOUUP/Ethics Sub-Committee Minutes.”

<sup>5</sup>“Food Refusal in the Custodial Situation” by Dr DO Topp, June 1974. Included in the archival box, “College Archives—External Affairs and Information Services C: SCOUUP/Ethics Sub-Committee Minutes.”

force-feeding psychiatric in-patients and political prisoners, and the relationship of the profession to harsh interrogation techniques used in Northern Ireland. They placed these examples *above* considerations of lobotomy, the extent of patient confidentiality, and the protection of patients from unethical research practices.<sup>6</sup> Throughout the history of psychiatric ethical professionalization, the question of the (subject deemed to be) extremist is that which contextualizes and frames the limits of medical practice.

For now, it is important to note that the Ethical Working Group preferred to avoid committing to a code of conduct at its meeting of October 1974, favoring instead the use of position statements to condemn unethical practice. The Working Group pointed to the “fatuousness” of the ethical code produced by the British Medical Association (ridiculed for regulating the size of door signs) as dissuading the College from creating its own specific ethical code.<sup>7</sup> However, the group also made interesting reflections about the place of psychiatry in a changing culture and the rise of ethical codification as a governance technique. In the context of the 1970s, it was suggested to the Working Group that cultural backgrounds are crucial to the development of morals and that the racial and religious homogeneity of British psychiatry up until then had meant that there had been no need for a codification of moral standards. Clark’s memo to the Working Group of August 1975 (entitled “How Doctors Form Their Ethical Judgements”) argues that family and religious culture ingrains one’s morality from a young age, so lectures or training sessions from the College on ethics would have little effect.<sup>8</sup> He makes the point that the increasing diversity of psychiatrists in Britain is linked to cases of unethical conduct:

Those who come from homes, cultures or faiths where argument about ethical behaviour is common are at an advantage such as Calvinist Presbyterians, puritanical Catholics or rabbinical Jews ... A particular problem for British medicine and psychiatry is that we are no longer culturally homogenous—as we were a generation ago ... It is little wonder that the group of doctors who are caught offending against ethical codes (in any country) tend to have an unduly high proportion of aliens.<sup>9</sup>

As this reflection shows, the context of medical ethics in the 1970s was heavily racialized. While the Working Group showed sustained interest in human rights abuses taking place (with psychiatric oversight or involvement) in the Soviet Union and Northern Ireland, any ethical misconduct taking place in Britain was framed through an ethno-nationalist discourse on the professional and moral deficits of racialized doctors.

The Working Group resisted calls to produce a code of psychiatric ethics because codes produced by other medical bodies were deemed “fatuous” and of limited use and instead indulged navel-gazing on the issue of how doctors attain their moral viewpoints. However, this domestic inertia conceals the sustained activism directed by the Working Group toward the WPA—pressuring the WPA to investigate and condemn Soviet practices (Van Voren 2010, 498). The WPA had ignored the Bukovsky papers of 1971, arguing that the WPA was not empowered by its constitution to pursue complaints about member societies (Van Voren 2010, 497). After sustained petitioning by the RCPsych and American Psychiatric Association, the WPA drafted a code of conduct in 1977, which responded to the abuse of psychiatry in the Soviet Union. It sent the draft to all national member associations, including RCPsych, for

<sup>6</sup>“An Ethical Code for British Psychiatrists?” by DH Clark, September 1974. Included in the archival box, “College Archives—External Affairs and Information Services C: SCOUPP/Ethics Sub-Committee Minutes.”

<sup>7</sup>“How Doctors Form their Ethical Judgements,” by David H Clark, August 1975. Included in the archival box, “College Archives—External Affairs and Information Services C: SCOUPP/Ethics Sub-Committee Minutes.”

<sup>8</sup>For absolute clarity, Clark preferred the idea of interactive sessions where peer discussion could shape ethical perspectives.

<sup>9</sup>Ibid.



comment. The Declaration of Hawaii (so called because it was adopted at the sixth annual conference of the WPA in Hawaii) codified expectations regarding patient confidentiality (and its limits), the necessity of releasing patients from involuntary detention as soon as conditions for compulsory treatment no longer apply, and the importance of not employing psychiatric methods to the detriment of human rights nor “in cases where the absence of psychiatric illness has been established” ([World Psychiatric Association 1977](#)).

The RCPsych Ethical Working Group interpreted the WPA ethical code as “innocuous,” deeming it unable to tackle matters “covered by legal procedure”<sup>10</sup> around the world—a clear reflection on the internal legality of Soviet practice and the challenge that legality was seen to pose to international psychiatric expertise. They interpreted the WPA’s tepid statements on abuse as reflecting the challenges of a global organization codifying ethics, when made up of member societies from across the Cold War geopolitical divide. Such a structure damned ethical codes to “becoming so bland as to be meaningless.”<sup>11</sup> However, the Hawaii Declaration marked a turning point in the struggle for professional expertise upon psychiatry’s global stage and led to the second stage in the Royal College’s International activism: that of the “special committee.”

### The Special Committee on the Political Abuse of Psychiatry

In June 1978, RCPsych endorsed the creation of a special committee to consider all reports of the political abuse of psychiatry and to recommend actions that the College might take. It was noted that the existing committees could no longer feasibly examine the amount of material coming their way, and a special committee was required.<sup>12</sup> By this time, Vladimir Bukovsky had published his full memoirs of psychiatric detention in the Soviet Union (1978) as well as a manual that instructed dissenters how to prepare for—and endure—psychiatric imprisonment in the Soviet Union and Eastern Europe ([Bukovsky and Gluzman 1977](#)), and prominent psychiatrists Sidney Bloch and Peter Reddaway had published a book detailing the abuse of psychiatry in the Soviet Union ([Bloch and Reddaway 1977](#)).

The minutes of the Special Committee discuss individual cases of involuntary detention in the Soviet Union, letters of support and protest sent by the committee to medical and political institutions, and how they offered honorary fellowships and lecture tours to professional detainees after their release. Members of the committee often hosted these released psychiatrists (who had worked to expose abuses in the Soviet Union and been medically detained for that effort) in their homes for extended periods, before finding them jobs in medical establishments. Occasionally, the documents implicitly suggest that the committee may have assisted with asylum requests.<sup>13</sup>

Between 1978 and 1983, the minutes of the Special Committee highlight how members liaised with other national associations to build support for a motion to expel the Soviet delegation from the WPA. The Committee frequently expressed deep frustration with the WPA’s own investigation into Soviet abuses of practice<sup>14</sup>

<sup>10</sup> Minutes of the meeting of the joint ethical working party, February 16, 1977. College Archives—External Affairs and Information Services C: SCOUPP/Ethics Sub-Committee Minutes.

<sup>11</sup> Ibid.

<sup>12</sup> Minutes of the Meeting of the Special Committee on the Political Abuse of Psychiatry, July 26, 1978. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.

<sup>13</sup> As most members of the committee have died or are enjoying retirement in their advanced years, it has been impossible to obtain research interviews with them to clarify this point—among others.

<sup>14</sup> Minutes of the Meeting of the Special Committee on the Political Abuse of Psychiatry, May 7, 1981. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.

and the nonengagement of Soviet psychiatrists. The committee was driven not only by strong moral outrage at the incarceration of dissidents but also by the Soviet Union's bold move to diagnose and detain those psychiatrists who exposed the wrongdoing. The glacial progress of both the WPA investigation and efforts to expel the Soviet delegation led the Special Committee to engage directly with Professor Snezhnevsky, who was the architect of the "sluggish schizophrenia" diagnosis and Director of the Institute of Psychiatry in Moscow. The Royal College wrote to Snezhnevsky demanding a response to allegations of repressive psychiatry in his country, suggesting that they would terminate his status as a "corresponding fellow" of the Royal College if they went unsatisfied.<sup>15</sup> Professor Snezhnevsky later responded:

The Royal College has taken a very dubious function of intervening into the inner affairs of national psychiatric associations and using mentally-ill patients for political purposes. I sincerely hope that none of the members ... seriously believes that in the Soviet Union mentally-healthy people could be forcibly put into mental hospitals. (Snezhnevsky quoted in Bloch and Reddaway 1977, 329)

The Special Committee minutes of March 28, 1979, show that his response prompted the College to begin expulsion proceedings, through their Court of Electors. However, Professor Snezhnevsky resigned from the position of "Corresponding Fellow" before this process was completed,<sup>16</sup> a move prophetically anticipating the Soviet Union's eventual reaction to efforts to suspend the USSR from the WPA. His response to allegations, one that refracted the accusation of politicality back onto the Royal College, was common across public and private discussions with Soviet psychiatrists on this issue.

The early 1980s saw gradual, stuttering progress in the College's efforts to include a proposal at a WPA general assembly to expel the Soviet delegation from the organization, effectively exiling them and derecognizing them as a reputable scientific body. The archival records are often quite repetitive in these years, with meetings tracking the slow, interorganizational efforts to coalition-build to increase pressure on the WPA, but discussion also covers cases of individual detainees in the Soviet Union, their reputed condition, and the growing trend of medical detention being used against those local psychiatrists who had themselves complained about the pathologization of activists. The slowly increasing international pressure (through the efforts of the RCPsych and the American Psychiatric Association) did eventually prompt engagement between the Russian authorities and the College and was interpreted as a sign that the Committee's efforts were beginning to pay off. Dr Sainsbury and Dr Levine, high-ranking members of RCPsych, were invited to a meeting with Mr Ivanov (the Second Secretary at the Russian Embassy) in London, in December 1981, who then returned the visit to the College in April 1982. Dr Sidney Levine's reflections on the meeting bring the Soviet response to allegations of abuse, and the redirection of claims of politicality onto the College, into sharp focus. While politely received by Mr Ivanov, the esteemed British psychiatrists were taken aback that he did not recognize their authority to inspect facilities in the USSR:

Dr Sainsbury and Dr Levine felt that they were representing all psychiatrists in "the West" but when they raised the question of a Western psychiatrist being able to examine a patient in the USSR this was dismissed by Mr Ivanov who

<sup>15</sup> Minutes of the Meeting of the Special Committee on the Political Abuse of Psychiatry, July 26, 1978. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.

<sup>16</sup> Minutes of the Meeting of the Special Committee on the Political Abuse of Psychiatry April 16, 1980. "Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.

likened the proposal to a team of Russian educationalists inspecting schools in this country.<sup>17</sup>

Dr Sainsbury and Dr Levine may have felt they were representing “all psychiatrists in the West,” but Ivanov brought them down to earth by reminding them of their *national* affiliation and, further, by highlighting the arrogance of their request to judge professional standards in Russia. This happened again, during the April 1982 meeting between Ivanov and the College, where the Russian proposed that two eminent Soviet psychiatrists be brought to address RCPsych. He suggested that the College had been listening to plenty of “critics of the Soviet system and that it would be reasonable to hear the views of Soviet psychiatrists.”<sup>18</sup> Carefully and diplomatically, as one might expect from the Second Secretary of the Russian Embassy in London, the question of politicality and partiality was again turned onto the College. The encounters between the Special Committee and Shezhnevsky and Ivanov belie attempts to authoritatively claim scientific expertise by any party—as every claim made to scientific authority was immediately countered by the other, through claims of politicality.

These protracted debates over professional expertise, and their embeddedness in geopolitics, speak strongly to the existing literatures on the “politics of expertise” in the security realm, which emphasize the networks and practices that constitute, and contest, expertise on the global stage (Villumsen Berling and Bueger 2015; Leander and Waever 2018). In particular, the performance of expertise by both the British and the Russian psychiatric communities (and their diplomatic missions) is captured by Christian Bueger’s “third-generation” theorization of the relationship between scientific expertise and International Politics. Here, the practice of expertise is no longer considered separate from politics (as an external influence upon political decision-making), but practices of expertise are instead recognized as performing the epistemic arrangements of the international (Bueger 2014). In the case of the “political abuse of psychiatry” scandal, the epistemic binary of the Cold War structured the contestation of scientific authority by both sides.

Before continuing the story of the forced resignation of the Soviet delegation from the WPA, it is important to address the “road not taken” by the Committee and directly consider how the epistemic arrangements of the international situated and constituted their activism. Particularly relevant here is their attachment to a particular philosophy of science, which silenced alternative etiologies. The discourse analysis of what the “Special Committee” did *not* discuss, and how this contributed to the negotiation and disciplining of Global Mental Health, occupies the following section.

### Contrasting Cultures of Diagnosis

Interpreting the Soviet Union’s practice as simplistic “abuse” neglects the complex history of scientific debates within the Soviet psychiatric profession and the state’s relationship with science. I explore the history of the Soviet “sluggish schizophrenia” discourse here, to contextualize the path left untaken by the Special Committee in its campaign to expel the Soviet delegation from the WPA. Rather than admitting that psychiatry could have multiple branches of etiology, normative attachment to the discourse of objective scientific expertise drove the Special Committee to assume that the Soviet authorities deliberately manufactured the “sluggish” diagnosis

<sup>17</sup> Minutes of the Meeting of the Special Committee on the Political Abuse of Psychiatry March 3, 1982, in “Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.”

<sup>18</sup> Memorandum on the Visit of Mr Ivanov, Second Secretary to the Russian Embassy, on the April 27, 1982 in “Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.”

for political purposes. It is thus the commitment to a science thought of as objective and singular, which shut down other avenues of action for the Committee (such as direct negotiation with Soviet psychiatrists about research on schizophrenia and its manifestations). This becomes important for the final section of the story, where the resignation of the Soviet Union from the WPA was—surprisingly—interpreted as a failure by the very Committee (of RCPsych) that had pursued it so vigorously.

Before 1953, the Stalinist regime thought nothing of brutally repressing any group perceived as challenging the regime's authority. As James Finlayson (1987, 144) points out, "it was paradoxically only in the relatively more liberal 1960s that psychiatry came to be widely used to suppress dissent." The "liberalization" (relatively speaking) that occurred under Khrushchev involved retiring the practices of depositing dissidents in forced labor camps or simply purging them. In their place, medical incarceration proved a more palatable alternative, as the dissident could return to society once they had renounced their offending political views (Finlayson 1987, 144).

Political transitions within the USSR left significant marks on the psy-disciplines—even down to the etiology of schizophrenia. The term "sluggish schizophrenia" is most prominently associated with the repression of dissidents during the Brezhnev era. At that time, it was characterized as a slowly developing schizophrenia, which could remain dormant for a significant period before it became incapacitating. While the international etiology of schizophrenia tends to highlight auditory and visual hallucinations – as well as disorganized speech and thought—these characteristics were largely absent from "sluggish schizophrenia" in the Russian psychiatry of the 1960s and 1970s. Instead, Merskey and Shafran's literature review of articles on sluggish schizophrenia in Russian psychiatric journals shows that, in Snezhnevsky's system, patients with the condition "are neurotic, self-conscious, introspective, and troubled with obsessive doubts, conflicts with parental and other authorities, and "reformism" (Merskey and Shafran 1986, 252). In the broader Russian psychiatric literature, sluggish schizophrenia would commonly present alongside hypomania (a firm optimism in one's own beliefs and boundless energy) and "over-valued ideas" (Merskey and Shafran 1986, 250). Other professional opinions noted that the condition presented alongside extreme emotional instability, mood swings, and inadequate reactions to provocative events. Merskey and Shafran's (1986, 249) review concludes that many of the presentations of "sluggish schizophrenia" during the 1960s and 1970s "would probably be diagnosed elsewhere as depressive disorders, anxiety disorders, hypochondriacal or personality disorders."

Merskey and Shafran (1986, 254) conclude that the combination of unscientific methods (few authors are concerned with replicability) and an "unscrupulous regime" meant that citizens in disagreement with authority are exposed to unreasonable risks of pathologization. However, their careful and nuanced review of the Russian psychiatric literature opens another, unintended possibility—that diagnoses might (sometimes) have been made *genuinely* by psychiatrists in the system (Reich 1981), according to the Soviet Union's own understandings of mental abnormality, criticism, and dissent (Lader cited in Merskey and Shafran 1986, 247).

This viewpoint deserves more attention than it receives in the literature on "sluggish schizophrenia" and the political abuse of psychiatry. Significantly, discussion of Soviet etiologies of schizophrenia does not appear in the "Special Committees" records—the very committee tasked with investigating the political abuse of psychiatry worldwide. This is extremely telling, as it shows that the Committee never felt inclined to understand the different etiology being practiced in the Soviet Union nor to understand its context. The epistemic constitution of international politics precluded any engagement with the etiology practiced by the Cold War Other.

Importantly, there was no attention paid to the internal Soviet debate on "sluggish" (slow developing) mental illnesses. The work of community psychiatry (undertaken after the revolution in the 1920s, to correct the ills of the previous regime)

centralized “sluggish” conditions but was interrupted by Stalin’s “great break” policy, which pursued rapid industrialization of the nation. In the 1930s, criticism was expressly leveled at psychiatrists for creating borderline diagnoses, which could be abused by corrupt officials to repudiate workers (Zajicek 2018). Here, *the Soviet regime criticized the ease with which “sluggish” or “borderline” diagnoses could be turned toward abuse*—something never noted in the literature on the “political abuse” of psychiatry or in the Special Committee’s records, which focus entirely on the repressive nature of practice in the USSR.

It became politically incorrect to work with “sluggish” or “borderline” diagnoses in the 1930s USSR, because to suggest that mental illness continued to be prevalent (in its borderline form) was to suggest that *the socialist project had not succeeded in eliminating ill health* (Zajicek 2018, 97–98). Indeed, political control of the boundaries of mental illness became so centralized that, by the 1940s, Stalin was directly involved in scientific debates about psychiatry and mental health. Stalin reviewed Soviet psychiatry papers for Scientific Sessions of the USSR’s Academies of Medical Science—even leaving editorial notes in the margins—before allowing presentations to be made (Windholz 1999, 331).

Immediately after the “New Soviet Psychiatry” was implemented, refocusing psychiatry on the dynamic localization of functions of the brain (rather than upon latent “sluggish” conditions), Stalin died. His death was to have another profound effect on the direction of Soviet psychiatry. The relative liberalization of the regime under Khrushchev and Brezhnev did away with purges, replacing them with the hospitalization of dissidents from the 1960s onward. Under these conditions, Professor Snezhnevsky resuscitated “sluggish schizophrenia,” apparently in response to Khrushchev’s comment that “only a madman could be critical of the socialist system in the Soviet Union” (Buianov cited in Windholz 1999, 344).

The Special Committee minutes demonstrate no engagement with the development of Soviet psychiatry, nor the transformation of “sluggish schizophrenia” from its emergence in a liberatory public health mission, to the Stalinist repudiation of borderline “sluggish” conditions as exploitative, to the resuscitation of the diagnosis under conditions of political liberalization. It was the early liberalization of the USSR that fostered the conditions under which psychiatry could be co-opted by state, to detain deviant subjects (and the return of the “sluggish” etiology).

The complete silence of the “Special Committee” on questions of alternative etiology is very telling. It demonstrates a complete adherence to a particular understanding of science as objective, unified, and to which no alternative branches of development can be permitted—lest they disrupt the performance of Western psychiatry as expert and hegemonic. Instead of productively engaging their colleagues in the USSR on questions of replicability and the criteria by which schizophrenia could be diagnosed, or contextualizing the context of medicine and science in the USSR, RCPsych (and the American Psychiatric Association) framed Soviet practice as deliberately repressive. While this might be a correct assumption, the nonengagement with alternative explanations speaks to a defensive positioning of Western associations against other scientific traditions, and the strong reluctance to engage the cultural context in which scientific practice develops.

### **The Aftermath of the Soviet Resignation from the WPA: A Lonely Victory?**

American and British psychiatric associations rigorously pursued the suspension of the Soviet Union from the WPA throughout the late 1970s and early 1980s. When other member associations showed enough support for the motion to make it feasible, the Soviet delegation resigned from the WPA in 1983. Most tellingly, both the WPA and the Royal College then spent the subsequent years trying to tempt the Soviet delegation back into the organization—on the premise that engagement between psychiatric professions could lessen the propensity for the abuse of medical

diagnosis. Indeed, minutes from the Special Committee meeting of February 24, 1983, show that Dr Levine confessed to feeling “frustration,” after his initial pleasure at the self-imposed excommunication of the Soviet psychiatric profession.<sup>19</sup>

This frustration is very telling. The comments of the Committee frame the expulsion of the Soviet psychiatric delegation from the WPA as not only a success, in terms of robust international pressure, but also a failure—because practices in the USSR would continue unabated, without the same levels of scrutiny from international bodies. The perception of the expulsion as a pyrrhic victory also speaks to the “path not taken” by the Special Committee, explored in the previous section, regarding the implicit decision not to engage productively with a different scientific culture (in order to stage and resolve a question about scientific expertise, hegemony, and objectivity). With the departure of the Soviet delegation, Western professional psychiatric associations could no longer present an image of impartiality and scientific expertise against the misdeeds of the geopolitical other. Intriguingly, this led to significant introspection about the internal standards used to determine ethical conduct and abusive practice by the Special Committee.

After the departure of the USSR from the WPA, the Special Committee engaged in significant introspection about the meaning of “political abuse.” Without the geopolitical other (against whom to define “expertise” and proper conduct), their ethical analysis was directed inward, reconsidering the binary previously drawn between British psychiatric “malpractice” and Soviet “abuse.” Efforts to define abuse are discussed here, as they demonstrate that the Special Committee’s activism against the USSR in the 1970s and 1980s did not utilize a definition of “psychiatric abuse” but rather retrospectively constituted one, after the scandal ended. This emphasizes how embedded in Cold War politics the struggle for Global Mental Health was. The definition of “psychiatric abuse” was never raised until the Soviet delegation resigned from the field of play.

As the dust began to settle on the international battle to excommunicate Soviet psychiatry, the Royal College was contacted by the British Institute for Human Rights in January 1984.<sup>20</sup> The Director Tony McNulty had requested a definition of the “abuse of psychiatry.” This posed a problem for the College, which had never formally defined psychiatric abuse, despite pursuing the expulsion of the USSR from World Psychiatry on this basis for six years. After much discussion, the Special Committee decided that the abuse of psychiatry should be defined as:

“The improper use of psychiatry in order to label normal people as mentally disordered for the purpose of political or religious repression” AND “The improper use of psychiatric techniques and facilities for the purpose of political or religious repression.”<sup>21</sup>

In April 1984, the definition was formalized. It set up a distinction between the systematic deliberate misuse of psychiatry and individual malpractice by doctors. The latter was to be directed toward the Public Policy Committee, rather than the Special Committee, enabling domestic scandals to be distinguished from those of “repressive” states.<sup>22</sup> This binary, which distinguishes (systematic) “political” abuse from individual misconduct, recalled the Special Committee meeting of 1979 where members feared potential backlash for their activism against Soviet malpractice. They had in mind the abuse scandal at Rampton Hospital, where serious ill-treatment of patients had been exposed by Yorkshire television. “Other countries,” they feared,

<sup>19</sup> Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUUP Minutes 1978–1993.

<sup>20</sup> Minutes of the Special Committee Meeting of January 11, 1984. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUUP Minutes 1978–1993.

<sup>21</sup> *Ibid.*

<sup>22</sup> Minutes of the Special Committee Meeting of April 4, 1984. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUUP Minutes 1978–1993.

“might well point the finger at our calling attention to the situation in the USSR, etc., when it appeared there was a malpractice of psychiatry in this country.”<sup>23</sup> They referred their concerns to the Executive and Finance Committee, asking whether the malpractice scandal should be dealt with by the Special Committee.

The Executive and Finance Committee confirmed that “non-political situations such as Rampton, did not come within the remit of this [special] committee.”<sup>24</sup> This reveals that the Special Committee itself was not sure how to define the “political abuse” of psychiatry and was plagued by doubts about the distinction between individual malpractice and systematic abuse. The matter had to be debated in 1979 and in 1984, despite the Committee waging a systematic campaign to expel another country’s psychiatrists from the WPA on the basis of “abuse.”

Even when the College’s definition of “political abuse” was formalized in 1984, it was immediately made ambiguous by the WPA’s counter-definition of the abuse of psychiatry as being directed toward “purposes other than the care of the mentally ill.” This destabilized the foundation of the College’s own definition upon systematic, rather than individualized, misconduct. During discussions between the College and the WPA, the College questioned the definition and was slighted as having engaged in “politics” by the President of the WPA—to which the College responded that they had only ever been interested in safeguarding standards of psychiatric practice.<sup>25</sup>

The saga demonstrates that psychiatric associations had engaged in prolonged debates about “political abuse” in the Soviet Union, *without ever defining what the abuse of psychiatry might look like*. Even when it was eventually defined, those definitions were subject to both internal scrutiny about their application to domestic malpractice and external allegations of politicality from the WPA. This ambiguity demonstrates that, for all the good intentions of the College’s Special Committee, the campaign against “political abuse” had a performative function—that of securing the identity of (Western) psychiatric expertise as impartial, rigorous, and scientific, *contra* the geopolitical other.

This effort to “secure psychiatry” relied upon nonengagement with the complicated history of medical science in the USSR, which destabilizes any simplistic rendering of Soviet diagnostic practices. It also relies on a troubled binary between systematic “abuse” and individual “misconduct” to articulate Western practice as good and Soviet as bad. This binary was questioned both within the Special Committee and by the counter-definition of abuse provided by WPA. Finally, the frequent attribution of politicality to the Special Committee—by the President of the WPA, Second Secretary Ivanov, and Professor Snezhnevsky—destabilizes the performative dynamics of the global scandal. The Special Committee were themselves sensitive to this dynamic, frequently minuting their fears that other nations might hold up examples of British psychiatric misconduct to criticize the committee for hypocrisy.

This British psychiatric misconduct—most profoundly, the early work of the Ethical Working Group on the complicity of psychiatrists in torture—is where this article draws to a close. It is in the Royal College’s ethical criticism of the “harsh interrogation” of detainees in Northern Ireland that we find the most powerful ambiguity in the struggle to secure Global Mental Health as an authoritative, scientific, and expert field. While the College stringently criticized this practice, they continually associated it with individual incidents of malpractice rather than systematic, political abuse.

<sup>23</sup> Minutes of the Special Committee Meeting of May 23, 1979. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.

<sup>24</sup> Minutes of the Special Committee Meeting of November 14, 1979. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.

<sup>25</sup> Minutes of the Special Committee Meeting of October 25, 1984. Special Committee on Political Abuse of Psychiatry/Special Committee on Unethical Psychiatric Practices/SCOUPP Minutes 1978–1993.

This double standard unintentionally reveals a commonality between Soviet and Western psychiatry (in performativity and epistemology, rather than the scale of human rights abuses). Both sides claimed scientific legitimacy for their own diagnostic practices, psychiatric science and detention practices with regard to dissidents, but accused the other of compromising psychiatry through political co-optation of medical science. By structuring their criticisms around the “political co-optation” of science, the rhetoric of each professional association also functioned to absolve the psy-disciplines and their scientific status of any wrongdoing. The nonengagement of the Special Committee with Russian psychiatric science protected a reified image of science as singular, definitive, and apolitical—forging an identity for Global Mental Health against the specter of “political abuse” rather than engaging other etiologies and the cultural context in which scientific practice develops.

### Conclusion

The scandal that engulfed psychiatry in the 1970s and 1980s demonstrates how geopolitics structured the pursuit of codified medical ethics and scientific legitimacy. Despite vigorously pursuing the expulsion of the USSR from the WPA for many years, the College had no definition of the “political abuse of psychiatry” and (privately) struggled to conceptualize how scandals in England and Northern Ireland were different to the problems in the USSR. At multiple points during the dispute, it was evident that both Western and Soviet psychiatry relied upon legal and professional processes to diagnose their dissident, extremist subjects—leading to difficulties in any strict differentiation of Western and Eastern practice. To return to Dr Clark’s comments of 1974:

The use of psychiatric hospitalisation by the Soviet Authorities as a way of controlling dissident authors, poets and scientists is a rather more specialised case, because *however unpleasant it may be for those who receive it, the “treatments” used are all recognised Russian psychiatric procedures.*<sup>26</sup> (emphasis added)

This procedural legitimacy could have led the Special Committee to explore Russian psychiatric etiology and to interrogate the long cultural history of “sluggish schizophrenia” diagnoses. However, the Committee instead chose to base their ethical criticisms upon the “political co-optation” of medical science. This assumption that Soviet psychiatry was simply abusive (rather than more complex) suggests that the scandal was profoundly situated in geopolitics and functioned to constitute (Western) global mental health as an expert field—against the specter of a rogue adversary. According to Bueger’s (2014) typology, the “scandal” was constituted through the epistemic arrangements of the international, which were performed through scientific debates about expertise.

This article has exposed many of the ambiguities of this performance, especially with regard to the classification of British psychiatric scandals as individualized “malpractice” rather than systematic “abuse.” It only remains to comment that the codification of psychiatric ethics by the WPA in 1977, and the Royal College in 2014, has not prevented the involvement of psychiatrists in counterterrorism activities. Despite public problematization of the United Kingdom’s Prevent Strategy (Royal College of Psychiatrists 2016, 2017), British psychiatrists are now provided with government-produced training in counter-extremism; they are tasked with referring their patients to counter-radicalization programs where necessary and with providing treatment to unwell persons being processed through the counter-radicalization system (NHS England 2017; see also Heath-Kelly 2016; Heath-Kelly and Strausz 2019; Augestad Knudsen 2020; Aked, Younis, and Heath-Kelly 2021).

<sup>26</sup>“Modern Torture and Doctors,” DH Clark 1975, in College Archives—External Affairs and Information Services C: SCOUPP/Ethics Sub-Committee Minutes.



Where the psychiatric evaluation (and detention) of dissidents was once a matter of international debate, replete with accusations of “political abuse” made by both sides against the other, the codification of psychiatric ethics has since limited much professional discussion to the protection of confidentiality, data-sharing, and the caution required to avoid stigmatization of racialized groups. The authority to diagnose a political opponent as mentally unwell is now an unquestioned facet of professional psychiatric expertise (NHS England 2017), even while academic critics highlight the faulty evidence base for such practice (Scarcella, Page, and Furtado 2016).

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