

Chapter 1 : Russian/Soviet Military Psychiatry - Wanke, Paul - | HPB

Psychiatry, like most professional fields in Russia, gained its legitimacy from its ability to serve the Tsar and later the Bolshevik party. The militarised nature of these governments meant that psychiatry would have to prove its worth to the military.

I first trace the history of the politicization of psychiatry from tsarist times through the Soviet Union with an emphasis the Marxist-Leninist conception of mental health. Next, I discuss practices used by Snezhnevsky and his colleagues at the Serbsky Institute to diagnose and thereby commit thousands of sane political dissidents to psychiatric prisons. I then discuss the historical consequences of Soviet psychiatry in the continued operations of the Serbsky Institute and in the continued politicization of psychiatry in Russia today to categorize homosexuality as mental illness or to protect criminals from serving sentences. She will pursue her Ph. Psychiatrists agreed that the cure for this epidemic was to be found in the advancement of modernity instead of its repudiation, and thus medical science served as the protector of the public good. Eminent Soviet psychotherapist M. Early Soviet psychiatrists appropriated this Marxist-Leninist understanding of consciousness as the foundation for psychotherapeutic and psychiatric treatment. Soviet psychiatry developed separately from Western psychiatry as a result of conflicting political ideologies and understandings of consciousness and personality. Thus, if human consciousness is the affirmation and manifestation of social life as Marx proposed and simultaneously the reflection and creation of the objective world as Lenin argued , then a political dissident is someone who rejects his objective social world and displays an incoherent understanding of his environment. Anti-Soviet behavior such as protesting Soviet laws and customs, attempting to travel abroad, or participating in human rights protests was taken to be symptomatic of mental illness. Indeed, many psychiatrists could not understand why dissidents would sacrifice their families, careers, and happiness for ideals that went against the Soviet status quo. If someone acted against the political system, clearly, it was necessary to look for the psychopathological mechanisms of dissidence. Soviet psychiatrists sought to medicalize social life and took an active role in treating patients by encouraging them to participate in Soviet society. The psychotherapist should help the patient correctly evaluate his responsibilities to his family and society, his service duty, [and] his interrelationships with his surroundings. In his interactions with the patient, the doctor should exert an influence which is defined by the medical task, the principles of our medicine, the ideology of our society, its morals and science. In order to ensure that ideological reeducation had been successful, sane political dissidents would be isolated in psychiatric hospitals psikushki for years after recanting their previous objections against the government. Totalitarian Control of Psychiatry As part of its welfare state, the Soviet Union kept close control of health care, focusing on psychiatry in particular as a tool for monitoring citizens and carrying out political repression by giving psychiatrists power to act as penitentiary guards against vocal political dissidents. He, like other successful psychiatrists, worked closely with high-ranking Soviet officials such as KGB Chairman Yuri Andropov and was awarded influential positions at large academic and research institutions where, in the Soviet hierarchical system of institutions, psychiatrists had more influence on developing officially accepted psychological theories and making final diagnoses. Here, Foucault argues that the nature of mental illness is contextual, influenced by religion, culture and environment. Foucault claims that the conception of madness arose from Enlightenment-era rationalism responding to the unknown and a political attempt to marginalize those who are different. Although these are only two such events in history, the notion of political repression on the basis of mental health was evidently practiced by Russian and Soviet leaders to isolate undesirables. Four million prisoners were released to political rehabilitation between and However, as political unrest in the late s began to cause rifts in the Communist world, as evident in the Prague Spring, the loosened censorship of the Khrushchevian era was tightened again. Official records show that 20, citizens were hospitalized for political reasons, mainly on charges of anti-Soviet agitation and propaganda, and dissemination of fabrications with an aim to defame the Soviet political and social system. Most historians and scholars agree that this number is an underestimate on account of unreleased documentation. In these cases, officials from the Ministry of Health were given direct

orders from regional officials from the City Soviet to target certain individuals who had been marked by the KGB for certain anti-Soviet behavior. A crime is a deviation from generally recognized standards of behavior frequently caused by mental disorder. Can there be diseases, nervous disorders among certain people in a Communist society? If that is so, then there will also be offenses, which are characteristic of people with abnormal minds. Of those who might start calling for opposition to Communism on this basis, we can say that clearly their mental state is not normal. Snezhnevsky and his colleagues at the Serbsky Institute from the s until the late s. Individuals who did not comply with the prescribed behavior of a normal Soviet citizen were targeted as political dissidents and were officially diagnosed as exhibiting signs of sluggish schizophrenia, nervousness, eccentricity, and neuroticism. Through a very successful career in which he pledged transparent loyalty to the Communist Party, Snezhnevsky served as director at influential Soviet hospitals and research centers, where he exerted significant power and influence over the development and practice of psychiatry. Psikushki differed from other psychiatric hospitals, which were managed by the Ministry of Health and had their own sets of policies. As noted before, Soviet doctors tended to see dissident views about the Soviet system as an indication that a patient was, in fact, sick. By politicizing mental illness, the Soviet system was able to use psychiatry as an effective tool to isolate and discredit political dissidents that the Soviet system deemed a threat to the security of the Soviet state and its ideology. Andrei Snezhnevsky and Sluggish Schizophrenia Most experts on the topic of Soviet psychiatric abuse, such as Robert van Voren, Peter Reddaway and Sydney Bloch agree that Snezhnevsky and his core group of psychiatrists developed the concept of sluggish schizophrenia at the request of the Communist Party and the KGB. However, deeming that behavior a mental disease removes the possibility that a dissenting individual can play a role in the evolution and development of the State and society. While this can obviously promote stability in a social system, it is just as likely to lead to stagnation, which can be just as detrimental to the survival of the State. In other words, the patient cannot see where he will be in the future based on present actions. The rest of the symptoms such as delusions, manic positive episodes, and depressive negative episodes, aligned with standard schizophrenic diagnoses. Snezhnevsky also believed that sluggish schizophrenia worsened over time in a slow progression. Snezhnevsky also stated that this withdrawn and apathetic state was usually the terminus of the treatment. Since the condition has no chance of recovery, the dissenter was considered mentally incompetent and incurable, a status which required him to sign his rights away and spend the remainder of his days in a secured psychiatric prison. Sluggish schizophrenia was also distinguished from other forms of schizophrenia as only affecting the social behavior of the individual. In addition, patients were commonly physically restrained. In his autobiography and subsequent testimony before US Congress in , Plyushch recounted the daily torture at these psychiatric prisons. After the injections I would have convulsions, was unable to speak, could only lie in bed, and lost interest in everything, even my own family. The Historical Legacy of Soviet Psychiatric Abuse in Modern Russia Vestiges of Soviet psychiatric abuse and politicization of mental illness are still evident in contemporary Russian psychiatry and criminal law proceedings. One such case of politicizing mental illness to protect criminals occurred in during the case of Colonel Yury Budanov, who was tried for kidnapping, raping, and murdering an year-old Chechen woman during his military stint in the Caucasus during the Russo-Chechen War. During his trial, conflicting reports from various psychiatric institutions emerged concerning his sanity at the time of the crime. His last and final psychiatric examination was conducted by Dr. Tamara Pechernikova at the Serbsky Center. Pechernikova, a former colleague of Snezhnevsky, is a current practicing psychiatrist. As a resultâ€understandablyâ€he killed a woman. Pechernikova regarded evidence for the search of social justice as a symptom of mental illness dangerous to societyâ€in the two decades she spent patriotically, as she would see it, defending the Soviet social and state system, [she] mold[ed] psychiatry to fit the needs of the state security apparatus. Konsenko, 38 years old and suffering from depression and mental illness said to have originated from a concussion that he sustained from beatings in the army, was arrested for participating in mass riots and resisting police officers. Since , homosexuality has been targeted as a sign of mental disturbance. Although Soviet sodomy laws were lifted after the fall of the USSR, nontraditional sexual orientations have remained on official lists of mental illnesses. In January , Prime Minister of Russia Dmitry Medvedev signed a bill into law proclaiming those that suffer from the mental illnesses on this list, which also

includes schizophrenia, intellectual disabilities, and drug addiction, are unfit to drive. As in the Soviet Union, those marked as psychologically abnormal are stripped of rights and legal protection. Instead of creating open, public political trials, as was popular under Stalin, political prisoners were diagnosed behind closed doors and injected with harmful medication to keep them incapacitated and removed from society. In contemporary Russia, we see human rights implications of the politicization of mental illness used against elements of society deemed unwanted or in support of those assisting the State in maintaining its influence. The author of this analysis, Sasha Shapiro is a recent Philosophy and Russian Studies graduate from Dickinson College with a particular interest in Russian healthcare and human rights. Footnotes [1] Segal, B. Volume 49, Issue 1 Spring pp. Reflection Theory and the Identity of Thinking and Being. Studies in Soviet Thought. Volume 36, Issue 6, , pp. To Build a Castle. New York, pp. A History of Insanity in the Age of Reason. Soviet Prison Camps and Their Legacy. A Question of Madness. Testimony by Leonid Plyushch: Print [38] Power, Joe. New Science Publishers, 2 Nov. The New York Times, 07 Oct. The Moscow Times, 14 June The Moscow Times, 9 Jan. New York, Davidoff, Victor. The Moscow Times, 09 Jan. House of Representatives, Ninety-fourth Congress. Volume 36, Issue 6, Krainova, Natalya. Medvedev, Roy and Zhores Medvedev. Volume 49, Issue 1 Spring

Chapter 2 : Political abuse of psychiatry in the Soviet Union | Revolv

Political abuse of psychiatry in the Soviet Union was denounced in the course of the Congresses of the World Psychiatric Association in Mexico City (), Hawaii (), Vienna () and Athens ().

There was no compelling requirement to develop an alternative and more expensive psychiatric substitute. It directly served the authorities and those in power, and was headed by the Moscow Institute for Forensic Psychiatry named in honour of Vladimir Serbsky ; system two was made up of elite, psychotherapeutically oriented clinics. Such individuals were no longer tried in court. Instead they were given a psychiatric examination and declared insane. Pavlovian session In the s, the psychiatrists of the Soviet Union turned themselves into the medical arm of the Gulag State. They were labeled as anti-Pavlovians, anti-materialists and reactionaries and subsequently they were dismissed from their positions. Sluggish schizophrenia "The incarceration of free thinking healthy people in madhouses is spiritual murder, it is a variation of the gas chamber, even more cruel; the torture of the people being killed is more malicious and more prolonged. Like the gas chambers, these crimes will never be forgotten and those involved in them will be condemned for all time during their life and after their death. Nevertheless, for many Soviet psychiatrists "sluggish schizophrenia" appeared to be a logical explanation to apply to the behavior of critics of the regime who, in their opposition, seemed willing to jeopardize their happiness, family, and career for a reformist conviction or ideal that was so apparently divergent from the prevailing social and political orthodoxy. Stone stated that Western criticism of Soviet psychiatry aimed at Snezhnevsky personally, because he was essentially responsible for the Soviet concept of schizophrenia with a "sluggish type" manifestation by "reformerism" including other symptoms. Whenever manifestations of dissidence could not be justified as a provocation of world imperialism or a legacy of the past, they were self-evidently the product of mental disease. A crime is a deviation from generally recognized standards of behavior frequently caused by mental disorder. Can there be diseases, nervous disorders among certain people in a Communist society? If that is so, then there will also be offences, which are characteristic of people with abnormal minds. Of those who might start calling for opposition to Communism on this basis, we can say that clearly their mental state is not normal. Implementation and the legal framework[edit] On 29 April , Andropov submitted an elaborate plan to the Central Committee of the Communist Party of the Soviet Union to set up a network of mental hospitals that would defend the "Soviet Government and the socialist order" from dissenters. By , this had increased to psychiatric hospitals and 33, psychiatric beds, and by there were psychiatric hospitals and , psychiatric beds in the Soviet Union. Now that policy altered. A well-documented practice was the use of psychiatric hospitals as temporary prisons during the two or three weeks around the 7 November October Revolution Day and May Day celebrations, to isolate "socially dangerous" persons who otherwise might protest in public or manifest other deviant behavior. Struggle against political abuse of psychiatry in the Soviet Union In the s, a vigorous movement grew up protesting against abuse of psychiatry in the USSR. They were classified as: The advocates of human rights and democratization, according to Bloch and Reddaway, made up about half the dissidents repressed by means of psychiatry.

Chapter 3 : Russian/Soviet Military Psychiatry 1st Edition (Paperback) - Routledge

It contains an interesting historical overview and comparison of theoretical and practical differences between Soviet and American psychology and psychiatry; it also includes chapters on military psychiatry in WW II, preventing battle stress and battlefield psychiatry.

It presents a rich and varied tapestry of military experience that is well worth studying but is often neglected in most general works of military history. Some themes include geographic context immense, diverse, and multiethnic ; the challenges of central control; efforts to modernize and Westernize; and conflict with neighbors including Sweden, Poland, the German states, Austria, the Ottomans, and the British. When the Bolsheviks came to power in the early 20th century, they dealt with many of these old issues plus the challenge of creating a new sort of army appropriate to a Communist state. The Bolshevik regime was born in civil war, and the Soviet Union was at least partly destroyed by the burdens of war—from the terrible economic and human costs of the Great Patriotic War to the long-term drain of the arms races of the Cold War. Both Russia and the Soviet Union can claim unique aspects of military experience, including the inclusion of women and large ethnic minorities. This entry focuses on wars, military institutions, and human experience in war and the military. General Overviews Stone is the essential resource for anyone looking for a starting point or a textbook or who has time to read only a single book about Russian and Soviet military history. Other works focus on large spans of time, such as *Keep* , the best source for understanding the origins and development of military forces and institutions in Russia over a year period. Kagan and Higham is an outstanding survey of key aspects of the pre-Soviet period. Schimmelpenninck van der Oye and Menning addresses a range of military topics over a two-century span. *The Military History of the Soviet Union*. Unfortunately, there are no citations, but chapters include source listings or bibliographic essays. *The Military History of Tsarist Russia*. An essential collection of essays covering the entire tsarist period by Bruce Menning, Fred Kagan, Jacob Kipp, and others. *Soldiers of the Tsar: Army and Society in Russia*, Oxford University Press, Traces the changes that occurred and provides insight into social aspects of military life in Russia. *The Soviet Military Experience: A History of the Soviet Army*, Especially useful on the relationship between socialism and the military. Schimmelpenninck van der Oye, David, and Bruce Menning, eds. Cambridge University Press, Top-notch contributors write on a variety of sometimes neglected aspects of the military, such as military intelligence. *A Military History of Russia: From Ivan the Terrible to the War in Chechnya*.

Chapter 4 : Political abuse of psychiatry in the Soviet Union - Wikipedia

"This is the first comprehensive treatment in English of the approach of the Soviet military to the problem of psychiatric casualties. As information on the topic is hard to secure, the book is.

We have reviewed this topic in Nazi concentration camps KL , Soviet special camps, and gulags, providing some preliminary data for our research. Data show that the incidence of suicide in Nazi KL could be up to 30 times higher than the general population and was also much higher than in Soviet special camps maybe due to more favorable conditions for prisoners and the abolishment of death penalty , while available data on Soviet gulags are contradictory. However, data interpretation is very controversial, because, for example, the Nazi KL authorities used to cover-up the murder victims as suicides. Most of the suicides were committed in the first years of imprisonment, and the method of suicide most commonly used was hanging, although other methods included cutting blood vessels, poisoning, contact with electrified wire, or starvation. It is possible to differentiate two behaviors when committing suicide; impulsive behavior contact with electrified barbed wire fences or premeditated suicide hanging up or through poison. In Soviet special camps, possible motives for suicides could include feelings of guilt for crimes committed, fear of punishment, and a misguided understanding of honor on the eve of criminal trials. Self-destructive behaviors, such as self-mutilation in gulag camps or prisoners who let themselves die, have been widely reported. Committing suicide in concentration camps was a common practice, although precise data may be impossible to obtain. Introduction Suicides under extraordinary or extreme conditions, such as prisons, war conflicts, or concentration camps, have been studied previously 1 – 6. Specific studies, including imprisonment 7 , 8 , deportation 9 , exclusion, and torture 10 , 11 , show a higher rate of suicide in these groups. Suicide in ghettos or transit camps before extermination, as Theresienstadt 12 , 13 , Nazi concentration camps Konzentrationslager; KL 14 , 15 , and Soviet gulags 16 has also been studied. Prisoners are generally more likely to commit suicide than other people. Rates of suicides in prisons in Austria and Switzerland are reported to be between 1. More detailed records for Germany between and suggest that suicide rates for men serving a prison sentence are about three times higher. In prewar Berlin, it has been pointed out that suicides were significantly more common in Jewish citizens than in the general population, and timing was often closely associated with anti-semitic persecution 21 , Comprehensive data are not available, but in , those who were persecuted after being classified as Jewish according to Nazi race laws were 26 times more likely to commit suicide rate: Suicides were highly correlated with deportation from Berlin to ghettos and camps in Eastern Europe Suicidality has been described in Lodtz ghetto: The methods of suicide were recorded as follows: Other authors reported just a few cases per thousand per year. They explained the relatively low number of suicides by the exhaustion and apathy of inhabitants or because of the strong will to survive, as well as a strong desire to resist the occupiers The topic of suicides in the Nazi KL has been studied more widely in memoirs than in medical or historical literature 25 – 27 , but those studies based on original documents are scarce. In Nazi KL history, two periods must be differentiated, the prewar period from to and the war period from October to the end of war in During the first phase, before the outbreak of the war, legal officials investigated dubious cases of death in the KL most of all, in Dachau , including alleged suicides, but the SS Schutzstaffel authorities covered up the murder victims as suicides In the second phase, SS courts were in charge of investigating all deaths of camp inmates, including suicides, with complete independence from the judiciary 32 , Epidemiologic Data Some authors have reported suicides in Nazi KL based on psychiatric interviews with the former prisoners. They described suicide as more frequent in those inmates who suffered the cruelest abuse, suffering from infectious diseases, forced to participate in medical experiments, during periods of mass extermination, and generally in autumn and winter Some authors argue that suicides were extremely high in Nazi KL based on witness testimonies 2 , 15 , 37 – Other authors have estimated that suicides amounted to 25, – , per year based on testimonies Compared to actual national suicide rates 60 per , per year , these rates are significantly high Our group, in a preliminary report, has identified cases of suicide in Sachsenhausen KL But no precise data exist from which the suicide rate in KL can be calculated. There are several problems that

make difficult a correct approach to this analysis a in the Nazi KL, mostly after , suicides frequently passed unnoticed because death was so common, and only suicides committed by a well-known inmate or by a terrible method were noticed 27 ; b suicide ratios may vary significantly depending on the period studied; suicide levels must have been raised because the camp populations increased in " , with the numerous criminals and Jews imprisonment. Baganz 45 suggests that suicide levels in Sachsenhausen camp rose from 7 per month in to 33 per month in ; c the SS covered up the murder victims as suicides, which make the counting and interpretation of such suicides very problematic In some cases of famous inmates, they preferred to cover-up the murder to avoid one scandal; and d finally, in most cases, data are incomplete mainly because Nazis destroyed documents when leaving the camps at the end of the war. Profile of Suicidal Inmate In Nazi KL, men and women of different age, race, nationality, profession, and social strata committed suicide. Some authors assess that suicides were most often committed by Jewish prisoners due to the fact that they were the largest group. But the Jewish group was extraordinarily inhomogeneous, composed of individuals from various social strata, cultures, and language groups There are frequent reports of suicides committed by Jewish population in Germany, mostly after the Nazi Party came to power and Nuremberg rules were approved 47 " Our preliminary report confirms a higher rate of suicides in Sachsenhausen KL among Protestant and Catholic population than in Jews Suicides were overwhelmingly committed by male, reflecting the fact that the majority of KL prisoners were men. Moment of Suicidal Act Inmates, especially in their first period of imprisonment, are often desperate about their lack of freedom and the strict rules 51 , In Nazi time, suicides committed during transportation to the KL are reported Oral testimonies report that the majority of suicides were committed in the first years of camp existence 22 , Maybe, this fact is related to the special repression during the first years. Political prisoners are reported to commit suicide in order to avoid betraying bearers of secrets under torture 15 , 55 , and in the first years of existence of camps they committed suicide encouraged by SS authorities In large KL such as Auschwitz , it has been described that Jewish prisoners frequently committed suicide when they were selected for the Sonderkommandos task force or for extermination Manners of Suicide The methods to commit suicide in Nazi KL were varied, although these methods are related to the internal structure of the camps. For example, the camp authorities confiscated all knives and razor blades to avoid committing suicides by cutting blood vessels For Theresienstadt ghetto, data from archival sources are available: The most frequent method to commit suicide in KL was hanging. In the early months of the Third Reich, camp guards often encouraged prisoners to kill themselves, even bringing them rope with which to do it. Suicide by hanging took place in isolated places, committed during night hours, when vigilance was lower, and there were many objects with which the inmates could commit suicide by hanging, such as belts, scarfs, or others, so giving prisoners rope with which to hang themselves was an act of mental torture. Suicide through poisoning was very rare and used by prisoners who were members of the camp resistance movement and who had access to poisons or chemical substances. Some prisoners committed suicide by different poisons: Other prisoners deliberately ventured across the SS guard lines to get shot. This method is reported in most of the camps 36 , Different authors have also reported that the contact with electrified barbed wire fences surrounding the camp was the most frequent form of suicide There are also descriptions of cases of mass suicide; it is reported that some soviet prisoners flung themselves onto the electric wires when they did not receive any food and water for days Sometimes, suicides were photographed by staff in various camps, as Auschwitz and Dachau 2 , 59 , but the meaning of this procedure is unknown. Aspects Related to Motivation and Suicidal Behavior In Nazi KL, the desire to die in prisoners who committed suicide was deep, and they did not treat suicide as an act of demonstration as they did not want to gain the attention of others Suicide was perceived by some as the last way of escape from unbearable conditions. For some prisoners, suicide was an opportunity to exercise free will and control, and the option of suicide was perceived as a human act of self-assertion During the war phase of the existence of KL, the proximity of death erased borders between life and death to such an extent that it was not necessary to commit suicide Some authors 65 , 66 distinguish three phases in the reactions of KL prisoners a initial shock with acute depersonalization; b complete exhaustion; and c despair just before the camp arrival. The second phase is the adaptation as apathy state, as a self-protecting mechanism. There was also a pronounced irritability from

a chronic lack of sleep and apathy because the prisoners were suffering from malnutrition. The third phase consists in a kind of depersonalization, regressive behavior, denial, isolation of affect, and discharge of aggression through alternative channels such as dreams 58 , 61 , We can differentiate two forms of behaviors when committing suicide in Nazi KL a impulsive behavior, such as crossing SS guard lines to get shot or touching the electrified barbed wire fences and b premeditated suicide, by hanging up or poisoning. These methods require more reflexion, looking for isolated places or poison to have. Finally, it is noteworthy that some protective factors have been described 5 , 68 , such as desire to survive, familial responsibilities, children, fear of suicide or social censure, moral, or religious values. In Nazi KL, individual annihilation and depersonalization eliminated most of these protective factors. Other factors such familial separation, suspicion of death of relatives, physical suffering, illness, hopelessness or extermination certainty extermination could eliminate capacity to survive These camps did not have the same function as in the Nazi period; they were neither labor nor extermination camps. Nevertheless, living conditions were harsh and inmates were completely isolated from the outside world In these camps, there was hunger and cold, most of the barracks were overfilled, and insufficient hygiene, sanitation, and nutrition lead to illness and epidemics Nazi functionaries, including those responsible for block and cell units, members of SS, and Gestapo, and political prisoners sentenced by Soviet Military Tribunal were held in the camps, and others civilians were sent to these special camps without trial Data on suicides in Soviet special camps in Germany have not been published in the scientific literature, except the preliminary data provided by our group about Soviet Special Camp number 7, created in Sachsenhausen KL The number of reported suicides in this camp under Soviet rule " was not significantly higher than in the general population 75 and much lower than the number reported when the camp was under Nazi rule. This could be due to less atrocious conditions for prisoners, even when during the 5 years, 12, prisoners died from disease, hunger, and malnutrition. This can be explained by at least two reasons: In addition to this, finding the tools and opportunities to actively commit suicide in the Special Camps might not have been easy. However, we want to emphasize that a high number of suicides committed by general population, Nazi leaders, and lower officials, occurred in Germany around the period of German surrender in During , in the months around the end of the war, direct propaganda to the population exhorting to self-sacrifice and carrying cyanide capsules was quite common. Suicide levels reached their maximum in Berlin in April when no fewer than 3, people killed themselves The most commonly reported method for suicide in this Special Camp was hanging. Although it is not easy to establish, among the possible motivations for committing suicide, we can mention feelings of guilt for crimes committed, resignation or fear of punishment, and misguided understanding of the honor on the eve of criminal trials. Soviet Gulag Camps The gulag Glavnoie Upravlenie LAGerei was a Soviet system of concentration camps established just after the Russian Revolution that lasted into the early s, with a period of maximum activity between the late s and the early s. According to Applebaum 16 , between and , roughly 18 million Soviet citizens passed through the Gulag camps. But, if other people are also considered, such as exiled and prisoners of war, the total number could be up to almost 29 million. Soviet gulag camps differed from the Special camps created in Germany not only in the kind of prisoners mainly political opponents but also in the enforcement of the penalty of hard labor in order to support the industrialization of the Soviet Union Suicides in Soviet gulag camps have also been studied 29 , although data on suicide rates in these camps are often widely conflicting. Mortality in Soviet gulag camps and labor colonies was It should be taken into account that infectious diseases, malnutrition, and hunger were the global challenges faced in the immediate postwar era. There are no official statistics available regarding the number of prisoners who attempted or completed suicide in gulags and some authors claim that suicides and mental illnesses were very rare 79 , 80 , while others report numerous accounts of suicide Maybe only active suicides were reported as such, but passive suicides were not. On the other hand, as happened in Nazi KL, those groups of dying prisoners suffering from infectious diseases, starvation, and vitamin deficiency were called dokbodyagi by gulag inmates Some authors have described this behavior as a form of passive suicide Conclusion Suicides in KL are difficult to study because few documents are disposable, except data from interviews and testimonies.

Chapter 5 : Political Psychiatric Abuse Returns to Russia and Ex-Soviet States, Critics Say

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Abstract Between August and February , the Nazi concentration camp of Buchenwald was turned into the Soviet Special Camp Number 2 by the Soviet secret service to house individuals perceived as opponents of the Soviet system. We have investigated the system of health care for psychiatric patients in this camp. We have consulted and reviewed the archives of Buchenwald concentration camp Arkiv der Gedenkstatte Buchenwald. Archival documents regarding the Soviet period have been partially declassified recently. During its five years of operation, 28 prisoners were held. In Buchenwald, psychiatric patients were held in the Psychiatric Station barrack VIIc , guarded by a neuropsychiatrist and a nurse. The number of inmates who passed through this station is unknown, however, at one point there were more than The medical system run in Gulags for decades was already exported to camps created in German territory after the end of the war. The internment of dissidents in psychiatric centers was a common practice of the Soviet authorities. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4. The individuals held at this camp were real or perceived opponents of the Soviet system; some were imprisoned after being sentenced by Soviet military tribunals, others without trial, including Nazi functionaries, officers of the Wehrmacht, and political prisoners. In the first month that Special Camp Number 2 was established, a total of individuals interned there. During its five years of operation, prisoners were held 2. The camp was closed in March and demolished in October of the same year when the majority of prisoners were sent to East German prisons and other inmates were released. We calculate the mortality rate among prisoners in Special Camp Number 2 as 3. This data may be not entirely accurate, due to the fact that camp inmates were permitted no contact with the outside world, however, relatively real data are available. Soviet special camps were different from camps in the Soviet Union and were not labor camps. At the same time, reasons for inmate mortality are likely similar. In the special camps, there were hunger and cold, most of the barracks were overfilled, and insufficient hygiene, sanitation, and nutrition lead to illness and epidemics 5. At the same time, the camps also employed prisoner - physicians. In every Soviet camp, as in every Gulag, there existed a sanitary unit equipped with a barrack called Stationary where a physician worked with his staff 6. We have consulted and reviewed the archives of Buchenwald concentration camp, which was also the site of Special Soviet Camp Number 2 after the end of the Second World War, for the first time in relation to psychiatric care. The archive contains some data on the topic, which we will relate to the literature and discuss. In Buchenwald Soviet Special Camp, the medical complex included a kitchen, a disinfection area and five main clinics: There also existed a clinic for dentistry and one specifically for women. Other sections were created, including a psychiatric station VIIc. Under a chief medical officer for the camp, the majority of doctors on staff were German prisoners. In some cases specialists in one field were working in different fields: Supplies of medical drugs were insufficient and doctors had few options disposable to treat all kind of pathologies. As the single psychotropic drug, an antiepileptic was available. Epileptic patients were held with other inmates were considered invalids, such as blind people, however, not at the Psychiatric Station. Psychiatric patients were held in the barrack that housed station VIIc. A specialist in neuropsychiatry was the doctor in charge of the Psychiatric Station. A nurse who provided care, but did not administer any drugs, attended them. Patients could not receive visits from their relatives. This, together with the lack of pharmaceutical treatment, made their pathologies worse in many cases. At the beginning of , there were 14 psychiatric patients interned. In January , the General Mayor in charge of the camp gave the order to send 31 registered psychiatric patients to ordinary German hospitals to receive treatment. Regardless, in February there were still 19 prisoners registered as being held in the psychiatric station. Another file from June recorded that 62 inmates suffering from mental illness had to be vaccinated. The cases noted at this time included less severe forms of psychiatric illness than those noted before January of the year. Suicide was not common in the Soviet Special Camp at Buchenwald, as in other Soviet Special camps, such as Sachsenhausen 7 , and the few reported cases occurred in places out of the

barracks and none in the Psychiatric Station Arkiv der Gedenkstätte Buchenwald. The existence of psychiatric stations in postwar Soviet camps in Germany indicates the importance this medical specialty had to Soviet authorities. Starting after the end of World War II and increasingly since the early 1950s, Soviet authorities used psychiatric hospitals for the internment of political dissidents and persons exhibiting social behaviors that were unacceptable to the regime 8, 9. Collaboration between state-run psychiatric institutions, the police, and military officials are amply documented. No possibility to appeal the diagnosis and confinement existed for those patient-prisoners 8, 9. They were subjected to numerous humiliations, like sharing spaces with dangerous criminals and violent mental patients. They were also given overdoses of different psychotropic drugs neuroleptics, barbiturates or psychotomimetic agents for punitive purposes. In this framework of government-endorsed abuse, some prestigious psychiatrists actively participated. This contribution discussed archival findings in the context of medical treatment at Soviet Special Camp in Buchenwald from 1945 to 1952. Further research on other Soviet Special Camps in Germany is needed to conclusively compare the role of medical care in general and psychiatric care, in particular other camp and prison contexts. Footnotes Conflict of Interest: The authors declare no potential, including financial support, for the current study. History and Perception of Soviet Special camps in Germany. Justizverwaltung und politische Strafjustiz in Thüringen. Vom spurlosen Verschwindenlassen zur Benachrichtigungspflicht bei Festnahmen. Krypczik K, Ritscher B. Jede Krankheit konnte tödlich sein: Medizin in der NS-Diktatur. A history of the soviet camps. Involuntary hospitalization of political dissenters in the Soviet Union. Misuse and abuse of psychiatry: Oxford University Press; N Engl J Med. Psychiatry and political-institutional abuse from the historical perspective: Prog Neuropsychopharmacol Biol Psychiatry.

Chapter 6 : Russian/Soviet Military Psychiatry : Paul Wanke :

Psychiatric Terror: How Soviet Psychiatry Is Used to Suppress Dissent By Sidney Bloch; Peter Reddaway Basic Books, Read preview Overview *The Soviet Union in the s* By Erik P. Hoffmann Academy of Political Science,

They said they wanted to evaluate him. In May , the FSB charged him with criminal separatism after he declared: During his time there, according to his lawyers, Umerov was kept in an overcrowded room with severely mentally ill patients, denied access to his heart and diabetes medications and forced to go long stretches of time without food. According to his daughter, Ayshe Umerova, neither she nor the lawyers were allowed to see her father when he was hospitalized. The hospital staff and the FSB declined to comment on the matter. The facility released Umerov three weeks later, but he remained subject to prosecution. Victims would be released only after retracting ideas the authorities deemed dangerous to Kremlin rule. Discarded after the collapse of the Communist system, punitive psychiatry began to reappear again at the turn of the millennium in Russia under President Vladimir Putin, as well as in other post-Soviet states, critics say. A recent report by Federation Global Initiative on Psychiatry, an NGO that monitors human rights in psychiatry in the former Soviet Union, has recorded more than 30 cases from through April in which human rights activists and journalists have been illegally detained in psychiatric institutions for up to 10 years. Analysts believe the real number of cases is considerably higher. Human rights groups claim otherwise, saying Russian authorities have forced both adults and teenagers to submit to this practice. In May , year-old Gleb Astafyev was confined to a psychiatric institution for 15 days after a protest in Kurgan, a city some 1, miles east of Moscow. He had been demonstrating in support of the dissident performance artist Pyotr Pavlensky, who had spent a month in a mental hospital earlier that year. Astafyev says his hospital stay included five days in the special ward for mentally ill patients, some of whom yelled and pounded their fists at night. And then there was activist Alexei Moroshkin, who was forced to spend 18 months in a psychiatric clinic in Chelyabinsk, some 1, miles east of Moscow, until his release this June. Moroshkin was arrested in for promoting separatism on social media. He was reportedly given high doses of tranquilizers. The authorities in Chelyabinsk declined to comment. So, as in Soviet times, putting activists in psychiatric facilities sends a warning to other their fellow dissidents and tacitly undermines their credibility. The most prominent recent case, human rights groups say, involves Jamshid Karimov, an Uzbek journalist and a strident critic of the late President Islam Karimov, who was also his uncle. Uzbek authorities did not respond to inquiries about the case in time for publication. It was later discovered that officials arrested him and forcibly placed him in a psychiatric hospital in Samarkand, 60 miles from Jizzakh. Although initially ordered by a criminal court to undergo six months of treatment, Karimov was in fact not released until late “only to be readmitted for another five years shortly thereafter.

Chapter 7 : Paul Wanke (Author of Russian/Soviet Military Psychiatry (Cass Series on the Soviet)

This article examines Soviet military psychiatry and its performance during World War II, using both an historical and a comparative approach. It argues that Soviet military psychiatry had strong roots in pre-revolutionary Russian psychiatry, especially its emphasis on the materialistic view of mental illness.

Political abuse of psychiatry in the Soviet Union Save The Serbsky Central Research Institute for Forensic Psychiatry, also briefly called the Serbsky Institute the part of its building in Moscow There was systematic political abuse of psychiatry in the Soviet Union ,[1] based on the interpretation of political opposition or dissent as a psychiatric problem. These laws were frequently applied in conjunction with the system of diagnosis for mental illness, developed by Academician Andrei Snezhnevsky. Together they established a framework within which non-standard beliefs could easily be defined as a criminal offence and the basis, subsequently, for a psychiatric diagnosis. The Russian Federation acknowledged that before psychiatry had been used for political purposes and took responsibility for the victims of "political psychiatry. There was no compelling requirement to develop an alternative and more expensive psychiatric substitute. It directly served the authorities and those in power, and was headed by the Moscow Institute for Forensic Psychiatry named in honour of Vladimir Serbsky ; system two was made up of elite, psychotherapeutically oriented clinics. Such individuals were no longer tried in court. Instead they were given a psychiatric examination and declared insane. They were labeled as anti-Pavlovians, anti-materialists and reactionaries and subsequently they were dismissed from their positions. Nevertheless, for many Soviet psychiatrists "sluggish schizophrenia" appeared to be a logical explanation to apply to the behavior of critics of the regime who, in their opposition, seemed willing to jeopardize their happiness, family, and career for a reformist conviction or ideal that was so apparently divergent from the prevailing social and political orthodoxy. Stone stated that Western criticism of Soviet psychiatry aimed at Snezhnevsky personally, because he was essentially responsible for the Soviet concept of schizophrenia with a "sluggish type" manifestation by "reformerism" including other symptoms. Whenever manifestations of dissidence could not be justified as a provocation of world imperialism or a legacy of the past, they were self-evidently the product of mental disease. A crime is a deviation from generally recognized standards of behavior frequently caused by mental disorder. Can there be diseases, nervous disorders among certain people in a Communist society? If that is so, then there will also be offences, which are characteristic of people with abnormal minds. Of those who might start calling for opposition to Communism on this basis, we can say that clearly their mental state is not normal. Implementation and the legal framework On 29 April , Andropov submitted an elaborate plan to the Central Committee of the Communist Party of the Soviet Union to set up a network of mental hospitals that would defend the "Soviet Government and the socialist order" from dissenters. By , this had increased to psychiatric hospitals and 33, psychiatric beds, and by there were psychiatric hospitals and , psychiatric beds in the Soviet Union. Now that policy altered. A well-documented practice was the use of psychiatric hospitals as temporary prisons during the two or three weeks around the 7 November October Revolution Day and May Day celebrations, to isolate "socially dangerous" persons who otherwise might protest in public or manifest other deviant behavior. They were classified as: The advocates of human rights and democratization, according to Bloch and Reddaway, made up about half the dissidents repressed by means of psychiatry. The data on the total number of people who had been held in all sixteen prison hospitals and in the 1, "open" psychiatric hospitals remains unknown because parts of the archives of the prison psychiatric hospitals and hospitals in general are classified and inaccessible. We do not know how many the secret services kept under surveillance, held criminally liable, arrested, sent to psychiatric hospitals, or who were sacked from their jobs, and restricted in all kinds of other ways in the exercise of their rights. Further documents are held in the archives of 83 constituent entities of the Russian Federation, in urban and regional archives, as well as in the archives of the former Soviet Republics , now the 11 independent countries of the Commonwealth of Independent States or the three Baltic States Baltics. The scale of the application of methods of repressive psychiatry in the USSR is testified by inexorable figures and facts. A commission of the top Party leadership headed by Alexei Kosygin reached a decision in to

build 80 psychiatric hospitals and 8 special psychiatric institutions in addition to those already in existence. Their construction was to be completed by . In the course of the changes that the country underwent in , five prison hospitals were transferred from the MVD to the jurisdiction of the Ministry of Health, while another five were closed down. There was a hurried covering of tracks through the mass rehabilitation of patients, some of whom were mentally disabled in one and the same year no less than , patients were removed from the psychiatric registry. In Leningrad alone 60, people with a diagnosis of mental illness were released and rehabilitated in and . This was equivalent to the population of many civilized countries. Not one of them, it turned out, was in need of any psychiatric treatment. The Moscow Research Center for Human Rights headed by Boris Altshuler and Alexei Smirnov and the Independent Psychiatric Association of Russia whose president is Yuri Savenko were asked by Gushansky to publish the materials and archival documents on punitive psychiatry but showed no interest in doing so. The collected documents and materials allow us to say that the extrajudicial procedure of admission to psychiatric hospitals was used for compulsory hospitalization of persons whose behavior was viewed by the authorities as "suspicious" from the political point of view. According to the incomplete data, hundreds of thousands of people have been illegally placed to psychiatric institutions of the country over the years of Soviet power. The rehabilitation of these people was limited, at best, to their removal from the registry of psychiatric patients and usually remains so today, due to gaps in the legislation. In the and , about two million people were removed from the psychiatric registry at the request of Western psychiatrists. It was one of their conditions for the re-admission of Soviet psychiatrists to the World Psychiatric Association. It contains analysis of the abuse of psychiatry and eight arguments by which the existence of a system of political abuse of psychiatry in the USSR can easily be demonstrated. As Koryagin wrote, in a dictatorial State with a totalitarian regime, such as the USSR, the laws have at all times served not the purpose of self-regulation of the life of society but have been one of the major levers by which to manipulate the behavior of subjects. It was only instructions of the legal and medical departments that stipulated certain rules of handling the mentally sick and imposing different sanctions on them. Practically anybody could undergo psychiatric examination on the most senseless grounds and the issued diagnosis turned him into a person without rights. It was this lack of legal rights and guarantees that advantaged a system of repressive psychiatry in the country. In the Soviet Union, any psychiatric patient could be hospitalized by request of his headman, relatives or instructions of a district psychiatrist. The duration of treatment in a psychiatric hospital also depended entirely on the psychiatrist. All of that made the abuse of psychiatry possible to suppress those who opposed the political regime, and that created the vicious practice of ignoring the rights of the mentally ill. The lack of legal basis. The total nationalization of mental health service. Their interaction system is principally sociological: The lack of legal conscience in most citizens including doctors. Disregard for fundamental human rights on the part of the lawmaker and law enforcement agencies. Declaratory nature or the absence of legislative acts that regulate providing psychiatric care in the country. The USSR, for example, adopted such an act only in . The absolute state paternalism of totalitarian regimes, which naturally gives rise to the dominance of the archaic paternalistic ethical concept in medical practice. The fact, in psychiatric hospitals, of frustratingly bad conditions, which refer primarily to the poverty of health care and inevitably lead to the dehumanization of the personnel including doctors. Gluzman says that there, of course, may be a different approach to the issue expressed by Michel Foucault. Foucault answered it was not a question of a distortion of the use of psychiatry but that was its fundamental project. So commissions of psychiatrists and physicians should be substituted for the judicial apparatus. But, at the same time, we must protect society against him. But that did not prevent the "abuse" of such racial classification, because what we call its abuse was, in fact, its use.

Chapter 8 : Soviet Armed Forces - Wikipedia

Soviet theorists emphasised both the political and 'military-technical' sides of military doctrine, while from the Soviet point of view, Westerners ignored the political side. According to Harriet F Scott and William Scott, the political side of Soviet military doctrine, best explained the international moves that the Soviet Union undertook.

Soviet invasion of Poland On September 17, the Red Army marched its troops into the eastern territories of Poland now part of Belarus and Ukraine , using the official pretext of coming to the aid of the Ukrainians and the Belarusians threatened by Germany, [6] which had attacked Poland on September 1, The Soviet invasion opened a second front for the Poles and forced them to abandon plans for defence in the Romanian bridgehead area, thus hastening the Polish defeat. The Soviet and German advance halted roughly at the Curzon Line. The Molotov-Ribbentrop Pact , which had included a secret protocol delimiting the "spheres of interest" of each party, set the scene for the remarkably smooth partition of Poland between Germany and the USSR. The defined Soviet sphere of interest matched the territory subsequently captured in the campaign. Even though water barriers separated most of the spheres of interest, the Soviet and German troops met each other on a number of occasions. The most remarkable event of this kind happened in Brest-Litovsk on 22 September When the Soviet 29th Tank Brigade under the command of S. Krivoshein approached Brest-Litovsk, the commanders negotiated that the German troops would withdraw and the Soviet troops enter the city saluting each other. , [14] Swedish: Because the attack was judged as illegal, the Soviet Union was expelled from the League of Nations on 14 December. At the time Finns used the name to make clear its perceived relationship to the preceding Winter War of 30 November to 13 March , the first of two wars fought between Finland and the Soviet Union during World War II. Finland was a co-belligerent with Germany against the Soviet Union rather than an ally for the duration of the Continuation War. Barbarossa, " Great Patriotic War [edit] Main articles: Nazi Germany and its allies dominated most of the European continent. Only the United Kingdom in the West was actively challenging national socialist and fascist hegemony. Nazi Germany and Britain had no common land border, but a state of war existed between them; the Germans had an extensive land border with the Soviet Union, but the latter remained neutral, adhering to a non-aggression pact and by numerous trade agreements. For Adolf Hitler , no dilemma ever existed in this situation. Drang nach Osten German for "Drive towards the East" remained the order of the day. Even before the issuing of the directive, the German General Staff had developed detailed plans for a Soviet campaign. On February 3, , the final plan of Operation Barbarossa gained approval, and the attack was scheduled for the middle of May, However, the events in Greece and Yugoslavia necessitated a delay " to the second half of June. Their Axis opponents deployed on the Eastern Front divisions and 18 brigades 3. The first weeks of the war saw the annihilation of virtually the entire Soviet Air Force on the ground, the loss of major equipment, tanks, artillery, and major Soviet defeats as German forces trapped hundreds of thousands of Red Army soldiers in vast pockets. Soviet forces suffered heavy damage in the field as a result of poor levels of preparedness, which was primarily caused by a reluctant, half-hearted and ultimately belated decision by the Soviet Government and High Command to mobilize the army. Equally important was a general tactical superiority of the German army, which was conducting the kind of warfare that it had been combat-testing and fine-tuning for two years. The hasty pre-war growth and over-promotion of the Red Army cadres as well as the removal of experienced officers caused by the Purges offset the balance even more favourably for the Germans. Finally, the sheer numeric superiority of the Axis cannot be underestimated. A generation of brilliant Soviet commanders most notably Georgy Zhukov learned from the defeats, and Soviet victories in the Battle of Moscow , at Stalingrad , Kursk and later in Operation Bagration proved decisive in what became known to the Soviets as the Great Patriotic War. The Soviet government adopted a number of measures to improve the state and morale of the retreating Red Army in Soviet propaganda turned away from political notions of class struggle , and instead invoked the deeper-rooted patriotic feelings of the population, embracing Tsarist Russian history. Propagandists proclaimed the War against the German aggressors as the "Great Patriotic War", in allusion to the Patriotic War of against Napoleon. Repressions against the Russian Orthodox Church stopped, and priests revived the

tradition of blessing arms before battle. The Communist Party abolished the institution of political commissars although it soon restored them. The Red Army re-introduced military ranks and adopted many additional individual distinctions such as medals and orders. The concept of a Guard re-appeared: During the German-Soviet War, the Red Army drafted a staggering 29 million, in addition to the 4 million, in service at the beginning of the war. Of these 11 million, however, 10 million re-joined the ranks in the subsequently re-taken Soviet territory, and a further 1 million returned from German captivity. Thus the grand total of losses amounted to 8 million. The majority of the losses comprised ethnic Russians 5 million, followed by ethnic Ukrainians 1 million. Of these 8 million, the Soviets released 3 million from captivity after the war, thus the grand total of the Axis losses came to an estimated 5 million. In the first part of the war, the Red Army fielded weaponry of mixed quality. It had excellent artillery, but it did not have enough trucks to manoeuvre and supply it; as a result the Wehrmacht which rated it highly captured much of it. Red Army T tanks outclassed any other tanks the Germans had when they appeared in, yet most of the Soviet armoured units were less advanced models; likewise, the same supply problem handicapped even the formations equipped with the most modern tanks. The Soviet Air Force initially performed poorly against the Germans. The Manchurian Campaign[edit] Main article: Soviet forces also attacked in Sakhalin, in the Kuril Islands and in northern Korea. Japan surrendered unconditionally on 2 September The Cold War[edit] See also: A fourth service, the Troops of National Air Defence, was formed in 1945. The Ministry was briefly divided into two again from 1947 to 1949, but then was amalgamated again as the Ministry of Defence. Six years later the Strategic Rocket Forces were formed. Men within the Soviet Army dropped from around 13 million to approximately 2 million. In order to control this demobilisation process, the number of military districts was temporarily increased to thirty-three, dropping to twenty-one in 1955. Soviet law required all able-bodied males of age to serve a minimum of 2 years. As a result, the Soviet Army remained the largest active army in the world from 1945 to 1991. In the Soviet Union itself, forces were divided by the 1950s among fifteen military districts, including the Moscow, Leningrad, and Baltic Military Districts. The trauma of the devastating German invasion of 1941 influenced the Soviet Cold War military doctrine of fighting enemies on their own territory, or in a buffer zone under Soviet hegemony, but in any case preventing any war from reaching Soviet soil. As a result of the Sino-Soviet border conflict of 1969, a sixteenth military district was created in 1970, the Central Asian Military District, with headquarters at Alma-Ata. Military doctrine[edit] The Soviet meaning of military doctrine was much different from U.S. According to Harriet F Scott and William Scott, the political side of Soviet military doctrine, best explained the international moves that the Soviet Union undertook during the cold war. The Soviet Army came to back a Soviet-friendly communist government threatened by a multinational, mainly Afghan, insurgent groups called the mujahideen. The insurgents received military training in neighboring Pakistan, China, and billions of dollars from the United States, Saudi Arabia, and other countries. Technically superior, the Soviets did not have enough troops to establish control over the countryside and to secure the border. This resulted from hesitancy in the Politburo, which allowed only a "limited contingent", averaging between 80,000 and 100,000 troops. Consequently, local insurgents could effectively employ hit-and-run tactics, using easy escape-routes and good supply-channels. This made the Soviet situation hopeless from the military point of view short of using "scorched earth" tactics, which the Soviets did not practise except in World War II in their own territory. The understanding of this made the war highly unpopular within the Army. With the coming of glasnost, Soviet media started to report heavy losses, which made the war very unpopular in the USSR in general, even though actual losses remained modest, averaging per year. The war also became a sensitive issue internationally, which finally led General Secretary Mikhail Gorbachev to withdraw the Soviet forces from Afghanistan. The "Afghan Syndrome" suffered by the Army parallels the American Vietnam Syndrome trauma over their own unsuccessful war in Vietnam. Tactically, both sides concentrated on attacking supply lines, but Afghan mujahideen were well dug-in with tunnels and defensive positions, holding out against artillery and air attacks. The decade long war resulted in millions of Afghans fleeing their country, mostly to Pakistan and Iran. At least half a million Afghan civilians were killed in addition to the rebels in the war. The end of the Soviet Union[edit] This section includes a list of references, related reading or external links, but its sources remain unclear because it lacks inline citations. Please help to improve this section by introducing more precise citations. May Learn how and when to remove this template message Monument to

the Red Army in Berlin From around to , the new leader of the Soviet Union Mikhail Gorbachev attempted to reduce the strain the Army placed on economic demands. His government slowly reduced the size of the army. By Soviet troops had completely left their Warsaw Pact neighbors to fend for themselves. That same year Soviet forces left Afghanistan. By the end of , the entire Eastern Bloc had collapsed in the wake of democratic revolutions. As a result, Soviet citizens quickly began to turn against the Communist government as well. As the Soviet Union moved towards disintegration, the reduced military was rendered feeble and ineffective and could no longer prop up the ailing Soviet government. The military got involved in trying to suppress conflicts and unrest in the Caucasus and central Asia, but it often proved incapable of restoring peace and order. The next major crisis occurred in Azerbaijan , when the Soviet army forcibly entered Baku on January 19â€”20, , removing the rebellious republic government and allegedly killing hundreds of civilians in the process. On January 13, Soviet forces stormed the State Radio and Television Building and the television retranslation tower in Vilnius , Lithuania , both under opposition control, killing 14 people and injuring This action was perceived by many as heavy-handed and achieved little. By mid, the Soviet Union had reached a state of emergency.

Chapter 9 : Russian/Soviet Military Psychiatry, - Paul Wanke - Google Books

Psychiatry, like most professional fields in Russia, gained its legitimacy from its ability to serve the Tsar and later the Bolshevik party. The militarised nature of these governments meant that psychiatry would have to prove its worth to the military. This study will cover Russian/Soviet military.

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