

Psychiatric knowledge on the Soviet periphery: mental health and disorder in  
East Germany and Czechoslovakia, 1948-1975

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### Plagiarism Statement

I, Sarah Victoria Marks confirm that the work presented in this thesis is my own.

Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

## Abstract

This thesis traces the development of concepts and aetiologies of mental disorder in East Germany and Czechoslovakia under Communism, drawing on material from psychiatry and its allied disciplines, as well as discourses on mental health in the popular press and Party literature. I explore the transnational exchanges that shaped these concepts during the Cold War, including those with the USSR, China and other countries in the Soviet sphere of influence, as well as engagement with science from the 'West'. It challenges assumptions about the 'pavlovization' and top-down control of psychiatry, demonstrating that researchers were far from isolated from international developments, and were able to draw on a broad range of theoretical models (albeit providing they employed certain political or linguistic man). In turn, the flow of knowledge also occurred from the periphery to the centre.

Rather than casting the history of psychiatry as one of the scientific community in opposition to the Party, I explore the methods individuals used to further their professional and personal interests, and examples of psychiatrists who engaged – whether explicitly or reluctantly – in the project of building socialism as a consequence. I also address broader questions about the history of psychiatry after 1945, a period which is still overshadowed in the literature by 19th century asylum studies and histories of psychoanalysis. I argue that the generation of new theories of mental disorder often occurred through interaction with other fields in science and technology; including cybernetics, genetics, pharmacology and ecology, with the resulting nosologies, aetiologies and therapies often sitting in theoretical incoherence with one other. The place of these scientific disciplines in the broader political culture of Cold War Eastern Europe is fundamental to disentangling how both normal and abnormal human behaviour was understood, and how this in turn shaped social and political thought under socialism.

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## Introduction

Historian Roger Smith has claimed that the Human Sciences in Central and Eastern Europe, including psychology and psychiatry, were

‘stultified’ by pavlovization and ideological control from the Soviet Union.<sup>1</sup>

Smith’s claim goes without reference to primary or secondary sources, and is symptomatic of an enduring Cold War mentality in relation to the sciences in the region, which assumes that research produced under Communism was controlled from the Soviet centre and ideologically tainted in such a way as to render it pseudoscientific. Yet, as this thesis will show, the period from the Communist takeovers in 1948 to the early 1970s saw a burgeoning of new understandings of, and treatments for, mental disorders in East Germany and Czechoslovakia. Some of these drew upon pavlovian concepts in a broad sense, and others eschewed them altogether. These ranged from cybernetic models of depression, yoga-inspired autogenic relaxation therapies and acupuncture treatments for neurasthenia, through to LSD-fuelled psychoanalytic regressions to childhood, birth trauma and ancestral evolutionary states. These approaches stood in addition to the continuation of shock treatments and psychosurgery, sleep therapies, as well as the whole-scale importation of psychopharmaceuticals from the West, which were adapted and manufactured by state-owned companies.

Without placing value judgments on the efficacy or ethics of these approaches, it is clear that there was innovation beyond ‘pavlovization’ and the strictures of Stalinist ideology: Smith’s characterization of a stultified field does not hold weight in light of the available published and archival primary sources. How these categories, aetiologies and therapies came to be generated under the Communist regimes of Czechoslovakia and East Germany is the subject of this thesis, along with questions of how psychiatrists and allied professionals negotiated the political landscape in the interests of furthering their research. There were indeed instances where the limitations set by State Socialism did have an effect of the direction of research, or when individuals were prompted to employ certain political or linguistic strategies to

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<sup>1</sup> Roger Smith *The Fontana History of the Human Sciences* (London: Fontana, 1997), p. 189.



ensure publication or to protect their autonomy, but such activities were not restricted to the Communist world. For much of the period before 1968, psychiatric research and publishing was remarkably pluralistic, with some instances in which the Communist context actively enabled innovation. It is first worth considering how such complex phenomena in the region have come to be overlooked in favour of well-worn Cold War assumptions of simplified totalitarian ‘stultification’ and ‘control’.

### Historiographical Legacies of the Cold War

With a few notable exceptions that I will discuss, historical interest in scientific and medical research in the region has become scarce since the fall of the Berlin Wall. The recent burst of sophisticated historical research on ‘Cold War Sciences’ is telling in relation to this, with its focus being almost exclusively on American and occasionally British work.<sup>2</sup> While these authors do approach Western research work critically, this historiographical asymmetry remains an unfortunate testament to the cliché that ‘history is written by the victors’.<sup>3</sup>

The existing literature on psychiatry in the Soviet Union and East-Central Europe after 1945 – most of which was written contemporaneously - is dominated by concerns about the punitive use of psychiatry for political purposes, particularly in the post-Khrushchev period.<sup>4</sup> While these practices affected a significant number of

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<sup>2</sup> Jamie Nace Cohen-Cole, *The Open Mind : Cold War Politics and the Sciences of Human Nature*. (Chicago: University of Chicago Press, 2014); Mark Solovey and Hamilton Cravens (eds), *Cold War Social Science : Knowledge Production, Liberal Democracy, and Human Nature*. (Basingstoke: Palgrave Macmillan, 2014); Audra J. Wolfe, *Competing with the Soviets: Science, Technology, and the State in Cold War America*. (Baltimore: Johns Hopkins University Press, 2013); P. Erickson et al., *How Reason Almost Lost Its Mind* (Chicago: University of Chicago Press, 2013); David C. Engerman, ‘Social Science in the Cold War’, *Isis* 101 (2010), pp. 393–400; George A. Reisch, *How the Cold War Transformed Philosophy of Science: To the Icy Slopes of Logic* (Cambridge: Cambridge University Press, 2005); Mark Solovey, ‘Introduction: Science and the State during the Cold War: Blurred Boundaries and a Contested Legacy’, *Social Studies of Science*, 31 (2001), pp. 165–70.

<sup>3</sup> A quotation attributed to Winston Churchill, although no specific citation exists, and often used to illustrate the concept of ‘Whig History’. See also Herbert Butterfield *The Whig Interpretation of History* (New York: Norton, 1965). With regard to Cold War History, a field still in its infancy and often undergirded by contemporary political assumptions, this is an apt comparison.

<sup>4</sup> Association on the Political Use of Psychiatry International, *Soviet Psychiatric Abuse in the Gorbachev Era* (Amsterdam: International Association on the Political Use of Psychiatry, 1989); Robert van Voren, *On Dissidents and Madness: From the Soviet Union of Leonid Brezhnev to the ‘Soviet Union’ of Vladimir Putin* (Amsterdam: Rodopi, 2009); Robert van Voren, *Cold War in Psychiatry: Human Factors, Secret Actors* (Amsterdam: Rodopi, 2010); Sidney Bloch, *Diagnosis: Political Dissent: An Abridged Version of Russia’s Political Hospitals, the Abuse of Psychiatry in the Soviet Union* (London: Overseas Publications Interchange, 1981); Malcolm Harold Lader, *Psychiatry on Trial* (Harmondsworth: Penguin, 1977); Sonja Stüss, *Politisch Missbraucht?: Psychiatrie und Staatssicherheit in der DDR*, 2. (Berlin: Ch. Links, 1999).

individuals, and the appearance of this theme in recent historical investigations within former Communist countries is an important feature in the process of coming to terms with the past, this work only sheds light on one highly specific aspect of psychiatry in the region. More recently, a very small number of monographs on psychiatric institutions have appeared in both the German and Czechoslovak historiography, documenting the organizational structure of psychiatric treatment in the state-centralized context, with some discussion of therapeutic practices used at individual asylums and clinics.<sup>5</sup> The historiography to date thus concentrates primarily on questions of organization of psychiatric services and the application and misapplication of psychiatric practice. Little work has been produced on the questions of what theoretical frameworks underpinned these practices, and how these concepts were generated in the Communist context. Science and medicine more generally are often interpreted through the lens of the institutional structures in which they are situated, with comparatively little historical discussion of the actual content of scientific debates and publications.<sup>6</sup> While the historiography on the Soviet Union has paid more detailed attention to the conceptual content of science, this work is overwhelmingly restricted to the Revolutionary and Stalinist periods, with the Khrushchev and Brezhnev years remaining comparatively neglected, despite the centrality of science for Cold War politics.<sup>7</sup>

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<sup>5</sup> Evžen Vencovský, *Počátky České Psychiatrie XVIII. a XIX. Století*, 1. vyd. (Prague: Státní zdravotnické nakl, 1957); Josef Tichý, *Historie bohnické psychiatrie v letech 1903-2005* (Prague: Galén, 2006); Wolfgang Rose, *Anstaltspsychiatrie in der DDR: Die brandenburgischen Kliniken zwischen 1945 und 1990* (Berlin: Be.bra, 2005).

<sup>6</sup> Petr Svobodný and Blanka Zilynská, *Věda v Československu v letech 1945-1953 Sborník z konference* (Prague: Univerzita Karlova, 1999); Blanka Zilynská and Petr Svobodný, *Česká Věda a Pražské Jaro (1963-1970) Sborník z Konference* (Prague: Karolinum, 2001); Petr Svobodný and Ludmila Hlaváčková, *Dějiny lékařství v Českých zemích* (Prague: Triton, 2004); Jürgen Kocka, Peter Nötzoldt, and Peter Walther, *Die Berliner Akademien der Wissenschaften im geteilten Deutschland, 1945-1990* (Berlin: Akademie Verlag, 2002).

<sup>7</sup> Loren R. Graham, *Science, Philosophy and Human Behaviour in the Soviet Union* Loren R. Graham. (New York: Columbia University Press, 1987); N. L Krementsov, *Stalinist Science* (Princeton, NJ: Princeton University Press, 1997); Ethan Pollock, *Stalin and the Soviet Science Wars* (Princeton, N.J: Princeton University Press, 2006); Dan Healy (ed.) *Soviet Medicine: Culture, Practice, and Science* (DeKalb: Northern Illinois University Press, 2010).

## The National and Transnational Shaping of Research

Within History of Science scholarship, studies which address macro-political factors have become increasingly scarce since the 1990s, as Science and Technology Studies has turned towards smaller-scale studies of laboratory practice, local networks, and microhistories of institutions.<sup>8</sup> These are often the most suited sites of investigation for either the ethnographic methodologies of work inspired by Latour, or theorists of Sociology of Scientific Knowledge, for whom smaller scale studies are more suited to examinations of the impact of practice and experiment, or the institutional dynamics of explanation and theory-building. History of Science as a discipline remains heavily concerned with the politics of knowledge, but it is usually ‘politics with a small “p”’ which is accorded causal agency. As James Secord argues, this approach has its risks:

The process of situating knowledge ends up as a conclusion rather than a method: the same implicit epistemological lesson, that knowledge is ineluctably local and variable, is hammered home again and again. A second danger is that an emphasis on the local contexts of science can lead to parochial antiquarianism. We think we are making grand epistemological conquests, when in fact we are studying a few practitioners of a relatively esoteric activity. The best work in our field is valued for its methodological sophistication and exploration of fresh topics, but it is often seen as being exceedingly narrow.<sup>9</sup>

Attention to the locally-situated nature of scientific knowledge production is of course valuable, and this thesis uses a number of case studies including individuals, institutions and clinics, or particular research projects as a way to frame the history of psychiatric research. Nevertheless, the overall structure of this project uses comparisons of these cases to address larger scale questions about the impact of the political system and the Cold War context on the content of science and medicine.

Histories of medicine, and particularly psychiatry, have been more likely to use a wider-angled lens to examine larger-scale political and economic processes in

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<sup>8</sup> Amparo Gómez and Brian Balmer 'Ciencia y política: una cuestión de fronteras'. In A. Gómez, A. Rodríguez and A.F. Canales (eds.). *Estudios Políticos de la Ciencia: Políticas y Desarrollo Científico en el Siglo XX*. (Madrid: Plaza y Valdés, 2013). pp. 15-34

<sup>9</sup> James A. Secord, 'Knowledge in Transit', *Isis*, 95 (2004), p. 659.

the generation of theories, categories and treatments, especially with regard to the rise of psychopharmacology in the 20<sup>th</sup> century. Attention to comparative histories of psychiatry across different nation-states has also provided an important resource, although these have still been dominated by Western European (particularly Britain and the Netherlands, as a consequence of there having been more substantial funding for history of medicine in these countries) and North American cases.<sup>10</sup> A handful of published work on case studies in East German psychiatry exists, along with two historical monographs focusing on how broader political factors related to the development of psychology in the Soviet Union (these touch briefly on psychiatry, but not in much depth).<sup>11</sup> Two recent unpublished PhD theses by Benjamin Zajicek and Mathew Savelli have addressed psychiatry in the Soviet Union and Yugoslavia respectively. In addition, a number of excellent recent theses have approached similar questions relating to public health more broadly in Czechoslovakia and Hungary (by Bradley Matthys Moore and Dora Vargha), drug addiction interventions in Soviet Central Asia (Alisher Latypov) and the broader relationship between individual scientists and the state in Czechoslovakia (Riika Nisonen-Trnka).<sup>12</sup> There is a growing literature on the question of the relationship between Communism and science and

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<sup>10</sup> Marijke Gijswijt-Hofstra, Harry Oosterhuis and Joost Vijselaar, *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century* (Amsterdam: Amsterdam University Press, 2005); Marijke Gijswijt-Hofstra and Roy Porter, *Cultures of Psychiatry and Mental Health Care in Postwar Britain and The Netherlands*. (Amsterdam: Rodopi, 1998). Mark S. Micale and Roy Porter *Discovering the History of Psychiatry* (Oxford: Oxford University Press, 1994).

<sup>11</sup> Volker Hess, 'Psychochemicals crossing the wall. The introduction of psychoactive pharmaceuticals in the German Democratic Republic: a perspective from the new historiography of drugs', *Medizinhistorisches Journal*, 42 (2007), 61–84; V. Balz and M. Hoheisel, 'East-Side Story: The Standardisation of Psychotropic Drugs at the Charité Psychiatric Clinic, 1955-1970', *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, (2011); Ulrike Klöppel and Viola Balz, 'Psychopharmaka Im Sozialismus. Arzneimittelregulierung in Der Deutschen Demokratischen Republik in Den 1960er Jahren' *Berichte zur Wissenschaftsgeschichte*, 33 (2010), pp. 382–400; Wolfgang Rose *Anstaltspsychiatrie in der DDR: die brandenburgischen Kliniken zwischen 1945 und 1990*; David Joravsky, *Russian Psychology: A Critical History* (Oxford: Blackwell, 1989); Alex Kozulin, *Psychology in Utopia: Toward a Social History of Soviet Psychology* (Cambridge, MA: The MIT Press, 1984).

<sup>12</sup> Riika Nisonen-Trnka, 'Science with a Human Face: The Activity of the Czechoslovak Scientists František Šorm and Otto Wichterle during the Cold War.' (PhD Thesis, University of Tampere Finland, 2012).; Benjamin Zajicek 'Psychiatry in Stalin's Soviet Union, 1939-1950' (PhD Thesis, University of Chicago, 2009); Mathew Savelli 'Psychiatry in Communist Yugoslavia' (DPhil Thesis, University of Oxford 2011).; Alisher Latypov 'The administration of addiction: the politics of medicine and opiate use in Soviet Tajikistan, 1924-1958' (PhD Thesis, UCL, 2011); Bradley Matthys Moore 'Healthy Comrades: Hygiene and the Pursuit of a Communist Modernity in Czechoslovakia' (PhD Thesis, University of Wisconsin-Madison, 2012); Dora Vargha 'Iron Curtain, Iron Lungs: Governing Polio in Cold War Hungary' (PhD Thesis, Rutgers University, 2012). See also the recent edited volume, Mat Savelli and Sarah Marks (eds) *Psychiatry in Communist Europe*. (London: Palgrave Macmillan, 2015).

medicine, focusing on single-country examples and the interaction between the state, knowledge and practice.

Whilst drawing from these studies, I take a comparative national approach, using examples from both the GDR and Czechoslovakia, whilst situating them both in their broader transnational context. This is, in part, an attempt to move away from the ‘single nation’ approach which has become dominant in the history of the East European region. While it is not a comprehensive comparative analysis of all aspects of the psychiatric communities in both countries, it is designed to disentangle the nuances of this part of the Communist region, uncovering synchronicities as well as departures. The psychiatric communities of these two countries had much in common in the immediate post-war period, with Czechoslovak professionals also usually having German language as a legacy of the Habsburg Empire. While both nations had lost a significant number of doctors as a result of the war or through Jewish migration and the holocaust, this depletion was experienced by both nations. There is a degree to which the East German lands were more significantly materially devastated by the effects of the Second World War, however, and this did play out in terms of scarcity of resources.

East Germany and Czechoslovakia were the two most industrially developed countries of the Communist region of Central and Eastern Europe: both had experienced industrialization, the development of a middle class, and substantial development of universities, hospitals and research institutes from the late 19<sup>th</sup> Century and up through the democratic years of the inter-war period, as well as prestigious Academies of Sciences, professional associations, journals, and medical publishing houses.<sup>13</sup> Prague, as one of the key cities of the Habsburg Empire, was a prestigious centre, and many Prague-educated doctors of the nineteenth and early twentieth century were welcomed for collaboration or training by the medical communities of Germany and Austria, as well as France.<sup>14</sup> With the possible exception of Hungary, these countries had the most well-established psychiatric

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<sup>13</sup> See Alice Teichová *The Czechoslovak Economy, 1918-1980* (London: Routledge, 2010), pp. 1-45; Otto Urban *Česká společnost 1848–1918* (Prague: Svoboda, 1982). For more on East Germany in the post-war period, see Mary Fulbrook *Anatomy of a Dictatorship: Inside the GDR, 1949-1989* (Oxford: Oxford university Press, 1997), pp. 1-21. On German psychiatry before the Second World War see Eric Engstrom *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice* (Ithaca: Cornell University Press, 2004); Doris Kaufmann ‘Science as Cultural Practice: Psychiatry in First World War and Weimar Germany’ *Journal of Contemporary History*, 34 (1999), pp. 125-144.

<sup>14</sup> See Vladimír Vondráček *Lékař vzpomíná 1895–1920* (Prague: Avicenum, 1973) and Vladimír Vondráček *Lékař dále vzpomíná 1920–1938* (Prague: Avicenum, 1977).

communities of the region, with a strong legacy of research traditions and professional networks and resources. Given the structural similarities shared by both countries, they form the most appropriate pair for comparison. Furthermore, both nations had highly active psychiatric research communities who both produced substantial published output of an original nature under Communism, and who contributed to scientific debate and collaboration on an international level: and yet psychiatry in neither country has received substantial historical attention.

As a comparative study, it is not possible to include a full account of the history of psychiatry in both countries under Communism. My analysis uses a series of case studies from both countries to open up questions about how such a broad variety of approaches and concepts were generated, and how the individuals involved in their production related to the regime. In addition, this comparison raises the different trajectories of the political history of both regimes in terms of the levels of freedoms experienced by the profession, which in turn had an impact on the research produced in both. I have taken examples from both the Czech and Slovak language communities of Czechoslovakia, but the study is inevitably weighted towards the Czech lands as this was where the vast majority of research was carried out.<sup>15</sup> Comparative research is particularly important for elucidating both the historical specificities and commonalities of the ‘socialist experience’ across the region which, as Pavel Kolář has asserted, could differ remarkably according to the persistence of local traditions or the particular dynamics of the Communist Party within each nation.<sup>16</sup>

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<sup>15</sup> The Slovak lands were significantly underdeveloped in terms of infrastructure and largely agricultural until they were merged with Bohemia and Moravia to form the First Czechoslovak Republic in 1919. Expertise and material resources were then exported from the Czech lands into Slovakia to develop a healthcare system during the interwar period, but even by the beginning of the Communist period by which time there were several hospitals and a major university at Bratislava, academic research was still more substantially developed in the Czech lands. This is reflected in the disparity of articles in Czech and Slovak in the national psychiatric journal *Československá psychiatrie*: articles in the Czech language by authors based in Czech hospitals and university departments far outweighed those by their Slovak-speaking colleagues.

<sup>16</sup> Pavel Kolář ‘Communism in Eastern Europe’ in Stephen A. Smith *The Oxford Handbook of the History of Communism* (Oxford: Oxford University Press, 2014). To this end, there have been a number of recent historical projects specifically designed to compare particular themes across the countries of the region under Communism, such as the Institute for the Human Sciences in Vienna’s ‘Between Bukharin and Balcerowicz: A Comparative History of Economic Thought Under Communism’ established in 2014 [<http://triple-b-project.net/> accessed 12.1.15], or Loughborough University’s Leverhulme Trust-funded ‘Screening Socialism’ project analysing the state-run television media across the region [<http://www.lboro.ac.uk/departments/socialsciences/screening-socialism/> accessed 12.1.15].

Nevertheless, it is not only dynamics within the boundaries of the nation-state with which we should be concerned. I also take seriously James Secord's plea for attention to the transnational context of knowledge production, which is especially important for the post-war world, even under the restriction of Cold War conditions. As science travelled across national and linguistic boundaries, it is necessary to trace the 'different kinds of interactions, translations, and transformations' that occurred during these processes.<sup>17</sup> By exploring the international networks in which medical practitioners and scientists were able to participate, the myth of the 'isolation' of East European communities from the outside world is also deconstructed.<sup>18</sup> Through examination of memoirs, published material and archival records, I examine patterns of travel for study trips, conferences, cross-national collaboration, correspondence and methods of procurement of foreign research literature. I also pay particular attention to the translation of scientific literature into German, Czech and Slovak and the coverage of 'literature from abroad' in professional journals. Psychiatrists' selection and appropriation of concepts from foreign research work, and the ways in which these came to be used in the local context, will form a central focus of my analysis.

As the focus of the thesis is on the question of Communism, the analysis begins with the so-called 'Communist Takeovers' of 1948 and the establishment of the Party-led command economies of the German Democratic Republic (GDR) and the Czechoslovak Socialist Republic (ČSSR). Both may be referred to throughout the thesis by the more colloquial terms, 'East Germany' and 'Czechoslovakia'. There are, however, some case studies for which the context of the immediate post-1945 consequences of the Second World War are discussed, especially with regard to the impact upon resources and personnel, along with the surprising absence of 'trauma' studies in both countries by comparison with post-war psychiatry in Britain and America. My primary focus is on the 1950s and 1960s: this includes the late-Stalinist period, which is perceived to be the most ideologically dogmatic in terms of Party

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<sup>17</sup> James A. Secord, 'Knowledge in Transit', p. 669. For examples of where studies of have been conducted with this in mind, see work done on colonial contexts of science. For example, David Wade Chambers and Richard Gillespie, 'Locality in the History of Science: Colonial Science, Technoscience, and Indigenous Knowledge', *Osiris*, 15 (2000), pp. 221–40; Gyan Prakash, *Another Reason: Science and the Imagination of Modern India* (Princeton, N.J.: Princeton University Press, 1999). Scott L. Montgomery *Science in Translation: Movements of Knowledge Through Cultures and Time* (Chicago: University of Chicago Press, 2000); Kapil Raj *Relocating Modern Science: Circulation and the Construction of Scientific Knowledge in South Asia and Europe, Seventeenth to Nineteenth Centuries* (Delhi: Permanent Black, 2006).

<sup>18</sup> See again Roger Smith (1997), p. 189.

influence, and the period of ‘destalinisation’ after 1956; followed by the quite different trajectories of both countries in the 1960s. 1961 marked the construction of the Berlin Wall, and a period of increased restriction in East Germany; whereas the years from 1961 up until the 1968 invasion of Czechoslovakia saw a relative ‘permissiveness’ in many areas of culture, including science. While some of the case studies continue beyond 1969 as a consequence of their own internal chronologies, the turn of the decade marked the change of regime in both countries and this serves as the end-point for the thesis: the Soviet invasion of Czechoslovakia in 1968 was followed by the period of ‘normalization’ under Gustav Husák, during which a number of key doctors lost their positions or went into exile; and the government of Walter Ulbricht gave way to Erich Honecker’s regime in 1971, by which time a number of East German psychiatrists had also emigrated to the West. The 1960s in both countries is characterized as a period of ‘modernization’ with Party rhetoric focused on future-orientated narratives of the building of socialism with science, medicine and technology seen as key forces for achieving this. The 1970s, by contrast, are described as post-ideological periods of stagnation which mark a different era in the history of Communism of the region, and a full analysis of psychiatry after 1970 is beyond the scope of this thesis. As I show, however, a number of the concepts from the earlier period continued to flourish into the 1970s, suggesting that there was some resilience among the medical communities in spite of the loss of key individuals and increased travel restriction.

### Psychiatric Knowledge as an Object of Science and Technology Studies

It is striking that in the post-war period in particular, psychiatrists were often heavily engaged in understanding the potential that other fields of science and technology could offer in terms of building new aetiological theories and treatments. Consequently, in this thesis I focus particularly on the way in which understandings of disorder were built in relation to other areas of scientific knowledge. This necessarily results in this study casting the history of psychiatry firmly within a broader ‘History of Science’ framework. While it may be self-evident to the reader that psychiatry is closely related to science, there has been a strong movement within the historiography of psychiatry to move away from ‘intellectual history’ of concepts and research



towards a focus upon patient experience, clinical practice and the ‘social history of psychiatry’. While I acknowledge the huge importance of these issues, they do not form the focus of my thesis. In part, a social history of psychiatry under Communism would be especially difficult to write given the limitations on access to hospital and patient records in some countries.<sup>19</sup> Furthermore, there are considerable ethical implications for using patient records from such a recent historical period, where both patients and their families may still be living, and who have not given explicit consent for their records to be used for these purposes.<sup>20</sup> Beyond this, I argue that understanding the way in which psychiatric knowledge and practice came into being is crucial for understanding how these theories and categories could be appropriated and used in clinical practice and beyond. This is particularly important for the second half of the 20<sup>th</sup> century, as many of the traditions that have continued into contemporary psychiatric practice had their origins in this period.<sup>21</sup>

As such, in terms of methodology, I draw from David Bloor’s Strong Programme in the Sociology of Science in that I am concerned with the ‘conditions which bring about belief or states of knowledge’, where these causal conditions include social, economic and political ones in addition to knowledge claims and scientific evidence.<sup>22</sup> In addition, I maintain ‘impartial[ity] with respect to truth and falsity, rationality and irrationality’: the ontological status of the diagnostic categories discussed, or the varying successes of different treatment modalities, are not the object of my research. Instead, I am concerned with the origins and development of concepts of mental health and disorder, and the ways in which these were articulated. In order to do this I depart from more traditional histories of psychiatry by structuring the main analysis of the thesis as an exploration of the three main activities within psychiatry in which concepts of mental health and disorder are generated: nosologies, aetiological theory-building, and therapeutic approaches. Some themes occur

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<sup>19</sup> Although there are patient records available in the former East Germany, they are not available in the Czech and Slovak republics. In the cases where I have used patient records, they are anonymized within this thesis.

<sup>20</sup> This, I would argue, is an ethical issue often overlooked by social historians of medicine. While there is a political imperative for the historian to give a voice to those groups who have been under-represented in historical writings, of whom patients are of course one, the inability for these historical actors to give consent for their intimate medical records to be used means we should carefully consider whether they are viable sources for historical research. The fact that archives are available is not necessarily an ethical justification for using them.

<sup>21</sup> Particularly modern psychiatric genetics, cybernetic metaphors which resulted in cognitive models of psychology, pharmaceutical research, biochemical hypotheses of brain functioning in mental disorder, pavlovian behaviourism, and ecological theories of disorder, to name but a few.

<sup>22</sup> David Bloor, *Knowledge and Social Imagery* (Chicago: University of Chicago Press, 1991), p. 7.

coherently across all three areas, such as the category of ‘neurasthenia’ as a side-effect of modern industrialised society, which was considered to be treatable by conditioning through autogenic therapy (especially in the GDR) or through Chinese acupuncture (exclusively in Czechoslovakia). Other concepts, such as Vondráček’s cybernetic aetiology of depression, were not especially linked to nosological innovation, nor were they seen to imply any particular therapy. Many of these concepts had political and social valency: they could be appropriated for various purposes by the regime, and in some cases may have been in part designed – whether deliberately or reluctantly – with these agendas specifically in mind; whereas others appear to have been constructed without heed to the broader political realm. Psychopathy in particular was of key value for pathologizing certain elements of society or traits in Western culture.

As it is therefore the psychiatrists themselves as actors, and the theories and approaches they generated, that are my primary objects of study, their activities and writings can also illuminate the nature of the relationship between the profession and the Party under the regime, thus also offering a new contribution to the cultural history of science under Communism. Here I draw from historians of the Soviet Union such as Stephen Kotkin, who have become concerned with the way in which citizens learned to “speak Bolshevik”, appropriating the language of the regime for their own purposes and, in some cases, internalizing the values contained in these scripts.<sup>23</sup> While there are certainly many cases in this thesis in which psychiatrists “spoke Bolshevik”, the conviction with which they did so varied considerably. Yet, by using the language, they were unwittingly replicating it, and creatively participating in the socialist project. There were also those who did not even attempt to learn to speak the language; some of whom were important enough never to have the need for it, others who were able to hide under the protection of those who were fluent in it, and still others whose refusal to speak it resulted in demotion or exile.

Rather than considering the production of psychiatric concepts and theories as a product of top-down totalitarian control by the state, I draw from scholars such as Loren Graham and Nikolai Kremmentsov.<sup>24</sup> Their work has used similar approaches to

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<sup>23</sup> Stephen Kotkin, *Magnetic Mountain: Stalinism as a Civilization* (Berkeley: University of California Press, 1997); Anna Krylova, ‘Soviet Modernity: Stephen Kotkin and the Bolshevik Predicament’, *Contemporary European History*, 23 (2014), pp. 167–92.

<sup>24</sup> Loren R. Graham, *Science, Philosophy and Human Behaviour in the Soviet Union* (New York: Columbia University Press, 1987); Nikolai Kremmentsov *Stalinist Science* (Princeton: Princeton

language and narrative as that of Kotkin to draw out the complex interplay of power relations within Soviet science, highlighting the possibilities that existed for unexpected pluralism and competing theories, even under the more constrained years of Stalinism. To further this interpretation, one can borrow Sheila Jasanoff's more recent 'idiom of co-production' of science and technology: norms in knowledge and practice arise out of negotiations and compromises between individuals, institutions and political concerns (in her work on science and democracy, these actors are often termed 'stakeholders') in response to observed phenomena.<sup>25</sup> In turn, while social factors shape the content of science and technology, scientific knowledge can profoundly shape social practices: science and society co-produce each other. Although much of Jasanoff's work has dealt with science in democratic societies, I assert that this way of conceptualizing knowledge production is just as appropriate for approaching Communist societies.<sup>26</sup> As much recent scholarship on the Soviet Union and its East European satellites has shown, totalitarian binary narratives have misrepresented the complexity of social relations in the region.<sup>27</sup> This is particularly so for the Central European countries, where long-standing institutions and organizations such as universities and research institutes, officially recognized professional associations and publishing houses continued to exist as stakeholders with their own degree of influence and power; along with important inter-personal networks (including the infamous Central European phenomenon of intellectual 'circles') as well as agreements between individuals. There is no doubt that the Communist Parties themselves were the single most powerful stakeholder in terms of the potential to control, shape or inhibit research through allocation of funds, censorship or sheer coercion and threat of imprisonment; but they were by no means the only stakeholder, and there were many cases in which these powers were not

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University Press, 1997).

<sup>25</sup> See Sheila Jasanoff 'The Idiom of Co-Production' in Sheila Jasanoff *States of Knowledge: Science and the Social Order* (London: Routledge, 2004), pp. 1-8.

<sup>26</sup> The most developed application of these arguments are outlined with relation to biotechnologies in Sheila Jasanoff *Designs on Nature: Science and Democracy in Europe and the United States* (Princeton: Princeton University Press, 2007).

<sup>27</sup> The list of books one could cite here is vast, but see, for example R. Barry Farrell (ed.) *Leadership in East European Communism, 1945-1970* (Piscataway, N.J.: Transaction Publishers, 2011); Polly Jones (ed.) *The Dilemmas of De-Stalinization. Negotiating Cultural and Social Change in the Khrushchev Era* (London: Routledge, 2006); Paulina Bren *The Greengrocer and his TV: The Culture of Communism after the 1968 Prague Spring* (Ithaca: Cornell University Press, 2012); Paulina Bren and Mary Neuberger (eds) *Communism Unwrapped: Consumption in Cold War Eastern Europe* (Oxford: Oxford University Press, 2012). For a more polemical yet insightful critique of the totalitarian paradigm see Slavoj Žižek *Did Somebody say Totalitarianism?* (London: Verso, 2001).

exercised at all, or in which compromises were reached. We must also acknowledge the instances in which the power of the Party was a positive one, facilitating academic contacts and research trips across the Communist world, thus providing opportunities which would not otherwise have been available to Czechoslovak or German researchers.

Many of these frameworks of analysis in science studies, as well as recent historiographical work on the micropolitics of Communist societies, have been explicitly influenced by Michel Foucault. Following Foucault's work on 'psychiatric power' and 'governmentality', understanding the co-production of science and society is particularly important with regard to the so-called 'psy-disciplines'.<sup>28</sup> As Eva Illouz argues in her analysis of therapeutic discourse in America, examining the creation of 'knowledge formations' is specifically valuable as they 'have come to shape who we are because they are enacted within social institutions that bestow authority on certain ways of knowing and speaking and routinize them so that they may become invisible semiotic codes that organize ordinary conduct and structure the interaction rituals of the self'.<sup>29</sup> A further mode of explanation for the impact that psychiatric knowledge can have upon the social world is Ian Hacking's looping effect: 'to create new ways of classifying people is also to change how we can think of ourselves, to change our sense of self-worth, or even how we remember our own past. This in turn generates a looping effect, because people of the kind behave differently and so are different'.<sup>30</sup>

The power of psychiatric knowledge has been clearly acknowledged by scholars of the history, sociology and philosophy of the human sciences, yet there has been an assumption among key Foucauldian scholars of the psy-disciplines that such dynamics are more relevant – or even unique – to democratic and liberal societies. Shortly after the fall of Communism in Europe, sociologist Nikolas Rose argued that

In the liberal democratic capitalist societies of "the West", psychological expertise has made itself indispensable, not only to the regulation of domains from the factory to the family, but also in the ethical systems according to which citizens live their lives...[it]

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<sup>28</sup> See particularly Michel Foucault *Psychiatric Power: Lectures at the Collège de France, 1973-74* (London: Palgrave MacMillan, 2006); Michel Foucault *Madness and Civilization: A History of Insanity in the Age of Reason* (London: Vintage, 1988). See also Nikolas Rose *Governing the Soul: The Shaping of the Private Self* (London: Free Association Books, 1999).

<sup>29</sup> Eva Illouz *Saving the Modern Soul: Therapy, Emotions and the Culture of Self-Help* (Berkeley: University of California Press, 2008), p. 7.

<sup>30</sup> Ian Hacking 'The Looping Effect of Human Kinds' in A.J. Premack, D. Premack, and D. Sperber (eds.), *Causal Cognition: A Multidisciplinary Debate* (Oxford: Clarendon Press, 1995), p. 369.

underpins authority with an ethico-therapeutic rationale and provides an ethical technology for the shaping of autonomous selves. These features of the ‘techne’ of psychology are intrinsically linked to the problematics of liberal democracies which seek to govern through privacy, rationality and autonomy. They also have implications for the current transformations in the societies of “Eastern Europe”.<sup>31</sup>

As I demonstrate in this thesis, such normative technologies of the self had already played a significant role in the socialist projects of Eastern Europe for decades before 1989. The imperative for the individual – or indeed the family unit – to take responsibility for their own mental hygiene was a key trope in both popular and academic psychiatric literature under Communism. There are innumerable instances from the primary literature which give testament to the priority accorded to promoting preventative practices such as autogenic relaxation techniques, mental hygiene films in schools, or education about the causes for neurosis in state-published women’s magazines, to name but a few. While the emphasis was not upon autonomy and privacy as in liberal democracies, but upon the place of the individual in the collective endeavor to build a rational, healthy socialist society, the technologies that were promoted in the interests of achieving these goals were often remarkably similar across East and West. Furthermore, as I discuss in chapter two, categories such as ‘psychopathy’ which supposedly encompassed activities found among ‘hippies’ and ‘hooligans’ were actively promoted in an attempt to regulate social behaviours, not unlike similar discourses about counterculture groups in Western Europe and North America. The indispensable ‘techne’ of the psy-disciplines should be seen as a facet of modern state governance in the 20th century, rather than being unique to liberal democracy.

In order to fully understand the socialist experience in Eastern Europe we therefore need to pay attention to the formation and use of concepts and practices from psychiatry and its related disciplines. By doing so, this thesis also contributes to a fuller understanding of the modern history of psychiatry and mental health, a field which is burgeoning, particularly in terms of developments after 1945.<sup>32</sup> Unless we turn our attention to the psychiatric knowledge formed on the ‘other’ side of the Cold

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<sup>31</sup> Nikolas Rose ‘Experts of the Soul’, *Psychologie und Geschichte* (1991), p. 91.

<sup>32</sup> For a detailed examination of recent scholarship and the substantial areas of research which remain, see Volker Hess and Benoit Majerus, ‘Writing the History of Psychiatry in the 20<sup>th</sup> Century’ *History of Psychiatry*, 22 (2011), pp. 139-145.

War divide, historians and policy-makers are at grave risk of ignoring the ways in which contemporary concepts and practices in those countries are still shaped by the legacy of developments before 1989; as well as overlooking the contribution that researchers from ‘the East’ made to the international scientific community.

Finally, my thesis aims to respond to an unanswered question posed by historian Greg Eghigian in 2002, namely, ‘was there a Communist Psychiatry?’.<sup>33</sup> I demonstrate that there was no overall, unified psychiatry during this period, and that there was a surprising plurality of approaches in both East Germany and Czechoslovakia under Communism. Yet within this, there were a number of instances in which Communism shaped psychiatric thought and practice in both constructive and destructive ways. There was also a striking congruity between the overall goals of the psy-disciplines as technologies for the improvement of humanity, through the mitigation of suffering and improved effectiveness in the social and industrial realm, and the goals of the socialist project overall, resulting in a degree of symbiosis between the Communist Parties and the psychiatric research communities. As such, while concepts and practices within psychiatry were often locally specific, both the profession and the regimes shared a language of high modernity which was emblematic of the mid-20<sup>th</sup> Century, and ubiquitous across the Soviet sphere of influence.<sup>34</sup>

### A Note on Sources

In terms of published sources, I analyze academic journals, research monographs, psychiatrist's published memoirs, published oral history accounts, Party newspapers and – where relevant – articles written by psychiatrists and neurologists in the popular press. In terms of archives, my sources are drawn from the archives of the Academy of Sciences of the Czech Republic (including the personal papers and correspondence of the psychiatrist Vladimír Vondráček and the neurologists Kamil

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<sup>33</sup> Greg Eghigian, ‘Was There a Communist Psychiatry? Politics and East German Psychiatric Care, 1945-1989’, *Harvard Review of Psychiatry*, 10 (2002), p. 364.

<sup>34</sup> There is a substantial historiographical literature on ‘socialist modernity’ in the Soviet Union, but this mode of analysis is still in its infancy with respect to other countries in the Central and East European region. See, for example, Sheila Fitzpatrick ‘The Soviet Union in the Twenty-First Century’ *Journal of European Studies*, 37 (2007), pp. 51-71; Michael David-Fox ‘Multiple Modernities vs. Neo-Traditionalism: On Recent Debates in Russian and Soviet History’ *Jahrbücher für Geschichte Osteuropas*, 54 (2006), pp. 535-555; Benjamin Robinson *The Skin of the System: On Germany’s Socialist Modernity* (Stanford: Stanford University Press, 2009).

Henner and Oldřich Starý), and the personal papers of Stanislav Grof and Milan Hausner at the Archives of Purdue University, Indiana. For East Germany, I use sources from the archives of the Institute for the History of Medicine at the Charité Hospital, Berlin and the archives of Humboldt University (including the personal papers of Rudolf Thiele and Karl Leonhard).

## Chapter Structure

### Chapter 1: The Limits of Sovietization and Pavlovization: Psychiatry in the Early Years of Communism.

This chapter examines the effects upon psychiatry of the political transitions of the immediate post-war period, through to the impact of destalinization and Khrushchev's Secret Speech in 1956. The legacies of pre-war trends in psychiatric theory will be discussed, with particular reference to those individuals – such as Karl Leonhard, Josef Charvát, and Vladimír Vondráček – who continued to pursue work after 1945 that had been initiated in the inter-war period. It is necessary also to address the consequences of Nazi psychiatry and subsequent denazification in both East Germany and the occupied lands of Bohemia and Moravia.

The rise of the Communist Parties to power in the late 1940s is characterized in the historical literature as a period of Sovietization in higher education and science in general, and of Pavlovization in medicine, psychology and the biological sciences in particular, but this chapter demonstrates the degree to which these claims can be questioned based on the primary sources. The Sovietization of the Academies of Sciences, the universities and the psychiatric services in both countries is discussed, and I raise the question of how the sciences of psychopathology were positioned in relation to these institutions, and the extent to which medical professionals (including psychiatrists) possessed a degree of autonomy that was not shared by scientists whose research fields fell more clearly under the auspices of the Academies of Science. In turn, I will look at the institutions that represented and governed psychiatrists and neurologists, and their relationship with the Party authorities. These professional societies in both the GDR and Czechoslovakia co-operated with the so-called 'Pavlovian Sessions' – modeled on similar meetings convened by Stalin in the USSR – in which psychiatrists and neurologists passed motions where they agreed to adopt Pavlov's theories of higher nervous activity as the official explanation for nervous and

mental phenomena. I examine the proceedings of these sessions, and explore the impact that they had on research and teaching using published sources from journals, research monographs and official text books in order to determine the extent to which we can claim that psychiatry had been ‘Pavlovized’ by 1956, and the limitations of these efforts.

1956 marks a watershed in the political history of the Soviet Union and its satellite states that had a significant impact on intellectual and cultural life in the USSR itself. Khrushchev's Secret Speech and the initiation of destalinization enabled a loosening of ideological control over scientific research. While the historiography of the Soviet ‘Thaw’ is now well developed, there are comparatively few studies that deal with the similar time-period in East-Central Europe. As part of this, I examine the debates surrounding psychoanalysis, and its resilience in research and practice despite its status as an officially banned ideology. Thus, I explore how far we can see events in Czechoslovakia and East Germany as mirroring the cultural and political processes in the Soviet Union, questioning the very legitimacy of using such terms as ‘Stalinization’ and ‘destalinization’ in these contexts.

## Chapter 2: Nosologies and Diagnostic Categories

Before exploring the theoretical models used to explain psychopathology, it is necessary to examine the diagnostic classification systems used to distinguish between different mental disorders. This must be carried out in an internationally comparative context. Whilst both the GDR and Czechoslovakia made use of the World Health Organizations International Classification of Diseases, there was still significant debate over the classification of mental disorders within the psychiatric community, with new and opposing classification systems being drawn up at the Charité clinic in Berlin under its director Karl Leonhard, a psychiatrist who migrated to the post from Frankfurt based on research he carried out there since the 1930s. In addition, some categories that did not occur in the ICD were used in practice and research.

This chapter reconstructs the ways in which certain diagnoses were defined, with particular focus upon schizophrenia and the so-called ‘endogenous psychoses’, and neurasthenia, which endured as a category within the region well beyond its use in the West. I analyse these categories in a comparative context with the newly



developed diagnostic manuals published by the American Psychiatric Association (DSM) and the World Health Organization (ICD). In addition, I compare these classifications used in the Soviet Union, particularly given the changes in the definitions of schizophrenia associated with the dominant Snezhnevsky school, which drew in part upon arguments made in East Germany by Karl Leonhard in the 1950s and '60s.

Given the political potency of some diagnostic categories, this chapter will also explore psychiatrists' use of classifications such as 'psychopathy' for social and political purposes, as a means of pathologizing certain behaviours, belief systems, and social groups both domestically and in the West. Such labeling practices are further illustrations of the ways in which the interests of the psychiatric community converged with the political priorities of the regime, appropriating knowledge from the psy-disciplines to proscribe particular behaviours and beliefs.

### Chapter 3: Aetiologies

As discussed above, the political events of 1956 allowed for a broader degree of pluralism in terms of theoretical explanations for the causes of mental disorder. This chapter brings to the fore some of the dominant aetiological trends discussed in the psychiatric literature, focusing upon the years between 1956 and 1968. I assess the provenance of these theories, in terms of the sources on which the authors were able to draw in an international perspective, along with the debates surrounding their philosophical validity in the socialist context. I also explore how new understandings of mental disorder were generated through interaction with emerging sciences and technologies, with a focus on causal models drawn from genetics, cybernetics, human ecology and psychedelic research. I will also discuss the resilience of particular aetiological theories drawn from Pavlov after 1956, which continued to be influential in the GDR to a greater degree than in Czechoslovakia. The way these themes emerged in both countries will be examined, but I have listed below a number of case studies that I will explore in further depth, which may focus on literature from one country to a greater extent than the other.

Arguments about the genetic determination of mental disorder were particularly prevalent in the East German literature, and were advocated by the country's most prominent psychiatrist, Karl Leonhard, Director of the Institute of

Neurology at the Charité Hospital in Berlin. The findings of this research project led Leonhard to propose a multidimensional model of aetiology which accorded importance to genetics and neuroanatomy, as well as social and psychological factors.

The Prague Experimental Psychosis Project ran from 1954 to 1965, and made use of psychedelic substances to simulate what was thought to be a model psychotic state in healthy volunteers, allowing for comparative tests to be carried out with psychiatric patients. This coincided with the development of a number of biochemical aetiologies of the cause of schizophrenia, such as the 'serotonin theory'. The ultimate failure of the project to demonstrate a positive correlation between the two resulted in a number of psychiatrists turning towards more sociogenic models of mental disorder.

Cybernetic concepts based on theories of automation, control and information processing, became popular in psychiatric literature after the discipline was rehabilitated by the end of the 1950s. This corresponded with a contemporaneous and visible interest in early computer technologies and mind-machine analogies, which remained controversial in the psychiatric literature throughout the period. The work of Czechoslovak psychiatrists Vladimír Vondráček and Zdeněk Wünsch reinterpreted depression through cybernetics, as a disorder of information processing in the brain – the resulting papers were published in both the Czechoslovak and East German psychiatric press. I will use this research as a lens through which to examine the debates surrounding the nature of mind and its interaction with the environment, and the problems posed by attempts to reconcile these concepts with principles of dialectical materialism.

Human Ecology became a focus for the Czechoslovak Institute of Neurology and Psychiatry in the late 1960s, under the encouragement of the Rector of Charles University, the neurologist and senior Communist Party member Oldřich Starý who had been advocating what he described as a 'humanistic' approach to neurology and psychiatry since 1962. His 'Humanism manifesto', published in the journal *Československá neurologie*, argued against the biological, genetic and sociological reductionism in explanations of psychopathology, and advocated an integrated approach to understandings of the mind that remained materialist but which accepted the impact of the individual's social and physical environment.<sup>35</sup> The Czechoslovak human ecology project of 1968 came to fruition through collaboration with Harry B.

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<sup>35</sup> Oldřich Starý 'Manifest humanismu' Supplement to *Československá neurologie*, Vol. 25 (1962), pp. 77-9.

Friedgood of the Palo Alto Mental Research Institute, a body that was closely associated with Gregory Bateson's work on schizophrenia, and with funding from the Ford Foundation. Concern with environmental factors, particularly the impact of modern technology and industrial processes on neurotic disorders such as neurasthenia, were also a concern in the GDR.

#### Chapter 4: Therapies

This chapter explores the different therapeutic modalities used under communism, at a time of heroic treatments such as insulin coma therapy and the new psychopharmaceuticals such as the neuroleptics. I discuss the adoption of Pavlovian sleep therapy, and the reasons for its abandonment after 1956 in Czechoslovakia and later in East Germany. Therapeutic innovations also occurred during the Communist period. As such, this chapter explores case studies in both countries: in particular, this included the development of autogenic relaxation therapies at the University clinic in Jena, and their inscription within a pavlovian model. I also discuss the disparity between the GDR and Czechoslovakia in terms of the uptake of Chinese acupuncture practices for neuroses, which were vehemently rejected in the former, but enthusiastically and officially adopted in the latter. In the Czechoslovak case I discuss the long-running LSD psychotherapy projects in Prague, which utilized LSD as an accelerant to individual psychotherapy making use of artistic expression, and drew on models of the unconscious from Freud, Jung and Rank.

#### Concluding Chapter

The body of the thesis is focused around the period from the Communist take-overs up to the Soviet invasion of Czechoslovakia following the Prague Spring of 1968. As there has been no detailed analysis of psychiatric thought in either country during the Communist period, the concluding chapter will also discuss some of the legacies of the 1950s and '60s for the period after the political changes of the 1970s, and the extent to which research was restricted in the later years of Communism. I argue that there was an adverse impact on the pluralism that had been achieved prior to 1968, with psychoanalysis being driven further underground and a number of psychiatrists emigrating to the West or being forced from their positions. That said, international

correspondence, research trips and conference attendance in the West were still possible for many psychiatrists until the end of the 1970s, and while the variety of theoretical interpretations that could be published on was restricted, it cannot be said that there was a further 'Sovietization' of psychiatry in the Normalisation or Honecker periods.

This chapter also draws together the main themes that emerge from the primary sources, and the congruities and disparities in concepts of mental disorder across nosological, aetiological and therapeutic modalities. I discuss the variety of ways in which psychiatrists interacted with the regimes, and how these relationships came to shape their research, as well as the ideological commonalities which were shared by the psychiatric profession and the socialist project as a whole.

## Chapter 1

### The Limits of Sovietization and Pavlovization: Psychiatry in the Early Years of Communism.

Understandings of, and treatments for, mental illness in both Czechoslovakia and East Germany were developed or perpetuated within a broader political context professionalized science and medicine under new political regimes. Historians have characterized the processes from 1948 to 1956 as the Communist ‘take-overs’ and Sovietization, followed by a ‘destalinization’ process in Czechoslovakia and the Soviet Union (with East Germany following an alternative periodization as a result of the construction of the Berlin Wall in 1961). This chapter examines the legacies of the inter-war period and the Nazi regime for psychiatry in the early Communist period, and the extent to which processes such as ‘Sovietization’, ‘Stalinization’ and ‘Pavlovization’ can be said to have successfully occurred in comparison with contemporaneous developments in the Soviet Union.<sup>36</sup>

#### 1.1 Narratives of late-Stalinism and Sovietization: Periodizations in the USSR

Recent archive-focussed research on the period between 1945 and 1964 has led to a reconsideration of both ‘late Stalinism’ and the Khrushchev years as significant and under-studied periods in Soviet history, which deserve scrutiny in their own right. Much of the literature from political science and ‘kremlinology’ has paid little attention to diachronic variation within the period from the late 1920s to 1953 in particular, using ‘Stalinism’ or ‘totalitarianism’ as generalized terms.<sup>37</sup> At most, the years 1945-53 are traditionally discussed in terms of a ‘bizarre appendix’ to the Stalin period, overshadowed by the more oft-studied 1930s and the war.<sup>38</sup> The Khrushchev period has also been treated in the context of a post-Stalinist ‘thaw’, but recent

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<sup>36</sup> These terms are themselves constructions of Cold War historiography which have continued to be used into the post-Soviet era and, as such, questioning the extent to which they can be considered valid descriptions of the historical processes in itself suggests a reassessment of the way the historiography has been framed so far. See, for example. Norman Naimark, ‘The Sovietization of Eastern Europe, 1944–1953’, in *The Cambridge History of the Cold War*, Melvyn P. Leffler and Odd Arne Westad (eds) (Cambridge: Cambridge University Press, 2010), pp. 175–97.

<sup>37</sup> Sheila Fitzpatrick ‘Late Stalinism in Historical Perspective’ in Juliane Fürst, *Late Stalinist Russia: Society Between Reconstruction and Reinvention*, (Abingdon: Routledge, 2006), p269.

<sup>38</sup> Juliane Fürst, *Late Stalinist Russia: Society Between Reconstruction and Reinvention*, p. 1.

research analyses the years between 1956-64 in terms of the constructive ‘re-launching’ of the Soviet project, with active attempts to revivify socialist thought and practice, often along utopian lines. It has been argued that the war itself should be seen as the decisive point of change, as it laid the ground for the ‘Thaw’ of the late 1950s, sowed the seeds for later stagnation, and opened up the potential for the eventual collapse of the Soviet project.<sup>39</sup> Attempts to rebuild the Soviet Union, after the effects of war, went beyond merely a reconstruction effort, and constituted a process of reorientation as the international political situation had shifted dramatically.<sup>40</sup> There is also evidence to show that reforms were seriously considered within the Party bureaucracy itself before Stalin’s death, but that these were considered unlikely to be possible while he was still alive.<sup>41</sup> Juliane Fürst’s work on the younger generation in the late 1940s reveals a rigid and dogmatic system that unwittingly allowed for a variety of ways of living and modes of conduct that were, ‘always a conglomerate of officially endorsed behaviour and officially unsanctioned practices’.<sup>42</sup> These observations resonate with Nikolai Krementsov’s analysis of science in the USSR after the Michurinist campaign of 1948. While the Party attempted to impose ideological control over the scientific community at the start of the Cold War, insisting that Marxist science was categorically different in its theoretical substance to western science, scientists were able to evade such control through careful use of the Party’s favoured ‘rituals and rhetoric’ to their own advantage.<sup>43</sup>

Levels of Party intervention in science had varied since the revolution, and reached an apex in the late 1940s. During the early Bolshevik period the scientific community was relatively autonomous, with the advancement of proletarian culture forming the focus of Party policy.<sup>44</sup> Lenin nevertheless promoted certain ‘comrade scientists’ as paragons of socialist achievement, with Pavlov in particular held in such esteem as his Nobel laureate status raised the prestige of Soviet science on the

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<sup>39</sup> Juliane Fürst, *Stalin’s Last Generation: Soviet Post-War Youth and the Emergence of Mature Socialism* (Oxford: Oxford University Press, 2010), p. 6.

<sup>40</sup> Sheila Fitzpatrick draws this argument from the contemporary Russian historians A. A. Danilov and A. V. Pyzhikov: Sheila Fitzpatrick ‘Late Stalinism in Historical Perspective’ in Juliane Fürst, *Late Stalinist Russia: Society Between Reconstruction and Reinvention*, p. 274.

<sup>41</sup> *Ibid.*, p. 275.

<sup>42</sup> Juliane Fürst, *Stalin’s Last Generation: Soviet Post-War Youth and the Emergence of Mature Socialism*, p. 292.

<sup>43</sup> N. L. Krementsov, *Stalinist Science* (Princeton, NJ: Princeton University Press, 1997), pp. 191-2.

<sup>44</sup> Ethan Pollock, *Stalin and the Soviet Science Wars* (Princeton, N.J.: Princeton University Press, 2006), p. 4.

international stage.<sup>45</sup> Despite official support for Pavlov's work, there was a great deal of interpretative variety in terms of the content of Soviet physiology and psychology between the 1920s and the end of World War II, with senior researchers such as Ivan Beritashvili and Lina Shtern actively challenging the concept of the conditioned reflex, as well as considerable variation among members of the Pavlov circle themselves.<sup>46</sup> Both Ethan Pollock and Nikolai Krementsov argue that the advent of the Cold War was a turning point in terms of Stalin's interest in controlling the parameters of scientific knowledge production, not only because of the perceived need to 'overtake and outstrip' the West, but also in terms of legitimating the ideological foundations of the Soviet state.<sup>47</sup>

Biology and the brain sciences were fundamental to the project of transforming human nature and the creation of New Soviet Man, and so the theoretical content of these disciplines were expected to be coherent with Stalin's interpretation of Marxist-Leninist philosophy. The joint meeting of the Academy of Sciences with the Academy of Medical Sciences of June 1950 – more commonly referred to as The Pavlov Session – publicly denounced physiologists whose research articles apparently deviated from Pavlov's theory of higher nervous activity.<sup>48</sup> A similarly choreographed performance was organized for psychiatrists in October 1951, with the new periodical, *The Pavlov Journal of Higher Nervous Activity* publishing its first issue in the same year. Both explicitly attacked psychiatrists for using different non-Pavlovian theoretical models, and implied that psychiatry and psychology should be subordinated within physiology, as both disciplines were guilty of invoking idealism through their use of concepts of mind and mental processes.<sup>49</sup> Nevertheless, these official displays of dogmatism failed to fully transform clinical practice in psychiatry. In their editorial following the Pavlov Sessions, the editors of the *Korsakov Journal of Neuropathology and Psychiatry* accepted the superiority of Pavlov's theory of signalling systems, but admonished anyone who called for a strictly Pavlovian psychiatry. They called for psychiatrists to continue using the full range of clinical

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<sup>45</sup> Ibid, p. 137. See also Daniel Todes *Pavlov's Physiology Factory: Experiment, Interpretation, Laboratory Enterprise* (Baltimore, M.D.: Johns Hopkins University Press) and Daniel Todes *Ivan Pavlov: A Life in Science* (Oxford: Oxford University Press, 2014).

<sup>46</sup> Ethan Pollock, *Stalin and the Soviet Science Wars*, pp. 138-9.

<sup>47</sup> Ibid., p. 4; N. L Krementsov, *Stalinist Science*, p. 191.

<sup>48</sup> Ethan Pollock, *Stalin and the Soviet Science Wars*, pp. 156.

<sup>49</sup> Benjamin Zajicek, 'Psychiatry in Stalin Soviet Union 1939-1953' (University of Chicago, 2009), p. 374.

tools and explanatory concepts, including terminology and methods from clinical psychology. Similar arguments were articulated, not only by the head of the Department of Psychiatry and the Leningrad Institute for Advanced Medical Training, but also from the head of the psychiatry department of the Ministry of Health in a letter to the Central Committee.<sup>50</sup> Even at the height of late Stalinism with its didactic and performative displays of political interference in scientific matters, senior professionals were able to use a range of strategies to mitigate against the effects of top-down policy directives. To quote Nikolai Kremmentsov:

Scientists employed personal ties to state officials... their own positions in various state agencies, the resources of their institutions and professional culture, their international contacts, the shifting priorities of the decision makers, and the limited ability of the bureaucrats to understand esoteric scientific issues... Scientists also proved capable of invoking the sacral doctrine of Marxism-Leninism-Stalinism on their own behalf and of mastering the party's rhetoric and rituals to camouflage the continuing pursuit of their own interests.<sup>51</sup>

This selective use of state-legitimated rhetoric to safeguard a broader range of scientific approaches extends to the Soviet Union's satellites in East-Central Europe, where there was a perpetuation of pre-war traditions in psychiatry in particular, as well as continued value placed on work from the so-called 'Western Imperialist Bloc'. The result in both Czechoslovakia and East Germany, where Communist control was only really consolidated by 1947, was an often complex mixture of state-sanctioned language and concepts existing alongside theoretically contradictory research and practices.

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<sup>50</sup> Zajicek, pp. 401-3.

<sup>51</sup> N. L. Kremmentsov, *Stalinist Science*, p. 288.



## 1.2 Czechoslovakia

### 1.2.1 Before 1956

Czechoslovakia had already had a long history of psychiatry before the Communist period, with a well-developed profession that had its origins under the Austro-Hungarian Empire and mental hospitals being founded in the Bohemian, Moravian and Slovak lands in the 19<sup>th</sup> century, and with the first department of psychiatry opening at Charles University in Prague in 1882.<sup>52</sup> The first thematic journal dealing specifically with mental illness was established in 1904 under the title *Revue v neurologii, psychiatrii, fyzikální a dietetické terapii* (Review of neurology, psychiatry, physical and dietetic therapy).<sup>53</sup> Under the independent Czechoslovak Republic, established in 1918, departments of psychiatry were opened at universities in Brno and Bratislava, along with a number of mental institutions across the country, and a dedicated professional society – The Pukyně Society for the Study of Mind and Nerves – which co-ordinated conferences and seminars.<sup>54</sup> Czech and Slovak medical doctors prior to the Second World War tended to be Western-orientated, sometimes travelling to France, Britain or Germany to train, and often also having bilingualism with German as a legacy of the Habsburg Empire, and the existence of a German university in Prague until 1945. One of the most influential early neurologists, and founder of the *Revue*, was Ladislav Haškovec, who travelled to Paris to train under Charcot at the Salpêtrière and then continued to disseminate French neurological and psychiatric thought in Prague on his return.<sup>55</sup> With the Czechoslovak psychiatric community having already been well-developed in the inter-war period, and with substantial access to research and practice from abroad, those members of the

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<sup>52</sup> Richard M. Scheffler and Martin Potůček. *Mental Health Care Reform in the Czech and Slovak Republics, 1989 to the Present*. (Prague: Karolinum, 2008), pp. 24-26. For more on the development of Czechoslovak medicine in the inter-war period see Hana Mášová, *Nemocniční otázka v meziválečném Československu*. (Praha: Karolinum, 2005); Petr Svobodný and Ludmila Hlaváčková, *Dějiny Lékařství v Českých Zemích* (Praha: Triton, 2004).

<sup>53</sup> Bohodár Dosužkov, 'Ladislav Haškovec, zakladatel československé neurologie' *Acta Universitatis Carolinae Medica (Praha)* 12:8 (1966), p. 485

<sup>54</sup> Richard M. Scheffler and Martin Potůček. *Mental Health Care Reform in the Czech and Slovak Republics, 1989 to the Present.*, p. 26-27.

<sup>55</sup> Ladislav Haškovec, *Zápisky z Paříže* (Prague: Self published, 1895).

profession who survived the Second World War were able to re-establish a community after 1945.

As a legacy of the pre-war period, substantial pluralism survived within scientific and medical fields by the time of the Communist Takeover in 1948, and persisted into the 1950s. Given that Czechoslovakia in this period is considered to have been, ‘an exceptionally brutal Soviet satellite...that routinely disgraced and punished anyone who stepped out of line with current policy directives’, this may at first seem counterintuitive.<sup>56</sup> That researchers in these fields could be permitted a certain degree of freedom could be interpreted in part as a consequence of the techno-scientific focus of Cold War rivalry. Czechoslovakia in particular was a strategic gain for the Soviet Union in terms of the potential for what Austin Jersild has termed ‘imperial scavenging’ of scientific and technological expertise, and so these fields were able to maintain a level of autonomy, with scientists and doctors seemingly aware of their peculiar level of power in comparison with other academic disciplines.<sup>57</sup> In his work on higher education and research institutions in the Central European states in the decade after the communist takeovers, John Connelly demonstrates the difficulties associated with the use of the term ‘sovietisation’ in Czechoslovakia. The structure of institutions was expected to mirror those of their counterparts in the Soviet Union, with the Party’s Central Committee having a functionary specifically in charge of science, culture and education, and students from worker-peasant backgrounds given preference in terms of admissions. Some subjects also had their curricula altered, either through straightforward replacement with translations from the Russian or through the insertion of Lysenkoist or Pavlovian interpretations; and there was increased investment in the technological and engineering disciplines at the expense of more ‘bourgeois’ subjects like pharmacy.<sup>58</sup> But there was no Soviet supervision of such reforms, and ‘even in the shadow of Eastern Europe’s most violent show trials, Czech higher education functionaries were debating what the Soviet experience would mean for them,’ sometimes explicitly

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<sup>56</sup> Mary Heimann, *Czechoslovakia the State That Failed* (New Haven: Yale University Press, 2009), pp. 211-2.

<sup>57</sup> Austin Jersild, ‘The Soviet State as Imperial Scavenger: “Catch Up and Surpass” in the Transnational Socialist Bloc, 1950–1960’, *The American Historical Review*, 116 (2011), pp. 109–32.

<sup>58</sup> John Connelly ‘The Foundations of Diversity: Communist Higher Education Policies in Eastern Europe, 1945-55’ in Kristie Macrakis and Dieter Hoffmann (eds), *Science Under Socialism: East Germany in Comparative Perspective* (Cambridge, M.A.: Harvard University Press, 1999), pp. 126-7.

criticizing it as potentially harmful for local circumstances.<sup>59</sup> This patchwork approach to the Sovietization of higher education and research ensured that there were spaces for autonomy and even dissent in science and medicine, and this casts doubt upon the extent to which we can describe these fields as having been ‘Stalinized’ at all between 1948 and 1955.

Zdeněk Křýštůfek’s 1981 treatise on the effect of the Soviet regime in Czechoslovakia complained that, ‘the significance of professionalism and professionals was substantially degraded in all spheres of Czechoslovak public and economic organization’.<sup>60</sup> The pyramidal structure of the Academy of Sciences resulted in those disciplines that the Party held as most significant being positioned towards the top of the hierarchy, notably the technological sciences. While these were afforded greater support, they were also subject to being dominated by personnel who were judged on their political merit first and foremost, sometimes at the expense of professional expertise.<sup>61</sup> As the medical disciplines were considered to be of comparatively low political priority, they were underfunded, but were also subject to less political interference than other areas of scientific research. Indeed, although the Academy of Sciences did have institutes for psychology and life sciences, which had relevance to medicine, most medical research did not fall under its remit, which allowed for a certain degree of professional autonomy.<sup>62</sup> While the state did decree which areas of medicine were prioritized through fiscal and administrative means, there was little interference in clinical practice.<sup>63</sup>

The limits of the sovietization process are brought into sharp relief with the case of psychiatry. In the summer of 1950, following a direct order from Stalin, the Joint Scientific Session or ‘Pavlovian Session’ between the psychologists and physiologists from the Soviet Academy of Sciences, and neurologists and psychiatrists from the Soviet Academy of Medical Sciences attempted to

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<sup>59</sup> Ibid., pp. 130-1.

<sup>60</sup> Zdeněk Křýštůfek, *The Soviet Regime in Czechoslovakia*, East European Monographs, no. 81 (Boulder, C.O.: New York: East European Monographs : distributed by Columbia University Press, 1981), p. 103. Křýštůfek does tend to overstate the degree of political interference in science, however. He states, for example, that ‘Pavlov’s theory was the only admissible one in psychology’ (p 107). An analysis of the content of the journal *Československá psychologie* between 1957 and 1989 would demonstrate that such absolute claims are in fact not the case at all.

<sup>61</sup> Ibid., p. 105.

<sup>62</sup> Lily M. Hoffman, ‘Professional Autonomy Reconsidered: The Case of Czech Medicine Under State Socialism’, *Comparative Studies in Society and History*, 39 (1997), 349.

<sup>63</sup> Alena Heitlinger, ‘Hierarchy of Status and Prestige within the Medical Profession in Czechoslovakia’ in Anthony Jones (ed.) *Professions and the State: Expertise and Autonomy in the Soviet Union and Eastern Europe* (Philadelphia, P.A.: Temple University Press, 1991), p. 208.

institutionalize Pavlov's theory of higher nervous activity as the official Soviet approach to psychopathology.<sup>64</sup> Members of the profession who had 'deviated' from this line confessed their mistakes to their assembled colleagues, and those assembled passed resolutions to develop a new form of psychiatry based upon the experimental verification of Pavlov's theories.<sup>65</sup> Czechoslovak psychiatrists were expected to follow suit, although it took four years before a similar resolution was passed by the Czechoslovak medical association, the Purkyně Society, in 1955.<sup>66</sup> Following the resolution, the contents of Society's journal, *Neurologie a psychiatrie Československá*, contained a number of articles on neurology, reflex theory and pieces that advocated Pavlovian sleep therapy.<sup>67</sup> In addition, refutations of ideologically suspicious material that had been previously published in the journal began to appear, such as Zdeněk Macek's critique of an article entitled 'Psychiatry and Neurosis' by Ferdinand Knobloch in the previous year's issue, insisting that the author was misguided, and that neurosis is best understood through Pavlovian neurology. Nevertheless, Knobloch was given the opportunity to rebut these criticisms in a follow-up article within the same issue, underlining what he saw to be the limits of what could explained by theories of higher nervous activity and conditioned reflexes. Knobloch was perhaps an obvious target during this period, given his involvement with psychoanalysis in the inter-war years, but it is significant that, although his work was publicly criticised, he was not silenced.<sup>68</sup> While there were a number of articles discussing methods of using sleep therapy in psychiatric and neurological practice published in 1955 and the years running up to it, there were also articles on topics as diverse as music therapy, Rorschach tests, and 'fetishism and ideational sadism in creative projection'.<sup>69</sup>

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<sup>64</sup> George Windholz 'The 1950 Joint Scientific Session: Pavlovians as the Accusers and the Accused' *Journal of the History of the Behavioural Sciences*, Vol. 33, No. 1 (1997), pp. 61-81.

<sup>65</sup> George Windholz 'Soviet Psychiatrists Under Stalinist Duress: The Design for a 'New Soviet Psychiatry' and its Demise' *History of Psychiatry*, Vol. 10 (1999), pp. 329-347.

<sup>66</sup> 'Resoluce psychiatrické sekce Čs. Lékařské společnosti J. E. Purkyně' *Neurologie a psychiatrie Československá*, Vol 18., No. 3 (1955), p. 161.

<sup>67</sup> J. Koluch, R. Hřibál 'Pokus o hodnocení účinků spánkové léčby methodikou zaměřených slovních reakcí podle L.B. Gakkelové' *Neurologie a psychiatrie Československá*, 18 (1955), pp. 202-206.

<sup>68</sup> Zdeněk Macek 'Neurologie a neurosy' *Neurologie a psychiatrie Československá*, 18 (1955), pp. 225-229.

<sup>69</sup> S. Nevole, 'Dynamics of visual analysis; time analysis of the genesis of visual perception with Rorschach method', *Neurologie a Psychiatrie Československá*, 18 (1955), pp. 40–51; J. Molčan, 'Music therapy in psychiatric institution]', *Neurologie a Psychiatrie Československá*, 18 (1955), pp. 220–22; F. Pisorovic, L. Cerny and M. Hamsik, 'Fetishism and ideational sadism in creative projection', *Neurologie a Psychiatrie Československá*, 18 (1955), pp. 60–67. It should be noted that the latter two articles appear to have been physically ripped out of the journal issue held at the National Library in Prague. Although it is impossible to discern when this was carried out, it suggests that a certain degree of censorship could have been at work within institutions regardless of whether it

The late attempt to 'Pavlovize' Czechoslovak psychiatric research by uniting explanations of psychopathology under a single Pavlovian neurophysiological rubric was, ultimately, short-lived. Within a year of the 1955 resolution, the validity of the separate disciplines of psychiatry, neurology and psychology had been given institutional backing with the foundation of specialist journals for all three fields. Starting in 1956, the State Health Publishers began to publish separate journals for psychiatry, neurology and psychology in this year (clinical psychology was founded as a discipline in 1953). Members of the medical profession had called for a disciplinary and clinical separation of psychiatry and neurology as early as 1945, but this was likely delayed as a result of the Party's nominal support for an integrated Pavlovian science of brain disorder.<sup>70</sup>

On the other hand, there was a vast effort on the part of the state to translate and popularise Pavlovian ideas in the early years of the regime. Between 1948 and 1954 alone, there were twenty-one publications (eighteen in Czech, three in Slovak) which were either translations, biographies, summaries or discussions of Pavlov's work, and that is before one even begins to examine the numerous articles in popular and professional newspapers and journals of the same period.<sup>71</sup> In comparison to this

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impinged on the publication process or not.

<sup>70</sup> Correspondence between K. Henner, O. Janota, V. Toler and A. Švehla 'On the question of the separation of neuropsychiatry into autonomous neurological and psychiatric departments', 1941-1945. Archives of the Czech Academy of Science: Kamil Henner Fond/IIIc/i.č.1646. An edited version of the correspondence was published in the journal *Czech Hospital: Otakar Janota 'Neurologicko-psychiatrické oddělení v nemocnici' [Neuro-psychiatric Departments in Hospitals] Česká nemocnice* (1945) pp. 36-43.

<sup>71</sup> J. P. Frolov, *I.P. Pavlov: A jeho nauka o podmíněných reflexech*, (Prague: Svoboda, 1948); I. P. Frolov, *I.P. Pavlov Veliký Ruský vědec a vlastenec* (Prague: Kult. prop. odd. Svazu čs.-sovět. přát, 1949); Ezras Asratovič Asratjan, *Učení Akademika I.P. Pavlova o vyšší nervové činnosti*, Knižnice Sovětské biologie a zdravotnictví, (Prague: Zdravotnické nakladatelství, 1950); Konstantin Michajlovič Bykov, *Rozvoj idejí I.P. Pavlova*, Marxismus ve Vědě, (Prague: Svoboda, 1950); Ezras Asratovic Asratjan, *Učení I.P. Pavlova o spánku a jeho léčebném významu* (Prague: Zdravotnické nakladatelství, 1951); Československá akademie věd, Československo-sovětský institut, *Slavnostní zasedání k uctění památky velkého sovětského fyziologa I.P. Pavlova: referáty, přednesené na slavnostním zasedání, které se konalo v Pražském karolinu v předvečer 15. Výročí úmrtí I.P. Pavlova* (Prague: Zdravotnické nakladatelství, 1951); Josef Linhart and Ivan Petrovič Pavlov, *Učení I.P. Pavlova a psychologie*. (Prague: Osvěta, 1951); F. P. Majorov, *Odpověď americkým kritikům Pavlova: Kritika amer. 'námitek' proti učení I.P. Pavlova o vyšší nervové činnosti* (Prague: Zdravotnické nakladatelství, 1951); Ezras Asratovič Asratjan, *I.P. Pavlov: Život a vědecké dílo* (Prague: Osvěta, 1952); Ezras Asratovič Asratjan, *Učení akademika I. P. Pavlova o vyšší nervové činnosti* (Zdravotnické nakl., 1952); Dmitrij Andrejevič Birjukov, *Příspěvek k Pavlovovu učení* (Prague: Nakl. Čs.-sovět. institutu, 1952); Ju P. Frolov, *Ivan Petrovič Pavlov* (Prague: Mladá fronta, 1952); Emil Holas, *Nárys základního kursu pavlovské psychologie*, Učební Texty pro Pedagogická Gymnasia, (Prague: SPN, 1952); Zdeněk Martinek *Pomůcka ke studiu učení I.P. Pavlova* (Prague: Zdravotnické nakladatelství, 1952); S. N. Davidenkov, *Učení I.P. Pavlova o neurosách a jejich léčeni* (Prague: SZdN, 1953); Josef Linhart *Pavlovovo Učení o typech vyšší nervové činnosti* (Prague: Orbis, 1953); Akop Artašesovič Markosjan, *Práce I.P. Pavlova o trávení* (Prague: SZdN, 1953); Milan Morávek, *Nárys použití učení I.P. Pavlova v klinickém lékařství*

choreographed outpouring of literature on the part of the state, the psychiatric community's relative lack of enthusiasm for taking up these ideas in their published research is striking. While journal publications and monographs appeared to have been afforded more flexibility in terms of censorship, the content of textbooks appear to have been more closely observed by the authorities. Vladimír Vondráček, one of the most senior psychiatrists in Prague and author of the main training textbook in psychiatry and medical psychology, laments in his private memoirs of 1952 that the Institute of Marxism-Leninism sent him letters criticising his work for not including sufficient reference to Pavlov, dialectical materialism, and Lenin's theory of reflection, and essentially coerced him into making amendments to the text in order for it to be published.<sup>72</sup>

Translations and summaries of other Soviet work were also a common feature of all scientific and medical journals throughout the Communist period, and the Academy of Sciences had its own specific institute for the Czechoslovak-Soviet friendship which held the remit for publishing pamphlets, books and articles on recent work in the USSR and arranging joint-conferences for collaboration and information exchange.<sup>73</sup> Such efforts included Soviet critiques of Western science. For example, Viktor Morozov's 1952 polemic on the 'crisis of bourgeois psychiatry' which complained that 'psychoanalysis, psychosomatics, Jaspersism and psychometry' were all symptoms of bourgeois idealism in the capitalist states, that the ideas of significant psychoanalysts such as Jung and Adler built on the ideas of 'fascist predecessors – Nietzsche and Schopenhauer', and that Freud relied too heavily of sexual instinct for explanations of human behaviour. Karl Jaspers is heavily critiqued not only for openly challenging Pavlov for extrapolating explanations of human behaviour from that of animals, but also particularly for invoking terms in his *General Psychopathology* such as the 'European Mind (*ducha*)' and 'Western Society', which were apparently evidence of his agreement with the 'theoretical basis of the anti-Soviet imperialist bloc'.<sup>74</sup> The tone of this particular article is not representative of the

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(Prague: Naše vojsko, 1954); Ivan Petrovič Pavlov, *Výbor z děl I.P. Pavlova* (Bratislava: Vydav. Slov. ak. vied, 1953); Ivan Petrovič Pavlov, *Sborník prac z fyziologie vyššej nervovej činnosti* (Bratislava: SPN, 1953); Tomáš Pardel *Pavlovo učenie a psychologia: Študijná pomôcka pre učiteľov* (Bratislava: SPN, 1953).

<sup>72</sup> Archive of the Czech Academy of Sciences, Vladimír Vondráček fond, Box 1, 'Pamětní kniha' manuscript, pp. 41-43,

<sup>73</sup> Archives of the Academy of Sciences of the Czech Republic, Institute for Soviet-Czechoslovak Friendship fond.

<sup>74</sup> V. Morozov, 'Krise buržoasní psychiatrie' *Neurologie a Psychiatrie Československá*, 15 (1952), pp.

majority of articles in Czechoslovak journals before 1956, nor those which specifically popularised Soviet psychiatric thought, but was indeed stereotypical of a style of dogmatic writing which appeared during the period of high-Stalinism across the region, but which became less common in scientific publications after 1956 in Czechoslovakia.

### 1.2.2 Destalinization and Thaw – From the Soviet Union to Czechoslovakia

Khrushchev's so-called Secret Speech, 'On the Cult of Personality and its Consequences' was delivered at the Twentieth Congress of the Communist Party of the Soviet Union on 25<sup>th</sup> February 1956, and ushered in a period which has come to be termed as 'destalinization' or the 'Thaw'. Recent historical work on the Khrushchev era has highlighted that this was not only a period of 'thaw' and reflection on the Stalinist past, but also one of renewed utopianism.<sup>75</sup> The term 'destalinization' is problematic in so far as it has been used retrospectively to denote a variety of processes which may or may not have explicitly sought to break with Stalinism, and most of which did not actively use the terminology of 'destalinization' at all, or even the phrase 'deconstruction of the cult of personality'.<sup>76</sup> As Polly Jones asserts, the term refers to a heterogeneous set of attempts and revision and reform, and should not be interpreted merely as a negative process, but one that included attempts to revitalize and re-launch Soviet culture.<sup>77</sup>

Historical writing on Soviet science and medicine has been predominantly skewed towards studies of the revolutionary period, and the late Stalinist 'science wars' in the 1940s and early '50s. Loren Graham's historical introduction to his *Science, Philosophy and Human Behaviour in the Soviet Union* - which perhaps remains the most comprehensive monograph on the subject to date - skims over the Khrushchev era altogether, jumping from the ideological interventions into science between 1947 and 1953 straight to the mid-1960s, with the 'healthiest' period of

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<sup>75</sup> Juliane Fürst, Polly Jones and Susan Morrissey, 'Introduction', *The Slavonic and East European Review*, 86 (2008), 202.

<sup>76</sup> Polly Jones *The Dilemmas of De-Stalinization: A Social and Cultural History of Reform in the Khrushchev Era* (New York: Routledge Curzon, 2005), p. 3.

<sup>77</sup> *Ibid.*, p. 10.

scientific pluralism being dated as 1968-77.<sup>78</sup> The few studies which do address science in the Khrushchev period have indeed identified debate and ambivalence over previously valorised concepts.<sup>79</sup> Benjamin Zajicek's afterword to his work on Stalinist psychiatry hints towards the limited legacy of the 'Pavlovization' of the 1950s. By 1956 Pavlovian terminology had largely been dropped from research articles in psychiatric journals. Journal editors maintained their positions as influenced by Pavlov, but asserted that a true Pavlovian understanding of the brain would be realized in the future, only once technology had progressed to the stage where it was able to elucidate the fundamental laws of the nervous system. Until that was achieved, psychiatrists were urged to adopt a position of 'clinical realism'. Andrei Snezhnevsky, who was rapidly becoming one of the most prominent and influential psychiatrists in the Soviet Union, used this concept as the basis for his programme of research and practice, invoking the clinical pluralism of psychiatrists such as the pre-revolutionary Sergei Korsakov as a means of embedding his approach within a Russian tradition.<sup>80</sup> Ethan Pollock suggests that scientists across the full range of disciplines found themselves working within a broader set of parameters, with substantially less direct intervention from the Party elites into the content of scientific knowledge production. In many cases, select use of ornamental quotations from Marxist-Leninist authors on a research paper could suffice as a mark of ideological integrity, whether or not such philosophical positions were maintained within the content of the text itself. Congruent with this newfound flexibility, scientists and doctors experienced a change in status, becoming elevated to an elite position as the Cold War Soviet Union came to depend on their ability to innovate and compete with the West.<sup>81</sup>

As well as experiencing the advantages of an ideological thaw, there are examples of scientists engaging with a broader project of revitalizing Soviet thought. The newly rehabilitated discipline of psychology is a good example, which was now able to establish itself as a separate discipline outside the confines of Pavlovian

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<sup>78</sup> Loren R Graham, *Science, Philosophy and Human Behaviour in the Soviet Union*. (New York : Columbia University Press, 1987), pp. 15-18.

<sup>79</sup> In some cases new medical and scientific research campaigns came into being as a direct critical reaction to the effects of the Stalinist programme. See, for example, Christopher Burton's chapter on the communal hygiene movement and the birth of critiques of industrial pollution and the Soviet Union's poor state of environmental health after 1956. Christopher Burton 'Destalinization as Detoxification? The Expert Debate on Industrial Toxins under Khrushchev' in Frances L. Bernstein, Christopher Burton and Dan Healy (eds) *Soviet Medicine: Culture, Practice, and Science* (DeKalb: Northern Illinois University Press, 2010), pp. 237-57.

<sup>80</sup> Zajicek.

<sup>81</sup> Pollock, pp. 218-9.



physiology, with psychologists such as Leontiev and Rubinstein actively engaging with Marxism as a means of forging new theoretical understandings of human behaviour. A paradoxical effect of the Party's ideological interference in science in the late Stalin period was to ensure that the subsequent generation of scientists had been well steeped in Marxist-Leninist philosophy of science. This led to an unusual situation in which scientists were able to critically and constructively engage with dialectical materialism and the philosophical treatises on which it was based, with a new generation using this training to build new theoretical frameworks in their scientific work.<sup>82</sup>

In the historical writing on Czechoslovakia 1956 is not traditionally regarded as a significant date, certainly not to the extent it is for neighbouring Hungary, Poland, East Germany, and the Soviet Union itself. Both orthodox and revisionist historiography reproduces a 'delayed destalinization' narrative, describing Czechoslovakia as a tenacious bastion of Stalinism during this period, in contrast to the upheavals in other countries of the region.<sup>83</sup> Mary Heimann's recent book, perhaps the most comprehensive analysis of Czechoslovak history to date, allots fewer than six pages to the period between 1956 and 1960, reiterating the consensus that Khrushchev's Secret Speech had a minimal impact upon Czechoslovakia: the Party there were able to avoid pressure for reform whilst the USSR was preoccupied with revolution and opposition in other Warsaw Pact countries.<sup>84</sup> The late 1950s and early 1960s have been marginalised by historians, with the aftermath of the events in 1956 often acknowledged somewhat teleologically as merely the 'roots' or 'origins' of the Prague Spring.<sup>85</sup>

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<sup>82</sup> Alex Kozulin, *Psychology in Utopia: Toward a Social History of Soviet Psychology* (Cambridge, M.A.: M.I.T. Press, 1984), pp. 29-30. This point is reiterated by Loren Graham, who argues that scientists and philosophers' interest in the dialectical materialism and philosophy of science actually increased after the end of the Stalinist science wars, despite the obligation to engage in these debates having ceased. See: Loren R Graham, *Science, Philosophy and Human Behaviour in the Soviet Union*, pp. 16-18.

<sup>83</sup> See, for example, Mary Heimann *Czechoslovakia: The State That Failed* (New Haven: Yale University Press, 2009), p. 210; Hans Renner *A History of Czechoslovakia since 1945* (London: Taylor Francis, 1989) pp. 34-36; Richard J. Crampton *Eastern Europe in the Twentieth Century* (London: Routledge, 1997) pp. 307-326.

<sup>84</sup> Mary Heimann *Czechoslovakia: The State That Failed*, pp. 206-210.

<sup>85</sup> Karel Kaplan *Kronika Komunistického Československa: kořeny reformy 1956-1968, společnost a moc* (Prague: Společnost pro odbornou literaturu, 2008), pp 7-24; Vladimír V. Kusín *The Intellectual Origins of the Prague Spring: The Development of Reformist Ideas in Czechoslovakia* (Cambridge: Cambridge University Press, 2002), pp. 19-27; Galia Golan *The Czechoslovak Reform Movement* (Cambridge: Cambridge University Press, 1971), pp. 1-6.

Beyond scholars' understandable preoccupation with the Prague Spring, the construction of this narrative is in part a consequence of the privileged level of historical attention given to three particular groups: the Party leadership, university students, and dissident members of the Writers' Union.<sup>86</sup> For many scholars, the latter two often function as a proxy for 'the opposition', engaged in a virtuous struggle against the imposed state bureaucracy controlled by the Party.<sup>87</sup> The KSČ leadership was thus reluctant to instigate reforms as many senior Party figures were themselves implicated in 'Stalinist crimes', and the diversion of Soviet attention towards the uprisings in Hungary and unrest in Poland and the GDR ensured they were able to resist further changes.<sup>88</sup> Sustained student protests began in Prague in April 1956, spreading to other universities and culminating in the Majáles festival on the 15<sup>th</sup> May, where students petitioned the Party to cease their mimicry of the Soviet Union. With protests failing to force any policy changes, the Majáles festival was banned, and the state police heightened security at future student meetings to prevent further unrest.<sup>89</sup> The Czechoslovak Writers' Union, an official state body, also underwent a brief period of reform in April 1956 as a group of anti-Stalinist writers moved to elect a liberal presidium. This group were publicly criticised at a series of congresses of

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<sup>86</sup> The lack of attention to 1956 may also be compounded by the popular historical myth of the significance of 'Osmičky', or years ending in the number eight, for Czech history: the pan-Slavic uprisings of 1848, post-Habsburg independence in 1918, the Nazi invasion of 1938, the communist takeover of 1948 and the Prague Spring and Soviet invasion of 1968. This motif is often reiterated in historical exhibitions and cultural festivals. See, for example the literature published for the National Archive of the Czech Republic's 'Osmičky' exhibition in 2008, Jaroslav Pažout *Osmičky v dějinách českých zemí* [The Number Eight in the History of the Czech Lands] (Prague: National Archive, 2008). The organisation of research at the Academy of Sciences of the Czech Republic's Institute for Contemporary History also reinforces familiar historical foci, with their primary research projects being configured around 1968, 1989 and the political history of the Czechoslovak Communist Party. See Ústav pro soudobé dějiny website [<http://www.usd.cas.cz/>] accessed 13/9/11.

<sup>87</sup> This is symptomatic of broader mythologies of Czechoslovak history, which are partly a result of Cold War stereotypes, but also form an important motif in narratives of Czech identity among exiles and dissidents, as well as those of the New Left and liberal commentators in Britain. The focus on dissidence and opposition is often reiterated, along with the notion of an inherent liberal and democratic tradition among the Czechs. This, in turn, ties in with dominant narratives of Czechoslovakia (or at least Bohemia) as the martyred 'kidnapped West', with Communism portrayed as an imperial evil imposed upon 'Central Europe' by the Eastern Russians. See, for example, Milan Kundera, 'The Tragedy of Central Europe: A Kidnapped West, or Culture Bows Out', *The New York Review of Books*, April 26 1984; Timothy Garton Ash 'Does Central Europe Exist?' in *The Uses of Adversity: Essays on the Fate of Central Europe* (Cambridge: Granta, 1991), pp. 161–91. For a critical analysis of these motifs, see Robert B. Pynsent *Questions of Identity: Czech and Slovak Ideas of Nationality and Personality* (Budapest: Central European University Press, 1994).

<sup>88</sup> Mary Heimann *Czechoslovakia: The State That Failed* p. 206; Karel Kaplan *The Communist Party in Power: A Profile of Party Politics in Czechoslovakia* (Boulder, CO: Westview, 1988).

<sup>89</sup> John P. C. Matthews *Majáles 1956: nevydařená revolta Českoslovenkých studentů* (Brno: Prieus, 2000).

both the Union itself and the KSČ, and were eventually ousted by the Party in 1959.<sup>90</sup> Whilst this 'failed destalinization' story is accurate for these particular groups, it is certainly not representative of Czechoslovak intellectual life across the board. Indeed an active 'thaw' occurred in the sciences, which had significant consequences for the discipline of psychiatry, including a broadening of the range of conceptual models that could be adopted to explain psychopathology.<sup>91</sup>

1956 saw a dramatic shift in the profession's confidence in terms of critiquing Party directives on the content of their research. On the 6th June 1956 the Purkyně Society convened a meeting in the wake of the Twentieth Congress of the Communist Party of the Soviet Union. They criticised the ideological phraseology that had permeated the introductions of so many books, papers and congresses in recent years that, they argued:

usually advocate some undefined 'materialistic' standpoint in the face of some usually unknown bourgeois ideology, and ideological differences are – without specific explanation – indiscriminately applied to all practical problems in psychiatry. Such caricature's of ideological struggle suppress independent thinking in psychiatry, ridicule Marxist philosophy, and lead to the opinion that the study of foreign scientific literature is pointless. The second most serious ideological shortcoming has been the schematic and dogmatic application of the teachings of Pavlov, which has manifested itself particularly in experimental work in recent papers. For the most part these are based on predetermined formulae, drawn from weak material which is modified so as to make it appear that the results 'came out' of it, and are in fact not based on any clinical analysis... We recognise that there is, as yet, no method that unambiguously and conclusively reveals changes in the higher nervous activity of humans, in the way that Pavlov's conditioned reflexes do in animals.<sup>92</sup>

In conclusion, the meeting of the Purkyně Society resolved that 'Pavlov's teachings on physiology remain the basis of higher nervous activity, but his name should not be

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<sup>90</sup> Galia Golan *The Czechoslovak Reform Movement*, p. 4.

<sup>91</sup> For further discussion of recent debates over an earlier timeline of destalinization in Czechoslovakia, particularly in science and medicine, see Bradley Matthys Moor, 'For the People's Health: Ideology, Medical Authority and Hygienic Science in Communist Czechoslovakia', *Social History of Medicine*, 27 (2014), p. 141.

<sup>92</sup> Dušan Bílý 'XX. Sjezd KSSS a současná situace v naší psychiatrii.' *Československá Psychiatrie* (1956), p. 242.

used to defend totally speculative and unproven interpretations'.<sup>93</sup> A careful balance was struck between lambasting Stalinist research practices and maintaining an allegiance to Pavlov's teachings and Marxist philosophy as a general framework for guiding psychiatric science in future.

One of the practices specifically criticised at the Purkyně Society meeting in June 1956 was the use of 'sleep therapy' as the dominant form of treatment for schizophrenia. Sleep therapy was developed by Ivan Pavlov and Anatolii Ivanov-Smolenskii in the 1930s on the basis of the theory that schizophrenia is a result of the interaction between higher nervous activity and the environment. Certain individuals were genetically predisposed to be 'weaker' in their ability to cope with traumatic environmental events and the cortex becomes over-excited with neural activity leading to irrational, maladaptive behaviour.<sup>94</sup> The treatment for such behaviour was to induce sleep in the patient pharmacologically, for up to twenty hours. According to Benjamin Zajicek sleep therapy became a popular treatment in the Soviet Union in the early 1950s after the Pavlovian Session, as it was a visible way to demonstrate that hospitals and clinics were explicitly supporting Party policy. Prior to 1950, only sixteen clinics in the whole of the Soviet Union had utilized the treatment, largely because it was costly and time consuming, requiring non-stop observation by nurses, and it was sometimes practically impossible to maintain a sufficiently quiet environment to enable sleep when the wards were over-capacity.<sup>95</sup> Czechoslovak psychiatrists called for it to be deposed as the treatment of choice: they argued that the research on which it was based was treated uncritically, and that it was 'absurd' to continue using it when it had been superseded by a new generation of anti-psychotic pharmaceuticals, such as the neuroleptics chlorpromazine and reserpine. As Viola Balz shows, chlorpromazine had already undergone trials in East Germany and was being produced by the state-owned pharmaceutical company; Spofa (the Czechoslovak state drug producer) also went on to produce chlorpromazine along with other psychopharmaceuticals.<sup>96</sup>

A similar level of critical debate was published in the journal *Vojenské zdravotnické listy* (Military Health Letters), where the editor argued for the need

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<sup>93</sup> Ibid.

<sup>94</sup> George Windholz 'Pavlov's Concept of Schizophrenia as Related to Higher Nervous Activity' *History of Psychiatry*, 4(1993) pp 511-26.

<sup>95</sup> Benjamin Zajicek p. 420.

<sup>96</sup> Jan Vevera 'Interview with Prof. MUDr. Petr Zvolský' *Česká a slovenská psychiatrie*, 107 (2011) pp. 124-125.

for the deconstruction of the cult of the personality and a plea that science should not fall back into the dogmatism of the Stalinist past. He held up the example of Lysenkoism as a particular warning – it had caused extensive damage in Czechoslovakia due to its established community of geneticists, many of whom were forced to leave the Academy of Sciences when they refused to accept the principles of acquired characteristics.<sup>97</sup> This active criticism was mirrored by Party officials in the USSR. A few months after Khrushchev's Secret Speech, the Soviet Minister for Health, M.D. Kovrigina, issued the following statement, which was printed in the Czechoslovak Party newspaper *Rudé Pravo* on the 27<sup>th</sup> October 1956:

In the six years since the Pavlov Session of the Academy of Sciences, knowledge of Pavlovian teachings and their application in scientific practice has become widespread. But errors have also occurred. Some people have vulgarised these doctrines, and have tried to make them have a monopoly over science. No small amount of damage has been caused through 'talmudism' and the superficiality of such Pavlovian propaganda. Pavlov's teachings require further creative development and specification. During this process other progressive, materialistic theories from modern biology, physiology and biochemistry, which are not currently widely used, should not be excluded'.<sup>98</sup>

Kovrigina's bold criticisms of Stalinist science went much further than those published by Czechoslovak authors in previous months, and provided the profession with a text that could be used to defend the use of a much broader repertoire of scientific models. By 1957 it was even possible to publish research papers in *Československá psychiatrie* [Czechoslovak Psychiatry] which interpreted female sexual frigidity entirely through psychoanalytical concepts; provided a disclaimer was included at the end denying that the editors shared the 'inaccurate and incorrect' opinions of the author.<sup>99</sup> The editors state that the publication of the article is a means to encourage scientific criticism, arguing that they believed this was also the goal of the Chinese Communist Party's

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<sup>97</sup> Quoted in *Československá Psychiatrie* (1956), pp. 244-246.

<sup>98</sup> M.D. Kovriginová 'O lékařská vědě a učení I.P. Pavlova' *Rudé pravo* 27. 10. 1956.

<sup>99</sup> Editorial note accompanying L. Haas 'Frigidita a premenstruální syndrom' *Československá psychiatrie* Vol. 53, no. 4 (1957).

forthcoming publication of the translation of Freud's *Introduction to Psychoanalysis*. Readers are always welcome, they added, to comment upon and discuss 'controversial' interpretations in the journal.<sup>100</sup> Providing careful editorial commentary was used, the theoretical territory for scientific research had been blown open and it became possible to draw on conceptual models that the Party had previously made every effort to discredit.

One of the most famous psychiatrists of the period is in some ways symbolic of the opportunity for strategic autonomy: Vladimír Vondráček, author of the training textbooks in psychiatry and medical psychology for the Prague medical schools and for postgraduate psychiatry trainees. Vondráček was a professor at the Prague Psychiatric Clinic in Vinohrady and would later become the director of the Department of Psychiatry at Charles University. As an asset to the regime, he was frequently allowed to travel to conferences in Western Europe and access foreign literature, despite the fact that he himself was not a member of the Communist Party. He came to psychiatry relatively late in his career, having spent the interwar years as a specialist in internal medicine, endocrinology and pharmacology. He began some training in medical psychology in 1939, but it wasn't until after the war that his career as a clinical psychiatrist began, although by this time he was already an established name in the profession. Writing retrospectively in 1973 in his *životopis* (a document half way between a curriculum vitae and an autobiography, written in narrative style for official purposes), he states that he had been interested in dialectical materialism and the work of Pavlov in his youth, although his access to these concepts had been limited due to him being a self-confessed 'linguistic *anti-talent*'. He had learnt German as a child, but claims he was not gifted enough to manage to learn Russian, limiting his access to early Soviet medical concepts.<sup>101</sup> The interest in Pavlov is believable – he was well read across the whole range of early twentieth century theories of mind and brain, but his professed interest in dialectical materialism is harder to believe given his impatience with censorship which demanded inclusion of these interpretations in his textbooks. In terms of his political affiliation, he states that he was a member of the Czech Socialist Party from 1946-48 'because, in those days, everyone belonged to a party, and that's

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<sup>100</sup> Ibid.

<sup>101</sup> Archives of the Czech Academy of Sciences, Vladimír Vondráček fond, 462/III.

who I voted for'. He admits that although he followed politics, he himself was too committed to his clinical and academic work to be politically active: 'I just don't think I have the personality for it'. Vondráček provides us with a good example of what Riika Nisonen-Trnka has argued was a common phenomenon during the Cold War: many ambitious, non-communist scientists and medical professionals were able to negotiate a favourable and symbiotic relationship with the regime, whilst deliberately avoiding overt Party activity themselves.<sup>102</sup> This is in sharp contrast to East Germany, where the majority of prominent members of the medical profession were also active Party members.<sup>103</sup> Vondráček admitted a degree of ambivalence towards official ideology in private, but was skilful at co-operating with the Party's goals to a sufficient extent to allow him a degree of freedom as a professional. He went on to make use of this status and autonomy as a platform to enable other psychiatrists to explore theories and practices which were officially against the regime's policies. As will be discussed in chapter 3, he facilitated a reading group for cybernetics in the library of the psychiatric clinic, during the late 1950s when it was still regarded as a bourgeois pseudoscience by the Party; and on a number of occasions – as in the aforementioned editorial caveat – he encouraged continued discussion of psychoanalytic approaches to psychiatry when it was officially rejected by the regime.

Psychoanalytic theories and practices were remarkably tenacious in Communist Czechoslovakia. Prague had itself been an important centre for analysts in the interwar period. Jaroslav Stuchlík, a Czechoslovak psychiatrist, trained in Switzerland during the war, and met Jung at the Burghölzli and later Freud in Vienna. After returning to Prague in 1918, shortly after the new independent state of Czechoslovakia was created, Stuchlík, like many professionally trained Czechs of the younger generation, was posted in Slovakia to help develop infrastructure and facilities there, as it was underdeveloped in comparison to Bohemia and Moravia. As director of the psychiatric hospital in Košice, Stuchlík was able to train a number of his colleagues in psychoanalytic ideas, and exploited the geographical proximity of Slovakia to Budapest in order to invite the famous Hungarian psychoanalyst Sandor

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<sup>102</sup> Riika Nisonen-Trnka, 'Science with a Human Face: The Activity of the Czechoslovak Scientists František Šorm and Otto Wichterle during the Cold War.' (PhD Thesis, University of Tampere, Finland, 2012).

<sup>103</sup> Anna-Sabine Ernst, 'Die Beste Prophylaxe Ist Der Sozialismus': *Ärzte Und Medizinische Hochschullehrer in Der SBZ/DDR 1945-1961*, Internationale Hochschulschriften, Bd. 210 (Münster: Waxmann, 1997), p. 315.

Ferenczi to speak at the clinic's seminars on several occasions.<sup>104</sup> After the Russian Revolution in 1917 Nikolai Ossipov, a prominent Russian psychoanalyst and correspondent of Freud, decided to seek exile in Prague, where he became a lecturer at Charles University and director of the psychiatric out-patients clinic. Shortly after in 1923 he was followed by another Russian psychoanalyst, Bohodar Dosužkov, who emigrated from Baku to train in medicine in Czechoslovakia, and became a key member of the Prague circle.<sup>105</sup> The height of the Prague Psychoanalytic Circle came in the late 1930s, as Jewish analysts from both Berlin and Vienna sought refuge there: most notably Otto Fenichel, Annie Reich and Henry Lowenfeld.<sup>106</sup> As a consequence, the 1936 International Psycho-Analytical Congress was held in Czechoslovakia at the spa town of Mariánské Lázně.<sup>107</sup>

Dosužkov provided the locus of continuity between the interwar and communist periods, being the only psychoanalyst of the Prague group remaining after the Nazi occupation; the others having perished in the Holocaust or escaped to refuge in the US or Britain. After 1945, Dosužkov resumed his work at the centre of a study group of thirty young psychiatrists interested in psychoanalysis, was appointed a training analyst by Ernest Jones in 1946, and set about establishing an institute and research journal.<sup>108</sup> The Communist takeover in 1948 and the establishment of a Stalinist government in Czechoslovakia led to the abandonment of institutional plans, and many of the psychiatrists who had been involved in the circle gravitated towards more politically acceptable approaches as a means of protecting their careers.

Ironically, Dosužkov himself was well-placed to be protected in the new regime, having been one of the first to translate the works of Pavlov into Czech in the 1930s, and having continued personal correspondence with him after his departure from the USSR. With no political pressure to do so, and even before Czechoslovakia came under Communist control, Dosužkov had enthusiastically promoted Pavlov's

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<sup>104</sup> Eugenia Fischer 'Czechoslovakia' in Peter Kutter, *Psychoanalysis International, V.1: A Guide to Psychoanalysis Throughout the World* (London: Routledge, 2013), p. 36. For a detailed discussion of the Košice group and their long-term influence on the uptake of psychoanalytic concepts, particularly in literary and cultural studies, in Slovakia, see Adam Bžoch, *Psychoanalýza na periférii: k dejinám psychoanalýzy na Slovensku*, (Bratislava: Kalligram, 2007), pp. 27-38.

<sup>105</sup> André Haynal, *Psychoanalysis and the Sciences: Epistemology - History* (Berkeley: University of California Press, 1993), p. 176.

<sup>106</sup> Russell Jacoby, *The Repression of Psychoanalysis: Otto Fenichel and the Freudians* (Chicago: University of Chicago Press, 1986), p. 8.

<sup>107</sup> 'Papers given at the 14<sup>th</sup> International Psycho-analytical Congress, Marienbad, 1936', Wellcome Collection Archives and Manuscripts, PP/SHF/F/2/51

<sup>108</sup> Ladislav Haas 'Letter to the Editor' *International Review of Psycho-Analysis*, (1983) Vol. 10, p. 237



work and incorporated conditioned reflex theories into his work – an aspect of his intellectual output which has been ignored by authors who have written about him solely from the perspective of the history of psychoanalysis. Nevertheless, he continued to host an unofficial psychoanalytic group after 1948, albeit with a reduced contingent. At the July 2013 meeting of the International Psychoanalytic Association, held in Prague, his daughter Eugenia Fischer recounted how her father had continued to offer training in psychoanalysis until his death in 1982, using the family home as a venue.<sup>109</sup> Ladislav Haas, one of his students, and the author of the 1957 article in *Československa psychiatrie* which overtly made reference to Freud, described how recent books and periodicals were sent by mail to the group from Lois Monro, a senior analyst at the British Psychoanalytical Society. Haas, along with Otakar Kučera and Dosužkov himself were made full members of the IPA at the Stockholm Congress in 1963. As well as corresponding with international colleagues members of the group, although they did not tend to publish on psychoanalytic topics in Czech periodicals, did write in psychoanalytic publications abroad.<sup>110</sup> In 1971, when Dosužkov was denied the right to travel to Vienna to participate in the IPA's conference, but contact was still maintained, as a group of delegates travelled to Prague to update him.

Such strategies for acquiring literature from abroad through international contacts were commonplace among the medical profession in both countries. Although foreign travel was sometimes denied, for those who were trusted, it was also often granted and paid for, and contact with scientific networks abroad was often genuinely encouraged by the regime in the interests of medical advancement. Vladimír Vondráček, for example, was very adept at utilizing these international networks. He was an honorary member of the French and Polish psychiatric societies, and maintained correspondence with colleagues from France, East and West Germany, Britain, the USA, Switzerland, The Netherlands, Poland, Yugoslavia and the Soviet Union. A colleague in the United States forwarded on his old copies of American psychiatric journals every month, and from his letters it is clear that these types of informal personal arrangements and 'deals' were common with many individual psychiatrists and their colleagues abroad. He was also an avid attendee at

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<sup>109</sup> Susanne Kitlitschko, 'The Prague Psychoanalytic Study Group 1933–1938: Frances Deri, Annie Reich, Theodor Dosužkov, and Heinrich Löwenfeld, and Their Contributions to Psychoanalysis', *The International Journal of Psychoanalysis*, 94 (2013), 1196–1198

<sup>110</sup> Ibid.

international conferences, and continued to be invited to them well into his eighties, long after his health and age prevented him from international travel. He would come back from conferences with envelopes stuffed with business cards and scraps of papers with contact addresses for other participants, and he maintained correspondence with many of them until his death. It is telling that he was able to attend the London Congress on Mental Health at the height of Stalinism in 1950, and that in the early 1970s, when many scientists had their travel restricted, he was able to travel to the UK to visit the Institute of Psychiatry at the Maudsley Hospital in London, and Severalls Hospital in Colchester, Essex.

As will be discussed in subsequent chapters, these international contacts – both with the West and with other Communist countries – came to be of great significance in the development of new psychiatric concepts and practices. Conferences and study trips were also organised within Czechoslovakia, for collaboration with psychiatrists from abroad. With such permeability across political borders – and with members of the profession being very adept at using their clinical autonomy, as well as the language of the regime itself, to their advantage – attempts at Pavlovization can be said to have ultimately failed in Czechoslovakia.

### 1.3 East Germany

In contrast to the Soviet Union and Czechoslovakia, the periodizations used by historians of East Germany tend to overlook narratives of ‘Stalinism’ and ‘destalinization’ altogether and concentrate instead on local economic and political factors. The years of the Soviet occupation and the establishment of the GDR – roughly dated as 1945-1952 - are often characterized as a period of extreme shortage and disruption as a result of the legacy of the war, overlapping with a period of denazification. 1953-1961 is interpreted as a period of intense sovietization and restructuring which was often hampered by economic and political crises; such as the June Uprising of 1953, the loss of talent through emigration to the West, and repeated failure to meet economic targets.

In spite of the ‘brain drain’ in science and technology, John Connelly portrays the remaining East German intelligentsia as comparatively anomalous in the region in

terms of their loyalty and commitment to the regime.<sup>111</sup> He cites this as a consequence of rapid intervention of the Party in transforming German higher education institutions along the lines of the Soviet model as early on as 1945, with East Germany being the only one of the satellite states to have Soviet advisors actively intervene in the running of higher education on a day-to-day basis.<sup>112</sup> These officials were able to remove the discredited existing professoriate, using ‘denazification’ as a justification, and proceeded to replace the university elites with candidates deemed to be loyal to the SED.<sup>113</sup> Mary Fulbrook characterizes the intelligentsia’s attitude towards the regime in the 1950s as somewhat more ambivalent: while they were not actively involved in the popular uprisings, official ‘opinion and mood reports’ described the professional classes as holding a ‘negative wait and see attitude...people do not express their opinion openly’.<sup>114</sup>

The medical community of the GDR itself was severely depleted after the Second World War, in part because of emigration across the border to West Germany before the construction of the Wall in 1961, but also because of the consequences of the war and the Nazi Regime. The pre-war German Left within medicine, who could have formed a basis for the development of a new socialist medical community, had been predominantly Jewish, and had either been victims of the Holocaust or had fled to Britain or the US, with the latter reaping financial benefits from private practice and having little incentive to repatriate to East Germany.<sup>115</sup> Karl Leonhard, who was to become the director of the prestigious Institute of Neurology in East Berlin was neither a party member nor a professed ‘Pavlovian’; but this was overlooked because of his materialist approach, international prestige, and reputation for having allegedly protected psychiatric patients from the Nazi eugenics programme by covering up diagnoses of schizophrenia.<sup>116</sup> Thus, despite having one of the most controlled systems of higher education and loyal professoriates at an institutional level, the

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<sup>111</sup> John Connelly ‘The Foundations of Diversity: Communist Higher Education Policies in Eastern Europe, 1945-1955’ in Kristie Macrakis and Dieter Hoffmann (eds) *Science Under Socialism*.

<sup>112</sup> *Ibid.*, p. 130.

<sup>113</sup> *Ibid.*, p. 138

<sup>114</sup> Mary Fulbrook, *Anatomy of a Dictatorship: Inside the GDR, 1949-1989* (Oxford University Press, 1997), p. 80.

<sup>115</sup> Anna-Sabine Ernst, ‘Die Beste Prophylaxe Ist Der Sozialismus’: *Ärzte Und Medizinische Hochschullehrer in Der SBZ/DDR 1945-1961*.

<sup>116</sup> Brendan T. Carroll, ‘Images In Psychiatry: Karl Leonhard, 1904–1988’, *American Journal of Psychiatry*, 155 (1998), 1309–1309. Dietfried Müller-Hegemann ‘Psychotherapy in the German Democratic Republic’ in Ari Kiev (ed.) *Psychiatry in the Communist World*. (New York: Science House, 1968), p. 53

desperate shortage of expertise appears to have led to compromises being made in terms of the content of research, which frequently eschewed references to the ideologically sanctioned interpretations.

Furthermore, Anna-Sabine Ernst and Donna Harsch have noted that the freedom of travel between East and West before the construction of the Berlin Wall in 1961 had a significant effect on the persistence of pluralism within the medical community of East Germany.<sup>117</sup> A continued sense of unity of the medical communities across the political border is particularly apparent in publications in psychiatry before 1961, where conference proceedings show that participation of professionals from universities across East and West was commonplace.<sup>118</sup> This is also reinforced by the ongoing presence of psychiatrists from the University of Heidelberg on the editorial board of the East German journal *Psychiatry, Neurology and Medical Psychology*.

Somewhat ‘pragmatic’ concessions also appear to have been made with regard to those who had previously had involvement with the Nazi regime. Rudolf Thiele, the first post-war Director of the Charité’s Institute for Neurology in Berlin – the most prestigious institute for research in psychiatry and neurology in the GDR – was known to have been a member of the Sturmabteilung (the Nazi paramilitary organisation of the early 1930s), and acted as a consultant to the Reich’s Health Führer Leonardo Conti, who hanged himself in Nuremberg in 1945 prior to his trial for involvement in the Tiergartenstrasse 4 programme.<sup>119</sup> In spite of personnel shortages, one unexpected legacy of Nazism was the foundation it prepared for the prestige with which psychological and psychiatric subdisciplines of medicine were

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<sup>117</sup> Anna-Sabine Ernst, ‘Die Beste Prophylaxe Ist Der Sozialismus’: *Ärzte Und Medizinische Hochschullehrer in Der SBZ/DDR 1945-1961*; Donna Harsch, ‘Medicalized Social Hygiene?: Tuberculosis Policy in the German Democratic Republic’, *Bulletin of the History of Medicine*, 86 (2012), pp. 394–423.

<sup>118</sup> See, for example the 1958 meeting on Neurosenprobleme which featured contributions from colleagues based in Weimar: Dietfried Müller-Hegemann, *Neurosenprobleme in Klinik und Experiment; ausgewählte Vorträge aus dem Fortbildungslehrgang über Neurosen vom 25. bis 28. Juni 1958*. (Berlin: Verlag Volk und Gesundheit, 1959). Even the crucial East German ‘Pavlov Session’ conferences overtly included contributions from West German doctors. A. Mette, ‘Pawlow-Tagung, Leipzig, Januar 15-16, 1953’, *Psychiatrie, Neurologie, Und Medizinische Psychologie*, 5 (1953), pp. 128–34.

<sup>119</sup> For a full analysis of Thiele’s activities under the Nazi regime, and the GDR elite’s reaction to these events, see Anna-Sabine Ernst, ‘Die Beste Prophylaxe Ist Der Sozialismus’: *Ärzte Und Medizinische Hochschullehrer in Der SBZ/DDR 1945-1961*; Andreas Malycha ‘Der Umgang mit politisch belasteten Hochschulprofessoren an der Medizinischen Fakultät der Universität Berlin in den Jahren von 1945 bis 1949’ in Rüdiger Vom Bruch, Uta Gerhardt and Aleksandra Pawliczek (eds), *Kontinuitäten und Diskontinuitäten in der Wissenschaftsgeschichte des 20. Jahrhunderts* (Franz Steiner Verlag, 2006), p. 104.

held in Germany. Geoffrey Cocks argues that, with the possible exception of doctors in Czechoslovakia, medical professionals in East Germany were unusually interested in psychological and psychotherapeutic themes in comparison with those of other countries in the Soviet sphere of influence, which he credits to the development of psychotherapy under the Nazi regime.<sup>120</sup> The Göring Institute, having trained key psychiatrists who would go on to have careers in various German cities after the war, had a continued legacy in both the GDR and FRG after the war. Of perhaps most significance in East Germany were Dietfried Müller-Hegemann and Alexander Mette who, along with Lothar Pickenhain, came to play a key role in the State Pavlov Commission in the 1950s.<sup>121</sup>

Dietfried Müller-Hegemann had joined the German Communist Party (KPD) in 1931 and was involved in the Communist resistance under the Third Reich, where he trained at the Göring Institute under one of its founders, the psychiatrist Harald Schultz-Hencke.<sup>122</sup> He was a prisoner of war in the USSR, where he led an ‘antifascist committee’, and later praised the conditions of POWs in Soviet captivity as providing enough care and stimulation to prevent the development of serious mental illnesses such as schizophrenia.<sup>123</sup> After the war, as a psychiatrist at the University of Leipzig, his Communist credentials assisted in his promotion to the directorship of the Psychiatric Clinic in 1952, after it was separated from the Neurological Clinic where the two most prominent professors, Georg Merrem and Richard Pfeifer, wished to continue with neuroanatomical and neurosurgical research.<sup>124</sup> As in Czechoslovakia in the early years after the Second World War, there was an increased interest in the institutional separation of neurology and psychiatry, as both came to form strengthened professional identities of their own.

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<sup>120</sup> Geoffrey Cocks, *Psychotherapy in the Third Reich: The Göring Institute* (Transaction Publishers, 1997), p. 373.

<sup>121</sup> Pickenhain was a trained doctor who often commentated on the applications of Pavlovian ideas to medicine in the early years of the regime, but his research went on to be primarily focussed on laboratory experimentation on conditioned reflexes and behaviour in rats rather than clinical psychiatric research. See, for example, L. Pickenhain et al. ‘Methods for studying behaviour in total darkness’, *Acta Biologica Et Medica Germanica*, 11 (1963), 51–56; J. Ponikau, H. Ludwig and L. Pickenhain, ‘[Investigations on conditioned avoidance reflexes in rats by means of acute and chronic isoniazid doses]’, *Beiträge Zur Klinik Und Erforschung Der Tuberkulose Und Der Lungenkrankheiten*, 133 (1966), pp. 32–35.

<sup>122</sup> Cocks, p. 330.

<sup>123</sup> Frank Biess, *Homecomings: Returning POWs and the Legacies of Defeat in Postwar Germany* (Princeton University Press, 2006), p. 93.

<sup>124</sup> Holger Steinberg and M. C. Angermeyer, ‘Two Hundred Years of Psychiatry at Leipzig University: An Overview’, *History of Psychiatry*, 13 (2002), pp. 278–279.

As director of the prestigious Clinic in Leipzig, which was effectively the GDR's second city after East Berlin, Müller-Hegemann was one of the key figures in the profession and published widely throughout the 1950s and '60s. He also played a crucial role in organising the East German Pavlov Session (known as the *Pawlow-Tagung*) in January 1953 at the behest of the Central Committee of the SED, and was contemporaneous with the establishment of their Technical Commission for Questions of Medical Science (*Fachkommission für Fragen der medizinischen Wissenschaft beim ZK der SED*) and the State Pavlov Commission (*Staatliche Pawlow Komission*) of the Ministry of Health.<sup>125</sup> The *Pawlow-Tagung* brought together, 'more than 1800 doctors and scientists of various disciplines, philosophers, psychologists, pedagogues and veterinarians from the German Democratic Republic and West Germany'.<sup>126</sup> The parity of esteem with which West German science was afforded within the proceedings is indicative of a community which still valued co-operation and shared knowledge across political boundaries, which is all the more striking when juxtaposed with quotations from Stalin on the same page.<sup>127</sup> While the foreword makes obligatory reference to the bourgeois mistakes of American psychosomatic psychology, and the popularity that this had within Germany (echoing critiques published in Soviet and Czechoslovak journals at the same time), the East German *Pawlow-Tagung* had a very different character to the Soviet Pavlovian Sessions of 1950 and 1951. Instead of public confessions of previous mistakes, and pledges to abide by the Pavlovian party line, as had been performed in the USSR, the East German meetings were focussed around making the case for the value of Pavlov's work for science and medicine, as well as showcasing the work of those who were at the forefront of such work, such as the autogenic therapeutics being developed at the University of Jena's Psychiatric Clinic (which will be explored in depth in chapter 4).<sup>128</sup> Overall, a resolution was passed which noted that the following points should be enacted:

1. The acceleration of the translation and publication of the works of Pavlov.
2. The immediate creation of the conditions for the establishment of a Pavlov-

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<sup>125</sup> Ernst, p. 314.

<sup>126</sup> Staatssekretariat für das Hoch- und Fachschulwesen und Ministerium für Gesundheitswesen, *Pawlow-Tagung* (Berlin, 1953), p. vii.

<sup>127</sup> Ibid.

<sup>128</sup> Ibid, p. x.

Institute as a centre for experimental research, the training of a new generation of academics, the broadening of Pavlovian physiology and the co-ordination of research in theoretical-experimental and clinical fields. The facilitation of long-term study visits in research centres in the Soviet Union and other friendly (*befreundete*) countries for the training of qualifying workers of the Institute.

3. The creation of a clinical centre for the study and application of Pavlov's teachings.
4. With regard to the superior significance of Pavlov's teachings for medicine, corresponding consideration should be given in academic teaching in all disciplines, especially in physiology and pathological physiology. Furthermore, Pavlov's teachings should be made an obligatory part of the syllabus.
5. The convocation of working days on questions of Pavlov's teachings, particularly in the field of physiology and its related disciplines, as well as therapy.
6. The furthest possible application of Pavlov's teachings in the organisation of hospitals and their services.<sup>129</sup>

The resolution and discussions held at the *Pawlow-Tagung* were subsequently summarised in the primary medical journals, including *Deutsche Gesundheitswesens* and *Psychiatrie, Neurologie und Medizinische Psychologie*, along with numerous translations, opinion pieces and summaries of 'Pavlov's teachings' throughout the next decades.<sup>130</sup>

One of the most unusual figures to become ascendant as a 'Pavlovian' in the post-war East German psychiatric community was Alexander Mette, author of an introductory handbook on the relevance of Pavlov's teachings for psychotherapy, and the founding editor of the main journal *Psychiatrie, Neurologie und Medizinische Psychologie*.<sup>131</sup> He gained a high status under the new regime in spite of his enthusiastic and long-term involvement with psychoanalysis. Mette had been part of a Berlin-based group of Marxist psychoanalysts, including Erich Fromm and Wilhelm and Annie Reich, who gathered around Otto Fenichel in a series of regular meetings

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<sup>129</sup> Ibid., p. xvi

<sup>130</sup> L. Pickenhain, 'Consequences of the Pavlov meeting in Leipzig, 1953', *Das Deutsche Gesundheitswesen*, 8 (1953), pp. 669–72; Geisler, 'Therapeutic problems in child psychiatry from the viewpoint of Pavlovian theory' *Das Deutsche Gesundheitswesen*, 8 (1953), pp. 225–26; E. Goetze, D. Muller-Hegemann and L. Pickenhain, 'The importance of Pavlov's theory for theory and practice of medicine' *Das Deutsche Gesundheitswesen*, 8 (1953), pp. 218–20; A. Mette, 'Pawlow-Tagung, Leipzig, Januar 15-16, 1953' *Psychiatrie, Neurologie, Und Medizinische Psychologie*, 5 (1953), pp. 128–34.

<sup>131</sup> Alexander Mette *Die Lehre I.P.Pawlows Und Ihre Bedeutung Für Die Psychotherapie* (Leipzig: Urania, 1955).

known as the *Kinderseminar* between 1924 and 1933.<sup>132</sup> Fenichel organised the *Kinderseminar* as a reaction to the perceived conservatism and hierarchical propensities of the Berlin Institute of Psychoanalysis. As the name suggested, it was designed to provide an unofficial forum for younger ‘dissident’ analysts outside reach of the Institute’s influence.<sup>133</sup> During this time he was committed to building an understanding the unconscious through the principles of dialectical materialism.<sup>134</sup>

Christine Leuenberger has shown through oral history interviews with the 1989 generation of therapists that psychoanalysis had an underground persistence under the Honecker regime in East Germany, a phenomenon which is ‘written out’ of histories of psychotherapy from both sides of the wall.<sup>135</sup> She continues to argue that ‘their continued existence exemplifies how a state-driven high modernist scheme for remaking society can fail, as it does not account for the complex relationship between a state’s abstract knowledge and local practices’. Psychoanalysis as a case study does indeed uncover the limits of the Party’s ability to transform cultural practices across the board in order to fall into line with the coherent project of building socialism. But what is perhaps tested here is not so much the effectiveness of the regime itself, but the totalitarian paradigm in the historiography of the region. Building socialism in East Germany, particularly in the early years before 1961, involved many compromises and perhaps deliberate oversights as a result of the State’s limited resources. The assumption of a totalizing imposition of ideology is a simplistic reduction of what were often a more complex - and even haphazard - set of processes. It is not necessary, however, to rely on oral testimony to recognise the unexpected affinities between the East German medical profession and psychoanalysis than might first be assumed: the textual record of research publications in the post-war period features such debates in plain sight.

Mette’s 1958 book *Sigmund Freud. Mit einem Anhang: Von Freud zu Pawlow*, was originally intended as a short biography of Freud explaining his relevance to modern medicine on the 100<sup>th</sup> anniversary of his birth (at the time of writing, in 1956). Mette had in the same year been made Director of the Department of Science in the East German Ministry of Health (*Leiter der Hauptabteilung für*

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<sup>132</sup> Elizabeth Ann Danto *Freud’s Free Clinics: Psychoanalysis & Social Justice, 1918-1938* (New York: Columbia University Press, 2013), p. 150.

<sup>133</sup> Jacoby.

<sup>134</sup> Danto, p. 224.

<sup>135</sup> Christine Leuenberger, ‘Socialist Psychotherapy and Its Dissidents’ *Journal of the History of the Behavioral Sciences*, 37 (2001), pp. 261–73.



*Wissenschaft im Ministerium für Gesundheitswesen*), and by the time it was published he had been elevated to membership of the Party's Central Committee, and so was as much a part of the Communist establishment as it was possible to be at this time.<sup>136</sup> In the forward, Mette describes how it was pointed out to him by the publisher, the East German VEB Verlag Volk und Gesundheit, that the relevance of Freud would be further clarified if he were to include a discussion on its relation to Pavlov's work, and how one 'followed in the footsteps' of the other. In addition to biographical material, it contains three articles on the links between Freud and Pavlov's work by Mette by between 1957 and 1958, which appeared in the Russian *Korsakov Journal of Neuropathology and Psychiatry*, a colloquium in Freiburg, and at a conference organised by the State Pavlov Commission of the GDR at the Academy of Sciences.<sup>137</sup> The biography outlines the primary concepts and works of Freud, whilst also integrating the critical standpoints of a number of Marxist authors. For example, the responses of Soviet I. Sapir who, whilst acknowledging the importance of Freud's clinical work, was sceptical as to the value of his understanding of the unconscious, as it was primarily individualistic and did not account for socio-economic conditions.<sup>138</sup> Whilst paying heed to such critiques, Mette also appeared to be attempting to narrow the distance between psychoanalysis and Marxism. Freud, he states, 'should be given credit' for allowing the publication of a contribution by Russian neuropsychologist Luria about the work of Soviet psychologists including Pavlov, Wedenski and Uchtomski in the *Internationalen Zeitschrift für Psychoanalyse* in 1926.<sup>139</sup> Mette, in his concluding paragraphs of the biography, draws attention to the long standing attempts of a number of 'Freud's followers' to bridge the gap between dialectical materialism and psychoanalysis through a 'reconfiguration' (*Umgestaltung*) of Freud's theories which underlined the material base of the unconscious, but that these discussions had since become outdated as a consequence of Pavlov's discoveries.<sup>140</sup> It is notable that, in the endnote referenced to this paragraph, Mette acknowledges his own work on these questions, declaring that 'the author of this volume had likewise, at one time, laboured under these misapprehensions', and references two of his earlier

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<sup>136</sup> Michael Geyer *Psychotherapie in Ostdeutschland: Geschichte und Geschichten 1945-1995* (Amsterdam: Vandenhoeck & Ruprecht, 2011), p. 94.

<sup>137</sup> Alexander Mette *Sigmund Freud* (Verlag Volk und Gesundheit, 1958), p. 5.

<sup>138</sup> Alexander Mette *Sigmund Freud*.

<sup>139</sup> Mette *Sigmund Freud*, p. 69. Alexander Luria 'Die modern russische Physiologie und die Psychoanalyse' *Internationalen Zeitschrift für Psychoanalyse*, 12 (1926).

<sup>140</sup> Mette *Sigmund Freud*, p. 73.

works from 1930 and 1949.<sup>141</sup> Furthermore, Freud's work is not dismissed altogether as incorrect, but is rather understood to have been misguided by the fact that many of his theories were developed before Pavlov published on the first and second signalling systems in the higher nervous system. One this work had been drawn to his attention, he did not engage with it seriously enough to see that it offered a more fully developed theory of mind. Indeed, Mette asserts that Freud's work can in some ways be seen as something of a naïve precursor to Pavlovian theories, which were doomed to be erroneous as a result of lack of information, having been constructed before Pavlov's discoveries.

For the first time, the experimental findings of the principles of conditioned-reflex events and the specific role of language and word-concepts for the formation of human processes of consciousness, broke new ground on that which Freud had wrestled with in vain in his speculations on the preconscious in 'Ego and Id'.<sup>142</sup>

Freud is by no means rejected outright in Mette's analysis, but is described as an astute scientist who was attempting to provide theories of human psychology and society based on the limited understandings and observations available to him at the time. Rather than an iconoclastic dismissal of psychoanalysis written in the familiar rhetoric of Stalinism, denouncing Freud as bourgeois and reactionary, Mette portrays him as an outdated pioneer whose ideas were not completely at odds with a dialectical materialist worldview – as evidenced by his many Marxist followers – but whose concepts were limited by his lack of understanding of Pavlovian conditioned reflexes. The implicit suggestion is that Freud could be read as a forerunner to acceptable Marxist theories of mind who, whilst not entirely 'rehabilitated', was at the same time not alien from socialist traditions in psychology and psychiatry. It is perhaps no accident that Mette first wrote this biographical study in 1956 following Khrushchev's Secret Speech, although the language of destalinization is absent from the text.

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<sup>141</sup> Mette *Sigmund Freud*, p. 78. Alexander Mette, *Psychotherapie gestern und heute* (Greifenverl., 1949). Alexander Mette 'Zur marxistischen Kritik der Psychoanalyse', *Aufbau* 3 (1930).

<sup>142</sup> Mette *Sigmund Freud*, p. 69. For further discussion of Sapir's work see Martin Miller *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union* (Yale University Press, 1998) pp.82-84.

Historian of sexuality Erik Huneke asserts that Mette, ‘waged a campaign...to discredit “bourgeois” explanations for human behaviour... which ‘entailed a rejection of Sigmund Freud’s allegedly inappropriate reification of sexuality (and the libido in particular) as an animalistic force that shaped much of human behaviour’.<sup>143</sup>

Psychoanalyst Michael Geyer alleges that Mette’s behaviour under the new regime was a ‘tragedy’ as he, ‘was able to justify [his] position of power in the state at the expense of psychoanalysis’.<sup>144</sup> Both interpretations offer a simplistic reduction of Mette’s position on psychoanalysis under the regime. Whilst he certainly did profit from his public allegiance to Pavlov and the disavowal of his earlier psychoanalytic work, the very act of publishing a synopsis of Freud’s work which referenced his publications in full, was potentially politically compromising. Furthermore, whether intentional or not, it provided a legitimate way to continue the dissemination of psychoanalytic concepts by making them available in a state-sanctioned monograph which could be accessed in libraries and bookshops across the GDR.

The effects of the worsening economic situation towards the end of the 1950s, sometimes referred to as the Second Berlin Crisis, precipitated the building of the Berlin Wall in 1961, which is marked as one of the most significant turning points in the history of the GDR. Securing the border in Berlin allowed for a degree of stabilization in terms of both the economy and labour force. On the other hand, it restricted collaboration between scientists across the East and West German borders which had been allowed to continue up until 1961.<sup>145</sup> But there were still strategies that could be used to allow for the dissemination of information from the West to the medical community behind the wall. From 1961, the editors of *Psychiatrie, Neurologie und Medizinische Psychologie* introduced a ‘Literature from Abroad’ section, summarising recent publications and conference proceedings from the USA, Britain, France, West Germany, Switzerland and many other nations. The works of Western psychiatrists continued to feature regularly in the ‘Reviews’ sections of the journal, and were cited frequently in the research articles of East German authors.

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<sup>143</sup> Erik Huneke, ‘Sex, Sentiment and Socialism: Relationship Counseling in the GDR in the wake of the 1965 Family Code’ in Scott Spector, Helmut Puff and Dagmar Herzog (eds), *After The History of Sexuality: German Genealogies With and Beyond Foucault* (Oxford: Berghahn Books, 2012), p. 237.

<sup>144</sup> Michael Geyer, ‘East Germany’ in Kutter *Psychoanalysis International, V.I: A Guide to Psychoanalysis Throughout the World*, p. 139.

<sup>145</sup> Raymond G. Stokes, *Constructing Socialism: Technology and Change in East Germany 1945-1990* (Baltimore: Johns Hopkins University Press, 2000), p. 10.

Walter Ulbricht's reforms, beginning in 1963 with the New Economic System, saw science raised up to a central status in the construction of socialism, with the slogan "science as a productive force" becoming official policy.<sup>146</sup> Scientists' newly elevated position in the GDR allowed for a greater degree of autonomy.<sup>147</sup> Historical studies of genetics and biomedicine in this period, for example, have shown that there was little variation in the research programmes of these (previously fiercely ideologically contested) fields in comparison with those in Western industrialized nations.<sup>148</sup> Psychiatric research and practice certainly had its parallels with work being pursued abroad, particularly in the field of psychopharmacology, but there were significant trends which had a more dominant hold in the GDR, even more so than in other Socialist states of East-Central Europe such as sleep therapy, and autogenic and psychosomatic approaches.

What is remarkable about the prominent members of the East German psychiatric elite was that despite their often diverse theoretical backgrounds and prior commitment to Freudian methods, a number of them were specifically active in creating and promoting a Pavlovian tradition in East German psychiatry for longer than was perhaps politically necessary. In part, this can be read as a safeguarding of personal professional interests, but it was nevertheless a project in which they enthusiastically engaged. As such, given that a number of successful careers had been built on promoting the 'Pavlov Campaign' in psychiatry, a process of retrospective critique in prominent journals did not occur in a similar way to Czechoslovakia after 1956, and sleep therapy in particular had a longer duration than in most countries. The uptake and adaption of Pavlov's work for aetiological and therapeutic purposes will thus be further explored in chapters 3 and 4 of this thesis.

## 1.4 Conclusion

The East German and Czechoslovak medical communities experience different political trajectories in the early Communist period. The Czechoslovak regime,

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<sup>146</sup> Kristie Macrakis 'Interpreting East German Science' in Kristie Macrakis and Dieter Hoffmann (eds) *Science Under Socialism*, p. 3.

<sup>147</sup> *Ibid.*, p. 10.

<sup>148</sup> Rainer Hohlfeld 'Between Autonomy and State Control: Genetic and Biomedical Research' in Kristie Macrakis and Dieter Hoffmann (eds) *Science Under Socialism*, pp. 247-268.

although it promoted engagement with Soviet science, was less successful at coercing psychiatrists into discussing the possibility of an ideologically unified approach to mental health and disorder. The Czechoslovak equivalent to the Pavlovian Sessions occurred late in the day, only a year before Khrushchev's Secret Speech of 1956 which then opened up the political space for the medical profession to criticise ideology and dogmatic approaches to science. Those elements within the profession who had continued to teach from a psychoanalytic perspective behind closed doors now felt more confident in publishing material which featured reference to concepts drawn from psychoanalytic approaches than they had before, although care was still taken with regard to how these were presented in official journals. Ultimately, psychoanalytic approaches by the 1950s encompassed such a broad and internally varied range of concepts that it is difficult historically to isolate what the term actually applies to. If psychoanalysis was therefore not in itself a theoretically coherent philosophical or practical system, it follows that successfully policing or suppressing it would therefore be practically impossible, as the object of such a campaign could not be clearly defined.<sup>149</sup> By the mid-'60s, as will be discussed, there were no such efforts to even disguise an interest in psychoanalysis, with some authors actively campaigning for Freud's rehabilitation.<sup>150</sup>

Those who engage explicitly in encouraging the appropriation of Pavlovian concepts – such as Zdeněk Macek, Eliška Klimková-Deutschová and Oldřich Starý, whose writings will be explored in the following chapters – were respected figures within the medical profession and the Party, but were largely minority voices within a much broader, pluralistic range of publications and practices in psychiatry. It is also notable that although they did publish in psychiatry journals, and their work had a direct bearing on concepts of mental health in its broadest terms, all three authors self-identified as neurologists, and so were not even officially members of the psychiatric profession themselves.<sup>151</sup>

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<sup>149</sup> See Mikkel Borch-Jacobsen and Sonu Shamdasani, *The Freud Files: An Inquiry into the History of Psychoanalysis* (Cambridge: Cambridge University Press, 2011), p. 135.

<sup>150</sup> Jiří Cvekl *Sigmund Freud* (Prague: Orbis, 1965).

<sup>151</sup> As their work bears significantly on psychiatric diagnostics, aetiology and therapy, they will be discussed within this thesis nonetheless. It is also important to state that although there had been a technical institutional split between psychiatry and neurology, identities were much more fluid within medicine in Czechoslovakia, with some individuals describing themselves simultaneously under more than one label, and switching research from one medical specialty to another with little institutional difficulty.

Yet, while the questions of psychoanalytic and Pavlovian approaches to psychiatry are useful markers for tracing the political aspects of debates in psychiatry, it is important to note that these were only two polar examples of traditions within the field, with researchers also drawing on an array of different models unrelated to either approach. Between 1956 and 1968, the intellectual and political space was opened up enough to allow for diverse research in Czechoslovakia, with psychiatrists successfully negotiating institutional networks and manipulating language as a means of safeguarding their research freedoms.

Psychiatry in East Germany was also much more nuanced than the historiography would attest to. Yet while diversity was still retained, the impact of ideology was felt more keenly there in terms of censorship, and as a result of closer links between the Party and the medical profession. On the one hand, a number of key psychiatrists had already appropriated Pavlovian concepts in their work for career advancement by the time of the 'Thaw', and so had little intention of reneging on their use of these models once the opportunity presented itself. On the other, the German psychiatric profession had been comparatively more conservative anyway, and so experimentation with radically new approaches which deviated from a biologically-rooted model of mental disorder was unlikely to take hold in East Germany. Although the boundaries between the medical communities of East and West Germany were relatively fluid in the 1950s, the construction of the Berlin Wall in 1961 resulted in further restrictions of travel and correspondence. Although the profession did its best to maintain international links and access to literature from abroad, East German psychiatrists were unable to preserve the degree of freedom in research that was attained by their Czechoslovak colleagues in the 1960s.

## Chapter 2: Nosologies and Diagnostic Categories

Diagnostic categories – the labelling and symptomological classification of disorders – has been one of the key activities in which psychiatry has generated concepts of mental health and illness. Particular diagnoses have become a popular object of historical interrogation, with a number of monographs on specific categories such as hysteria, bipolar disorder and ADHD.<sup>152</sup> A primary reason for this focus of historiographical interest is the degree of geographical and historical variability of certain disorders, with some, such as hysteria, flourishing as a diagnosis during certain periods and then waning; and others such as ADHD appearing in the late twentieth century as new categories. Some categories also become bound up with discourses of regulating appropriate behaviours within a society through pathologizing certain undesirable groups or beliefs; or they may appear to reflect a pathogenic aspect of the society itself, such as the *Zivilisationskrankheiten* (civilizational disorders), which could imply a need for some form of political intervention or method of prevention. Diagnostic categories as a technology of social governance were indeed also found under Communism as much as they were in the West, and could be put to good use for broader political purposes. Furthermore, the way in which categories become classified within taxonomic systems – the study of nosology – developed further understandings of how categories inter-relate, or could imply aetiological processes or therapeutic approaches. Yet psychiatric nosology itself has been a topic of relative historical neglect, with the exception of recent attention to the American Psychiatric Association's Diagnostic and Statistical Manual.<sup>153</sup> While the standard classification systems for clinical practice in East Germany and Czechoslovakia were the same as those used elsewhere in Europe, there were new nosological systems developed in both East Germany and the Soviet Union under Communism. Examining these systems offers an addition to the international history of psychiatric nosology, in addition to illuminating the dynamics of psychiatric research as carried out by two key institutes of the region.

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<sup>152</sup> Matthew Smith *Hyperactive : A History of ADHD* (London: Reaktion Books, 2012); Mark S. Micale *Approaching Hysteria: Disease and Its Interpretations* (Princeton, N.J: Princeton University Press, 1995); David Healy *Mania : A Short History of Bipolar Disorder* (Baltimore: Johns Hopkins University Press, 2011).

<sup>153</sup> Hannah S. Drecker *The Making of the DSM-III: A Diagnostic Manual's Conquest of American Psychiatry* (Oxford: Oxford University Press, 2013).

This chapter explores the generation of a number of categories of significance in East Germany, Czechoslovakia and the Soviet Union, particularly neurasthenia, psychopathy, and the various endogenous psychoses including categories of schizophrenia. I discuss the way in which neurasthenia continued to function as a diagnostic category in East Germany and Czechoslovakia long after it had been abandoned in Anglophone psychiatry. This was largely as a consequence of its importance for Pavlov, which rendered it a category that could have clear relevance for a Communist approach to psychiatry, particularly for societies struggling with the effects of rapid technological modernization and industrialization. I then go on to discuss the classification of psychoses in East Germany and the USSR: it is well known that schizophrenia was used as a label for punitive purposes in the Soviet Union, yet the way in which schizophrenia as a category was discussed in psychiatric research publications in the region (and elsewhere) has not been subject to much examination.<sup>154</sup> The psychoses were also a site of nosological innovation in East Germany and the USSR by Karl Leonhard and Andrei Snezhnevsky. I trace these debates, and the correspondence that existed between the two groups. Finally, I examine the ways in which diagnostic categories, and particularly psychopathy, were appropriated for the purposes of discouraging certain social behaviours or beliefs that diverged from the norms of Communist society. This chapter identifies some of the key trends, debates and innovations in the classification of mental disorders in East Germany and Czechoslovakia in a comparative context with the Soviet Union and the West. In addition, I examine the migration of particular diagnostic categories outside of the clinic, and their social and political uses in scientific publishing of the period.

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<sup>154</sup> It is a significant lacuna in the historiography of psychiatry that the historical construction of schizophrenia over the course of the 20<sup>th</sup> century has still not been fully addressed. The existing literature is sparse. For a brief overview, see Sander L. Gilman 'Constructing Schizophrenia as a Category of Mental Illness', in Edwin R. Wallace and John Gach (eds) *History of Psychiatry and Medical Psychology* (New York: Springer, 2008), pp. 461–83; A recent monograph by Angela Woods addresses the way in which schizophrenia has become a key concept in cultural theory, but only briefly addresses the clinical literature on the category, relying solely on English language sources and translations, see Angela Woods, *The Sublime Object of Psychiatry: Schizophrenia in Clinical and Cultural Theory* (Oxford: Oxford University Press, 2011); See also Bernet's monograph which explores the initial construction of the concept in the context of Swiss psychiatry in 1900, Brigitta Bernet, *Schizophrenie: Entstehung und Entwicklung eines psychiatrischen Krankheitsbilds um 1900* (Zurich: Chronos, 2013).



## 2.1 Diagnostic Categories in the GDR and Czechoslovakia

East German and Czechoslovak psychiatrists drew on previous categories and systems developed in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries by Charcot, Kraepelin, Bleuler, to name but a few. Internationally, the post-war years were a time of nosological innovation, with the publication of the first edition of the World Health Organisation's International Classification of Diseases to include disease categories as well as causes of mortality (ICD-6, 1948); the American Psychiatric Association's first edition of the Diagnostic and Statistical Manual (DSM-I, 1952); and significant developments in the symptomatology of schizophrenia such as Kurt Schneider's 'First Rank Symptoms' (1959). Nevertheless, psychiatric nosology is a topic which has paradoxically failed to draw significant analytic attention from historians, in spite of the ongoing controversies surrounding field, particularly with regard to the DSM.<sup>155</sup>

Within the Soviet region there were also new classifications developed, including Snezhnevsky's nosologies, which evolved in their level of detail through until 1975 in the USSR, and Karl Leonhard's classification of endogenous psychoses in the GDR (1957), as well as a revival of Pavlov's use of particular categories of neurosis. All of these classifications differed from each other, and the most widely used international systems, the DSM and ICD, certainly changed significantly over time. Nosological consensus across borders did not exist, and within the national psychiatric communities it is not possible to claim that one system or set of categories was used uniformly.

With the exception of a handful of significant figures, such as Leonhard and Snezhnevsky, there was relatively little debate on nosology in comparison with other topics in psychiatry. With the exception of schizophrenia, diagnostic categories were not frequent subjects of controversy in psychiatric journals, and nosological systems were taken to be a necessity for practice. Indeed, there was a strong backlash published in the East German journal, from an author based in the Soviet Union, against 'anti-nosological' trends in Western psychiatry associated with existential

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<sup>155</sup> A number of authors have used historical examples as a means of exploring contemporary philosophical issues with the Diagnostic and Statistical Manual. See, for example, Rachel Cooper *Diagnosing the Diagnostic and Statistical Manual of Mental Disorders*, (London: Karnac, 2014). The philosophy of psychiatric nosology is a more broadly developed contemporary field. See, for example, Dominic Murphy *Psychiatry in the Scientific Image* (Cambridge, M.A.: MIT Press, 2006). G. Graham and L. Stephens (eds.) *Philosophical Psychopathology*, Cambridge, M.A.: MIT Press, 2009).

psychotherapy and Daseinanalysis, which was dismissed as ‘idealist, speculative, unscientific and loaded with literary-philosophical jargon’.<sup>156</sup>

There was, however, an official nosology adopted in both Czechoslovakia and East Germany. The WHO’s International Classification of Diseases was originally drawn up as a guide for coding mortality statistics. The ICD-6, published in 1948, was the first to include diseases and injuries in addition to causes of mortality, and was used primarily in European countries. With this amendment, and as a result of the input of veterans’ organizations, the new version included a list of mental disorders.<sup>157</sup> Significantly, it was used in East Germany between 1952 and 1968, not only for gathering statistics for mortality, but also as a guide for encoding morbidity, with a special East German edition being printed with three-letter codes for this purpose.<sup>158</sup> Along with subsequent editions, it was also the official classification used in Czechoslovakia, and was promoted as such within medical journals.<sup>159</sup> Nevertheless, this did not prevent individual clinics and practitioners using their own preferred categories, or indeed generating new ones. The psychoanalytic psychiatrist Jaroslav Stuchlík, who was based at first in Plzeň and then in Bratislava, was inspired by his time studying with Kraepelin to develop two new categories of illness, the pathophronesias and the habit states: Pathophronesia was an all-embracing concept of the deformed connection between the somatic base of a given state and the psychic or somatic corresponding manifestations. Hypophronesia, “undersensibility”, is a

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<sup>156</sup> E. Sternberg, ‘Zur Kritik der existentialistischen und anderen antinosologischen Richtungen in der modernen westlichen Psychiatrie’, *Psychiatrie, Neurologie, Und Medizinische Psychologie*, 16 (1964), 397–402. Sternberg specifically criticises authors such as Minkowski, Binswanger, Kunz and Matussek, citing a list of Western psychiatrists who also criticised these authors in support of his position, including Mayer-Gross, Conrad and Schneider. The article – appearing as an editorial at the very front of the issue – essentially presents readers with list of western authors divided into those which are acceptable to be used by Communist authors, and those deemed unacceptable. The article also dismisses the use of anthropology in clinical psychiatry, arguing that it is based too much on philosophical interpretation and is insufficiently grounded in empirical science. Although existential approaches did not have a strong following in the region, they did inform the work of the Czech psychiatrist, Eva Syřišťová, whose 1974 book *The Imaginary World* drew on the work of Karl Jaspers and Edmund Husserl to advocate a ‘progressive’ approach to understanding the content of psychotic experience through creativity. Eva Syřišťová *Imaginární svět* (Prague: Mladá Fronta, 1974).

<sup>157</sup> Paul H. Blaney and Theodore Millon, *Oxford Textbook of Psychopathology* (Oxford University Press, 2008), p. 38. J. M. Bertolote and N. Sartorius, ‘Classifications of mental disorders: from Bertillon to ICD-10, the century of international collaboration’ *Actas Luso-Españolas De Neurología, Psiquiatría Y Ciencias Afines*, 21 (1993), pp. 39–43.

<sup>158</sup> Deutsches Institut für Medizinische Dokumentation und Information ‘ICD-6 Verzeichnis der Krankheiten und Todesursachen für Zwecke der Medizinalstatistik’ [<https://www.dimdi.de/static/de/klassi/icd-10-who/historie/icd-vorgaenger/icd-6/ICD-6-Systematik.htm#36> accessed 6<sup>th</sup> June 2014].

<sup>159</sup> J. Prokůpek, ‘Duševní poruchy a mezinárodní klasifikace’, *Československá psychiatrie*, 63 (1967), pp. 361–69.

disturbance of intelligence characterized by a certain poorness of associative activity and an incapability of the subject's own judgment about contents and values of thought. Habit states were conceived of as various syndromes that persist after their organic and functional origin had ceased to exist.<sup>160</sup>

One particular category that was in frequent use and had political purchase, despite not appearing in the ICD until 1967, was neurasthenia.

## 2.2 Neurasthenia

One category which is present in neither the DSM-I nor the ICD-6, but which repeatedly appears in psychiatric literature in East Germany and Czechoslovakia as well as the Soviet Union, is neurasthenia. A popular object of study within the history of medicine and literary studies, a great deal of literature has been written on the emergence of neurasthenia as a fashionable illness category with the advent of technological modernity in the second half of the nineteenth and the early twentieth centuries in Western Europe and the United States.<sup>161</sup> The term began to be popularised in 1869 by the American psychiatrist George Beard to describe a condition of 'weakened nerves' which manifested itself by fatigue, nervousness, physical pain and depression, among other symptoms, and was particularly associated with 'civilized' societies, resulting in its alternative name of 'American Nervousness'.<sup>162</sup> Most historians narrate a decline and disappearance of the concept after the First World War, however. Doris Kaufmann, for example, claims that in Germany, 'it served as a fashionable code for the *Zeitgeist* during the last two decades of the nineteenth and first decade of the twentieth centuries, only to disappear then from medical and public attention,' to the extent that by the inter-war period, as a

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<sup>160</sup> J. Prokúpek, S. Grof and J. Stuchlík 'Czechoslovak Psychiatry' in Ari Kiev *Psychiatry in the Communist World*, p. 126; J. Stuchlík 'Maladies de phronema' *Acta Medica Légalis et Societatis*, 11 (1958), pp. 168-177.

<sup>161</sup> See, for example, Marijke Gijswijt-Hofstra and Roy Porter, *Cultures of Neurasthenia from Beard to the First World War* (Amsterdam; New York: Rodopi, 2001). Andreas Killen, *Berlin Electropolis: Shock, Nerves, and German Modernity* (Berkeley: University of California Press, 2006); Volker Roelcke, *Electrified Nerves, Degenerated Bodies: Medical Discourses on Neurasthenia in Germany, circa 1880-1914* (Amsterdam: Rodopi, 2001); Caroline Pross, Klaus Müller-Wille, and Maximilian Bergengruen (eds) *Neurasthenie: Die Krankheit Der Moderne Und Die Moderne Literatur* (Freiburg: Rombach, 2010); David G. Schuster, *Neurasthenic Nation: The Medicalization of Modernity in the United States, 1869-1920*, (Santa Barbara: University of California Press, 2006).

<sup>162</sup> George Beard 'Neurasthenia, or Nervous Exhaustion' *The Boston Medical and Surgical Journal*, (1869), pp. 217-222; George Miller Beard *American Nervousness: Its Causes and Consequences* (New York: G. P. Putnam's Sons, 1881).

result of Kraepelin having incorporated symptoms of neurasthenia into the description of psychosis, ‘neurasthenia lost [its] status as an independent disease entity in scientific research’.<sup>163</sup> Kaufmann’s claims are challenged by Andreas Killen, who cites the 1920s as the historical moment in which neurasthenia lost its status, being reinscribed as a ‘pseudomalady’ as a consequence of German social insurance reform on the one hand, and the shift from nervous illness as anchored in somatic concepts of nerves to more prevalent discourses of heredity, mass psychology, or individual psychological trauma.<sup>164</sup>

Yet neurasthenia and ‘neurasthenic syndrome’ continued to be terms employed for research studies into diagnosis and therapeutics into the 1960s in both Czechoslovakia and the GDR, as well as in the Soviet Union and East Asian countries. At the Bohnice clinic, for example, a variety of different tests were used, including the Wechsler-Bellevue test, Raven’s PM test, the HAWIE vocabulary test and Wechsler’s Memory Scale to analyse the differential diagnostics between neurasthenia as a disorder in itself, and neurasthenic syndrome related to cerebral atherosclerosis.<sup>165</sup>

One can explain its persistence in Communist countries as a result of its being used enthusiastically by Pavlov and his colleagues. At the Second International Neurology Conference in London, August 1935, Pavlov delivered a lecture on ‘Conditioned Reflexes and Psychiatry’, in which he made reference to a number of conditions that fell under the category of neurosis

My own clinical experience has been very limited, although I have visited regularly the neurological and psychiatric clinics for the last three or four years, and hence I offer the following remarks presumptively. Constitutional neurasthenia is a form of general weakness, occurring in the middle human type. Hysteria is the result of general

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<sup>163</sup> Ibid., p. 166.

A. G. Ivanov-Smolenskii, *Náčrty patofyziologie vyššej nervovej činnosti* (Bratislava: Nakladateľstvo Slovenskej akadémie vied a umení, 1952).

<sup>164</sup> Andreas Killen, *Berlin Electropolis: Shock, Nerves, and German Modernity*, p. 14

<sup>165</sup> See, for example, M. Plzák, J. Dobrý and A. Zamykal, ‘Tkáňová terapie podle Jarosze v léčení depresivně neurastenické formy arteriosklerózy mozkových cév.’, *Ceskoslovenská Psychiatrie*, 59 (1963), 319–22; Z. Kaňka, ‘K diagnostice neurastenického syndromu při arterioskleróze’, *Československá psychiatrie*, 59 (1963), 167–75. For discussion of the continued use of neurasthenia in other societies, see Vladan Starcevic, ‘Neurasthenia in European Psychiatric Literature’ *Transcultural Psychiatry*, 31 (1994), pp. 125–36; Vieda Skultans, ‘A Historical Disorder: Neurasthenia and the Testimony of Lives in Latvia’ *Anthropology and Medicine*, 4 (1997), pp.7–24; Norma C. Ware and Mitchell G. Weiss, ‘Neurasthenia and the Social Construction of Psychiatric Knowledge’, *Transcultural Psychiatry*, 31 (1994), pp. 101–24.

weakness in the artistic type; psychasthenia (Pierre Janet), a product of weakness in the thinking type.<sup>166</sup>

Roger Smith states that Pavlov's typologies were based on theories of temperament from Greek medicine, implying that the form of the pathology was an expression of constitutional factors.<sup>167</sup> Pavlov continues to argue that his colleague M.K. Petrova had successfully managed to induce such neurosis in dogs in the laboratory

The inhibitory process...may be weakened either through strain or through collision with the excitatory process. Its weakening results in an abnormal predominance of delay and other normal phenomena of which inhibition is a part, expressed also in the general behaviour of the animal, struggling, impatience, unruliness, and finally as pathological phenomena, *e.g.*, neurasthenic irritability.<sup>168</sup>

These lectures were published in Czech, Slovak and German translations, along with numerous books and articles popularising the concepts by the mid-1950s.<sup>169</sup> Soviet researchers continued to use Pavlov's categories of the neuroses; neurasthenia and hysteria in particular, in laboratory setting on both human and animal subjects, particularly in terms of the induction of neuroses through conditioned reflexes.<sup>170</sup>

The neuroses, because of their predominantly exogenous aetiology, became an important priority for prophylaxis and treatment in both countries, as will be discussed further in subsequent chapters. The category had existed in both nations in the pre-war period, partly as a result of the influence of French and German

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<sup>166</sup> I. P. Pavlov *Lectures on Conditioned Reflexes, Volume II* (London: Lawrence & Wishart, 1941).

<sup>167</sup> Roger Smith *Inhibition: History and Meaning in the Sciences of Mind and Brain* (University of California Press, 1992), p. 202.

<sup>168</sup> *Ibid.*

<sup>169</sup> S. N. Davidenkov *Učení I.P. Pavlova O Neurosách a Jejich Léčení*, Knížnice Sovětské Biologie a Zdravotnictví, (Prague: SZdN, 1953); Vladimir Nikitic Vinogradov *Učení I.P. Pavlova a klinické lékařství* (Prague: SZdN, 1953); Ivan Petrovič Pavlov *Učenie I. P. Pavlova a Jeho Vzťah K Prírodovede a Lekárstvu*, (Bratislava: Výskumný ústav zdravotníckej osvety, 1953). I. P. Pawlow *Sämtliche werke* (Berlin: Akademie, 1954).

<sup>170</sup> See, for example, L.B. Gakkel 'K voprosu o roli iavlenii induktsii vo vzaimodeistvii signal'nykh sistem.' *Zhurnal vyssheĭ nervnoi deiatelnosti imeni I P Pavlova*, 5 (1955), pp. 801-6; A.F. Dimitriyeva and L.G. Pervov, 'Relationships Between the Signal Systems in Neuroses.' *Pavlov Journal of Higher Nervous Activity*, 11 (1961), pp. 1028-1033. Similar experiments were carried out at the Physiological Institute at the Czechoslovak Academy of Sciences on dogs and rats. See V. Novakova 'On Experimental Neuroses in Animals.' *Pavlov Journal of Higher Nervous Activity*, (1961) 11, pp. 157-163. Ivanov-Smolensky's summative work on the Pavlov School's work on experimental neurosis and its relevance for human psychiatry was translated and published by the Slovak Academy of Sciences in 1952, A. G. Ivanov-Smolenskiĭ, *Náčrty patofyziologie vyššej nervovej činnosti*.

psychiatry, but also because Germany and Czechoslovakia were two of the earliest Central European nations to industrialise in the late 19<sup>th</sup> and early 20<sup>th</sup> century. In Czechoslovakia under Communism, prevention of neurosis was one of the four designated research priorities for the Bohnice psychiatric research institute as set by the Ministry of Health in the 1960s.<sup>171</sup> In the main East German psychiatric journal, all of the neuroses were categorised as ‘diseases of civilization’ (*Zivilisationskrankheiten*), and were thus potentially reversible through treatment and the correct management of the social or environmental conditions which initially produced them.<sup>172</sup> One of the most prolific writers on neurasthenia was the Czechoslovak neurologist Eliška Klimková-Deutschová, who later became head of the Research Group on Environmental Neurology of the World Federation of Neurology.<sup>173</sup> In 1956 she co-authored a book with the neurologist Zdeněk Macek, *Neurasthenia and Pseudo-Neurasthenia: A Clinical Study*, which was published by the State Health Publishers in Prague in 1956, and three years later in German translation by the GDR publishing house Volk und Gesundheit, became the key textbook on the topic in both countries.<sup>174</sup> Macek, a senior neurologist at the Prague Neurological Clinic and the head of the neurological department of the Institute for the Training of Doctors (Ústavu pro doškolování lékařů), was favoured by the regime, and became the editor-in-chief of the State Health Publishing House in 1953.<sup>175</sup> He was also a long-term evangelist of Pavlovian approaches to psychiatry and neurology, publicly calling out colleagues who claimed otherwise.<sup>176</sup>

Basing their study on a cohort of 500 patients, and referring to the Pavlov School, Klimková-Deutschová and Macek identified the key symptoms of neurasthenia to include problems with disturbed sleep, headaches, emotional lability,

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<sup>171</sup> Josef Prokůpek, Jaroslav Stuchlík and Stanislav Grof ‘Czechoslovak Psychiatry’ in Ari Kiev (ed.) *Psychiatry in the Communist World* (New York: Science House, 1968) p. 139.

<sup>172</sup> F.A. Völgyesi, ‘Zivilisationskrankheiten und zeitgemäße Psychotherapie: Der Mensch als homeodynamische Einheit.’ *Psychiatrie, Neurologie und medizinische Psychologie*, 11 (1959), pp. 226-239

<sup>173</sup> Johan A. Aarli, *The History of the World Federation of Neurology: The First 50 Years of the WFN* (Oxford: Oxford University Press, 2014), p. 129.

<sup>174</sup> Eliška Klimková-Deutschová and Zdeněk Macek, *Neurasthenie a pseudoneurasthenie; klinická studie* (Prague: Státní zdravotnické nakladatelství, 1956); Eliška Klimková-Deutschová and Zdeněk Macek, *Neurasthenie und Pseudoneurasthenie; Eine klinische Studie* (Berlin: VEB Verlag Volk und Gesundheit, 1959).

<sup>175</sup> ‘Osobnosti české medicíny vážně i nevážně’ *Zdravotnictví a medicína*, 11 (2012) [<http://zdravi.e15.cz/clanek/mlada-fronta-zdravotnicke-noviny-zdn/osobnosti-ceske-mediciny-vazne-i-nevazne-465041> accessed 1<sup>st</sup> July 2014].

<sup>176</sup> See Macek’s dispute with Ferdinand Knobloch as discussed in chapter 1, Zdeněk Macek ‘Neurologie a neurosy’ *Neurologie a psychiatrie Československá*, 18 (1955), pp. 225-229.

anxiety and depressed moods, inability to concentrate, shaking of the limbs, muscular tension and problems with reflexes, reduced libido and impotence in men, or 'frigidity' in women. They designated three subcategories of neurasthenia on aetiological grounds. The first, based on the symptomatology of Beard, were classified as those whose illness was aetiologically predominantly psychogenic.<sup>177</sup> Secondly, came the pseudoneurasthenias, a group of illnesses that were symptomologically similar to neurasthenia but caused by factors such as toxins, work conditions, haematological disorders or brain tumours, ie. exogenic, physical factors. Patients whose illness appeared to be caused by a combination of the factors in the first two groups were assigned to the third group, such as the following case study provided as a representative example by the authors.

J.F., a 38-year-old technical employee. For seven years he had been overloaded in the workplace. For five-and-a-half years he had frequent conflicts with senior colleagues. Nevertheless, the patient felt himself always to be healthy, and was highly productive. Four months (prior to admission) he developed became feverish, intercurrent with a flu-like illness. Even within one week, he felt fully recovered. However, when he returned to work, he realised that he was no longer able to cope with tasks that he had earlier mastered. He became moderately irritable, impulsive, disquieted, anxious, and could no longer concentrate on his work. Any controversy with his superiors led him to a severe depression. His sleep, which up until then had been very good, became superficial and disturbed; he could only sleep with difficulty, and woke up again shortly after. In short, he developed a typical neurasthenic syndrome.<sup>178</sup>

This case example raised issues about the long-term consequences of both physical workload, and the psychological problems associated with worker relations. Because neurasthenia and pseudoneurasthenia had exogenous causes that were often associated with the workplace, they were illnesses of particular significance for advanced industrial society. It was one of the obligations of a socialist nation to educate and prevent them through centralised management of production where possible, and attention to workplace practices that might reduce some of these problems.<sup>179</sup> In turn, as a syndrome considered to have its origins in problems of the higher nervous

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<sup>177</sup> Eliška Klimková-Deutschová and Zdeněk Macek, *Neurasthenie und Pseudoneurasthenie; Eine klinische Studie*, p. 39

<sup>178</sup> *Ibid.*, p. 39.

<sup>179</sup> *Ibid.*, pp. 60-65

system, neurasthenia could be treated by Pavlovian-influenced psychotherapeutics such as sleep therapy, or the autogenic therapies. Concern about neurasthenia as a category of psychoneurological illness that was essentially caused by industrialisation – a process fundamental for the development of socialism - opened up a space for therapeutic innovation. Psychiatrists and neurologists in both Czechoslovakia and East Germany were thus able to make a strong case for their necessary role in mitigating the side-effects of the project of building socialism and the Five Year Plan.

In 1959, Dietfried Müller-Hegemann, a key East German Pavlovian psychiatrist, also published a monograph on neurasthenia, entitled *Modern Nervousness* (Moderne Nervosität).<sup>180</sup> Müller-Hegemann extensively cites Beard's work on 'American Nervousness' as an important text for understanding the contemporaneous phenomenon of neurasthenia which, he argued, was the same illness as East Germany was still afflicted by the effects of 'Americanisation' on European culture from before the Second World War.<sup>181</sup> The effects of the war itself, along with the impact of modern technology on the nervous system, had increased the risk of neurasthenia in modern times. Müller-Hegemann summarised a broader range of authors' work on nervousness, including von Bergmann's work on 'Managerial illness' (*Managerkrankheit*) but ultimately, like Klimková-Deutschová and Macek, he cited the work of the Pavlov school as most significant. By situating neurasthenia within a strictly materialist, neurological framework, Müller-Hegemann essentially destabilised the orthodox classification of neurosis as sitting adjacent to other psychiatric disorders, and instead emphasised its connection to other somatic diseases, such as those of the stomach and digestive system, and the heart and circulation system.<sup>182</sup> The category continued to be used and developed through to the 1970s, with aetiological arguments and specific therapies being developed in recognition of it. As a result of the pressure of psychiatrists from Czechoslovakia and the Soviet Unions, as well as others from Poland, Norway and France, neurasthenia was added to the neuroses section of the ICD-8 following a meeting of the WHO at Geneva in 1963, although it has remained continuously absent in the US equivalent, the American Psychiatric Association's Diagnostic and Statistical Manual.<sup>183</sup>

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<sup>180</sup> Dietfried Müller-Hegemann, *Moderne Nervosität Erscheinungen, Ursachen und Wege zu ihrer Überwindung* (Berlin: VEB Verl. Volk und Gesundheit, 1959).

<sup>181</sup> *Ibid.*, p. 10

<sup>182</sup> *Ibid.*, pp. 18-20

<sup>183</sup> John C. Chatel and Roger Peele, 'A Centennial Review of Neurasthenia' *American Journal of*



It is notable that the category of psychasthenia, also used by Pavlov, occasionally recurred within the Czechoslovak and East German literature under Communism, although it was not accorded the same degree of significance as neurasthenia.<sup>184</sup> The resilience of these categories can be attributed in part to the close links between both psychiatric communities and the French psychiatric tradition in the earlier part of the twentieth century; something which was also shared by Pavlov, who had been a visiting student of Charcot at the Salpêtrière in Paris. Sonu Shamdasani argues that the decline of Janet's psychasthenia in countries where psychoanalysis became popular should be seen in the context in which

what was significant was the fact that psychasthenia was not linked to an institution that trained patients and patient practitioners (ie., analysis) to replicate it (one wonders what would have happened if Schreber, The Rat-Man or the Wolf-Man had been paraded as psychasthenics?). Thus a supply-side model goes a long way to accounting for the decline of psychasthenia.<sup>185</sup>

Thus, in reverse, a supply-side model provides an explanation for the resurgence and continuation of both psychasthenia and neurasthenia within the Pavlovian-inspired psychiatry of the Soviet region. With institutional pressure to implement a non-psychoanalytic nosology, psychiatrists who were professionally invested in advancing their careers within the State's ideological framework were motivated to look back at the canon of disorders described by the Pavlovian school themselves, regardless of whether they had been discarded by the research communities of other countries.

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*Psychiatry*, 126 (1970), p. 1405.

<sup>184</sup>See, for example, C. Astrup, 'Erfahrungen mit verschiedenen bedingt-reflektorischen Untersuchungsmethoden an Neurotiken', *Psychiatrie, Neurologie, und Medizinische Psychologie*, 8 (1956), pp. 161–72. B. Dosůžkov, 'O psychastenie janetův', *Československá psychiatrie*, 60 (1964), pp. 37–44.

<sup>185</sup>Sonu Shamdasani 'Claire, Lise, Jean, Nadia, and Gisèle: Preliminary Notes towards a Characterisation of Pierre Janet's Psychasthenia.' In Marijke Gijswijt-Hofstra and Roy Porter (eds) *Cultures of Neurasthenia from Beard to the First World War*, p. 379.

### 2.3 Schizophrenia and the Endogenous Psychoses: Karl Leonhard and Andrei Snezhnevsky

One category of psychiatric illness which elicited significant debate and nosological research was that of schizophrenia and its place within the broader classification of the so-called endogenous psychoses. This became the central research focus of Karl Leonhard, the director of the largest psychiatric research clinic in East Germany, based at the Charité Hospital in Berlin, as well as forming perhaps the most controversial area of psychiatric research in the Soviet Union under Andrei Snezhnevsky at the Serbsky Institute in Moscow. Here I chart the genesis of these nosologies, as well as the correspondence and collaboration between Leonhard and Snezhnevsky in the 1960s.

The literature on debates surrounding psychiatric nosology situates Leonhard as part of a trinity of theorists - the ‘Wernicke–Kleist–Leonhard School’ - whose work was focussed on subdividing the so-called endogenous psychoses into discrete categories. This approach was controversial and stood in opposition to those who advocated a ‘unitary psychosis’ model, particularly associated with Wilhelm Griesinger and Heinrich Neumann.<sup>186</sup> It also departed from the traditional Kraepelinian approach by advocating separate subcategories of endogenous psychosis beyond the two main distinctive forms of manic-depression and dementia praecox (subsequently reframed as schizophrenia by Bleuler). The Wernicke–Kleist–Leonhard model had a number of critics, including Karl Jaspers, author of the substantial textbook *General Psychopathology*, who dismissed their approach as “brain mythology”.<sup>187</sup> Writing in 1959, he declared that Leonhard’s work should be viewed with scepticism.

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<sup>186</sup> H. Beckmann and M. Lanczik (eds) *Leonhard Classification of Endogenous Psychoses: 1st Symposium*. (Karger, 1990), p. 191. The publication date of this volume is significant, in that the fall of the wall in 1989 reduced allowed for an explicit re-engagement with psychiatric research published in the GDR, and this particular volume was written as a ‘rediscovery’ of Leonhard’s work.

<sup>187</sup> E. Franzek ‘The Influence of Carl Wernicke on Karl Leonhard’s Nosology’ in H. Beckmann and M. Lanczik (eds), *Leonhard Classification of Endogenous Psychoses: 1st Symposium*. (Karger, 1990). For further discussion of the history of arguments for ‘unitary psychosis’ see G. E. Berrios and D. Beer, ‘The Notion of Unitary Psychosis: A Conceptual History’, *History of Psychiatry*, 5 (1994), pp. 13–36; M. Dominic Beer, ‘The Endogenous Psychoses: A Conceptual History’, *History of Psychiatry*, 7 (1996), pp. 1–29.

This method of division into a number of separate clinical disease-entities seemed an endless repetition of the fruitless effort of the old psychiatry. Nowadays we ask for more than clinical description of typical cases if an entity is to be defined.<sup>188</sup>

In turn, Leonhard's submissions to western journals were often rejected. It is entirely possible that this was, in part, a result of him being associated with Communist East Germany, but his student and correspondent Helmut Beckman argues that it was just as likely to have been a result of that fact that they 'were not in conformity with the standard practice of Anglo-American psychiatry and also because he pursued without compromise his own path derived from his findings. He always perceived this as rather painful'.<sup>189</sup>

Leonhard became a head of department at the Frankfurt Mental Hospital in 1936, where Karl Kleist was the director. He was appointed to carry out a follow-up study on patients diagnosed by Kleist in the previous decade, using Kleist's original nosology. Gottfried Teichmann argues that there was particular close collaboration between Leonhard and his colleague Edda Neele at Frankfurt, whose 1949 work *Die phasische psychosen nach ihrem Erscheinungs- und Erbbild* was the first to mention the distinction between unipolar or pure psychoses, and the bipolar or polymorphous psychoses which Leonhard also wrote about.<sup>190</sup> According to Neele, as reported by Teichmann, it was the ethic of the collaborative team not to take sole credit for these descriptions, 'although the cooperative efforts of Neele and Leonhard were close, they made it clear that the generally accepted basic differentiation between unipolar and bipolar psychic psychoses was not only an achievement of Leonhard, rather one of Kleist and his colleagues of the "Frankfurter Schule"'.<sup>191</sup> Leonhard himself explicitly compared his own classifications to those of Kleist in his 1936 work, *Defect-Schizophrenic Diseases*. Whilst a number remained unchanged, Leonhard did nevertheless rename and create new subcategories of schizophrenia which had hitherto been absent in Kleist's classification. The nosology he brought to the Charité

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<sup>188</sup> Karl Jaspers *General Psychopathology* (Baltimore: Johns Hopkins University Press, 1997), p. 590

<sup>189</sup> Helmut Beckmann 'Karl Leonhard's Life' in Karl Leonhard, *Classification of Endogenous Psychoses and Their Differential Etiology* (New York: Springer, 1999), p. 388.

<sup>190</sup> Edda Neele, *Die phasischen Psychosen nach ihrem Erscheinungs- und Erbbild* (Leipzig: Barth, 1949).

<sup>191</sup> Gottfried Teichmann 'The Influence of Karl Kleist on the Nosology of Karl Leonhard' in H. Beckmann and M. Lanczik (eds), *Leonhard Classification of Endogenous Psychoses: 1st Symposium Papers*. (Karger, 1990), pp. 270-271. For more on Karl Kleist and the 'Frankfurt School' of psychiatry, see Klaus-Jürgen Neumärker and Andreas Joachim Bartsch, 'Karl Kleist (1879–1960) – A Pioneer of Neuropsychiatry', *History of Psychiatry*, 14 (2003), pp. 411–58.

was thus firmly rooted in the tradition of the Frankfurt School, but was based on his own interpretation of the patient cohort there. The controversy surrounding Leonhard's approach had little to do with his relationship to the East German regime, but was a more long-running reflection of divisions within the international psychiatric community of approaches to the categorisation of mental disorder.

Leonhard particularly opposed the Kraepelinians' division of the endogenous psychoses into only two forms as, 'a great disadvantage... Above all so-called schizophrenia (singular!), taken as a unit, is completely unsuited... Clinically I see here the most significant differences. How can fantastic paraphrenia be combined as a unit with foolish hebephrenia or negative catatonia?'. Part of Leonhard's scientific project was to attempt to correct what he perceived to be the imbalance of influence that Kraepelin had had on international psychiatry, lamenting that it would have taken a different course if Carl Wernicke had not died at such a young age and been able to promote his work more widely.<sup>192</sup>

The classificatory system was based in part on studies of the Frankfurt patient cohort. Those with what Leonhard and Kleist described as phasic diseases were examined between 1938 and 1942 with Edda Neele.<sup>193</sup> A cohort of 55 schizophrenic patients at the Frankfurt Nervenlinik studied between 1938 and 1942 were also included, along with a large number of Kleist's patients who were diagnosed with schizophrenia and were being studied catamnesticly (ie. follow-up studies after their discharge from hospital), in consultation with Leonhard. This was widened by a number of patients examined in Bavarian psychiatric hospitals as a result of collaboration with Bruno Schultz, and later with 500 cases examined at the Charité in collaboration with Sieglinde von Trostorff. Overall, Leonhard based the classification system on a total of 1,465 cases. The case histories that he included in his published work were drawn specifically from the Frankfurt cohort, specifically because this predated psychopharmaceutical intervention, so the course of the disease could be described without the impact of artificial chemical intervention.

For decades psychiatry has been struggling for a new orientation but can obviously not find it, the diversity of opinions in psychiatry being greater today than ever.

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<sup>192</sup> Ibid.

<sup>193</sup> Neele.

Kraepelin's teachings have been rejected, but whenever nosological questions are raised, his dichotomy of the endogenous psychoses reappears.<sup>194</sup>

Kraepelin's work, then, is still seen as a foundation for understanding nosology, but Leonhard argues that he did not go far enough with his division of the psychoses:

[I] speak as an empirical clinician. In this stance, I repeatedly observe differences among the endogenous psychoses, which are at times great, and which hardly appear to be bridgeable...Kraepelin's classification in only two forms has been damaging. He himself attempted many finer distinctions with great enthusiasm and continued open-mindedness, but his followers ignored him; they only saw the coarse division into schizophrenia, ie. dementia praecox, and the manic depressive disease. The theory of the psychic diseases, for which there seemed to be no external cause, was thus simplified in a frightening manner.<sup>195</sup>

Leonhard justified the need for a more highly specified classification of psychiatric disorders by comparing the field to the more differentiated descriptions of endogenous diseases found in the neighbouring discipline of neurology. Furthermore, he posited that psychiatrists had overlooked the importance of Eugen Bleuler's own pronouncement that there was not one single schizophrenia, but rather a "group of schizophrenias".

Within the endogenous psychoses, Leonhard thought there were five main sub-groups, which themselves constituted relative units, with further subdivisions between them (compare with the 1952 ICD-6 equivalent in Appendix 1).

- Clinical Pictures of Phasic Psychoses (without Cycloid Psychoses)
  - *Manic-Depressive Illness*
  - *Pure Melancholia and Pure Mania*
    - Pure Melancholia
    - Pure Mania
  - *Pure Depressions and Pure Euphorias*
    - Pure Depressions

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<sup>194</sup> Translations quoted from the English edition Karl Leonhard, *The Classification of Endogenous Psychoses* (New York: Irvington Publishers, 1979), p. xv. These remain unchanged in content from the original 1957 German edition.

<sup>195</sup> Ibid.

- Agitated Depression
  - Hypochondriacal Depression
  - Self-Tortured Depression
  - Suspicious Depression
  - Apathetic Depression
  - Pure Euphorias
    - Unproductive Euphoria
    - Hypochondriacal Euphoria
    - Exalted Euphoria
    - Confabulatory Euphoria
    - Indifferent Euphoria
- The Cycloid Psychosis
  - Anxiety-Happiness Psychosis
  - Exited-Inhibited Confusion Psychosis
  - Hyperkinetic-Akinetic Motility Psychosis
- The Unsystematic Schizophrenias
  - Affective Paraphrenia
  - Cataphasia (Schizophasia)
  - Periodic Catatonia
- The Systematic Schizophrenias
  - Simple Systematic Schizophrenias
    - *Catatonic Forms*
      - Parakinetic Catatonia
      - Manneristic Catatonia
      - Proskinetic Catatonia
      - Negativistic Catatonia
      - Speech-Prompt Catatonia
      - Sluggish Catatonia
    - *Hebephrenic Forms*
      - Foolish Hebephrenia
      - Eccentric Hebephrenia
      - Shallow Hebephrenia
      - Autistic Hebephrenia
    - *Paranoid Forms*

- Hypochondrical Paraphrenia
- Phonemic Paraphrenia
- Incoherent Paraphrenia
- Fantastic Paraphrenia
- Confabulatory Paraphrenia
- Expansive Paraphrenia
- Combined Systematic Schizophrenias
  - *Combined Systematic Catatonias*
  - *Combined Systematic Hebephrenias*
  - *Combined Systematic Paraphrenias*

Leonhard, following Kleist, took up Kraepelin's concept of manic-depressive illness without substantial alteration.<sup>196</sup> He argued that the last two groups, the systematic and unsystematic schizophrenias were the most important, as they constituted the largest number of chronic patients. The other categories maintained some of the subdivisions described by Kleist, but also offered a number of new or alternative classifications. Leonhard's monograph is organised in five main sections according to the above sub-groups. Each classification is described along with examples of responses to different diagnostic tests. For the combined systematic paraphrenias, for example, experimental questions were posed to the patient to ascertain the level of confusion from their response. A prompt such as 'Child/dwarf?', for example, elicits the answer, "but dwarfs are dwarfs, I have nothing like them in my papers. When they stand beside each other, one sees the difference, that it is old people, and the child is a child".<sup>197</sup>

A number of case histories are included for each category of varying length based on clinical records. For example, hyperkinetic-akinetic motility psychosis is illustrated by case 116,

Elizabeth Dor, born in 1908, first became ill in 1941. She was anxious, believing someone wanted to poison her, and she was admitted to the Frankfurt Clinic. There she was perplexed, looked about anxiously and asked, "What am I accused of?" She

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<sup>196</sup> Helmut Beckmann 'Editor's Note' in Karl Leonhard, *Classification of Endogenous Psychoses and Their Differential Etiology*, 2<sup>nd</sup> ed. (New York: Springer-Verlag, 1999), p. ix.

<sup>197</sup> Karl Leonhard, *The Classification of Endogenous Psychoses* (New York: Irvington Publishers, 1979), p. 372.

distrusted her husband and believed that he had agitated against her. She became increasingly restless, complained, jumped out of bed, ran around, wrung her hands, continuously made other gesticulatory motions, held on to other patients, and climbed up onto the window sills. After this excited state had lasted three months, sudden developments of akinesia set in. The patient lay fully motionless and kept her eyes closed. She had to be fed during which process she barely opened her mouth and, when she was brought to a sitting position, let her head fall forward. When this state had continued four weeks, an excitation redeveloped which, at that point, stayed within moderate boundaries and gradually changed into a peaceful condition. Dor was healthy six months after admission. She was pleased, lively, industrious and could be released.<sup>198</sup>

In cases where a family member is known to have also experienced mental disorder, a reconstruction of the family member's case is also attempted, especially given the importance of genetic factors in Leonhard's thought in relation to particular psychoses.

Each category was also presented with a summary section, which includes conclusions about the degree of heritability associated with that particular disorder, as well as, finally, the possible prognoses for the disorder. From a practical perspective, Leonhard vociferously argued that his more accurate descriptions of the different subtypes of psychosis were an important addition to psychiatric knowledge and practice, precisely because they allowed for the prediction of prognosis.

With a differentiated nosology, one can tell the patients and their family that the motility psychosis, which one has distinguished from the picture of a catatonia, that the happiness psychosis, which has been separated from a paranoid schizophrenia, that the anxiety psychosis, or the confusion psychosis, that all these psychoses lead to a full recovery.<sup>199</sup>

This attention to the case for improving prognostics was made in more depth in a subsequent monograph jointly authored with Sieglinde von Trostorff in 1964.<sup>200</sup> Furthermore, there was a significant imperative for differentiating between psychoses

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<sup>198</sup> Karl Karl Leonhard., *Classification of the endogenous psychoses*, p 149

<sup>199</sup> Karl Karl Leonhard., *Classification of the endogenous psychoses*, p. xvii

<sup>200</sup> Karl Leonhard and Sieglinde von Trostorff, *Prognostische Diagnose der endogenen Psychosen*, (Jena: G. Fischer, 1964).



which required pharmacotherapy, and those which could be predicted to follow a course of spontaneous remission, for which the use of psychopharmaceuticals would lead to an unnecessarily toxic, iatrogenic disease-state.

Unfortunately I often see cycloid psychotics, who are kept in a toxic-diseased state by continuous medication, although they would be absolutely healthy without this medication. If the continuous medication could prevent further phases, then it would be justified, but this is unfortunately not the case. Thus patients, who might intermittently be healthy for long periods or perhaps even forever, are kept in chronic, toxic states, which are frequently accompanied by extrapyramidal disorders. Whenever I could, I liberated patients with endogenously cured cycloid psychoses from their toxic disease.<sup>201</sup>

The term cycloid psychosis was coined by Kleist in 1926.<sup>202</sup> Their existence as a separate category from the schizophrenias was justified in part through their symptomatology, but more importantly through their prognosis. Each phase of psychosis was followed by a complete recovery, with the severity of the symptoms diminishing in subsequent phases.<sup>203</sup>

Diagnosis took place through observation of affect and interview, with the content of thought being paid particular attention to. The degree of thought disorder was ascertained using verbal tests, such as asking the patient the difference between two similar objects, such as a tree and a bush. In the cycloid psychosis known as ‘excited-inhibited confusion psychosis’, for example, the degree of thought disorder was less than that which occurred in the flight-of-ideas phenomena which could be observed in mania, in which a multiplicity of new topics and images were described without apparent logical connection. In confusion psychosis, there was a sense of coherency and stability within the thought process. A patient may not be able to explain the difference between a tree and a bush, but could answer with detailed description about an individual tree or bush from memory. Leonhard coined the term ‘digressive thematic choice’ to describe this phenomena, and ‘incoherence of thematic choice’ to denote occurrences when patients answered with stories apparently unconnected to the

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<sup>201</sup> Karl Leonhard., Classification of the endogenous psychoses, Ibid., p. xvii

<sup>202</sup> C. Perris ‘Leonhard and the Cycloid Psychoses’ in German Berrios and Roy Porter (eds) *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders* (London: Athlone, 1995), p. 425.

<sup>203</sup> Karl Leonhard. Classification of the endogenous psychoses, p. 100

doctor's question, but which remained internally thematically coherent in their exposition.<sup>204</sup>

Systematic and Unsystematic schizophrenias have essentially nothing to do with each other. The common name is justifiable only in terms of tradition... The deep parallels of the unsystematic schizophrenias are much closer to the cycloid psychoses than to the systematic schizophrenias...rarely any trouble differentiating between the systematic and unsystematic...not only are the symptomatic pictures completely different, but the courses. The systematic forms display a creeping, progressive course, while the unsystematic forms may go into remission or may even be clearly periodic.<sup>205</sup>

The choice of the word 'systematic' was in part a reflection of the perceived regularity of the symptomatology within the category, as well as its relatively predictable course of development, but on another level it represented Leonhard's conception of the location of the 'lesion' that was responsible for the symptoms. Drawing again from Kleist, Leonhard saw the schizophrenias as affecting discrete neurological systems (groupings of cells and nerves, functional units) within the overall nervous system. Each of the systematic schizophrenias differed sharply from each other, suggesting that they affected only specific systems and that the disease process was located within the system itself. Although the unsystematic schizophrenias affected certain functions contained within different systems, the location of the disease process must be elsewhere, given that the symptomatology were varied and the systems were not uniformly affected (in this regard, Leonhard moved away from Kleist's thinking by creating a new category of unsystematic schizophrenias – Kleist had believed all schizophrenias to be system-based). Thus, although Leonhard had not actively located these neurological systems, he believed that his nosological categories suggested the existence of neurological entities. Classification was not consequently only important for prognosis and treatment, but contained a hypothesis relating to brain function which implied potential directions of future neurological research.

Leonhard's important role in the East German psychiatric community, first as the director of the Charité Institute and then subsequently as the editor of the key

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<sup>204</sup> Ibid., pp. 123-4

<sup>205</sup> Ibid.

journal *Psychiatrie, Neurologie und Medizinische Psychologie*, perhaps appears counterintuitive, given his strong association with the Frankfurt Clinical and close relationship with key West German psychiatrists such as Kleist. Furthermore, there is a complete absence of reference to Pavlov in his work, or to dialectical materialism, and he had no long-term affiliation with the Communist Party or with socialism more broadly. Nevertheless, he was a useful acquisition for the East German state, as his international reputation, albeit controversial, was secure. In addition, his strongly materialist perspective, with close attention paid to neurological localisation of disorders and research into hereditary factors, was at least coherent with a broad Marxist philosophy of biology. In terms of his reception at the Charité, his student Heinz Schulz, recounts that

At first there was some excitement in the Berlin Clinic. Questions arose as to whether it would be possible to follow his ideas and how to come to one's own opinion. His book on the one hand was welcomed as an opportunity to work through the knowledge of his doctrine, but on the other hand its voluminous and complicated contents were intimidating for other colleagues. Finally... in the course of time some members of the staff turned away from Leonhard and his clinic, others restricted themselves to doing their duties, but increasingly there were coworkers who became interested and willing to adopt the results and ideas.<sup>206</sup>

As will be discussed more extensively in chapter 3, Leonhard posited that the underlying aetiology of these different classifications and their related groupings was in part a result of heredity, and in part a consequence of brain morphology. Categories such as the phasic psychoses, which sat together within the nosology, were deemed similar probably as a consequence of functional areas of the brain being specifically effected. Pure depressions, euphorias and manic depression, for example, were related to each other because they were 'diseases of the thymopsyche region which is close to the vegetative nerve area'.<sup>207</sup>

On the recommendation of Kleist, who maintained correspondence with Leonhard, Schultz was sent to Cecile and Oscar Vogt's Institute of Brain Research in

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<sup>206</sup> Heinz A.F. Schulz 'Relations between the Classification of Endogenous Psychoses by Leonhard, the Doctrine of Pathoclisys by Vogt and the Neurological Conception of System Disease' in H. Beckmann and M. Lanczik (eds), *Leonhard Classification of Endogenous Psychoses: 1st Symposium Papers*. (Karger, 1990), pp. 263-264.

<sup>207</sup> Karl Karl Leonhard. *Classification of the endogenous psychoses*, p. 219.

Neustadt, in part because Leonhard had an interest in the neuroanatomical and morphological brain research that was being carried out there but was unable to do such work himself. Schultz was to act as an observer, and this in turn enabled Leonhard to visit the institute himself.

I found that there was an excellent conformity of Leonhard's ideas and Vogt's theory of pathocclisis. Differentiating and defining single forms of his classification he presumed difference of vulnerability or affinity of distinct cerebral structures, that means neuronal symptoms. In his opinion this cannot be explained only by genetical factors...Retrospectively, the theoretical background of Leonhard's classification of endogenous psychoses appears recognizable. At first he was inspired by the ideas and research of Wenicke and Kleist. He took them up, restricting them to psychopathology and symptomatology. He admired the concrete brain research of his teachers but saw his task chiefly in contemplating, improving and even correcting the classification of endogenous psychoses. He accepted the neurological term of system disease as a model for the differentiation of entities, agreeing principally with Kleist. The question, of why there were corresponding relations between neuronal systems and single forms of psychoses was for him a theoretical one. He claimed that differences in morphology mean differences in functions. The origin of these differences in his opinions might be manifold, hereditary factors being only one possibility. Other environmental, biological and social factors would be important too. He did not care for a hierarchy of such factors but was convinced of a varying vulnerability of brain structures to them, without using the term pathocclisis of Vogt.<sup>208</sup>

Cecile and Oskar Vogt's work on the classification of schizophrenia and other functional psychoses was familiar to an East German audience, as it had been published in *Psychiatrie, Neurologie und medizinische Psychologie* in 1953.<sup>209</sup> Despite being the directors of an institute in West Germany, they had solid credentials with the Communist regime, having been the brain researchers invited to examine Lenin's brain after his death in 1924. The case of Schultz's study visit to the Vogt clinic exemplifies the continued possibility of knowledge and skill transfer between East

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<sup>208</sup> Ibid., pp.265-266.

<sup>209</sup> C. Vogt and O. Vogt, 'Vorbemerkungen zu einer ätiologischen Klassifikation der Schizophrenie und anderer funktioneller Psychosen', *Psychiatrie, Neurologie, Und Medizinische Psychologie*, 5 (1953), pp. 4-8. For further reading on the work of the Vogts see Helga Satzinger 'Vogt, Cecile'; 'Vogt, Oscar' in *Lexikon der bedeutenden Naturwissenschaftler* (Berlin: Spektrum Akademie Verlag, 2004).

and West Germany, both in terms of correspondence and physical travel across borders.

Whilst prestigious for the regime, Leonhard's classifications were not without controversy within the GDR, with a significant debate arising at the 1963 Congress for Psychiatry held in Dresden, where H. Rennert opposed Leonhard's continued use of the Kraepelinian distinction, arguing that psychiatrists should return to the 19<sup>th</sup> century model of endogenous 'unified psychosis'.<sup>210</sup> Dietfried Müller-Hegemann stated not long after that this was, however, a minority view, and that in East Germany, 'it is generally held that the Kraepelinian distinction between "manic-depressive" illness and schizophrenia is a medical and historical advance to be renounced only when positive new knowledge is available'.<sup>211</sup> Nevertheless, there are few examples of other psychiatrists within the GDR taking up his classificatory system, and at no point did it become the official guidance for practice in East Germany.

Leonhard's work was not published outside of the GDR until 1979, when it was translated into English and published by the New York-based Irvington publishers.<sup>212</sup> Nevertheless, his work was received well by particular colleagues abroad. Frank Fish, a senior lecturer in psychiatry at the University of Edinburgh, delivered a paper to the Second International Congress for Psychiatry in Zürich in 1957 entitled 'The Value of the Kleist-Leonhard Classification of Schizophrenia', versions of which were in turn published in the *British Journal of Psychiatry*, *Psychiatric Quarterly*, and *Psychiatry and Clinical Neurosciences*.<sup>213</sup> His 1962 monograph, *Schizophrenia*, included a fourteen-page explication of Leonhard's classification of non-systematic schizophrenias, promoting them as a 'useful framework for further investigation'.<sup>214</sup> Fish maintained a long-term correspondence with Leonhard, along with their mutual colleague, the Norwegian psychiatrist Christian Astrup, who visited the Charité as well as Soviet psychiatric clinics during

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<sup>210</sup> Report of the 1963 Congress for Psychiatry, Dresden *Psychiatrie, Neurologie und Medizinische Psychologie*, 3 (1965).

<sup>211</sup> Dietfried Müller-Hegemann, 'Psychotherapy in the German Democratic Republic' in Ari Kiev (ed.), *Psychiatry in the Communist World* (New York: Science House, 1968), p. 57.

<sup>212</sup> Karl Leonhard, *The Classification of Endogenous Psychoses* (New York: Irvington Publishers, 1979).

<sup>213</sup> Letter from Karl Leonhard to Sekretariat des II Internationalen Kongress für Psychaitrie, 24<sup>th</sup> March 1958. Humboldt University Archives, Bestand der Charité Nervenklinik 038011/6, Band 5. Frank Fish, 'Leonhard's Classification of Schizophrenia', *The British Journal of Psychiatry*, 104 (1958), pp. 943–71.

<sup>214</sup> Frank Fish, *Schizophrenia*. (Bristol: John Wright & Sons, 1962), pp. 62-76.

the 1950s and '60s in his research on the link between Pavlovian conditioned reflexes and schizophrenia.<sup>215</sup> Fish and Astrup continued to use Leonhard's classification of endogenous psychoses as a basis for research. In 1964, they re-categorised a group of Fish's schizophrenic patients according to the Leonhard system. They argued that its use significantly reduced diagnostic error as a result of the detailed descriptive symptomatologies which, they stated, allowed for more accurate categorisation of patients with low inter-rater variability (albeit that their comparison was between themselves, and the patients had been jointly examined by both).<sup>216</sup> Astrup re-categorised 285 of his own patients at the Gaustad Hospital in Oslo, and he and Fish published research that compared the response of the different subgroups to treatment with chlorpromazine and other psychotropics in a 1964 article in *Psychiatry and Clinical Neurosciences*.<sup>217</sup> They concluded that certain subgroups had significantly better outcomes than others with regard to drug treatment, with some subgroups being almost nonresponsive to pharmacological intervention. Therefore, the Leonhard classification could have important consequences for treatment options: 'when patients belonging to subgroups with good effects of drugs fail to improve, one should try other psychotropic drugs which may better support the inherent capacity for improvement'.<sup>218</sup> David Healy and Edward Shorter argue that a significant outcome of the combined Leonhard, Astrup and Fish research projects was to identify a subgroup of psychotic patients who were treatment resistant with regard to pharmacology which, despite their work not being well known in the United States, contributed to the case for the continuation of ECT after the psychopharmacological revolution.<sup>219</sup> Although Healy and Shorter correctly note that Leonhard's classification did not have widespread take-up internationally, there was a long-term movement for its recognition in West Germany, notably among psychiatrists based in

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<sup>215</sup> Letter from Christian Astrup to Karl Leonhard, 11<sup>th</sup> April 1959 Humboldt University Archives, Bestand der Charité Nervenlinik 038011/6, Band 2. This letter details Astrup's experiences at the start of a three-month research trip to Moscow where he hoped to understand better the Soviet classification of mental disorder, as well as specialist research on schizophrenia. He writes of his intention to inform Leonhard of the Soviet classification system, and his wish to have details of it translated so that it can become more widely known outside of the USSR.

<sup>216</sup> Frank Fish and Christian Astrup, 'The Classification of Chronic Schizophrenia a Follow-up Study', *Psychiatry and Clinical Neurosciences*, 18 (1964), pp. 17–23.

<sup>217</sup> Christian Astrup and Frank Fish, 'The Response of the Different Leonhard Subgroups of Schizophrenia of Psychotropic Drugs', *Psychiatry and Clinical Neurosciences*, 18 (1964), 133–140.

<sup>218</sup> *Ibid.*, pp. 139–140.

<sup>219</sup> Edward Shorter and David Healy, *Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness* (Rutgers University Press, 2013), pp. 220–222.

Wurzburg, which led to its translation into English and publication in two editions in 1979 and 1999.<sup>220</sup>

The concept of the cycloid psychoses was also well received in Czechoslovakia, with researchers at the psychiatric clinic of the Medical Faculty in Brno making the case for a separate nosological group of cycloid psychoses from the other endogenous psychoses, to avoid what they describe as the problem of ‘diagnostic disunity’ whereby patients ended up being given diagnoses of a variety of other disorders as the clinical picture changed during the course of the illness, without due attention being given to the phasic character of the disorder. They illustrate their argument with the case example of a 42 year old woman, whose case history revealed conflicting diagnoses within a four-year period including schiziform puerperal psychosis, relapsing paranoid hallucinatory psychosis, and unspecified ‘illness of the nerves’, and melancholia with anxiety. Taking the clinical history as a whole, it was argued that a more effective prognostic diagnosis could be provided through a diagnosis of periodic paranoid psychosis.<sup>221</sup>

A subsequent development was the reception of Leonhard’s work in the Soviet Union, with the development of a close correspondence with the renowned Soviet psychiatrist Andrei Snezhnevsky. Leonhard was invited by Snezhnevsky to speak at the All Union Congress Neuropathologists and Psychiatrists in Moscow in 1964, where he agreed to present a paper entitled ‘The Diagnosis of Schizophrenia from the Perspective of Prognosis’.<sup>222</sup> This led to a continued correspondence and exchange of publications by post, with Leonhard writing to Snezhnevsky after the congress to encourage ‘further intensification’ of dialogue between the two clinics.<sup>223</sup> He noted in particular that both groups were ‘in line’ with each other in terms of their interest in the use of serological laboratories in the diagnostic process for psychosis, and

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<sup>220</sup> Karl Leonhard *Classification of Endogenous Psychoses and their Differential Treatment* (New York: Irvington Publishers, 1979); Karl Leonhard *Classification of Endogenous Psychoses and their Differential Treatment* (New York: Springer, 1999).

<sup>221</sup> J. Bojanovský, O. Sahánek and K. Chloupková, ‘K otázce cycloidních psychóz’ *Československá psychiatrie*, 59 (1963), pp. 323–27.

<sup>222</sup> Letter from Karl Leonhard to Andrei Snezhnevsky, 13<sup>th</sup> May 1963; Letter from Andrei Snezhnevsky to Karl Leonhard 1<sup>st</sup> July 1963. Humboldt University Archives, Papers of the Charité Neurological Clinic 038011/6, Band 5.

<sup>223</sup> Letter from Karl Leonhard to Andrei Snezhnevsky, 17<sup>th</sup> April 1964 Humboldt University Archives, Papers of the Charité Neurological Clinic 038011/6, Band 6.

recommending his joint monograph with Sieglinde von Trostorff, *Prognostic Diagnosis of the Endogenous Psychoses*.<sup>224</sup>

Snezhnevsky's reading of Leonhard's work is unexpected however, suggesting a move away from the Kraepelinian distinction. He stated in 1966 that:

The absence of clear boundary differentiation between schizophrenia and manic-depressive psychoses caused Kleist and Leonhard to consider them jointly, but with a number of subdivisions. Basing their views on contemporary symptomatology, they distinguished twenty-two separate diseases. Both statistics and dynamics have shown there can be no strict boundaries between the manic-depressive psychosis and schizophrenia... According to modern concepts schizophrenia and the manic depressive psychosis represent two extreme poles of an essential lesion in mental activity. But it is difficult to establish any clear-cut boundary between the two... The continuance of transitional states and the presence of intermediate forms does not exclude discreteness. But it does not justify the view that there is possibly one disease comprising the manic-depressive psychosis and all forms of schizophrenias. The entire group of similar diseases, including the transitional types, may be looked upon as a genus of diseases, the genus of essential psychoses, which are perhaps justifiably described as endogenous or hereditary psychoses. They may include different and nosologically independent types together with taxonomically transitional groups.<sup>225</sup>

He uses Leonhard's work to support a substantially modified claim, that there was one essential lesion underlying endogenous psychosis, and that although subdivisions were possible, strict boundaries delineating different categories were not possible. This stands in contrast to Leonhard's claims that there is nothing in common between the systematic and unsystematic schizophrenias, or that certain of the endogenous psychoses are associated with lesions of specific areas of the brain, and that some have a hereditary nature whereas others do not. Snezhnevsky's eventual classification of psychosis was as follows:

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<sup>224</sup> Letter from Karl Leonhard to Andrei Snezhnevsky, 30<sup>th</sup> October 1964 Humboldt University Archives, Papers of the Charité Neurological Clinic 038011/6, Band 6.

<sup>225</sup> A. V. Snezhnevsky 'The Symptomatology, Clinical Forms and Nosology of Schizophrenia' in John G. Howells (ed.) *Modern Perspectives in World Psychiatry* (Edinburgh: Oliver & Boyd, 1968), p. 440-441. Karl Leonhard 'Die Atypischen psychosen und Kleists Lehre von Endogenen Psychosen' in Karl Leonhard (ed.) *Psychiatrie der Gegenwart*, vol. 2 (Berlin, 1960).



*Continuous-progressive schizophrenia*: obliterated, latent forms with a favourable, continuous course, indefinitely long remissions after attacks (*schubs*), proceeding in the form of schizophrenic shifts (*schubs*) with a tendency to a progressive and continuous course.

*Schizophrenia, proceeding in the form of shifts (schubs)*: proceeding with deep remissions and intermissions, but with a prevalence of hallucinatory-delusional or catatonical disturbances during attacks. Circular schizophrenia with a continuous change of phases. Chronic mania.

*Recurrent schizophrenia (schizo-affective psychoses, oneirophrenia)*. Atypical cases of manic-depressive psychosis.

*Manic-depressive psychosis*. Cyclothymia (ambulatory cases of manic-depressive psychosis).<sup>226</sup>

While there is little overlap between the two nosologies, in spite of Snezhnevsky's use of Leonhard's work to support his own claims, there is one parallel that can be observed between Leonhard and Snezhnevsky's categories, which is the emphasis on the course of the illness, and the overall prognosis. Furthermore, similar to Leonhard, Snezhnevsky promoted nosological classification based on a combination of clinico-genetic and large-scale epidemiological studies with attention to biological data-gathering such as neurophysiological, physiological and morphological levels, as well as developing and improving serological and biochemical investigations.<sup>227</sup>

Snezhnevsky's use of subcategories of schizophrenia based on the course of the illness – the aspect which in principle was also held by Leonhard – turned out to be one of the most controversial aspects of his work according to Western readers. As Paul Calloway has noted, the longitudinal approach to schizophrenia is not unique to Russian psychiatry, being present also in German psychiatric traditions, and its perceived strangeness in Western literature may come from the dominance of Schneiderian first rank symptoms in American psychiatry in particular.<sup>228</sup> The portrayal of Snezhnevsky as having hugely proliferated the different versions of

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<sup>226</sup> Ibid., pp. 438-439.

<sup>227</sup> Ibid., pp. 444-445.

<sup>228</sup> Paul Calloway, *Soviet and Western Psychiatry: A Comparative Study* (Moor Press, 1992), p. 133.

schizophrenia is also questionable. Calloway traces this trope in Western critiques to a mis-reading of Snezhnevsky's concept of syndromes within schizophrenia

There is a logical problem in trying to compare a system based upon the course of the illness with one based upon the presenting symptoms. This explains the considerable overlap [of different illnesses within the nosology]. Indeed, it is fundamental to the Soviet classificatory system that the different syndromal presentations cut across the main forms... comparisons with the DSM are difficult for the same reason... several western authors who write about the Soviet concept of schizophrenia have misunderstood this point and end up confusing the forms and syndromes. Cutting (1985) writes that the Snezhnevsky/Moscow School describes nine types of schizophrenia... however he appears to have misunderstood the article that he quotes. The article mentions that the nine syndromes do occur in patients with schizophrenia, but that they change and vary over time and may, moreover, occur in other conditions. They are not considered to be different forms of schizophrenia.<sup>229</sup>

In this respect, the level of attention paid to longitudinal analysis of the course of the illness bears similarities to Leonhard's work. Indeed, Leonhard's classification did include a comparable proliferation of subcategories of schizophrenia compared to Western nosologies – far more so than Snezhnevsky's - but this was not remarked upon by Western commentators to the same extent, as Leonhard's work did not become implicated in human rights abuses in the same way. Snezhnevsky's latent, or 'sluggish' schizophrenia was the most controversial in this respect, given its use in the political abuse of psychiatry in the 1970s and '80s.<sup>230</sup>

The case of the interaction between Leonhard and Snezhnevsky illuminates a number of facets of the relationship between Soviet psychiatry and what was occurring in the satellite states. Correspondence between Leonhard, Snezhnevsky and Astrup in the 1950s and '60s demonstrates that there was not a great deal of awareness of Soviet psychiatry in East Germany, but there was a genuine interest in

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<sup>229</sup> Paul Calloway, *Soviet and Western Psychiatry: A Comparative Study*, p. 136. Calloway refers to John Cutting, *The Psychology of Schizophrenia* (Edinburgh: Churchill Livingstone, 1985).

<sup>230</sup> For further debate on the role of Snezhnevsky's categories in the political abuse of psychiatry in the Soviet Union, see David Joravsky, *Russian Psychology: A Critical History* (Oxford, UK: Blackwell, 1989); David Cohen, *Soviet Psychiatry* (London: Paladin, 1991); Robert van Voren, *On Dissidents and Madness: From the Soviet Union of Leonid Brezhnev to the 'Soviet Union' of Vladimir Putin* (Amsterdam: Rodopi, 2009); Robert van Voren, *Cold War in Psychiatry: Human Factors, Secret Actors* (Amsterdam: Rodopi, 2010).

engaging seriously with the work taking place there, and exploring collaboration.<sup>231</sup> From the other side, Soviet psychiatrists were keen to invite and cite East German colleagues, albeit at times in a way that was not representative of their original intentions. What is striking and important, is that although the work of Snezhnevsky and colleagues was described and translated in East German and Czechoslovak journals, there is no evidence of take-up either in terms of his nosologies guiding research agendas, or in clinical practice. There is no basis, therefore, for any claim that psychiatry in the satellites was in any way under the control of, or even necessarily inspired by, the dominant school of Soviet psychiatry from the 1960s onwards.

#### 2.4 Social and Political Functions of Diagnostic Categories

Diagnosing psychopathologies was also used by members of the profession for purposes beyond the realm of clinical practice, as a means of commenting upon behaviours and beliefs from fascism through to youth counter-culture and religion. Socio-political concerns surrounding deviant behaviour such as ‘hooliganism’ and ‘delinquency’ were present in both Czechoslovakia and East Germany, usually under the umbrella of the broader category of ‘psychopathy’, although such use of pathologization around these activities was by no means peculiar to the Communist world.<sup>232</sup> There were, however, ways in which psychopathy and other diagnoses became a prism through which concerns about undesirable phenomena were refracted, a number of which resonated with the regimes’ discourses of anti-fascism, criticism of the West, or the vilification of religion. Negative labelling of deviant behaviours and beliefs, therefore, became an activity which was shared by both the state and the psychiatric profession, each reinforcing the interests of the other.

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<sup>231</sup> This is reiterated in a letter from Leonhard to the Würzburg psychiatrist Sattes, in which he summarizes what he knows of psychiatry in the USSR, identifying Snezhnevsky as the psychiatrist who ‘appears to shine the brightest’, along with other authors such as Giljarowski and Popov.. Letter from Karl Leonhard to Sattes, 21<sup>st</sup> May 1962. Humboldt University Archives, Bestand der Charité Nervenlinik 038011/6, Band 2.

<sup>232</sup> Greg Eghigian ‘A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany’, *Isis*, 106 (2015), p. 283. While psychopathy seems to have been a particular concern in the mid-century, as Eghigian’s articles shows, along with sources discussed below from elsewhere in Europe such as Italy, psychopathy does not appear to have been a culture-bound syndrome. Instead, like many psychiatric classifications, it became inflected with different concerns and imperatives in different localities.

Dietfried Müller-Hegemann, for example, turned his attention to the mentally disordered culture of the bourgeois, inter-war German speaking lands as a means to explain the personality of Hitler himself, and to account for his rise to power. Hitler's childhood as a weak member of a family, in an Austrian society which fetishized military power, led to him redirecting his sense of impotence into a faith in militarized authority. He was, in short, a developmental failure (*Fehlentwicklung*). In turn, the authoritarian personality prevalent within Prussian culture, and a lack of civic activism, enabled a receptivity towards Nazi ideology in Germany.<sup>233</sup> Greg Eghigian demonstrates how this interpretation of Hitler's personality type correlates closely with contemporaneous East German ideas of the juvenile delinquent, skilfully drawing an association between non-conformist behaviour to anxieties about the resurgence of fascism.<sup>234</sup> As Eghigian continues, the vague nature of psychopathy and its associated terminology were put to use particularly in East Germany, in a way which was largely continuous from 1930s psychiatry:

Records from the Charité Hospital's Department of Forensic Psychiatry in East Berlin confirm that the image of psychopaths as hereditary failures and delinquents survived the fall of the Nazi regime... over the course of the 1950s, feeble-mindedness, debility, and psychopathy were the most common diagnoses assigned prisoners, at least until 1956. Psychiatrists paid particularly close attention to signs of an ingrained, deviant "character disposition" (*charakterliche Veranlagung*) and routinely chalked up patterns of asocial and antisocial behavior to hereditary constitution.<sup>235</sup>

Concern about youth subcultures – especially those which took their inspiration from the USA and Britain, was shared by psychiatrists in Czechoslovakia. The popular science journal *Vesmír*, published an article entitled 'Teddy Boys as a Psychiatric Problem' in 1963, credited to a Milan-based author named F. Antonelli. The article describes an increase in 'hooliganism' in youth on a global scale, particularly those who identify with subcultures associated with motorcycling, which are equated with antisocial behaviour and violence. This is attributed to the 'modernization' of youth

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<sup>233</sup> Dietfried Müller-Hegemann, *Zur Psychologie des deutschen Faschisten* (Greifenverlag, 1955).

<sup>234</sup> Greg Eghigian 'Homo Munitus: The East German Observed' in Katherine Pence and Paul Betts (eds), *Socialist Modern: East German Everyday Culture and Politics* (University of Michigan Press, 2008), pp. 48-49.

<sup>235</sup> Greg Eghigian, 'A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany', p. 301.

and the rise of global print culture which encourages young people to imitate violent acts and behaviour described in other parts of the world (the article is duly illustrated with a photograph of young men in American dress from Texas, smoking cigarettes).

Such behaviour, argues the author, cannot be solely attributed to ‘Western decadence, as there are even hooligans in the Soviet Union’.<sup>236</sup> Young people displaying these kind of antisocial behaviours are diagnosed by the author as having ‘psychopathic personalities’. He states that this has a constitutional or hereditary base, and is not psychoneurotic as it isn’t caused by trauma or problematic environment. One can see the value of such psychiatric narratives for Communist societies. The continued existence of undesirable behaviours and perceived social problems in the USSR and other Communist countries was politically problematic given the importance placed on the role of social conditions and environment in Marxist theory. For Marx, crime in particular was caused by socio-economic conditions. That such behaviours - which were particularly associated with the social problems of the West - continued to occur within a fully-developed socialist system, might suggest that there was either a flaw in socialist theory, or that socialism itself had not been successfully implemented. The possibility that such disordered social phenomena could be ascribed to characterological defects, which rested on a firm biological base, served a legitimating function for Communist regimes. Thus, the discipline of psychiatry offered the State a means by which to pathologise certain groups, whilst at the same time absolving itself of responsibility for their existence: ultimately there were some social problems which could not be solved by the creation of a socialist society, because they were fundamentally biologically determined.

The psychopathology of ‘hooliganism’ continued to be a theme in Czechoslovak psychiatric writing. The following year, the Bohnice psychiatrist and mental hygiene campaigner Jiří Semotán published a further article in *Vesmír*, ‘The Personality of the Hooligan’, which explored the spectrum of adolescent development and its potential disorders which, the author contended, at the most ‘malign’ end could lead to such behaviours as observed in the ‘Blousons Noirs’ in France or the ‘Gold Jackets’ in England. Semotán argued that,

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<sup>236</sup> F. Antonelli ‘Teddy boy jako psychiatrický problem.’ *Vesmír* (1963), pp. 156-157.

From a qualitative psychological point of view, characteristic intelligence is not the decisive factor, which generally oscillates around the norm, or may even tend to be considerably above it. The main defect in this case is rather an imbalance between the emotional and the rational sides. On this basis and under certain conditions, particular [personality] types tend to develop towards hooliganism in malignant forms.<sup>237</sup>

At most risk, again, was the psychopathic personality type, a point which becomes reiterated through psychiatric literature on socially unacceptable behaviour by different authors. For Semotán the psychopath could be identified as displaying the following characteristics:

Ruthless, selfish, morally rather damaged, physically highly developed, with intelligence often exceeding the norm, astute at solving practical problems, but overall underachieving in terms of education, unable to imagine the consequences of the act committed, preferring instead short-term benefit and success – they are usually the leader of the ‘gang’.<sup>238</sup>

Having diagnosed such social phenomena as pathological in the same way as other authors, and having also used the specific category of psychopathy to account for it, Semotán reinforces the rhetoric used by other psychiatrists in both Czechoslovakia and the GDR.<sup>239</sup> He nevertheless departs from the aetiological arguments made by Antonelli, locating the source of the illness as lying within the family. Instead of questioning the legitimacy of the institution of the family, however, Semotán mobilises the example of the hooligan as a justification for the need for mental hygiene education. The family is implicitly recognised as a fundamental necessity for the production of healthy individuals, and it is, in turn, the responsibility of a socialist society to educate parents in the psychological nurturing of their children in the interests of the State as a whole. This is a far cry from earlier Marxist critiques of the family as an institution which perpetuated bourgeois ideology, or the experimental

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<sup>237</sup> Jiří Semotán ‘Osobnost chuligána’ *Vesmír* (1964), pp. 48-49.

<sup>238</sup> *Ibid.*, p. 48.

<sup>239</sup> It is striking that contemporaneously in the USSR, where hooliganism had long been considered to be a social problem and where specific laws had been drawn up to prevent its rise, psychiatric explanations of these behaviours were, in contrast, remarkably absent. Instead, a discourse of moral irresponsibility and deliberate intent to cause harm to society prevailed, siting behaviour clearly within the realm of individual choice. See Brian LaPierre, *Hooligans in Khrushchev's Russia: Defining, Policing, and Producing Deviance during the Thaw* (Madison, W.I.: University of Wisconsin Press, 2012).

approaches to collective child-rearing in the early years of Bolshevism in the Soviet Union, illustrating the degree of social conservatism with regard to the role of the family in the Czechoslovak variant of Communism.<sup>240</sup>

Another Czechoslovak psychiatrist who was not averse to the application of diagnostic categories beyond the walls of the clinic was Vladimír Vondráček. His most substantial monograph, *The Magical and the Fantastic from the Perspective of Psychiatry*, published in 1968 and again reissued in 1972, was a systematic deconstruction of superstitious and religious belief by categorising it within the framework of psychopathology.<sup>241</sup> Vondráček asserts that the canonical ‘authors of horror stories’, such as Poe, Conan-Doyle, Turgenev, Gogol and Maupassant, were afflicted by delusions.<sup>242</sup> Key figures in the history of religion are singled out: Emanuel Swedenborg was likely afflicted by an abnormal personality which at certain points developed into schizophrenia, or possibly paraphrenia with periodic psychotic hallucinations.<sup>243</sup> He considered Mohamed to have been epileptic on the basis that when the Koran was revealed to him, witnesses stated that he fell to the ground shaking, with closed eyes, and foamed at the mouth ‘like a young camel’.<sup>244</sup> Joan of Arc, similarly, is diagnosed by Vondráček as epileptic, despite other authors claiming that she suffered from either schizophrenia or hysteria. He does not provide any specific justification for his choice of epilepsy as a diagnosis except that she did not fit the profile of schizophrenia, but ‘she could not summon the holy as and when she wanted’.<sup>245</sup> The utility of this pathologisation of religion for the Communist regime is clear, given the Party’s official atheistic stance.<sup>246</sup>

Vondráček also had comments to make about psychopathy in certain subcultures. In 1977, a year before his death, he wrote a short article on the phenomenon of ‘Hippies’, which was published posthumously in a monograph

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<sup>240</sup> See, for example, the canonical text, Friedrich Engels *The Origin of the Family, Private Property and the State* (New York: International Publishers, 1942); Alexandra Kollontai ‘The Family and the Communist State’ in William G. Rosenberg (ed.) *Bolshevik Visions: The First Phase of the Cultural Revolution in Soviet Russia* (Ann Arbor: University of Michigan Press, 1990), pp. 73-74.

<sup>241</sup> Vladimír Vondráček *Fantastické a magické z hlediska psychiatrie*. (Prague: SZdN, 1968).

<sup>242</sup> *Ibid.*, p. 27.

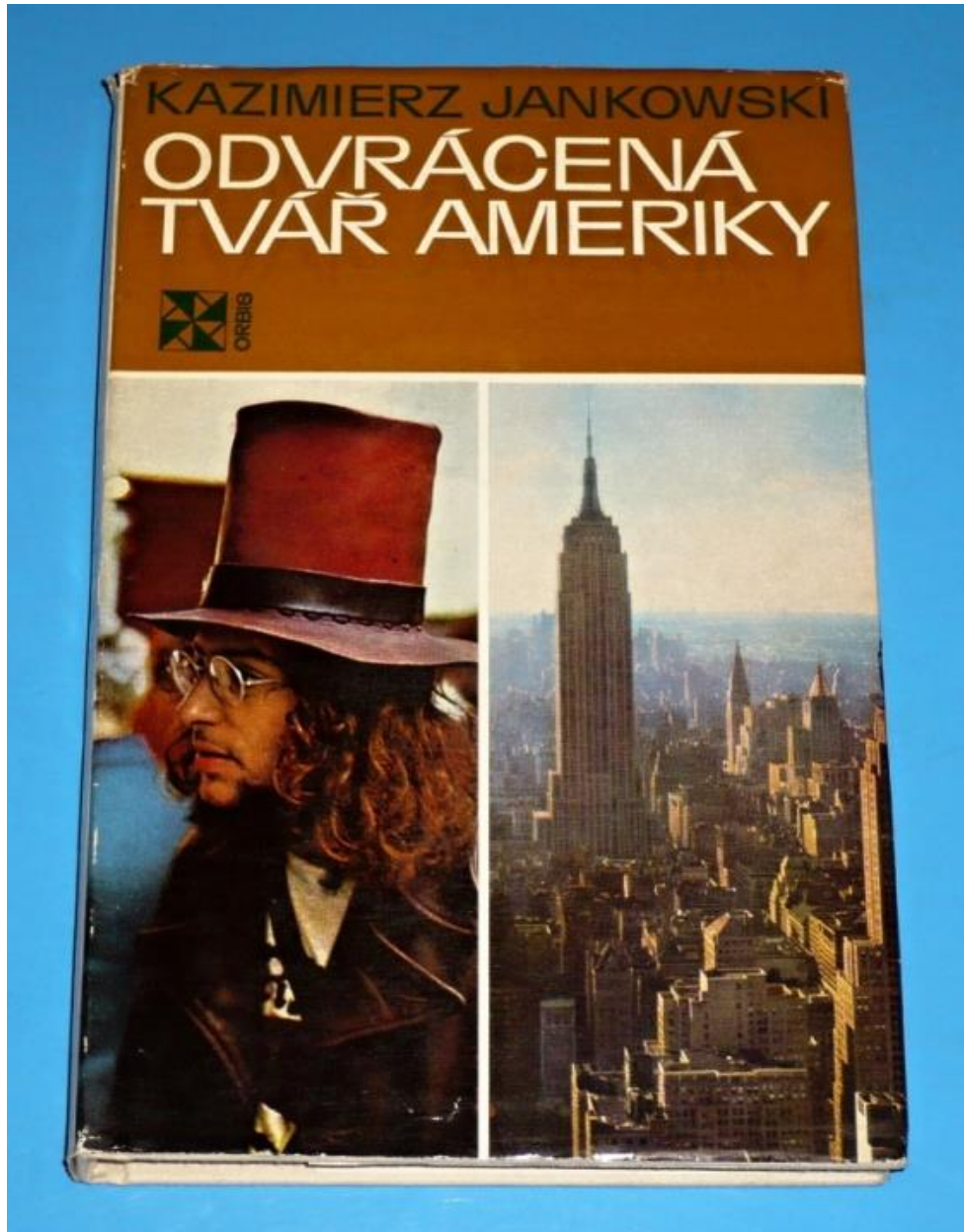
<sup>243</sup> *Ibid.*, p. 337.

<sup>244</sup> *Ibid.*, p. 347.

<sup>245</sup> *Ibid.*

<sup>246</sup> The pathologisation of religious figures for political purposes by psychiatrists has a long history. See for example, the case of Jules Soury and late 19<sup>th</sup> century French anticlerical psychiatry in Robert D. Priest, ‘“After the God and the Man, the Patient”: Jules Soury’s Psychopathology of Jesus and the Boundaries of the Science of Religions in the Early Third Republic’ *French History*, 27 (2013), pp. 535-556.

entitled *Behaviour and its Disorders* in 1982. He cites a recent pamphlet, *The Dark Side of America* (Odvracená tvář Ameriky) by the Polish psychiatrist Kazimierz Jankowski, published in Czech by the popular State publishing house Orbis in 1975.<sup>247</sup>



They are characterised as ‘young people who clump together in groups, take drugs, attack people and steal’. They were influenced by alternative psychologists

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<sup>247</sup> Kazimierz Jankowski, *Odvracená tvář Ameriky: hippie hledají zaslíbenou zemi* (Prague: Orbis, 1975).



such as Timothy Leary, Richard Alpert, teachers of Zen Buddhism such as Alan Watts, and beat poets such as Allen Ginsberg.<sup>248</sup> The latter – according to Vondráček – was forced to leave Czechoslovakia after a visit as a result of his ‘wild behaviour’. The ‘Hippie phenomenon’ is explained as, ‘probably a set of protest reactions which led to a psychic infection in certain kinds of psychopathic personalities, resulting in particular, specific, socially formed behaviours’.<sup>249</sup> Vondráček completes the discussion thus:

Half a century ago (1924) I described *diogenismus*: the desire for the renunciation of needs, the simplification of life and return to nature. This has occurred often throughout the history of culture – predominantly in psychopaths.<sup>250</sup>

As yet, there is no evidence to show that psychiatrists such as Vondráček were actively complicit in the abuse of psychiatry for political purposes in Czechoslovakia. Nevertheless, it is clear that the forays of the psychiatric profession into commenting on such a broad range of social groups offered a legitimating scientific discourse for the pathologisation of certain behaviours, which were in reality far beyond the nosological categories used by mainstream psychiatry at the time. Such a style of psychiatric writing could thus be appropriated by the state in order to undergird later punitive actions taken by the State against individuals.<sup>251</sup>

## 2.5 Conclusion

With the exception of Leonhard’s nosology, all of the cases above provide testament to the ways in which psychiatric categories could become politicised under Communism, as indeed they have been in many countries under different political

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<sup>248</sup> V. Vondráček, *Konání a jeho poruchy* (Prague: Univerzita Karlova, 1982), pp. 376-377.

<sup>249</sup> *Ibid.*, p. 377.

<sup>250</sup> *Ibid.*, p. 378.

<sup>251</sup> There is one documented case of the political abuse of psychiatry in Czechoslovakia, reported by *The Lancet*. Milan Vlk was reportedly detained under the diagnosis of ‘reforming paranoia’ by the Czechoslovak Security Services for distributing anti-Communist leaflets in the town of Horní Beřkovice in 1983, and was subsequently transferred to a high security psychiatric ward, where tranquillizers were administered. See ‘USSR, Czechoslovakia: Abuse of Psychiatry’ *The Lancet*, 323 (1984), p. 387.

systems up until the present.<sup>252</sup> Neurasthenia offered a convenient category for Party faithful to build on Pavlov's own categories, and situate them within contemporaneous concerns about the effects of the Scientific-Technological Revolution on the individual and their ability to contribute to the collective. As I will discuss further in chapter 4, this gave rise to a particular imperative to develop therapeutics which could both treat neurosis, and act as a preventive measure demonstrating the state's ability to pre-empt and manage needs of its citizens.

In contrast, psychiatric categories such as psychopathy enabled commentaries that condemned certain behaviours and beliefs, particularly those associated with youth cultures or religious traditions. Such narratives not only manipulated scientific language to discourage certain activities, but also provided narratives that presented the origins of these disordered behaviours in the decadent West, feeding into broader Cold War anxieties. Furthermore, the ways in which social behaviours were pathologized in psychiatric literature opened up the potential to be used for diagnostic categories to be used for the justification of punitive abuses of psychiatry in later periods, as happened in the case of Snezhnevsky's 'sluggish schizophrenia'.

Finally, the case of the nosological systems of Leonhard and Snezhnevsky illustrates the nuanced relationship between psychiatry in the Soviet Union and its satellites. In contrast to assumptions that psychiatry in the satellite states of the USSR was controlled from the Soviet Centre, the correspondence and citations of Snezhnevsky demonstrate that Soviet psychiatrists were more likely to make use of East German research for their own purposes, to support their arguments. In turn, Leonhard's professional activities and correspondence illustrate the long-term influence of his colleagues in West Germany on his research and practice, and the continuation of permeability of knowledge across the Berlin Wall.

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<sup>252</sup> See, for example, the debate surrounding so-called 'dangerous personality disorders' and the British New Labour Government's attempt to introduce compulsory community treatment orders. Susie Scott et. al. 'The Slide to Pragmatism: A Values-Based Understanding of "Dangerous" Personality Disorders', *Health Sociology Review*, 20 (2011), p. 157; Simon Lawton-Smith, John Dawson and Tom Burns, 'Community Treatment Orders Are Not a Good Thing' *British Journal of Psychiatry*, 193 (2008), pp. 96–100.

### Chapter 3: Aetiologies

In the 2008 volume *History of Psychiatry and Medical Psychology*, John Gach characterises trends in psychiatry in the second half of the twentieth century thus:

In summary, post-war American psychiatry was dominated by an environmental/psychoanalytic orientation with some attempts at biomedical integration, while the biomedical model dominated in European psychiatry.<sup>253</sup>

Gach's simplification is symptomatic of the paucity of comparative historical research on psychiatry after the Second World War. It overlooks the sheer variety of different explanatory frameworks that existed in European psychiatry, which, if one includes the countries to the East of the Iron Curtain – or indeed Britain from the 1950s onwards – were strongly influenced by environmentalist models as much as they were by biological ones.<sup>254</sup> Looking to the Soviet sphere of influence, it is also striking that in spite of the political preference for environmentalist approaches, which were significantly elaborated, there was also a pronounced interest in the more biologically deterministic aetiologies, such as genetics and pathologies of neuroanatomy. Developments in pharmacology and biochemistry also precipitated experimental work and theory-building based on observations of drug response and neurochemical testing.

Overall, both 'biomedical' and 'environmental' – and at times even psychoanalytic – models were employed in theory and practice in East Germany and Czechoslovakia, with the proliferation of new and varied concepts from the 1950s to the 1970s matching the breadth of those appearing in Western countries. The development of new theories often followed from developments in parallel fields of science and technology, with this particular period of the 20<sup>th</sup> century yielding novel innovations, in part as a consequence of highly developed research infrastructures in developed nations from the Second World War, but also because of the continued investment in science in the context of the Cold War. The rapidity of these

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<sup>253</sup> John Gach, 'Biological Psychiatry in the Nineteenth and Twentieth Centuries' in Edwin R. Wallace and John Gach (eds) *History of Psychiatry and Medical Psychology* (New York: Springer, 2008), p. 399.

<sup>254</sup> Britain became the centre for research into behaviourist psychiatry in the 1950s, particularly based on classical conditioning, including behavioural therapies at the Maudsley Hospital in London, and cybernetic modeling at the Burden Neurological Institute in Bristol.

developments was commented upon by historical actors of the time, who described it as the Scientific-Technological Revolution, a term used frequently in Communist countries and something which would itself come to be ascribed agency as a cause of mental disorder. Focusing specifically on aetiological theory-building in psychiatry allows us to explore the often overlooked relationship between the psychiatric profession and their attitudes towards science and technology outside of the medical disciplines. Many of the concepts of mental disorder in use in the contemporary psychiatric research came into use during the period from 1945 to 1975, particularly models based on information processing, biochemical pathways, and ecological metaphors. Others, such as neuroanatomy and genetic determinism had been influential since the 19<sup>th</sup> century, but the former gradually waned in importance during this period, whilst the latter gained currency again during the 1970s as a result of methodological developments within genetics itself. (Neuroanatomy did not experience similar popularity until the invention of neuroimaging techniques in the 1990s).<sup>255</sup>

Consequently, it is impossible to understand psychiatry in the mid-20<sup>th</sup> century without positioning it in relation to the history of 20<sup>th</sup> century science and technology, especially given the primacy of these fields in the rhetoric of Communist progress, as well as their place in international competition. Indeed, scientific optimism was a phenomenon common to both sides of the Cold War divide, and was perhaps one aspect of culture where collaboration and knowledge-sharing across political boundaries was frequent, with researchers tending to value their identity as part of an international scientific community above their commitment to their nation or party. With this in mind, this chapter traces the development of key aetiological theories in both countries using a series of case studies. It examines the work of psychiatrists who, for all intents and purposes, ignored Communist philosophies of mind and behaviour in the development of their concepts; those who were committed Marxists and Pavlovians who actively sought to further these theories by meshing them with newly emerging fields of research; and those who were politically ambivalent, but who nevertheless mobilised official rhetoric for their own purposes, creating ideologically sound aetiologies in the process.

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<sup>255</sup> See Nikolas Rose and Joelle M. Abi-Rached *Neuro: The New Brain Sciences and the Management on the Mind* (Princeton: Princeton University Press, 2013).

Furthermore, it examines the appropriation of psychiatric knowledge outside of the medical community. In a planned economy, the state took responsibility not only for healthcare and the distribution of resources, but also detailed aspects of everyday life down to the planning of factory work schedules and the spatial arrangement of urban landscapes. If such environmental factors were considered to have a causal relationship with mental disorder – as was consistent with the Marxist worldview – this had subsequent policy implications. As a consequence, psychiatric concepts came to be bound up in networks of disciplinary and professional interests outside of medicine, and could be put to use in arguments for particular political and academic programmes, both at home and internationally.

One striking absence in the psychiatric literatures of Czechoslovakia and East Germany is that of ‘war trauma’ as an aetiological base for psychiatric research by comparison with Britain and America, or indeed the Soviet Union.<sup>256</sup> In the case of the GDR it has been argued by Frank Biess and Svenja Goltermann that this was in part a legacy of earlier German psychiatric dismissal of the suggestion of a causal link between the experience of war and serious mental disturbance, and this attitude was particularly resilient in East Germany because of the limitations of denazification.<sup>257</sup> While there may be an extent to which trauma was a more controversial aetiology in German psychiatry, the lack of attention to the psychological effects of the Second World War appears to have been as much a consequence of larger political processes. A recent book by Sabine Bode *The Forgotten Generation* (‘Die vergessene Generation’) examines the long-term silence in German society surrounding the effects of the war on the civilian population of children, arguing from the perspective of contemporary psychology that these experiences are vital for understanding the

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<sup>256</sup> For further on the impact of trauma studies on psychiatry see Paul Lerner and Mark S. Micale ‘Trauma, Psychiatry and History: A Conceptual and Historical Introduction’ in Mark S. Micale and Paul Lerner *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930* (Cambridge: Cambridge University Press, 2001), pp. 1-27. On the Soviet case, see Benjamin Zajicek *Scientific Psychiatry in Stalin’s Soviet Union: The Politics of Modern Medicine and the Struggle to Define ‘Pavlovian’ Psychiatry, 1939-1953* (PhD Thesis, University of Chicago, 2009).

<sup>257</sup> Frank Biess *Homecomings: Returning POWs and the Legacies of Defeat in Postwar Germany* (Princeton: Princeton University Press, 2003), p. 92; Svenja Goltermann ‘Negotiating Victimhood in East and West Germany’ in Jolande Withus and Annette Mooij (eds) *The Politics of War Trauma: The Aftermath of World War II in Eleven European Countries* (Amsterdam: Aksant, 2010), p. 112. For further on debates around trauma in inter-war German psychiatry, see Greg Eghigian ‘The German Welfare State as a Discourse of Trauma’ in Mark S. Micale and Paul Lerner *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930* (Cambridge: Cambridge University Press, 2001), pp. 92-112.

behaviour and mental health of the older generation.<sup>258</sup> Bode argues that the Cold War ‘hindered’ discussion of the effects of the war on the civilian population by providing a caesura through the separation of Germany into two nations. The discourse instead focused attention on coming to terms with collective guilt for the trauma inflicted by the Nazi regime on the Jewish population and other minorities, implying that it was inappropriate for the German population to voice or recognise their own experience of the trauma of war, a point which has been reiterated by other scholars such as Benina B. Gould and Frank Biess.<sup>259</sup> In East Germany specifically, Biess claims that psychiatric literature on war trauma was actively suppressed, with the few publications on the effects of war being summaries of cases of returning prisoners of war in West Germany, rather than any specific examination of East German cases.<sup>260</sup> He posits that this could have been a consequence of Soviet intervention, as the majority of prisoners of war were returnees from captivity in the USSR, which would undermine public solidarity for the new regime.<sup>261</sup> State-controlled media actively edited images of returnees to emphasise their health and happiness at returning to life in the new Communist state, excluding details of their suffering and emaciation: dwelling on the effects of the war also inhibited the future-orientated utopian discourse of the new socialist state, resulting in a discourse of exclusion surrounding psychiatric trauma.<sup>262</sup>

In Czechoslovakia, the absence of psychiatric interest in war trauma is more likely explained by the fact that the Czech lands were under Nazi occupation, becoming the Protectorate of Bohemia and Moravia. As a result of the wealth of industrial capacity within the nation, instead of mobilizing the population to fight on the front the Czech population were conscripted to work on the home front in support of the war effort abroad, particular in manufacture of weaponry and munitions: a situation Chad Bryant has described as ‘surrounded by war, living in peace’.<sup>263</sup> The

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<sup>258</sup> Sabine Bode *Die vergessene Generation: Die Kriegskinder brechen ihr Schweigen* (Stuttgart: Klett-Cotta, 2004)

<sup>259</sup> Ibid., pp. 25-26. See also Benina B. Gould ‘War on the Internal Self: Memory, Human Rights and the Unification of Germany’ in Stanley Krippner and Teresa M. McIntyre *The Psychological Impact of War Trauma on Civilians* (Westport, C.T.: Praeger Publishers, 2003), p. 60.

<sup>260</sup> Frank Biess *Homecomings: Returning POWs and the Legacies of Defeat in Postwar Germany*, pp. 91-92.

<sup>261</sup> Ibid., p. 92

<sup>262</sup> Ibid., pp. 91-93; Sabine Bode *Die vergessene Generation: Die Kriegskinder brechen ihr Schweigen*, pp. 25-26.

<sup>263</sup> Chad Bryant *Prague in Black: Nazi Rule and Czech Nationalism* (Cambridge, M.A.: Harvard University Press, 2007), p. 179. For more on the Czech lands during wartime, see Harald Wixforth

Slovak lands became a Nazi ‘client state’ under Jozef Tiso, and did deploy soldiers to fight on the Eastern Front against Poland and the Soviet Union, yet the trauma experienced by Slovak soldiers did not become an object of psychiatric research in the postwar period, which one can largely assume to be a consequence of the majority of research institutes – and indeed psychiatrists – being based in the Czech part of the country rather than the Slovak lands.<sup>264</sup>

While research into the neuroses in other countries was being furthered through engagement with war trauma in the postwar period, in East Germany and Czechoslovakia neurosis was more likely to be described as a side effect of modern civilization and the scientific-technological revolution, with a number of environmental aetiologies developed to account for pathology.

### 3.1 Environmental Aetiologies

#### 3.1.1 Dialectical Materialism, Pavlov, and an ‘Orthodox’ Marxist Psychiatry?

There is no one text that outlines what an orthodox Marxist psychiatry would look like, either in the Soviet Union or its Central and East European satellites. The closest text would be the proceedings of the Pavlov Sessions, but in East Germany and Czechoslovakia even these are more exploratory than prescriptive, suggesting ways in which Pavlov’s work could be useful for psychiatry. What, then would a Marxist psychiatry look like, and how many of the authors under discussion could be considered as producing theories that would be congruent with this model?

In order for aetiological theories to be considered acceptable within Marxist philosophy, they would also need to be coherent with dialectical materialism. Historian of Soviet science Loren Graham outlines the fundamental principles as follows:

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‘The Protectorate of Bohemia and Moravia under German Control 1938-1944’ in Marcel Boldorf and Tetsuji Okasaki (eds) *Economies under Occupation: The Hegemony of Nazi Germany and Imperial Japan during World War II* (London: Routledge, 2015), pp. 161-175.

<sup>264</sup> For more on the wartime Slovak State see James Mace Ward *Priest, Politician, Collaborator: Jozef Tiso and the Making of Fascist Slovakia* (Ithaca: Cornell University Press, 2013); Ivan Kamenec ‘The Slovak State, 1939-1945’ in Mikuláš Teich, Dušan Kováč and Martin D. Brown (eds) *Slovakia in History* (Cambridge: Cambridge University Press, 2011), pp. 175-192.

Looking back over the system of Soviet dialectical materialism, we see, on the most general level, that it represents a natural philosophy based on the following quite reasonable principles and opinions:

The world is material, and is made up of what current science would describe as matter-energy.

The material world forms an interconnected whole.

Man's knowledge is derived from objectively existing reality, both natural and social; being determines consciousness.

The world is constantly changing, and, indeed, there are no truly static entities in the world.

The changes in matter occur in accordance with certain overall regularities or laws.

The laws of development of matter exist on different levels corresponding to the different subject matters of the sciences, and therefore one should not expect in every case to be able to explain such complex entities as biological organisms in terms of the most elementary physiochemical laws.

Matter is infinite in its properties, and therefore man's knowledge will never be complete.

The motion present in the world is explained by internal factors, and therefore no external mover is needed.

Man's knowledge grows with time, as is illustrated by his increasing success in applying it to practice, but this growth occurs through the accumulation of relative – not absolute – truths.<sup>265</sup>

The flexibility of this set of premises does not, for example, exclude the possibility that genetic, biochemical or neuroanatomical aetiologies may play a contributing role

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<sup>265</sup> Loren R. Graham, *Science, Philosophy and Human Behaviour in the Soviet Union*. (New York : Columbia University Press, 1987), pp. 62-63.



within a *diamat* framework, but it does prohibit the reduction of complex organisms to solely these factors. One can see how the multifactorial perspective of Leonhard was congruent with this programme, whether it was intended as such or not, as will be discussed below.

In terms of pavlovian theory, for many authors it was sufficient to make reference to ‘higher nervous activity’ or ‘conditioned reflexes’ in order to appear appropriately politically acceptable. And while for some it was merely a case of paying lip service to a potential censor, this still allowed for a broad range of approaches, as can be seen from the case studies below. This is also evident from the papers presented at the East German Pavlov ‘Tagung’. In their introductory lecture, ‘The meaning of Pavlov’s teachings for the theory and practice of medicine’, Müller-Hegemann, Pickenhain and Goetze (who was, interestingly, a neurologist from Göttingen in West Germany) introduced the work of many Russian scientists and doctors, and outlined the main teachings of Pavlov in relation to applied medicine and psychology, particularly the second volume of his *Lectures on Conditioned Reflexes*.<sup>266</sup> Other authors in the volume, such as Schwarz and Geisler, focus on explaining their existing practice and research within the framework of Pavlov’s lectures.<sup>267</sup> This is a common trope among authors from the period. For some, such as Macek, Klimková-Deutschová and Starý (whose human ecology writings will be discussed below), the selection of research interests and approaches appear to have arisen out of a genuine Marxist worldview. For others, as we shall see below in the case of cybernetics, and in the next chapter with regard to autogenic therapies, inscription within a pavlovian model was a convenient afterthought. As conditioned reflexes and the interaction between the internal substrate and the external environment provide a polyvalent basis for theory building, it was possible to perform such retrospective inscriptions successfully for a variety of aetiologies and therapies.

### 3.1.2 Cybernetics in Czechoslovakia

In its twentieth century usage, the term cybernetics dates to Norbert Wiener’s 1948 work *Cybernetics, or Control and Communication in the Animal and*

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<sup>266</sup> Müller-Hegemann, Pickenhain and Goetze ‘Die Bedeutung der Lehre Pawlows für die Theorie und Praxis der Medizin’ In Staatssekretariat für das Hoch- und Fachschulwesen, Ministerium für Gesundheitswesen, *Pawlow-Tagung*, pp. 18-22.

<sup>267</sup> Ibid, pp. 24-30.

*Machine*, which outlined the concept of cybernetics as the study of self-regulatory systems.<sup>268</sup> A machine, like a biological animal, is described in Wiener's cybernetics as a system which responds to input information through the process of feedback, enabling self-regulation and control. The flexibility of the concepts of feedback and control allowed for cybernetics to be applied to a broad range of fields, particularly in relation to early automatic computing machines, robotics and information processing, and later to the fields of economics, management, psychology and the social sciences.<sup>269</sup>

Up until 1954 the official Soviet attitude towards cybernetics had been uniformly negative. According to historians Maxim Mikulak and Slava Gerovitch, the initial reaction against cybernetics in the Soviet Union was largely a consequence of Cold-War politics: a series of articles in Soviet journals in the late 1940s reinforced the opposition between 'bourgeois' and 'socialist' science, signalling that a scientific innovation with its roots in the United States and Britain was unlikely to be greeted uncritically.<sup>270</sup> As such, it became a prime target for the Central Committee's Department of Propaganda and Agitations campaign – the 'Plan for the Intensification of Anti-American Propaganda' - that had been instituted in 1949.<sup>271</sup> Polemics denouncing it as 'pseudoscience' subsequently appeared across a range of publications in the USSR, with similar articles appearing contemporaneously in the Czechoslovak press.<sup>272</sup> The proposed 'bourgeois' origins of cybernetics were compounded by concerns about the effect of automation on the division of labour: the mechanisation of labour was a way for capitalism to deprive workers of their livelihoods.<sup>273</sup> Such 'reactionary' and 'obscurantist' science had no place in socialist society.<sup>274</sup>

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<sup>268</sup> Norbert Wiener *Cybernetics, or Control and Communication in the Animal and the Machine* (Cambridge, MA: MIT Press, 1948).

<sup>269</sup> See, for example: W. Grey Walter, *The Living Brain* (Duckworth, 1953); W. Sluckin, *Minds and Machines*, (Harmondsworth: Penguin, 1954); Stafford Beer, *Cybernetics and Management*, Management Science Series (London: English Universities Press, 1959); Norbert Wiener, *The Human Use of Human Beings: Cybernetics and Society*, The Da Capo Series in Science (New York: Da Capo, 1954).

<sup>270</sup> Maxim W. Mikulak 'Cybernetics and Marxism-Leninism' *Slavic Review*, Vol. 24, no. 3 (1965) p. 451

<sup>271</sup> Slava Gerovitch *From Newspeak to Cyberspeak: A History of Soviet Cybernetics* (Cambridge, MA: MIT Press, 2002), p. 119.

<sup>272</sup> 'Kybernetika – Pavěda tmářů' [Cybernetics – Obscurantist Pseudoscience] *Rudé pravo*, date unknown (c. 1954).

<sup>273</sup> See, for example, Materialist (pseudonym) 'Komu sluzhit kibernetika' ['Whom Does Cybernetics Serve'] *Voprosy filosofii* (1953), no. 5 pp. 210-19.

<sup>274</sup> Slava Gerovitch "'Mathematical Machines' of the Cold War: Soviet Computing, American Cybernetics and Ideological Disputes in the Early 1950s' *Social Studies of Science*, Vol. 31, no. 2 (2001) p. 263.

Beyond the propaganda context, cybernetics was also problematic for Soviet philosophers. The very question of the ontological status of information itself presented difficulties for dialectical materialists. In *Cybernetics: Or the Control and Communication in the Animal and the Machine*, Wiener argued that 'information is information, not matter or energy'<sup>275</sup>, a claim that contradicts the Marxist-Leninist position by which all phenomena are ultimately constituted of matter or energy. With Wiener's position thus deemed idealist, and thereby incompatible with materialism, the majority of Soviet philosophers rejected it.<sup>276</sup> Those who did not write off cybernetic theory at this first hurdle were consequently obliged to examine the possibility that information-processing theories could be validated by reconceptualising information as an entity with physical substance. By tying information to a form of matter-energy, the ontological assumptions underlying Soviet understandings of cybernetics gave rise to a further problem: reductionism.

This renewed a long-standing debate in Soviet philosophy of science, and one that was particularly central to dialectical materialism. An article written under the pseudonym 'Materialist' in a 1953 edition of the main Soviet philosophy journal, *Voprosy filosofii* [Problems of Philosophy], dismissed the analogies drawn between computers as information-processing machines and the human brain. Dialectical materialism, it was argued, rested upon a hierarchical principle whereby matter was qualitatively different depending upon its level of evolutionary complexity.<sup>277</sup> Thus, while the phenomenon of thought could be reduced down to the material processes of the brain, this was only possible because of the physical properties of the higher nervous system itself. To claim that a machine constructed out of inorganic substances could 'think' or display social behaviour was incompatible with Soviet understandings of the natural world, as these 'forms of matter' were qualitatively different and had not reached the same level of development. This position drew from one of the canonical texts of 'diamat', Friedrich Engels' *Dialectics of Nature*, where he argues that a biological organism constitutes a, 'higher unity that within itself unites mechanics, physics, and chemistry into a whole where the trinity no longer can be separated.'<sup>278</sup> This text had, in turn, formed the basis of a philosophical debate in the

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<sup>275</sup> Norbert Wiener *Cybernetics: Or the Control and Communication in the Animal and the Machine* p.155.

<sup>276</sup> Maxim W. Mikulak 'Cybernetics and Marxism-Leninism' p. 459.

<sup>277</sup> Loren Graham *Science, Philosophy and Human Behaviour in the Soviet Union* p. 273.

<sup>278</sup> Friedrich Engels *Dialectics of Nature* (Moscow, 1954) p. 331-2.

1920s between the 'mechanists' and the 'dialecticians'. The former argued that biological processes were ultimately just the sum of the processes of the 'lower' forms of motion (chemical, mechanical, electrical etc.); whereas the dialecticians focussed on the 'inseparability' of the higher system into its constituent parts, arguing that its unity imbued it with qualitatively superior attributes.<sup>279</sup> Leszek Kołakowski demonstrates how the dialecticians' position ultimately became part of institutionalised dogma under Stalin, primarily as a result of the professional affiliations of both camps: most of the mechanists had been practising scientists, whereas the dialecticians were professional philosophers who had considerably more influence over party ideology.<sup>280</sup> By the 1950s, therefore, the 'law' of the irreducibility of biological matter had become part of the canon of Soviet philosophy of science.

Slava Gerovitch dismisses the philosophical validity of criticisms of cybernetics as a mere 'propaganda show' motivated by Cold-War political agendas, which suggests the author's own assumptions as to the inherent validity of Western cybernetic theories.<sup>281</sup> Whilst he correctly points out that the method of criticisms employed by Soviet writers is frequently polemical and often not based on close readings of American source material (through lack of access), we cannot assume that these articles were not written in part out of genuine beliefs about the irreducibility of biological and neurological matter, or indeed about the problematic nature of Wiener's argument that information is not matter or energy. Such concerns are, after all, not restricted to Marxist philosophy. Similar anti-mechanist arguments were advanced under the banner of 'holism' by a group of British scientists, including Joseph Needham, who formed the Theoretical Biology Club in the 1930s in opposition to the dominance of genetic reductionism in evolutionary biology,<sup>282</sup> and holism was a popular position among German scientists until the mid-twentieth century.<sup>283</sup> Indeed, ontological reductionism in biology and psychology continues to be questioned in

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<sup>279</sup> For further discussion see Naftali Prat 'Controversies about Reductionism in Soviet Philosophy of Science' *Studies in Soviet Thought* 37(1989) pp.1-7.

<sup>280</sup> Leszek Kołakowski *The Main Currents of Marxism, Volume 3: The Breakdown* (Oxford: Clarendon Press, 1978) pp.68-72.

<sup>281</sup> Slava Gerovitch *From Newspeak to Cyberspeak: A History of Soviet Cybernetics*, p. 127.

<sup>282</sup> See Christopher Lawrence and George Weisz *Greater Than the Parts: Holism in Biomedicine, 1920-1950* (Oxford: Oxford University Press, 1998); for more on the holism of Joseph Needham, see Donna Haraway *Crystals, Fabrics and Fields* (Baltimore: Johns Hopkins University Press, 1976).

<sup>283</sup> Anne Harrington discusses how 'holism' was mobilised by Nazi race theorists in the 1930s, but shows that this position was also taken up by scientists across the political spectrum, demonstrating the flexibility of the concept for a broad range of political purposes. See Anne Harrington *Reenchanted Science: Holism in German Culture from Wilhelm II to Hitler* (Princeton, N.J.: Princeton University Press, 1996).

philosophy of science and philosophy of mind up to the present day.<sup>284</sup> The cybernetics debate in the Party press was peculiarly Soviet in terms of the almost theological interpretative use of orthodox Marxist texts, usually including Engels' *Anti-Dühring and Dialectics of Nature* and Lenin's 'theory of reflection' as outlined in *Materialism and Empirico-Criticism*. But the questioning of reductionism is by no means specific to the Soviet context.

The shift in fortunes of cybernetics within official Soviet ideology began with a Czech-born philosopher of science, Arnošt Kolman, who had been an active member of the Communist Party of the Soviet Union since 1923.<sup>285</sup> After Czechoslovakia came under the Soviet sphere of influence in 1948, Kolman was despatched to Prague to initiate the Sovietisation of the Czechoslovak scientific community, only to be sent to the Lubyanka Prison in Moscow soon after for publishing criticisms of the Party leader Rudolf Slánský. After Slánský himself became the victim of a Stalinist purge (for allegedly engaging in a 'Trotskyite-Titoite-Zionist' conspiracy against the Soviet Union), Kolman was freed from prison, but remained in the USSR until his return to Czechoslovakia in 1958.<sup>286</sup> During this period, he became concerned about the campaign that Party philosophers were beginning to wage against cybernetics:

In the summer of 1953, half a year after I was released from the Lubjanka and rehabilitated, I spent my holiday in a little village on the Black Sea. One evening as I was taking a walk I heard the tapping of a typewriter that came from a cottage where an old and good acquaintance of mine, Professor Kolbanovsky, lived. He said that he was writing an article about cybernetics, which was a pseudo-science, an American 'misinformation'. From his manuscript, I learnt for the first time about the existence of this new science - which investigates the processes of control in technical automata, in living bodies and in society - and its name and creator, Norbert Wiener. Then I said: 'Victor, you are a pure philosopher without any knowledge of mathematics and of foreign languages. You have not read a single line of cybernetics. How can you judge it? How can you think that American businessmen would spend millions on faked electronic computers?'

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<sup>284</sup> For a discussion on ontological anti-reductionism in biology see Thomas Nagel 'Reductionism and Anti-reductionism' in Gregory Bock and Jamie Good (eds.) *The Limits of Reductionism in Biology* (Hoboken, NJ: Wiley, 1998); for discussions on reductionism and the philosophy of mind, see John Searle *Mind, Brains and Science* (London: Pelican, 1989).

<sup>285</sup> Arnošt Kolman *Die verirrte Generation* (Frankfurt am Main: Fischer Taschenbuch Verlag, 1979).

<sup>286</sup> Ibid.

Because of the fact that before my arrest in 1948 I had published in Prague, where I was working, a book about mathematical logic in which I stated that logical operations will perhaps be performed in the future by mechanisms, I was favourably disposed to cybernetics.<sup>287</sup>

Kolman set about rehabilitating and popularizing cybernetics in both the Soviet Union and Czechoslovakia, providing a Marxist justification for theories of self-regulation and control, and successfully persuading Party officials to invest in further research, with cybernetics becoming a recognised field of study by the early 1960s.

Focussing solely on debates among Party ideologues to chart the history of cybernetics can be misleading, however. Indeed, a serious disjuncture between ideology and practice emerged within both the USSR and Czechoslovakia.<sup>288</sup> At the same time as Soviet propaganda opposing computer technology was being published in the Party newspapers, the Czechoslovak Academy of Sciences was directly funding the development of information processing machines.<sup>289</sup> Antonín Svoboda, developer of the first electromechanical digital Czechoslovak computing machine 'SAPO' (an abbreviation of 'samočinný počítač', or 'automatic computer'), had already begun work on its development in 1951. Having developed computerised anti-aircraft devices for the US Government at MIT until 1946, Svoboda was poached back to Prague from America at the end of the war.<sup>290</sup> He was given his own department at the Academy's Research Institute of Mathematics for the development of computing machines. The Czechoslovak Minister for Education then granted him substantial funding to visit digital computing projects at Princeton, Columbia, York, Harvard, King's College London and Cambridge, where he met Alan Turing not long before his death.<sup>291</sup> Svoboda recounts that he was able to publish in both Czech and foreign languages, and to organise state-sponsored conferences on computing, providing their projects

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<sup>287</sup> Arnošt Kolman 'A Lifetime in Soviet Science Reconsidered: The Adventure of Cybernetics in the Soviet Union' *Minerva*, Vol. 16 (1978), p. 422.

<sup>288</sup> Slava Gerovitch notes a paradox in the Soviet Union in 1953, where an anti-cybernetics campaign was raging in the press at the same moment that the Soviet military were promoting American electronic control devices as a solution to problems in the development of military aircraft. See Slava Gerovitch *From Newspeak to Cyberspeak: A History of Soviet Cybernetics* pp.139-40.

<sup>289</sup> Antonín Svoboda and Robina Mapstone *Oral History Interview with Antonín Svoboda* (Minneapolis: Charles Babbage Institute, University of Minnesota, 1979), p. 37  
[\[http://purl.umn.edu/107664\]](http://purl.umn.edu/107664) Accessed 10.11.11.

<sup>290</sup> *Ibid.* p. 32.

<sup>291</sup> *Ibid.* pp. 35-7.

were always described without reference to cybernetics, but instead termed 'Information Processing Machines'.<sup>292</sup>

After its 'rehabilitation', cybernetics became institutionalised in both the Prague- and Bratislava-based Academies of Science, with a subsequent upsurge in publications on the subject. The Czechoslovak Academy of Sciences began publishing the journal *Kybernetika* in 1965.<sup>293</sup> The Slovak Academy of Sciences established a cybernetics laboratory under Professor Jan Gonda in October 1956, which set to work developing an analogue computer based on a model that Gonda had managed to import from France in 1958.<sup>294</sup> The same group established a Bratislava-based Slovak Cybernetics Society in 1964 to promote early computer technology to industry and schools, and Gonda was able to found an Institute of Technical Cybernetics under the auspices of the Academy in 1966.<sup>295</sup>

Cybernetics often featured in texts for popular audiences, often referred to side by side with imagery referring to the space race and 'the cosmic age'. A good example is Kolman's *Outlooks for the Future*, published in 1962 as part of the Czechoslovak 'Questions and Opinions' series.<sup>296</sup> The book discusses various scientific themes of the day, including space travel and the long-term fate of the universe, but it is focussed primarily on the rehabilitation of cybernetics and the promise of technology for the future realisation of communism. In the first chapter, the reader is invited to picture someone sitting in the living room of their house in a garden city in 2061, having just returned from work via jet car (which is 'publicly funded, of course'). They are eating snacks that they have 'selected', because the verb 'to buy' will have long been an archaism by then. Central to this scene is the 'cybernetic device' (kybernetické ústrojí), connected to a colour stereo television, which provides the individual with a 'synthetic vista of the main ideas from the developments in science of the last century'. With this information, he can think about the future, and then share these thoughts with the interested inhabitants of Earth, the Moon, Mars and Venus with the help of a universally comprehensible, logic-based language.<sup>297</sup>

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<sup>292</sup> Ibid. p. 40. See also Helena Durnová 'Sovietization of Czechoslovakian Computing: The Rise and Fall of the SAPO Project' *IEEE Annals of the History of Computing*, 32 (2010), pp. 21-31.

<sup>293</sup> *Kybernetika*, Vol. 1, no. 1 (1965).

<sup>294</sup> Vladimír Jancura interview with Prof. Ing. Baltazár Frankovič, *Pravda (Bratislava)* 5<sup>th</sup> October 2006, p. 3.

<sup>295</sup> Ibid., p. 3.

<sup>296</sup> Arnošt Kolman *Výhledy do budoucna* (Prague: Československý spisovatel, 1962).

<sup>297</sup> Ibid., p. 7.

Cybernetics not only formed part of the rhetoric of Cold War competition with the West, it was central to utopian mythologies of future socialist society.<sup>298</sup> By the mid-1960s it was already a ubiquitous term across both popular and academic publications in relation to a broad range of subjects, including the social sciences, pedagogy, economics and psychology.<sup>299</sup> Cybernetic utopianism reached its height in Czechoslovakia with the reformist movement that ultimately culminated with the Prague Spring, though histories of 1968 often overlook this story. Radovan Richta, the reformist philosopher who coined the phrase 'socialism with a human face', was charged with leading an interdisciplinary Academy of Sciences research group whose remit was to examine the impact of technological change on society and the implications thereof for organising the socialist society of the future. The final report was published in 1967 under the title *Civilization at the Crossroads: The Social and Human Implications of the Scientific-Technical Revolution*.<sup>300</sup> The research group included the cyberneticist Jiří Zeman, and the report explicitly cited key cybernetic texts: Ross Ashby's *Design for a Brain*, Stafford Beer's *Cybernetics and Management*, J.R. Bright's *Automation and Management*, E.P Cleator's *The Robot Era*, a number of titles by Norbert Wiener, and several others in Czech, Slovak, Russian, French and

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<sup>298</sup> This is not to say that the implications of cybernetics were greeted with a universally positive reception in Czechoslovakia. The influential Czech animator Jiří Trnka produced a dystopian science fiction film in 1962 entitled *Kybernetická babička* [The Cybernetic Grandma] in which a small child becomes terrified after his own elderly and ailing human grandmother is replaced by an immortal robot version. While the cybernetic grandmother plays the same games with the child, and speaks to him with the same terms of endearment as the human version, its monotone robotic voice and jagged, mechanical movements are frightening and cold, scaring the child away. It is perhaps notable that Trnka was able to produce this film with direct funding from the state. See entry for 'Jiří Trnka' in Georges Sadoul and Peter Morris *A Dictionary of Film Makers* (Berkeley, CA: University of California Press) pp. 254-256.

<sup>299</sup> The following selection of titles serve as an example of the range, but there were many more published in the 1960s: Juraj Bober, *Stroj, Človek, spoločnosť ako kybernetické systémy* [Machine, Man and Society as a Cybernetic System] *Malá moderná encyklopédia* Zv. 21 (Bratislava: Osveta, 1963); Jiří Zeman, *Kybernetika a moderní věda* [Cybernetics and Modern Science] (Prague: NPL, 1964); *Kybernetika ve společenských vědách: mezin. sborník statí*, [Cybernetics in the Social Sciences] (Prague: Nakladatelství Československé akademie věd, 1965); Milan Přádka, *Kybernetika a pedagogika: určeno pro stud. Filosof. Fakulty* [Cybernetics and Pedagogy: Designed for Students of the Philosophical Faculty] (Brno: Univerzita J.E. Purkyně, 1966); Josef Pužman, *Kybernetika ve službách spojů* [Cybernetics in the Communication Services] (Prague: Nadas, 1966); Michal Striženec, *Psychológia a kybernetika* [Psychology and Cybernetics] (Bratislava: Vydav. Slov. ak. Vied, 1966); *Věk kybernetiky: populární encyklopedie* [The Cybernetic Age: A Popular Encyclopaedia] Řada teoretické literatury (Prague: SNTL, 1966); Vilém Bräuner, *Pedagogika a kybernetika* [Pedagogy and Cybernetics] (Brno: St. pedagog. Knihovna, 1968); *Problémy kybernetických a matematických metod v psychologii vnímání a učení: sborník ref. přednesených na konf. v Liblicích Dne 13. a 14. Prosince 1965* [Problems of Cybernetics and Mathematical Methods in the Psychology of Learning and Understanding] (Prague: nákl. vl., 1968).

<sup>300</sup> Radovan Richta et al. *Civilisace na rozcestí: Společenské a lidské souvislosti vědeckotechnické revoluce* (Svoboda: Praha, 1967)



German.<sup>301</sup> The scientific-technical revolution, with the invention of computer-automated processes in manufacturing constituted a second industrial revolution, and a structural change in the productive forces. According to Richta, Marx had ‘predicted before the event that the changes we know today as the scientific and technological revolution would be an integral part of the communist transformation of society’.<sup>302</sup> The rise of information technology and automation had the potential to liberate workers from many of the unskilled, manual tasks of labour, enabling a transition to a creative, ‘un-alienating’ form of labour, which would realise the creative and intellectual potential of humanity. In addition, knowledge about the efficient control of systems gained from the scientific-technological revolution could be applied to the management of social relations and the economy to improve the functioning of socialism. This could offer solutions to the problems that had been experienced with the centralised control of the economy: cybernetic theories of decentralisation of bureaucracy were a way of moderating the organisation of the command economy for improved efficiency, whilst still maintaining public ownership of the means of production. Marxist theory needed to be updated according to the rapid changes society was undergoing as a result of new technologies, and cybernetic theories of systems control were a means to improve socialism. To quote the report, ‘only when the productive forces of human life have reached this level, will opportunities exist for new relationships among people and a new concept of human life. We are standing today on the soil of the historically formed industrial civilization, but we are beginning to cross its frontiers and go forward into the unknown civilization of the future’.<sup>303</sup>

The radical transformation of the fortunes of cybernetics within the space of a decade – from an ‘obscure pseudoscience’ to the very mechanism by which true communism could be realized – is illustrative of the dramatic shift in the relationship between the Party and the scientific community as a consequence of destalinization. Beyond being merely a story of the thaw in censorship and liberalization in terms of the intellectual content of research, the story of cybernetics delineates the active revitalization of socialism by the Czechoslovak intelligentsia after 1956, readdressing

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<sup>301</sup> Ibid, pp. 214-236.

<sup>302</sup> Radovan Richta, *Civilisation at the Crossroads Social and Human Implications of the Scientific and Technological Revolution* (Sydney : Australian Left Review Publications, 1967).

<sup>303</sup> Ibid, p. 278.

the core of Marxist theory in the light of the social consequences of mid-century innovations in science and technology.

### 3.1.2.1 Cybernetics, Medicine and Psychopathology

With cybernetics occupying such a significant position in Czechoslovak thought in the post-1956 period, it is unsurprising that theories from this field came to inform debates in psychiatry in the 1960s, given the wealth of cybernetic literature addressing the possibility of analogies between mind and machine. But these themes appeared strikingly earlier in psychiatric research literature than they did in most other areas of academic research. The first mention of cybernetics in relation to concepts of psychopathology dates to 1957, and the timing of this appearance is indicative of the fact that members of the medical profession had already been quietly engaging with cybernetic concepts whilst they were still out of favour with the regime.<sup>304</sup> According to Petr Kovář, several years before Kolman's 'rehabilitation' of cybernetics, there an attempt to publicise Wiener's ideas in relation to their application to living organisms had occurred, with Josef Charvát's work on the analogies between theories of control in machines and biological organisms.<sup>305</sup> Charvát had received his medical training in Britain and France, and specialised in internal medicine and endocrinology. In 1938 he established the Czechoslovak Endocrinology Society and later founded the Third Internal Medicine Clinic at Charles University, having survived imprisonment in the concentration camps at both Dachau and Buchenwald.<sup>306</sup> At the peak of his profession in 1949, only one year after the appearance of Wiener's first book on cybernetics,<sup>307</sup> Charvát published an article in one of the Czechoslovak Academy of Science's

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<sup>304</sup>Zdeněk Wunsch 'Kybernetika a její význam pro psychiatrii' [Cybernetics and its significance for psychiatry] *Československá psychiatrie* (1957), pp. 262-271.

<sup>305</sup>Petr Kovář 'Počátky kybernetiky v ČSR' [The Beginnings of Cybernetics in the Czechoslovak Socialist Republic] in *Historie výpočetní techniky v Československu: dějiny matematických strojů 1950-1975* [A History of Computer Technology in Czechoslovakia: The History of Mathematical Machines 1950-1975] Masters dissertation submitted to the Philosophical Faculty of Charles University, Prague, 2005. [<http://historiepocitacu.cz/>] accessed 9<sup>th</sup> November 2011.

<sup>306</sup>Štěpán Svačina and Petr Sucharda (eds) *To byl profesor Josef Charvát: Sborník k 20. výročí úmrtí* [That was Professor Josef Charvát: A Festschrift on the 20<sup>th</sup> Anniversary of his Death] (Prague: Galén, 2003).

<sup>307</sup>Norbert Wiener *Cybernetics: Or Control and Communication in the Animal and the Machine* (Cambridge, MA: MIT Press, 1948).

primary journals, *Biologické listy* [Biological Letters] in which he essentially summarised the main concepts of Wiener's book.<sup>308</sup>

The Party's subsequent propaganda campaign prevented Charvát from publishing further work on the topic, but he maintained an interest in the approach, and organized an informal discussion circle, which included Antonín Svoboda and psychiatrist Vladimír Vondráček.<sup>309</sup> According to one of the group's other members, Zdeněk Wünsch, who also had a background in psychiatry, the 'cybernetic circle' met at the Prague Psychiatric Clinic from the 1950s through to the 1970s, with participants from mathematics, medicine, psychology, physiology and philosophy.<sup>310</sup> They were able to hold their discussions in part because of the involvement of the three senior academics, Svoboda, Charvát and Vondráček, who were favoured by the regime and were thus able to guarantee the group a certain level of privacy.<sup>311</sup> Inspired particularly by Wiener's writings, and given the disciplinary background of its members, the circle became interested in the implications of cybernetics for medicine and biology. Adopting the term 'biocybernetics' (*biokybernetika*), they focussed their discussions on the problems of control systems in organisms; computer models as a new method of experimentation and the functional properties of the nervous system.<sup>312</sup> Once cybernetics became officially sanctioned by the Party, this informal, underground discussion group transformed itself into the Commission for Cybernetics of the Czechoslovak Academy of Sciences, with Wünsch going on to establish a Medical Cybernetics curriculum at the Prague Medical Faculty in the late 1960s, with this teaching later being replicated at the medical schools in Hradec Králové and Plzeň.<sup>313</sup>

Zdeněk Wünsch's article, 'Cybernetics and its Significance for Psychiatry' was published in *Czechoslovak Psychiatry* in the Autumn of 1957. Wünsch was trained as a medical doctor and in the process of establishing a career in the burgeoning field of medical and biocybernetics, and was keen to rehabilitate and disseminate concepts

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<sup>308</sup> Josef Charvát 'Cybernetismus, nauka o kontrole a spojích v živé hmotě a ve strojích' [Cybernetics, A Theory of Control and Communication in Living Matter and in Machines] *Biologické listy* (1949).

<sup>309</sup> Petr Kovář *Historie výpočetní techniky v Československu: dějiny matematických strojů 1950-1975* [<http://historiepocitacu.cz/>] accessed 9<sup>th</sup> November 2011.

<sup>310</sup> Zdeněk Wünsch 'Počátky kybernetiky a jejího pronikání do biomedicínské oblasti u nás' [The beginnings of cybernetics and its influence on the field of biomedicine in our country] *Sborník lékařský*, Vol. 99, no. 4 (1998) pp. 388- 390.

<sup>311</sup> *Ibid.* p. 394.

<sup>312</sup> *Ibid.* p. 390.

<sup>313</sup> *Ibid.* p. 387. See also Zdeněk Wünsch, Ctibor Dostál, Arnošt Veselý *Základy lékařské kybernetiky* [The Foundations of Medical Cybernetics] (Prague: Avicenum, 1977).

from these fields to the Czechoslovak medical profession. In his article, Wunsch laments the Soviet press's 'vulgarisation' of cybernetics.<sup>314</sup> He argues that it has a universalist character, with applications for many fields of knowledge and is perhaps best approached as a theory of homomorphism: the process of determining whether one system is the model of another.<sup>315</sup> Furthermore, he argued, cybernetics can offer insights into neurophysiology, psychiatry and psychology because it came out of Wiener's collaboration with these disciplines in his attempts to answer questions about the possibility of the construction of a machine with 'human' qualities.<sup>316</sup> The ideas central to cybernetics that hold the most relevance for the disciplines relating to psychopathology were information-processing theory, and the study 'servomechanisms'. It was these automatic control devices that allowed for analogies to be drawn between machines and the organic brain in relation to problem solving.<sup>317</sup> A servomechanism can be best described as an error-sensing and correcting device, ensuring that the output of the machine does not exceed or drop below a certain specified value. The machine self-regulates by constantly monitoring its output value, preventing its next operation from producing a value which deviates significantly from the output value in the moment immediately before. This process is described as negative feedback.<sup>318</sup> A common example is James Watt's centrifugal 'governor', used to automatically regulate the speed of a steam engine. Two metal spheres hang from a vertical shaft attached to the main mechanism's shaft. As the engine speeds up, the shaft moves faster causing the spheres to be moved apart through centrifugal force. The effect of this movement is an increase in drag on the shaft, resulting in a reduction in engine speed. A thermostat provides an alternative example: when the temperature increases above that set, the thermostat feeds back a signal to reduce the amount of heat being produced by the boiler: the feedback is negative because a rise in the output value results in a reduction leading to stability. If a rise in room temperature triggered an increase in heat production from the boiler, the feedback would be positive, leading to instability in the system.<sup>319</sup> Wunsch used the example of an aeroplane correcting its position when a change in angle is detected, by means of a

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<sup>314</sup> Zdeněk Wunsch 'Kybernetika a její význam pro psychiatrii' p. 262.

<sup>315</sup> Ibid. p. 263.

<sup>316</sup> Ibid.

<sup>317</sup> Ibid.

<sup>318</sup> W. Sluckin *Minds and Machines* (London: Penguin, 1960), p. 16.

<sup>319</sup> Ibid.

negative feedback loop. He also specifically draws parallels between such a feedback circuit and Pavlov's concept of a reflex arc.<sup>320</sup>

Such comparisons with Pavlov's work were not peculiar to the Communist context, and cannot be assumed to be motivated out of a wish for ideological credibility, although it no doubt helped to ensure the article's publication. As mentioned above, early cybernetics was explicitly influenced by pavlovian concepts, as exemplified by Grey Walter's experiments. Drawing from the British psychiatrist-turned-cyberneticist Ross Ashby, and specifically citing his 1952 book *Design for a Brain*,<sup>321</sup> Wünsch posits that the brain can be understood as a collection of servomechanisms capable of responding to different environmental stimuli. Behaviour is the collective manifestation of such regulatory responses, and disorders of behaviour occur when the system becomes unstable through a malfunction in the feedback process, which can be a result of the feedback system being disrupted, or the subject being exposed to conflicting input signals.<sup>322</sup> It would appear that the machine metaphor goes beyond mere analogy for Wünsch, with homeostatic processes in the brain having an ontological parity with the feedback processes in mechanical systems.

Appealing to a popular trope in Czech culture, Wünsch invokes the Jewish tale of the Prague Golem as a means to situate cybernetics as part of 'the ancient longings of the human spirit expressed in fantasies of anthropomorphic servants'.<sup>323</sup> According to legend, the Golem was created out of clay in the likeness of man by Prague's chief rabbi in the sixteenth century to defend the Jewish community from persecution by the Holy Roman Emperor Rudolf II.<sup>324</sup> By embedding cybernetics as a coherent continuation of a familiar motif in Czech intellectual life, Wünsch managed to appeal to his local readership by drawing on shared national references and reappropriating cybernetics as part of Czechoslovak tradition. As the Communist Party themselves were by no means averse to exploiting Czech traditions and patriotism to garner support, such a strategy would also have been politically useful in terms of rendering

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<sup>320</sup> Zdeněk Wünsch 'Kybernetika a její význam pro psychiatrii', p. 267.

<sup>321</sup> Ross Ashby *Design for a Brain* (London: Chapman and Hall, 1952).

<sup>322</sup> Zdeněk Wünsch 'Kybernetika a její význam pro psychiatrii' p. 262.

<sup>323</sup> Ibid.

<sup>324</sup> See Moshe Idel *Golem: Jewish Magical and Mystical Traditions on the Artificial Anthropoid* (Albany, NY: State University of New York Press, 1990). Whilst Wünsch does not mention it, one can't help but be reminded of the classic of Czech literature, Karel Čapek's *R.U.R.* (1920), which contains the first instance of the word 'robot' to describe artificial workers, derived from the Czech *robotá*, meaning slave work or drudgery.

cybernetics a safe topic of discussion by distancing it from its contentious western origins.<sup>325</sup>

From a broader philosophical perspective, Wünsch argued that automatic and mathematical machines can be considered the technological realisation of deep-rooted human longings to be liberated from drudgery through the creation of labouring automata, and the implications of cybernetics for human society mean that 'we can speak of a century of automatization in the way we spoke of the century of the steam engine'.<sup>326</sup> Such claims resonate with the themes discussed several years later in Richta's *Civilization at the Crossroads*, pinpointing these new technologies as a revolutionary turning point in the development of human society. While Wünsch's article did present a new model of psychopathology and human behaviour to an audience of psychiatrists, it is striking that the article is only in part concerned with the implications of cybernetics for psychiatry. The technologies of automation are heralded not only as providing new insights into the human condition, but as possessing a transformative power which could revolutionise society for the better. The article serves the purpose of educating the medical community about the potential cybernetics could offer their profession, but it also utilizes the relatively relaxed censorship of psychiatric research publications as a forum to promote the somewhat visionary potentials of cybernetics for humanity as a whole.

Such ardent conviction in the promise of cybernetics was not universally reproduced in the literature on psychiatry, however. In 1959 an article by the Georgian psychiatrist A. D. Zurabašvili entitled 'On Cybernetics and Certain Questions in Psychiatry' appeared in the 'science in foreign countries' section of *Časopis lékařů českých* [The Czech Doctors' Journal], the medical periodical with the largest circulation in Czechoslovakia.<sup>327</sup> The article had appeared in the Soviet *Korsakov Journal of Neuropathology and Psychiatry in Russian* the previous year, and was translated into Czech by the psychiatrist František Krejčí, a prolific translator of Russian-language scientific work into the Czech language.<sup>328</sup> The piece examines

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<sup>325</sup> Bradley F. Abrams, *The Struggle for the Soul of the Nation: Czech Culture and the Rise of Communism* (Rowman & Littlefield, 2005), p. 92.

<sup>326</sup> Zdeněk Wünsch 'Kybernetika a její význam pro psychiatrii' p. 263.

<sup>327</sup> A. D. Zurabašvili 'O kybernetice a některých otázkách psychiatrie' *Časopis lékařů českých* (1959) pp. 141-144.

<sup>328</sup> A. D. Zurabašvili [On cybernetics and certain problems in psychiatry] *Zhurnal nevropatologii i psichiatrii imeni S.S. Korsakova* Vol. 58, no. 10 (1958) pp. 1264-1269.

Krejčí translated 18 articles on various aspects of Russian science into Czech for the Czechoslovak-Soviet Institute's journal *Sovětská věda* [Soviet Science] between 1953 and 1956.

the implications of cybernetics for psychiatry from a philosophical viewpoint, acknowledging the many ‘interesting philosophical essays’ that had appeared in the Soviet press and the difficulty in discerning which aspects of cybernetic theories were genuinely scientific and which were pseudoscience. It draws on a mixture of Soviet articles on the philosophy of cybernetics from the journal *Voprosy filosofii* [Problems of Philosophy] and primary sources by Norbert Wiener and the French cyberneticist Paul Cossa. Zurabašvili addressed concerns about the qualitative differences between inorganic and organic matter, arguing that it is ultimately the electro-conductivity properties of the nervous tissue that give the brain its dynamic physico-chemical state and, although these are qualitatively different between man and machine, the theory of cybernetics is concerned with the quantitative phenomena of auto-regulation which occurs similarly in both systems. He cites Arnošt Kolman:

Cybernetics is a scientific theory that studies processes that [occur] in completely different substances, but which are quantitatively identical in form and can be characterised in a uniform manner. This is by no means a novel set of circumstances in science: there are lots of qualitatively different kinds of wave (mechanical, acoustic, thermal, optical, electro-magnetic, seismic, astrophysical, physiological and finally economic), that have common quantitative forms.<sup>329</sup>

Zurabašvili is nevertheless sceptical about the extent to which cybernetics can shed light on fields beyond the natural sciences, likening attempts to apply theories of control onto understandings of social and administrative organisation to ‘Hobbesian’ pattern-finding, which ultimately entails ‘the repetition of an erroneous thesis based on an idealistic *Weltanschauung* – that of so-called energetic monism.’ Whilst this point goes without citation, it is likely to be a reference to Lenin’s dispute with Aleksandr Bogdanov in *Materialism and Empirico-Criticism*, where Bogdanov is castigated for attempting to synthesise the natural sciences and Marx’s theories of society and economy with the ‘energetic monism’ of Wilhelm Ostwald. Energetic monism attempted to apply the laws of thermodynamics to the study of economics and human behaviour, arguing that theories of energetics described the underlying universal principles of all phenomena.<sup>330</sup> Lenin dismissed this as ‘a muddled

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<sup>329</sup> A. D. Zurabašvili ‘O kybernetice a některých otázkách psychiatrie’ p. 141.

<sup>330</sup> Wilhelm Ostwald ‘Modern Theory of Energetics’ *Monist*, 17 (1907), pp. 480-515.

agnosticism that at times stumbled into idealism<sup>331</sup>. Zurabašvili also casts doubt on the extent to which cybernetic hypotheses can be applied to the human nervous system, citing familiar dialectical-materialist concerns about the higher-order nature of the nervous system in comparison to lower-order processes within mechanical automata. He concedes that both systems function through the use of feedback mechanisms, but argues that the complex evolutionary processes of adaptation of the cortical and subcortical systems in animals to their surrounding environment render them *qualitatively* incomparable to machines. Thus, the more complex biological phenomena of the central nervous system, along with medical questions of immunity and heredity, cannot be fully explained from the standpoint of cybernetic theories:

The *content* of feedback is qualitatively different between man and machine... and the assertion that the neurons and their synapses are functionally analogous to relays with two permanent different states (responding “yes” or “no”) [is incorrect]... the principle of binary alternatives, which is the underlying basis of all self-regulating electronic computing machines, can in no way be transferred to the field of neurophysiology.<sup>332</sup>

Whilst Kolman may have been a respected, senior Party philosopher, this did not prevent other Soviet scholars from disputing his grasp of the fundamentals of Marxist theory. Even after cybernetics had become largely rehabilitated and was politically acceptable in the USSR, it was still possible to hold a sceptical position that reiterated the concerns raised by philosophers in the early 1950s, as Zurabašvili’s article exemplifies.

By 1958, for example, the propaganda campaign against cybernetics had subsided to the extent that electronic engineers within the Soviet territories were able to replicate British and American automatic machines for experimental purposes. Grey Walters' 'cybernetic tortoises' were recreated at the Georgian Institute for Electronics in Tblisi, along with other 'auto-regulating' machines at the Georgian Institute of Automatization under the direction of G.P. Zedginidze.<sup>333</sup> *Machina speculatrix*, or the ‘cybernetic tortoise’ as it became more popularly known, was created at the Burden Neurological Institute in Bristol in 1948. It consisted of two

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<sup>331</sup> V.I. Lenin *Collected Works Vol. 14: Materialism and Empirico-Criticism*, (Moscow: Progress Publishers, 1972), p. 232.

<sup>332</sup> A. D. Zurabašvili 'O kybernetice a některých otázkách psychiatrie' p. 142.

<sup>333</sup> G.P. Zedginidze 'Creators of Thinking Machines' *Literaturnaiia Gruziiia*, 1 (1958), pp. 88-92.



vacuum tube ‘neurons’ connected in circuit to relays, a light sensor, a contact switch and a motor, all mounted on a set of three wheels. The tortoise was, in essence, a small robot that was capable of responding to its immediate environment with a series of actions. It actively sought light sources and, when it bumped into an obstacle it performed a backwards and forwards motion enabling it to find a clear path.<sup>334</sup> Walter saw the tortoise as having a functional, if primitive, brain that enabled a degree of adaptive behaviour, along with some very complex and unpredictable behaviour. In Walter’s words, ‘it is often quite impossible to decide whether what the model is doing is the result of its design or its experience’.<sup>335</sup>

Despite the acceptability of these research activities, and the parallels Zedginidze draws between his experimental machines and human thought processes, Zurabašvili continued to refute the possibility of analogies between automata and the organic brain. Though the cybernetic tortoises appeared to replicate animal behaviour, he insisted that comparing their semiconductors and vacuum tubes to the inter-neuronal connections within the nervous system was impossible:

based on present understandings of the peculiarities of the synapse, and what is known from the results of studies of normal and pathological synaptic architectonics, the connection points in machines are static points, while synapses are characterized by reactivity and the possibility of morpho-functional reversibility, and the synapse cannot be seen as a detachment of an integrated nervous system.<sup>336</sup>

While he concedes that machines are able to perform formal logic and some of the ‘simplest’ forms of intellectual tasks that require operative memory, this cannot be compared to the intellectual functions of the human brain, that are dependent upon the substrate of the synapses as part of a holistic, evolved higher nervous system.

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<sup>334</sup> For more detail on Walter’s tortoises, see chapter 3 in Andrew Pickering *The Cybernetic Brain: Sketches of Another Future* (Chicago: University of Chicago Press, 2009); and Rhodri Hayward ‘The Tortoise and the Love Machine: Grey Walter and the Politics of Electroencephalography’ *Science in Context*, 14 (2001), pp. 615-42.

<sup>335</sup> Grey Walter, 1953, quoted in Andrew Pickering *The Cybernetic Brain: Sketches of Another Future*, p. 51. Walter was explicitly influenced by Pavlov’s writings, and his next project – CORA – was an experiment to explore the possibility of conditioned learning in electronic machines (see Andrew Pickering *The Cybernetic Brain: Sketches of Another Future*, p. 66). He also maintained an interest in both Western Marxist theories of science and those from the Soviet Union, having political sympathies with Marxism himself. See W. Grey Walter ‘Bernal on Science and Society’ *New Statesman*, 7<sup>th</sup> May 1960, pp. 683-4.

<sup>336</sup> A. D. Zurabašvili ‘O kybernetice a některých otázkách psychiatrie’, p. 143.

Despite this systematic discrediting of the ontological basis of cybernetic models of the brain, Zurabašvili – somewhat counterintuitively – does not consider cybernetics without its worth for psychiatrists. He was able to see its value in terms of model-building and drawing 'phenomenological analogies' of brain functioning, provided that these models were regarded as purely analogous and not as ontological facts. Similar tactics, he reminds us, were used in Pavlov's physiological teachings.<sup>337</sup> Pavlov famously compared the neural cortex to a telephone switchboard.<sup>338</sup> As such, he implores psychiatrists not to be indifferent to cybernetic theories, as these analogies may prove useful in theoretical and practical psychiatry, helping to elucidate Pavlov's theories with respect to the relationship between the animal's brain and the surrounding environment. In particular, information-processing theories could offer insights into 'the neurodynamic processes of schizophrenia'.<sup>339</sup> In normal waking life, the human brain is capable of 'reactive planning', ie if the actor plans to achieve a particular goal and the conditions required to change that goal (the input information) changes, humans are able to process this information and adapt their planning to this change in input. As automatic machines are not (according to Zurabašvili) capable of reactive planning in the same way as humans, a change in input often leads to errors and the machine is rendered incapable of achieving its goal. He argues that during sleep the protective attenuation of the cortical system results in normal information processes (particularly those associated with reactive planning) being interrupted, leading to fantastical and unexpected thoughts in the form of dreams, which are akin to psychosis. Consequently, he asserts that cybernetic understandings of information and communication processes (such as goal formation, planning and feedback loops) could provide a theoretical explanation for psychosis.<sup>340</sup> The article concludes that such problems of information processing could well underlie many psychopathological conditions, and as such – in spite of the ontological problems raised by man-machine analogies – psychiatrists should take it upon themselves to be well versed in the principles of cybernetics.<sup>341</sup> This article contains internal inconsistencies: Zurabašvili discusses at length the theoretical problems of cybernetics in relation to dialectical materialism, but on the other hand he urges

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<sup>337</sup> Ibid.

<sup>338</sup> I.P. Pavlov *Lektsii o rabote bol'shikh polushariy golovnoho mozga* (Moscow: Izdatel'stvo Akademii nauk SSSR, 1949), pp. 41-42.

<sup>339</sup> A. D. Zurabašvili 'O kybernetice a některých otázkách psichiatrie', p. 144.

<sup>340</sup> Ibid.

<sup>341</sup> Ibid.

psychiatrists to consider seriously its uses, underlining the resonances between mind-machine analogies and pavlovian models. In effect, this piece provided guidance to the psychiatric profession as to how to navigate the ideological terrain of Soviet philosophy of science: providing one avoided making reference to the philosophically sensitive aspects of cybernetics, focussing instead on appropriating and extending Pavlov's metaphor of the telephone switchboard, it would be possible to utilize information processing theories to develop new aetiological concepts which were politically acceptable.

In collaboration with Zdeněk Wunsch, psychiatrist Vladimír Vondráček wrote an article on depression from the perspective of cybernetics in the summer of 1961, which drew on work by Norbert Wiener and Grey Walter.<sup>342</sup> The article was eventually published in the Leipzig-based DDR state psychiatry journal *Psychiatrie, Neurologie und medizinische Psychologie* edited by the East German psychiatrist Karl Leonhard in 1962.<sup>343</sup> Vondráček frequently published in this journal, as he was able to write in German, and this was a means of reaching a broader international readership. This journal was also accessible to Czech psychiatrists, and many of the older members of the profession were bilingual in Czech and German, as this had been a prerequisite for training before the war. An adapted edited version of the same piece appeared in a posthumously published collection of Vondráček's works on psychiatry, *Konání a jeho poruchy* (Behaviour and its Disorders).<sup>344</sup>

Wiener's notion of a spectrum of affectivity was acknowledged, with pain and satisfaction at the opposite extremes. Vondráček and Wunsch argue that this model of affect is 'unidimensional' and should be expanded to a 'three-dimensional tetrahedron', with 'pleasure, sadness, fear and anger at its vertices'.<sup>345</sup> Affect is conceptualised as a response to a (usually external) stimulus that may threaten the existence or safety of the organism. The experience of this emotion or affect then triggers a 'homeostatic' response, in order to restore the organism's original state, or 'value' (literally '*hodnota*' in Czech, exemplifying the mathematical approach to the cybernetic modelling of

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<sup>342</sup> Draft typescript of V. Vondráček and Z. Wunsch 'Deprese z hledisko kybernetického', Archives of the Academy of Science of the Czech Republic, Vladimír Vondráček fond, 462/III/II/71/11.

<sup>343</sup> Vladimír Vondráček and Zdeněk Wunsch [Depression from the Perspective of Cybernetics] *Psychiatrie, Neurologie und medizinische Psychologie* (1962).

<sup>344</sup> Vladimír Vondráček *Konání a jeho poruchy* [Behaviour and its Disorders] (Prague: Karolinum, 1982) pp. 208

<sup>345</sup> Ibid.

human behaviour). In the case of fear, for example, the individual may flee from danger.

Sadness signals a loss or violation of the organism's normal 'value'. In some cases this can be addressed through action, such as a return to ones' homeland when experiencing homesickness, righting ones' wrongs in a case of regret, or re-acquiring a lost object, but 'on the whole, compensation is not possible'.<sup>346</sup> The subject can also be left with a strong memory of sadness – sometimes out of proportion to the seriousness of the stimulus, such as a child's trauma after losing a toy (an instance which does not actually threaten the existence of the child at all, but which can still lead to a strong emotional response). In mathematical terms, the resultant affect does not correspond to the actual value of the threat but instead corresponds to the subject's perception of the threat – for example, hypochondriacs may over-estimate and over-react to pain (according it a larger value than it should have in 'reality') and their strong affective response, in this case fear, consequently results in them attributing the cause of the pain not to a normal headache, but instead to a brain tumour.<sup>347</sup>

With this in mind, it is argued depression can be interpreted in cybernetic terms, as having the characteristics of a periodically failing regulatory system with a fault in what is described as the 'mechanism of prediction'.<sup>348</sup> The latter is described by W. Ross Ashby in his *Induction, Prediction and Decision-Making in Cybernetic Systems*:

The essential point is that the agent in the act of prediction depends wholly on the actual past and not in the least on the actual future. When we say of a trained rat that it will not jump through a hole because it will receive a shock on the other side, we are guilty of gross confusion of thought and language... what it is actually reacting to is the past.<sup>349</sup>

This mechanism of prediction is fundamental to explaining adaptive behaviour in cybernetics, as behaviour is often a result of the memory of past experiences – we

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<sup>346</sup> Vladimír Vondráček *Konání a jeho poruchy* [Behaviour and its Disorders], p. 209

<sup>347</sup> Ibid.

<sup>348</sup> Ibid. p. 210.

<sup>349</sup> W. Ross Ashby 'Induction, Prediction and Decision-Making in Cybernetic Systems' in W. Ross Ashby *Mechanisms of Intelligence: Ashby's Writings on Cybernetics* (Seaside, CA: Intersystems Publishing, 1981), p. 319.

know not to walk on a certain type of surface because in the past it has proved to be unstable, for example.

Vondráček and Wunsch posit that in depression, the targeted behaviour appears to be the consequence of a breach in the algorithm of the system, in which the comprehension of certain code has triggered a 'saddening' in terms of affect. Instead of a negative feedback loop, enabling the subject to regulate their emotions by taking action to alleviate the cause (such as returning to one's home in case of homesickness), a positive feedback loop can occur. The information processing mechanisms become depleted leading to the spectrum of emotions being reduced to those that are unpleasant. The subject's memory offers only negative content, with memories formerly associated with positive affect being reinterpreted as uncomfortable. The ability to auto-stabilise is weakened particularly as a result of insomnia, which normally has a strong auto-stabilising effect (it is worth noting that this emphasis on the important role of sleep demonstrates a sense of continuity with pavlovian sleep therapy).

They go on to argue that depressive behaviour can be seen as an attempt to auto-stabilise, in which various mechanisms come to play in order to block inappropriate information from both outside and inside – such as, for example, a subject's retreat from external stimuli. Furthermore, the cybernetic tortoise is invoked as a possible model for depression. When errors occur in its information processing, the tortoise avoids light (its nourishment) and does not shy from assaults – as though its basic survival 'instinct' has become disrupted. It can be treated through the restoration of negative feedback circuits. If the mode of feedback again becomes positive during the course of the tortoise's activities, and its depressive behaviour resumes, this can be seen as a psychiatric model of periodic depression.<sup>350</sup>

This article was written at a time when behaviourist models were beginning to be seen as having exhausted their usefulness in psychology and psychiatry internationally. In British and American psychology, pavlovian and skinnerian behaviouristic models were starting to be merged or replaced by cognitive models that focussed on the emotional and representational content of thought (aspects which are considered epiphenomenal and redundant in traditional behaviourism),

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<sup>350</sup> Vladimír Vondráček *Konání a jeho poruchy* [Behaviour and its Disorders] p. 210.

and often borrowed on metaphors from information processing.<sup>351</sup> While these cognitive theories were largely absent from Czechoslovak and Soviet research, cybernetics offered a language through which similar concepts could be articulated, increasing the number of possible models that could be used for theory-building. By choosing to frame their argument around the cybernetic work of a British Marxist neurologist whose theories explicitly sought to further Pavlov's reflex theory in the light of new technologies, Vondráček and Wunsch were strategically inscribing new concepts of psychopathology within a politically valid tradition.

Historian of science Andrew Pickering observes that Grey Walter himself did not take his experiments seriously in terms of its potential for providing models of psychiatric illness. Even though cybernetics had its origins in the sciences of the brain and psychopathology, he argues that cybernetic theories had little impact on psychiatry in Britain and the USA beyond Gregory Bateson and R.D. Laing's theories of schizophrenia.<sup>352</sup> For Pickering, cybernetics reached its apex in the West, not in the established fields of the brain sciences, but in the counter-culture and particularly the arts, occupying a position on the fringes of the scientific establishment.<sup>353</sup>

This stands in stark contrast to the appropriation of cybernetics not only by psychiatrists in Cold War Czechoslovakia, but also by a large number of established Communist Party intellectuals themselves between 1957 and 1968. The uptake of concepts from cybernetics in work on the scientific-technical revolution and its implications for society indicates that these reformists sought not only a thaw in their political and economic conditions, but actively wished to re-engage with the fundamentals of Marxism and re-launch socialism in light of new scientific and technological possibilities. In the post-Stalinist re-scripting of socialism in Czechoslovakia, theories of auto-regulation and control appeared to offer solutions to organisational problems of the command economy, with automatic machines appearing to hold the promise of a technological revolution which could free citizens from the drudgery of labour and enable the creation of a society in which citizens

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<sup>351</sup> Michael Eysenck *Handbook of Cognitive Processes* (London: 1984), p. 2.

<sup>352</sup> See chapters 3 and 5 of Andrew Pickering *The Cybernetic Brain: Sketches of Another Future*. (Chicago: University of Chicago Press, 2009). This, however, has been countered more recently by Deborah Weinstein, who has argued that cybernetics was one of the key theoretical frameworks undergirding the development of systemic and family therapies which did have resilience in the United States. See in particular chapter 2 of Deborah Weinstein *The Pathological Family: Postwar America and the Rise of Family Therapy* (Ithaca: Cornell University Press, 2013).

<sup>353</sup> *Ibid.* p. 353.

were able to use their intellect to its full capacity. The cybernetic revolution became one of the core theoretical models for the reformist movement within the Czechoslovak Communist Party, bound up with the project of creating a new type of ‘Socialism with a Human Face’, and psychiatrists were active agents in the translation of cybernetics into the local context through the acquisition of foreign literature, facilitation of reading circles and publication of journal articles on the topic.

With scientists having attained a certain degree of freedom to re-orientate their fields after Khrushchev’s Secret Speech, previously censored concepts were brought to the fore, reinforced by the loosening of controls over international travel and the publication of foreign research literature. Whilst it was now possible to discuss a greater range of international theories, many of these – such as psychoanalysis and phenomenology – could not be used in public discourse beyond the confines of specialist periodicals with editorial caveats. In contrast, the fact that cybernetic understandings of the brain and behaviour were explicitly informed by Pavlov’s conditioning theories ensured that it was a safer choice of research topic for career-minded professionals such as Vondráček and Wunsch, provided these ideas were presented in a strategic way. Indeed, by doing so they were in fact acting upon the Soviet Minister for Health’s imperative as stated in *Rudé pravo* back in 1956: they were using cybernetics – a progressive and materialistic theory from modern science - as a means to creatively develop and further specify Pavlov’s teachings.<sup>354</sup>

### 3.1.3 Human Ecology

In some ways, the basic assumption that ‘higher nervous activity’ was based upon the interrelationship between a material substrate within the body and the outside environment opened up a broad range of interpretations for psychiatry and neurology. One key individual in the field, who was particularly focused on campaigning against reductionist tendencies, was the neurologist and Communist Party activist Oldřich Starý, who was also responsible for the teaching of Pavlov and dialectical materialism in the curriculum for Charles University Medical School.<sup>355</sup> Son of the modernist

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<sup>354</sup> M.D. Kovriginová 'O lékařská vědě a učení I.P. Pavlova' *Rudé pravo* 27. 10. 1956.

<sup>355</sup> Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIb/1.1 Karton 1, č 60.

architect of the same name, Starý reaped the benefits of his Communist Party membership for the development of his career in the 1950s, being sent on research trips to the Soviet Union, China and Great Britain.<sup>356</sup> He was, in turn, able to use the Party's trust in him, and his stable position within the university, as a means to promote his own policy perspectives within medicine.

Following the Twelfth Congress of the Communist Party of Czechoslovakia in 1962, Starý published his 'Humanist Manifesto' in the journal *Československá neurologie*.<sup>357</sup> Drawing from the resolutions of the congresses, he argued that one of the key tasks of the medical profession in the building of socialism from this point on was the prevention of illness. Of particular concern were the consequences of industrial progress. The development of radio technology, according to Starý, may increase the risk of harm to the nervous system as a result of generators producing electromagnetic waves of different frequencies, as could the widening use of atomic energy and radioactive fallout. The human nervous system was also at risk from 'increased load' caused by the mechanisation and automatization of work processes.<sup>358</sup> In response, modern medicine under Communism needed to ensure that all doctors were well trained in biology, chemistry and cybernetics in order to best develop prophylactic and diagnostic measures. Nevertheless, although these disciplines were crucial, he believed they may not necessarily on their own be able to address the issue of the causes of illness.

The question of the pathogenesis and prevention of nervous and mental illnesses is arguably one of the most complex, because it involves the most complex organ in the whole of the human body, the organ which reflects both external and internal conditions, and which currently acts as the 'integrator' of all the reactions of the organism. In order to address the question of aetiology and pathogenesis of nervous and mental illness is it necessary to make use of the most broadly based physical, chemical and physiological research – but also, currently, to apply methods from sociological research – until the results of all of the different methods lead to synthesis and interpretation. The application of only certain sub-methods leads to incorrect synthesis, and results in a certain reductionism, whether it be physical, chemical, biological or sociological... The programme for the building of Communism...allows us to find the

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<sup>356</sup> Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, biografická informace.

<sup>357</sup> Oldřich Starý 'Manifest humanismu' *Československá neurologie*, 25 (1962), pp. 77-79.

<sup>358</sup> *Ibid.*, p. 78



way towards the maximal physical and psychic health of man; towards an ever increasing, revolutionary increase in life expectancy; as well as towards the raising of his physical and mental abilities.<sup>359</sup>

Starý's reference to 'humanism' in the title of the article is illustrative of a humanist trend in Czechoslovak Marxism in the 1960s, one which ultimately reached its apex with the Prague Spring reform movement, of which Starý became an active supporter. It was also consistent with a longer-standing trope in Czech philosophy linked with the interwar president and national hero Tomáš Garrigue Masaryk. One of Masaryk's most famous works from 1903 (which was indeed reissued in 1968 during the Prague Spring) was *The Humanist Ideal*, in which he critiqued major political worldviews of the late 19<sup>th</sup> century – including Marxism – on the basis of humanistic ethics. The use of 'humanism' in the title of Starý's article would have been understood as an implied reference to this philosophical tradition.<sup>360</sup>

It is important at this stage to state that such political allegiances in the 1960s did not prevent Starý from being a genuinely active and loyal member of the Communist Party. Indeed, by 1966 he was made Rector of Charles University in Prague, the country's most prestigious educational institution, and a position which afforded him significant political and cultural influence, particularly in terms of building relationships with scientific institutions abroad. Yet, despite his administrative duties, he continued his campaign for a more enlightened approach to mental health, which took into account the relationship between the individual and their environment. Like Macek and Klimková-Deutschová, Starý was also concerned by the neuroses, leading him to raise awareness of the problems and its causes in an article the glossy women's magazine *Vlasta*, nestled between photographs of the latest fashions and readers' poems in praise of President Alexander Dubček. Starý was asked by the magazine's reporter whether neurosis was more common 'in our country' compared to abroad.<sup>361</sup> He argued that its prevalence was similar to other similarly industrially developed nations, such as Britain and Sweden – between 12% and 18% - but that in the most developed capitalist countries, such as the USA, the

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<sup>359</sup> Ibid., p. 79

<sup>360</sup> Tomáš Garrigue Masaryk, *Ideály humanitní: Problém malého národa. Demokratism v politice* (Prague: Melantrich, 1968).

<sup>361</sup> Jiří Borek and Oldřich Starý 'O neurozách' *Vlasta* 36, 11.9.68, Archives of Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423.

proportion of the population suffering from neurotic symptoms was thought to be as high as 30%. The difference in rates between the former and the latter, he claimed, was due to the availability of national health insurance programmes that provided free healthcare in the former, whereas access to healthcare in the United States was not provided by the State (an argument which safely situated the narrative in socialist terms, whilst according validity to some of the more ‘social democratic’ countries of the West). In terms of the origins of neurosis, Starý identifies the workplace as the primary site of the origins of neurosis, particularly difficulties in relationships with other workers or managers, or internal emotional conflicts, such as when there is ‘a considerable discrepancy between the worker’s ambitions and his actual abilities,’ or, conversely, the stifling of a worker’s great talents in a role that does not allow for their cultivation.<sup>362</sup> Women, for whom the home was the most important immediate environment, were particularly vulnerable to conflicts within the family, or within their sexual relationships.<sup>363</sup> The focus on the responsibility for the state and its citizens to actively improve human relationships, the workplace, the family, and allow opportunity for the maximisation of human potential was congruent with other key texts of the reformist period. In particular, the Academy of Science’s 1966 report *Civilization at the Crossroads*, which became a bestselling paperback and was translated into a number of different languages, pointed out the double-edged nature of the Scientific-Technological Revolution.<sup>364</sup> On the one hand, the rapid development of new technologies in factories and cities allowed for great opportunities for progress and the liberation of humans to fulfil their creative potential, but unless their effects were properly understood, they could also cause significant damage to health and social relations. As such, better understanding of the impact of these changes was needed, which foregrounded the important role of scientific and medical expertise for the socialist state. In addition, as human subjectivity was formed through interaction with the environment, it was necessary to turn to the sciences of the environment, particularly ecology, cybernetics and systems theory, to enable effective planning for the future.<sup>365</sup>

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<sup>362</sup> Ibid.

<sup>363</sup> Ibid.

<sup>364</sup> Radovan Richta et al, *Civilisace na rozcestí: společenské a lidské souvislosti vědeckotechnické revoluce*. (Prague, 1966).

<sup>365</sup> *Civilization at the Crossroads* was significantly influenced by Western Marxist theory, in particular Herbert Marcuse’s *One Dimensional Man*, which carried similar messages. It is also significant to note that Richta, the primary author, was also the originator of the phrase which became synonymous with

With such concerns in mind, In January 1968, Oldřich Starý wrote to Harry B. Friedgood, based at the Mental Research Institute in Palo Alto, a centre particularly associated with the development of family and systemic approaches to psychotherapy.

The need for an integral synthesizing approach to the burning individual and societal problems of contemporary man on a wide international platform is generally recognised in scientific circles. This was brought home to me once again at a recent conference, ‘The University and the Quest for Peace’ held in Rome which had the support of 420 universities, predominantly American. I had the honour of being elected vice president... and many American universities offered us close co-operation in the field of social, psychological and biological phenomenon that are closely related to international understanding.<sup>366</sup>

The letter provides insight into the processes that senior academics – even those who held influence within the Communist Party – engaged in on the international stage in order to initiate collaborative work within the political constraints of the Cold War. Starý continues:

In our country this concept has met with full understanding. Academician Šorm has entrusted me with preparing the programme [for an International Convocation of Human Ecology]. Together with colleagues from the research project “The fundamentals of nervous and mental health” we decided to widen the project to give more space to the problems of human ecology... Our work has the support of the Academy of Sciences and Charles University. I am convinced that both sides will succeed in gaining the sympathies of the politicians for the Human Ecology program. For the present it is difficult to assess the development in the near future and the attitude of the relevant authorities, and therefore I do not dare suggest the date for the convocation. As soon as you will know the concrete attitude on your side I shall do the necessary on our side.<sup>367</sup>

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the Prague Spring, ‘Socialism with a human face’. See Sarah Marks ‘Imagining the Cybernetic Future in Communist Czechoslovakia’ in Nadege Ragaru (ed.) *Visions of Socialism in Eastern Europe* (Oxford: Berghahn, 2016).

<sup>366</sup> Letter from Oldřich Starý to Harry B. Friedgood, 12<sup>th</sup> January 1968. Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIB/1.1 Karton 1, č 60.

<sup>367</sup> Ibid.

Friedgood passed a copy of the letter on to the Office of the President of the Ford Foundation in the hope of securing financial support for the Czechoslovak venture.<sup>368</sup> The Ford Foundation was an American philanthropic organisation founded by the industrialists Henry and Edsel Ford in 1936 to promote human welfare through international project funding. Friedgood reported that the Foundation were indeed very interested in supporting the venture, but that international relations prevented them from being able to initiate a conference in the Communist region, suggesting that Starý arrange to meet the American Ambassador to Czechoslovakia, ‘under informal and unofficial circumstances’, although it was thought the chances of such a collaboration being encouraged at a governmental level were slim.<sup>369</sup>

I am saddened by world conditions which stand in the way of good human relations and international understanding. Because human ecology is non-political, it can serve as a vehicle for bringing about a meeting of the minds of scientists and educators from all over the world to talk about the condition of man, and how one can improve this condition through education; and I see nothing on the horizon other than the project to which you are giving leadership, which is in a position to bring this about. I attach great significance to the complex project<sup>370</sup> at Charles University.<sup>371</sup>

Starý likewise was disheartened by the obstacles that faced their collaborative research, but was nevertheless hopeful that the culture of reform in Czechoslovakia might improve the situation.

Fortunately Charles University stands in the first line of our process of renaissance, of which you are probably aware, and this fact assures us more than ever before that eventually we shall solve these problems scientifically as well as organisationally.<sup>372</sup>

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<sup>368</sup> Letter from Harry B. Friedgood to Oldřich Starý, 8<sup>th</sup> February 1968, Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIB/1.1 Karton 1, č 60.

<sup>369</sup> Letter from Harry B. Friedgood to Oldřich Starý, 20<sup>th</sup> February 1968, Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIB/1.1 Karton 1, č 60. There is some irony in Friedgood’s claim that Human Ecology was a politically neutral discipline, given that (presumably unbeknownst to him) the CIA’s mind control experiments in the 1950s and 1960s were funded by a front organisation under the name of the Society for the Investigation of Human Ecology.

<sup>370</sup> Underlined in the original letter.

<sup>371</sup> Letter from Harry B. Friedgood to Oldřich Starý, 20<sup>th</sup> February 1968.

<sup>372</sup> Letter from Oldřich Starý to Harry B. Friedgood, 28<sup>th</sup> March 1968. Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIB/1.1 Karton 1, č 60.

Starý was referring here to the Prague Spring reforms, and the mood of optimism within the country at the time as a consequence of this. He himself became a signatory of the ‘Two Thousand Words Manifesto’, published on the front page of the intellectual weekly *Literární listy* on the 6<sup>th</sup> June 1968 by Ludvík Vaculík, calling for more openness in the Party, democratic election of officials, and more freedom of the press.<sup>373</sup> The Soviet Invasion of Czechoslovakia in August of the same year led to significant repression of the reforms, and a significant purge of the cultural sphere in particular. Yet Starý, perhaps because he was somewhat protected by his position as a scientist, remained Rector of the university until he resigned in January 1969 after organising and giving the address at the funeral of Jan Palach. Palach died by self-immolation in protest at the crushing of the Prague Spring reforms and the subsequent demoralisation of Czechoslovak society. His funeral acted to galvanise protest against the regime, and Starý’s involvement in it made his position untenable, although his resignation letter to Gustav Husák made no explicit mention of these circumstances, citing instead a desire to devote more time to his scientific research.<sup>374</sup>

In spite of the consequences of the Soviet Invasion of Czechoslovakia, the Integrative Human Ecology conference mentioned in the letters between Starý and Friedgood was nevertheless organised for October 1969. It included international co-operation and participation in the organising committee from Denis Leigh of the World Psychiatric Association and Lawrence E. Hinkle, Director of the Division of Human Ecology at Cornell University.<sup>375</sup> Held in English, with attendance from delegates of UNESCO and the WHO, the aim of the conference was

To be concerned with partial but for practical life very important problems of human ecology.

- a) The influence of city environment, urbanisation, industrialisation and the scientific and technological revolution on the health (especially mental health) of man, his psychology and his individual and social behaviour
- b) The demands and challenge arising from the aforementioned facts for the design of the living environment, the building of residential districts and towns and regional

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<sup>373</sup> Ludvík Vaculík ‘Dva tisíce slov’ *Literární listy* 18, 6<sup>th</sup> June 1968, p. 1.

<sup>374</sup> Letter from Oldřich Starý to President Gustav Husák, January 1969. Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIb/1.1 Karton 1, č 60.

<sup>375</sup> ‘Report of the International Preparatory Committee for the Conference on the Influence of the Urban and Working Environment of the Health and Behaviour of Modern Man’. Archives of Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IVa/339

planning.

The Integrative Human Ecology conference was an example of inter-disciplinary work supported by the Czechoslovak Academy of Sciences, intended to address large-scale societal problems, engaging with international literature on the subject, especially from the West. This conference, featured participation from a wealth of prestigious academics from Western Europe and America, including psychiatrists David Hamburg of Stanford University, and E.H. Hare of the Maudsley Hospital in London; as well as epidemiologists such as John Cassell of the University of North Carolina, sociologists, bio-climatologists, architects and urban planners. David Hamburg, E. H. Hare and John Cassell in particular were exemplary of a growing tendency towards the use of population statistics to analyse the determinants of mental health and illness. Hare, who had published work on the topic of ‘human ecology’ and used this term on the recommendation of his tutors at Cambridge in the early 1950s, later stated that it was more accurately described as ‘psychiatric epidemiology’.<sup>376</sup> Whilst still methodologically quite varied, the amount of resources and funding given towards epidemiological studies of the socio-economic and environmental factors associated with mental disorder had increased in the post-war period. The Manhattan Midtown Study, for example, started by Thomas Rennie in 1950, surveyed a population sample of a particular area of New York, and concluded that mental health was linked to socioeconomic status.<sup>377</sup>

By 1967 Human Ecology approaches had become a mainstream approach to aetiological theory-building, with the American Psychiatric Association’s publication of *General Systems Theory and Psychiatry* following a meeting at which the founder of ‘GST’, Ludwig von Bertalanffy, was made an Honorary Fellow of the APA and presented a paper which some of the psychiatrists present saw as a discipline-changing event:

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<sup>376</sup> G.E. Berrios ‘E.H. Hare (21.8.17-8.12.96)’, *History of Psychiatry*, 8 (1997), pp. 61-62.

<sup>377</sup> A.V. Horwitz and G.N. Grob ‘The Chequered History of American Psychiatric Epidemiology’, *Milbank Quarterly*, 89 (2011), pp. 639-640. This approach was taken up by the Czechoslovak psychiatrist and co-organiser of the Integrative Human Ecology conference, Josef Váňa in a study of District 8 of Prague for his PhD thesis: Josef Váňa, *Studie o rozložení duševních poruch u obyvatelstva Prahy 8 evidovaných v psychiatrických zařízeních v letech 1956-1961* (Prague: s.n., 1965). For more on the history of American concerns with urban populations and psychiatric epidemiology see Hans Pols ‘Anomie in the Metropolis: The City in American Psychiatry and Sociology’, *Osiris*, 18 (2003), pp. 194-211. Contemporaneous developments also occurred in the United Kingdom. See, for example, E.H. Hare and J.K. Wing, *Proceedings of a Symposium on Psychiatric Epidemiology, 1969* (Aberdeen, 1970).

It warns us that our time as effective human beings and behavioural scientists is limited, as is the time of the world as an effectively human ecology, unless we seriously and creatively face the thesis of this book, that the theory of all the behavioural sciences has been and continues to be mechanistic, and therefore capable only of producing more excellent or efficient robots. The urgent challenge is that of changing our world view from one of mechanism to one of organized complexity and employing models that are open, organismic, and humanistic.<sup>378</sup>

As historians Gerald Grob and Henry Sigerist have shown, an environmentalist outlook was a core feature of American social psychiatry, and this was far from a minority or outsider discourse in the US, influencing not only the APA, but the National Institute of Mental Health under Stanley Yolles between 1964 and 1970.<sup>379</sup> Michael Staub has also persuasively argued that such arguments about the social and ecological roots of mental disorder were ubiquitous across a number of medical and psychological interventions through the 1960s and '70s, extending far beyond a niche group of 'anti-psychiatrists' to form part of mainstream understandings of psychiatric aetiology both inside and outside the profession.<sup>380</sup> It appears, then, that there was a remarkable sense of consensus across East and West in this respect into the early 1970s.

Among the conclusions and recommendations of the Prague conference was a commitment of all parties to 'continue to support with greater vigour the basic scientific disciplines concerned with the study of man-environment relationship', as well as an ultimate goal of the 'gradual building of a fundamental theory of an optimal human environment' through interdisciplinary co-operation.<sup>381</sup> More broadly,

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<sup>378</sup> William Gray, Frederick J. Duhl and Nicholas D. Rizzo (eds), *General Systems Theory and Psychiatry* (Boston: Little, Brown, 1969), p. 3.

<sup>379</sup> Gerald N. Grob and Henry E. Sigerist *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991), p. 276. For more on the origins and development of American social psychiatry and the left-orientated politics which inspired a number of its key advocates see Hans Pols "'Beyond the Clinical Frontiers": The American Mental Hygiene Movement, 1910-1945' in Volker Roelcke, Paul J. Weindling and Louise Westwood (eds) *International Relations in Psychiatry: Britain, Germany and the United States to World War II* (Rochester: University of Rochester Press, 2010), pp. 111-133; Michael Raz *What's Wrong with the Poor? Psychiatry, Race and the War on Poverty* (Chapel Hill: University of North Carolina Press, 2013).

<sup>380</sup> Michael E. Staub *Madness is Society: When the Diagnosis was Social, 1948-1980* (Chicago: University of Chicago Press, 2011).

<sup>381</sup> 'Conclusions and Recommendations of the International Conference on the Influence of the Urban and Working Environment on the Behaviour of Modern Man' Archives of Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IVa/339.

they hoped that UNESCO would institute conferences and comparative studies of ‘environmental factors influencing the behaviour and interests of man, from the micro- to the macro-environment’.<sup>382</sup>

The conference was reflective of a genuine attempt of Czechoslovak researchers to engage not only with colleagues from abroad, but specifically with international non-governmental organisations as a means of exchanging knowledge and promoting their own national research agenda on the world stage.<sup>383</sup> This was in-keeping with broader outward-looking policies in terms of so-called ‘soft power’: Czechoslovakia had particular involvement in international health, technical and educational development projects in Africa during the 1950s and ‘60s, for example.<sup>384</sup>

The prestige of such international collaborations also served to further secure their research agendas at home. Concerns around mental illness in particular were being appropriated here for the purposes of furthering the professional interests of other groups. As well as psychiatrists and neurologists, among the Czechoslovak representatives at the conference was Zdeněk Lakomý, founder of the Academy’s Department for Architecture Theory and the Living Environment. A prominent architect, Communist Party member and promoter of Marxist theories of human-environment relations, Lakomý was particularly concerned with collaborative work with psychologists and sociologists to understand and improve how environmental factors in the health and behaviour of ‘socialist man’.<sup>385</sup> He had been one of the younger generation of architects to explicitly engage with Soviet architectural theory and break away from what he described as ‘worn-out functionalist traditions’ which had dominated Czechoslovak architecture since the First World War, leaning instead

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<sup>382</sup> Ibid. UNESCO’s ‘Man and the Biosphere’ programme was initiated two years later in 1971, which did carry through the aim of ‘improving the relationship between human societies and their environments’, but the focus has since been primarily on protection of natural environment and improved management of natural resources, rather than a focus upon deepening an understanding of the influence of the environment *on* human societies. See [<http://www.unesco.org/new/en/natural-sciences/environment/ecological-sciences/man-and-biosphere-programme/> accessed 3<sup>rd</sup> August 2014].

<sup>383</sup> There is a burgeoning historiography on the cultural exchanges which took place between East and West during the Cold War, which cuts across narratives of polarities of opposition and uncovers the significant degree of both co-operation at a state institutional level in terms of universities and health organisations, as well as at more informal and ‘civil society’ levels. See, for example Simo Mikkonen ‘Beyond the Superpower Conflict: Introduction to VJHS Special Issue on Cultural Exchanges during the Cold War’ *Valahian Journal of Historical Studies*, 20 (2013), pp. 5-14.

<sup>384</sup> Curt F. Beck, ‘Czechoslovakia’s Penetration into Africa, 1955-1962’ *World Politics*, 15 (1963), pp. 403-416. My thanks go to Bradley Matthys Moor for raising my attention to Czechoslovak involvement in international health campaigns during this period.

<sup>385</sup> J. Dostálík *Ekologický šetrné tendence v československém urbanismu a územním plánování v letech 1918 až 1968*. Unpublished PhD Thesis. (Brno: Masaryk University, 2013), pp. 253-254; Otakar Nový o jubilentovi ing. arch. Zdeňku Lakomé, CSc.’ *Architektura ČSR*, 43 (1984), p. 232.



towards interdisciplinary theories of urbanism which saw the built environment as a systemic totality in the service of human social development.<sup>386</sup> Having attended the Integrated Human Ecology conference, along with both Czechoslovak Government, USSR and UN-affiliated meetings on the problems of environment, and drawing on UN and Soviet reports on the management of the natural world and the ecological crisis, Lakomý published an article in the *Czechoslovak Sociological Review* on 'The problem of the relationship between socio-economic planning and the care of the living environment'. He took up the argument shared across these different sources, that man's health and development was ultimately dependent upon his ability to rely on the resources of the natural environment and thus, the future of society necessitated a more carefully managed approach to the effects of industrialisation and care of the nature in the long term, beginning at the micro-scale of immediate surroundings in settlements in expanding circles of scale up to the entire biosphere, with all of these levels being ecologically integrated. If this was not carried managed rationally, then the environment's habitability by man was at risk. Local planning and the built environment thus became bound up with grand narratives of ecological crisis and its prevention, which had become important in both East and West by the start of the 1970s. Furthermore, as man's place in the world was so dependent upon his material conditions, it was important to understand the history of this relationship and the ways in which interaction with the environment had led to the evolution of man at particular moments in his history (a view linked closely with early Marxist writings such as *Theses on Feuerbach*). Furthermore, Lakomý emphasised the 'human need' for aesthetic qualities in the surrounding environment, both natural and man-made, and this required careful planning and information gathering in terms of producing the most ideal conditions for human flourishing in future.<sup>387</sup> In his monograph written in the same year, but published three years later, *Man within the World: Civilisation, Culture, and Living Environment* (Člověk mění svět: civilizace, kultura a životní prostředí), Lakomý justifies the need for an integrated approach to urban planning and environmental management as outlined above, by dedicating a chapter to the topic of

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<sup>386</sup> Kimberly Elman Zarecor, *Manufacturing a Socialist Modernity: Housing in Czechoslovakia, 1945-1960* (Pittsburgh: University of Pittsburgh Press, 2011), pp. 127-128.

<sup>387</sup> Zdeněk Lakomý, 'K problematice vztahu mezi společenskoekonomickým plánováním a péčí o Životní prostředí', *Sociologický časopis* 9 (1973), pp. 637-43. A number of these arguments were summarised from the Academy of Sciences report 'The Living Environment for Man', Miloš Černý, Zdeněk Lakomý and Otakar Nový, *Životní prostředí pro člověka*, (Prague: Academia, 1973).

‘The Influence of the Environment on the Health of Man’.<sup>388</sup> Within this, the question of how to prevent and minimize ‘civilizational illness’ (*civilizační choroba*) is raised through pragmatic architectural theory. Concepts of mental disorder which focussed on the interaction between environment and the human psyche thus provided an imperative for re-shaping and managing the environment, an argument which could be mobilised as a rationale for practice in architecture and urban planning, and ultimately as a foundation for policy-making.

Psychiatric knowledge, particularly with regard to aetiology, had thus come to have significant currency and reach outside the clinical setting, becoming bound up with discourses of environmentalism and rationalistic planning, often undergirding arguments drawn from both socialist and humanist principles. What is more, the authors involved in promoting these concepts, while committed to the Marxist project, with a sincere respect for pavlovian concepts and their utility in psychiatry, neurology and beyond, were by no means dogmatic ideologues. They accorded respect to Western contacts and scientific literature, engaged seriously with both traditional ‘Soviet’ science as well as with research out in countries on the other side of the Cold War, and ultimately saw the international scientific community as a resource which could offer innovations that they could in turn adapt for the task of building socialism, both before and after the Prague Spring.

### 3.2 Biological Aetiologies

Biological aetiologies of mental disorder have become a recent topic of concern in the social sciences and humanities, with many proclaiming that there has been a so-called ‘neuro-turn’ in 21<sup>st</sup> century culture as an upshot of the invention of the ‘new brain sciences’, and neuroimaging technologies in particular, in addition to a resurgence in genetic determinism in psychiatry as well as other fields.<sup>389</sup> Yet there is substantial historiography illustrating that although the methodologies have been transformed by new laboratory techniques such as nuclear magnetic resonance imaging (nMRI) and polymerase chain reactions (PCR), there is nothing especially new about aetiologies founded on heredity, brain morphology or neurological localisation, dating back as

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<sup>388</sup> Zdeněk Lakomý, *Člověk mění svět : Civilizace, kultura a životní prostředí* (Prague: Odeon, 1976).

<sup>389</sup> Nikolas Rose, ‘The Human Sciences in a Biological Age’, *Theory, Culture & Society*, 30 (2013), pp. 3–34; Dai Rees and Steven Rose, *The New Brain Sciences: Perils and Prospects* (Cambridge University Press, 2004).

they do to the 19<sup>th</sup> century at least.<sup>390</sup> Both had their manifestations in Czechoslovakia and East Germany during the period, as did biochemical theories of disorder that drew from recent discoveries in pharmacology and neurochemistry. Although the local expressions of these aetiologies had their specific institutional contexts, the broader approaches and claims were common to both East and West.

### 3.2.1 Hereditary and Neuroanatomical Factors

There is a wealth of historical research on hereditarian theories of mental disorder and degeneration in the 19<sup>th</sup> century, and even more so on the eugenics movements of the first half of the 20<sup>th</sup> century, along with the strong genetic focus of Nazi psychiatry. Yet, to date, there is little acknowledgment by historians that genetic aetiologies of mental disorder not only continued to be a significant area of research in the post-war period, but continue to flourish in academic psychiatry to the present day (a phenomenon which has been overshadowed as an object of contemporary humanities and social science research by interest in the neurosciences, despite the fact that genetic aetiologies have equally significant social and ethical implications).

Genetic explanations of psychiatric disorder have been particularly associated with the German medical community and degeneration theories of the nineteenth century, with Richard von Krafft Ebing, for example, identifying twelve of his nineteen female patients with psychosis in one study as having some ‘neuropsychopathic family history’.<sup>391</sup> Eric Engstrom has noted Kraepelin’s concern with inter-generational degenerative aspects of mental disorder, and his interest in neo-Lamarckian mechanisms of hereditary and the study of psychiatric epidemiology as a means of broadening understandings of this.<sup>392</sup> Genetic research in early twentieth century German psychiatry focussed on examining prevalence rates of mental disorder, and particularly psychosis, in different generations of the same

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<sup>390</sup> Edwin Clarke and L. S. Jacyna, *Nineteenth-Century Origins of Neuroscientific Concepts* (Oakland: University of California Press, 1992); Daniel Pick, *Faces of Degeneration: A European Disorder, C.1848-1918* (Cambridge: Cambridge University Press, 1993). Rafael Huertas and C.M. Winston, ‘Madness and Degeneration: From “Fallen Angel” to Mentally Ill’, *History of Psychiatry*, 3 (1992), pp. 391-411.

<sup>391</sup> Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (John Wiley & Sons, 1997).

<sup>392</sup> Eric J. Engstrom, ‘On the Question of Degeneration’ by Emil Kraepelin (1908)’, *History of Psychiatry*, 18 (2007), pp. 389–98.

family, or the genetics of twin studies.<sup>393</sup> The first institution dedicated specifically to psychiatric genetics was Ernst Rüdin's Department of Genealogy and Demography at the German Psychiatric Research Institute in 1917, which continued until 1945. While it was associated closely with the racial hygiene movement, methodologically Rüdin's work, which focussed on genealogical prevalence research, was considered to be scientifically valid internationally, and was supported significantly by Kraepelin himself.<sup>394</sup>

Discussion of hereditary factors was especially sensitive in the GDR because of the legacy of the Nazi eugenics movement, and the role that psychiatrists played in the Tiergartenstrasse Vier (T4) programme, which involved the sterilisation and euthanasia of patients with psychiatric diagnoses. Dietfried Müller-Hegemann, writing in 1967, argued that an explicit denazification process in psychiatry was necessary in order to set future genetic research on stable ethical grounds

Early and sharp rejection of inhuman theories in medicine is required, for only after any kind of eugenics or race biology has been clearly defined and rejected can we proceed with the investigation of hereditary disease and its practical conclusions without being haunted by the past. That such discussions are still timely may be seen from the fact that W. Catel, Ordinary for paediatrics in Kiel (West Germany) after the end of World War II, published in 1962 a paper where he tried to defend ending the life of infant idiots. In this case, the reaction in both Germanies of the medical profession, directed toward refuting infractions against the basic rules of medical ethics, was much more pronounced than it had been after the publication of the book [*The Release of Worthless Human Life for Annihilation*] by Hoche and Binding [after World War I].<sup>395</sup>

The most prominent hereditarian psychiatrist in East Germany was Karl Leonhard, whose work has been discussed in relation to nosology in chapter 2. Since working with Karl Kleist at Frankfurt, Leonhard had studied the family histories of patients, attempting to establish which of the endogenous psychoses may have hereditary aetiologies. In the early 1960s Karl Leonhard collaborated on case reports which

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<sup>393</sup> John Gach 'Biological Psychiatry in the Nineteenth and Twentieth Centuries', p. 404.

<sup>394</sup> Volker Roelcker 'Programm und Praxis der psychiatrischen Genetik an der "Deutschen Forschungsanstalt für Psychiatrie" unter Ernst Rüdin: Zum Verhältnis von Wissenschaft, Politik und Rasse-Begriff vor und nach 1933' *Medizinhistorisches Journal*, 37 (2002), pp. 21-55.

<sup>395</sup> Dietfried Müller-Hegemann 'Psychotherapy in the German Democratic Republic' in Ari Kiev *Psychiatry in the Communist World* (New York: Science House, 1968), p. 64.

explored ‘family temperament’ in phasic psychoses.<sup>396</sup> The emphasis was on the multifactorial nature of mood psychoses, and the interaction of hereditary factors with the social and psychological. Carlo Perris asserts that this work was, ‘a rejection of aetiopathogenetic assumptions based on linear relationships involving a single factor’.<sup>397</sup> This hereditarian model continued to be used through into the late 1960s, with Leonhard’s colleague Sieglinde von Trostorff attempting to verify his original hypothesis with a concept of ‘homogenic family loading’ in cases of bipolar and unipolar mood disorders published in a Swiss journal in 1968.<sup>398</sup>

The limited success of psychotherapies in treating the schizophrenias was used by Leonhard as evidence for their non-psychogenic aetiology: psychotherapy may affect the ‘psychic superstructure’, he argued, but would be unable to treat the schizophrenic symptoms themselves.<sup>399</sup> The fact that neuroanatomical research had not provided evidence for the location of the systems which were responsible for the symptoms of the schizophrenias did not deter Leonhard. He explained this by suggesting that it was,

probably due to the fact that the cells of each system are spread throughout the entire brain, so that it is not possible for the failure to be clearly observed at a definite site. This assumption is justified insofar as the functions that fail to operate properly in schizophrenias apparently have, under normal conditions, the task of insuring integration of the entire personality.<sup>400</sup>

Nevertheless, in *The Classification of Endogenous Psychoses*, Leonhard does attribute significance to ‘psychosocial factors’ in the aetiology of the severest forms of the systematic schizophrenias, following the study of 72 twins. ‘We found systematic schizophrenias in fraternal twins, but never in identical twins. Thus psychosocial factors, which were previously associated with milder forms of schizophrenia, appear

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<sup>396</sup> Karl Leonhard ‘Die Temperamente in den Familien der monopolen euphorischen Psychosen.’ *Psychiatrie, Neurologie und Medizinische Psychologie* 15 (1963), pp. 203-206; Karl Leonhard ‘Die prapsychotischen Temperamente bei den monopolen und bipolaren phasischen Psychosen’ *Psychiatrie und Neurologie* 146 (1963), pp. 105-115.

<sup>397</sup> Carlo Perris ‘The Importance of Karl Leonhard’s Classification of Endogenous Psychoses’ in H. Beckmann and M. Lanczik (eds), *Leonhard Classification of Endogenous Psychoses : 1st Symposium Papers*. (Karger, 1990), p. 287.

<sup>398</sup> S. von Trostorff ‘Über die hereditäre Belastung bei den bipolaren und monopolen phasischen Psychosen’ *Schweizer Arch Neurol Neurochirur Psychia* 102 (1968), pp. 235-243

<sup>399</sup> K. Leonhard, ‘Zur Pathogenese der Schizophrenien von den Endzuständen her gesehen.’ *Psychiatrie, Neurologie, Und Medizinische Psychologie*, 19 (1967), pp. 321–26.

<sup>400</sup> *Ibid.*, p. 326

to predominate in the origin of these schizophrenias'.<sup>401</sup> In contrast, the unsystematic schizophrenias were not considered to be primarily caused by defects in neuroanatomical systems. As a consequence of their 'stormy' disease course, Leonhard believed they were more likely to be caused by variations in metabolism.<sup>402</sup>

Writing in 1979, looking retrospectively at the statistical research that he had carried out in Frankfurt, and that done with von Trostorff in Berlin, Leonhard drew a number of conclusions from his research with regard to aetiology and heredity.

The high number of psychoses in families of periodic catatonics is impressive; 65 related cases for the 64 probands. On the other hand, the 220 simple systematic schizophrenics displayed only 35 related cases. The ratio is 101.6:14.6. The number of diseased relatives is also great for cataphasia (71.2 percent). Within the systematic group, the combined forms have a higher rate of related cases than the simple forms (24 percent vs. 14.6 per cent). This difference had also appeared in my Frankfurt research. Theoretically, the difference is predictable since in the combined forms, one supposes two dispositions in the family. This simple interpretation is, however, complicated by the relative frequency of combined forms. In our investigative series, we found 220 simple systematic and 89 combined systematic cases. If one does not want to assume a frequency of the dispositions, the large number of cases in which two dispositions meet cannot be explained. The basis of the explanation lies in the psychosocial codetermination of systematic schizophrenias which we found in our twin research. A "systematic weakness", does not generally lead to disease. If, however, the weakness is present in two cases, minor external damages are sufficient to cause the disease to surface. Thus the frequent "latency" of a simple disposition corresponds to the greater "probability of manifestation" of the combined dispositions.<sup>403</sup>

Leonhard's classification of the endogenous psychoses, and his hypotheses regarding the different aetiological factors separating different subgroups, continued to inspire clinic-genetic research in the GDR well into the 1980s, especially once new genetic technologies became available to further test the theories. Ungvari, for example, claimed that genetic correlation analysis, as well as more traditional genealogical research, confirmed the separation of the cycloid psychoses and systematic

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<sup>401</sup> Karl Leonhard *The Classification of Endogenous Psychoses*, p. xvii

<sup>402</sup> K. Leonhard, 'Zur Pathogenese der Schizophrenien von den Endzuständen her gesehen.' *Psychiatrie, Neurologie, Und Medizinische Psychologie*, 19 (1967), p. 326.

<sup>403</sup> Karl Leonhard, *Classification of Endogenous Psychoses and Their Differential Etiology* (New York: Springer, 1999), p. 262.

schizophrenias on the basis of phenotypic grounds, and proposed that the unsystematic schizophrenias fell into a median genetic group between the previous two categories.<sup>404</sup> Using genetic markers to compare the systematic and unsystematic schizophrenias, Lange asserted that the former were characterised by an increase in Gc serum 1-1. The unsystematic schizophrenias had similar levels of Gc serum 1-1 to the control group, but displayed an increase in haptoglobin serum group 2-2, seemingly reiterating the validity of the separation of the two categories.<sup>405</sup>

Although not widely known in contemporary psychiatry, Leonhard's work still has a small international following, and although his work was not typical of broader East German psychiatry, his students continued working in the same vein. While psychiatric genetics beyond the Leonhard school was not a substantial subfield of East German psychiatry, from the mid-1960s it was increasingly popular internationally, although this history is still to be examined from outside the profession of psychiatry itself.<sup>406</sup>

### 3.2.2 Experimental psychosis and biochemical hypotheses

In 1954, research began on the so-called 'experimental psychosis' project, with the participation of a number of researchers across different institutes in Prague, including Jiří Roubíček at the Psychiatric Research Clinic, and Miloš Vojtěchovský at the Research Institute for Human Nutrition. In part, the purpose of these experiments was to record the psychological effects of hallucinogenic drugs ranging from psilocybin, mescaline and adrenochrome, to the newly synthesized lysergic acid (LSD).<sup>407</sup>

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<sup>404</sup> See G. Ungvári, 'Clinicogenetic studies within the scope of Leonhard taxonomy', *Psychiatrie, Neurologie, und Medizinische Psychologie*, 37 (1985), pp. 309–17.

<sup>405</sup> V. Lange, 'Genetic marker findings in systematic and unsystematic schizophrenias', *Psychiatrie, Neurologie, und Medizinische Psychologie*, 41 (1989), pp. 200–209.

<sup>406</sup> Samuel B. Guze, 'Hereditary Transmission of Psychiatric Illness', *American Journal of Psychiatry*, 130 (1973), pp. 1377–1378; Leon Eisenberg, 'The Future of Psychiatry', *The Lancet*, 302 (1973), pp. 1371–1375; Thomas G. Schulze, Heiner Fangerau and Peter Propping, 'From Degeneration to Genetic Susceptibility, from Eugenics to Genethics, from Bezugsziffer to LOD Score: The History of Psychiatric Genetics', *International Review of Psychiatry*, 16 (2004), pp. 246–59.

<sup>407</sup> S. Grof and M. Vojtěchovský, 'Experimentální psychóza po použití 200 mg benactyzinu,' *Československá psychiatrie* 54, no. 6 (December 1958): 369–376; H Bultasová et al., 'Psychopatologie a biochemie experimentálních psychóz vyvolaných anticholinergními halucinogeny,' *Československá psychiatrie*, 56 (February 1960): 14–23; S. Grof and M. Vojtěchovský, and E Horacková, 'Disorders of associative thinking in various experimental psychoses', *Activitas nervosa superior* 3 (May 1961): 216–217; S. Grof et al., 'Clinical and Experimental Study of Central Effects of Adrenochrome' *Journal of Neuropsychiatry* 4 (October 1963): 33–50; M. Vojtěchovský, 'A psychiatrist's autoexperiment with hallucinogens' *Československá psychiatrie* 62 (October 1966): 303–308.

During the 1950s and '60s the researchers themselves ingested the various compounds and compared their respective effects; including their impact on time perception, thought processes, types of optical hallucination, and range of emotional responses experienced. A variety of different tests and questionnaires were used to measure the psychological and physiological effects of the substances, including biochemical measures of metabolism, emotion rating scales and projection tests.<sup>408</sup> As the effects of some psychotropic drugs – and particularly LSD – seemed to mimic psychotic states observed in psychiatric patients with a diagnosis of schizophrenia, the researchers began to formulate trials which compared the effects of autointoxication with clinical psychosis. Similar work was being carried out contemporaneously in the United States, and later Canada and the United Kingdom, but histories of psychedelic research have overlooked the substantial work that occurred on the other side of the Iron Curtain.<sup>409</sup> With political and social concerns about recreational use of LSD putting an end to such research by the 1960s in the West, the Czechoslovak experiments were the longest running clinical research projects in the field, continuing up until 1974.

This research was initiated at a time when understandings of schizophrenia were considered to be in crisis, with the category being viewed as one of the weakest in terms of the stability diagnostic criteria, and with few satisfactory theories for the causes of psychotic experiences such as delusions and hallucinations<sup>410</sup> Schizophrenia and psychosis featured prominently at the centre of debates in journals internationally, and Czechoslovak researchers were aware of new research perspectives arising from both East and West. The very definition of schizophrenia itself was considered to be problematic and in need of clarification. Eugen Vencovský, a veteran Czech professor of psychiatry based in the clinic of Plzeň University, argued in 1957 that the nosological category of schizophrenia as such should be abandoned altogether, as scientific opinion should not allow for ambiguous and clinically dissatisfactory

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<sup>408</sup> E. Horacková, B. Mosinger, and M. Vojtěchovský, 'Square test in determination of concentration of attention in experimental psychosis induced by lysergic acid diethylamide (LSD-25)]' *Československá psychiatrie* 54, no. 4 (August 1958): 236–243; Bultasová et al., 'Psychopatologie a biochemie experimentálních psychoz vyvoláných anticholinergními halucinogeny'

<sup>409</sup> See Steven J. Novak, 'LSD before Leary: Sidney Cohen's Critique of 1950s Psychedelic Drug Research', *Isis*, 88 (1997), 87–110; Erika Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus* (Baltimore: Johns Hopkins University Press, 2010).

<sup>410</sup> For more on understandings of schizophrenia see Sander Gilman "Constructing Schizophrenia as a Category of Mental Illness" in Edwin R. Wallace and John Gach (eds) *History of Psychiatry and Medical Psychology* (New York: Springer, 2008), pp. 461–483.



diagnostic categories, which in practice vary significantly from case to case. The difficulty of establishing a testable aetiological theory for psychosis led Vencovský to state that schizophrenia could not be legitimately described as a stable disease entity. Psychosis, he argued, was not sufficient to warrant a diagnosis of schizophrenia on its own, and could be caused by a range of other syndromes.<sup>411</sup> The author does not disclose his sources in the bibliography, but there are similarities between his arguments and the position of the first Diagnostic and Statistical Manual (DSM-I) published in 1952 by the American Psychiatric Association, which did not hold psychosis to be the over-arching feature of the disorder, drawing on the work of Swiss psychiatrist Eugen Bleuler.<sup>412</sup> Nevertheless, a number of other Czechoslovak psychiatrists- and particularly those who came to work on the experimental psychosis project - continued to view psychosis as inextricably linked with schizophrenia, which could perhaps be explained in relation to their use of British literature, where the DSM and Bleuler had been less influential than in America.<sup>413</sup>

The experimental psychosis research arose during a time when there was significant research interest in the biochemical mechanisms of schizophrenia. From 1951, numerous biochemical investigations of patients with mental disorder were carried out by Lubomír Hanzlíček, such as the monitoring of white blood cells as an indicator of the prognosis of mental disorders, or the changes in blood potassium levels as a consequence of insulin shock therapy for psychosis.<sup>414</sup> In 1962 Hanzlíček, director of the research institute, published a review article in *Czechoslovak Psychiatry*, which outlined the various biochemical methodologies which were being used to study psychosis abroad. Much of the literature referenced originated from the USA, such as Kelsey's work on nutrition and psychosis, on associations with iodine deficiency and thyroid dysfunction, or Horwitt's studies of liver dysfunction and high protein diets. With such interest in biochemical theories of schizophrenia, the

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<sup>411</sup> E. Vencovský, 'Poznámky k nosologii t. zv. schizofrenie' *Československá psychiatrie* 53 (1957) pp. 318–321.

<sup>412</sup> Andrew Moskowitz and Gerhard Heim, 'Eugen Bleuler's Dementia Praecox or the Group of Schizophrenias (1911): A Centenary Appreciation and Reconsideration,' *Schizophrenia Bulletin* 37, no. 3 (May 1, 2011), p. 471.

<sup>413</sup> Ibid.; See for example the main monograph publication from the experimental psychosis project, Jiří Roubíček, *Experimentální psychosy*. (Praha: Státní zdravotnické nakl., 1961).

<sup>414</sup> L. Hanzlíček and V Knobloch, 'Biochemical investigation on insulin hypoglycemia; blood potassium level following insulin shock,' *Časopis lékařů českých*, 90 (1951), pp. 227–229; L. Hanzlíček, 'Direct eosinophil count in psychiatric practice; eosinophils as an index in prognosis in mental diseases,' *Neurologie a psychiatrie československá*, 16 (1953), pp. 239–244; L. Hanzlíček, 'Humoral concepts of psychic alterations; views on biochemistry of psychoses,' *Československá psychiatrie*, 53 (1957), pp. 47–52.

attraction of LSD research is understandable: Czechoslovak researchers were aware of the ‘serotonin hypothesis’ of British psychiatrists Woolley and Shaw, who proposed that the hallucinogenic effects of LSD was a result of the antagonism of serotonin (which itself had only been discovered in 1948) in the central nervous system.<sup>415</sup> The question was therefore raised as to whether this hypothesis be extended to explain the types of hallucinations experienced during schizophrenic psychoses. Recent discoveries in biochemistry, as well as in pharmacology, offered new ways of approaching research into the nature of psychosis and schizophrenia, which could be tested within the laboratory and the clinic. As historian of psychiatry Edward Shorter has described, these new methods offered up not only the promise of finally gaining an understanding of the mysterious aetiology of psychosis, but opened up a new era of modern therapeutic optimism at a time when faith in more traditional psychoanalytic interventions was waning.<sup>416</sup>

### 3.2.2.1 Pharmaceuticals, LSD and Psychosis Research

A new generation of psychopharmaceutical drugs, the neuroleptics, had been developed in the early 1950s, and agents of this class including chlorpromazine and reserpine subsequently became available to psychiatric researchers in Eastern Europe for the treatment of psychosis.<sup>417</sup> At a meeting of the Psychiatric and Neurological Section of the Purkyně Society held in October 1955, Vencovský enthusiastically presented the results of a trial of chlorpromazine held at the psychiatric clinic in Plzeň. He reported that of 17 patients, only 3 didn’t respond ‘satisfactorily’ to the drug (a problem he ascribed to the patients suffering from melancholia), and that the drug had proved effective in patients who had previously not improved after the

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<sup>415</sup> D.W. Woolley and E. Shaw ‘A Biochemical and Pharmacological Suggestion About Certain Mental Disorders’ *Proceedings of the National Academy of Sciences of the USA*, Vol. 40, No. 4 (1954), pp. 228-231. For more on the history of this hypothesis, see G.K. Aghajanian and G.J. Marek ‘Serotonin and Hallucinogens: Review Article’ *Neuropsychopharmacology*, 21, 2S (1999), pp. 16-23.

<sup>416</sup> Edward Shorter *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (Hoboken, N.J.: Wiley, 1997), p. 246 ; This is also reiterated in Erika Dyck *Psychedelic Psychiatry: LSD from Clinic to Campus* (Baltimore: Johns Hopkins Press, 2010), p. 7.

<sup>417</sup> For more on the history of the neuroleptics, see David Healy, *The Creation of Psychopharmacology* (Harvard University Press, 2004); For a comparative perspective on the introduction of antipsychotic drugs in East Germany, see Volker Hess, ‘Psychochemicals crossing the wall. The introduction of psychoactive pharmaceuticals in the German Democratic Republic: a perspective from the new historiography of drugs,’ *Medizinhistorisches Journal* 42, no. 1 (2007): 61–84. Viola Balz *Zwischen Wirkung und Erfahrung – eine Geschichte der Psychopharmaka: Neuroleptika in der Bundesrepublik Deutschland, 1950-1980* (Bielefeld: Transcript, (2010).

administration of leucotomy and electroconvulsive therapy. In the published version of the paper, Vencovský and his colleagues concluded that chlorpromazine was the ‘most excellent’ antipsychotic medicine available to psychiatrists. By 1961 a major international conference was organized in Prague on psychopharmacological methods and higher nervous function with attendees from the USA, Canada, United Kingdom, West Germany, and Switzerland in addition to the countries of the Warsaw Pact and various regions of the USSR.<sup>418</sup> Zdeněk Votava, Czechoslovakia’s leading psychopharmacologist and convener of the conference, observed in his concluding address that there was a surprising convergence of thinking across the representatives of different schools of psychopharmacology, ‘it seems that discrepancies can often be removed and that in fundamental methodological problems a mutual approach of conceptions all over the world is taking place’.<sup>419</sup> As historian Erika Dyck has argued, experimentation with LSD in psychiatry must be seen as part of the broader enthusiasm for psychopharmaceutical interventions and the potential for biological and chemical aetiologies and methods of control for mental disorder across Europe and the United States since the 1950s.<sup>420</sup> As such, the researchers in Prague identified themselves as part of an international scientific community pursuing common questions, and their solidarity with this community outweighed any commitment to local ideological particularisms.

A long-standing relationship existed between the Swiss pharmaceutical company Sandoz and the Psychiatric Research Institute in Prague, where the latter had been carrying out clinical trials on a number of psychopharmaceuticals, particularly tranquillizers.<sup>421</sup> In 1954 Sandoz sent a sample of LSD-25 to the Institute, accompanied by a letter explaining that the drug could induce psychosis-like states, which the manufacturers believed could enhance psychoanalysis and psychotherapy, and enable psychiatrists themselves to experience altered states of mind similar to those of their patients.<sup>422</sup> Shortly afterward, LSD began to be manufactured by the

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<sup>418</sup> Zdeněk Votava, Oldřich Vinař and Milan Horvath (eds) *Psychopharmacological Methods: Proceedings of a Symposium on the Effects of Psychotropic Drugs on Higher Nervous Activity, Held in Prague Form 30 October to 2 November 1961 under the Auspices of the Society for the Study of Higher Nervous Activity*, (Prague: State Medical Pub. House, 1963), p. 9.

<sup>419</sup> Symposium on the Effects of Psychotropic Drugs on Higher Nervous Activity., p. 14

<sup>420</sup> Erika Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus*, p. 8.

<sup>421</sup> Stanislav Grof, *LSD Psychotherapy: Exploring the Frontiers of the Hidden Mind* (Hunter House, Incorporated, 1980), p. 7.

<sup>422</sup> Charles Grob ‘A Conversation with Albert Hofmann’ *Newsletter of the Multidisciplinary Association for Psychedelic Studies*, 8 (1998), pp. 30-33

state psychopharmaceutical producer Spofa under the name 'Lysergamid' for administration by intramuscular injection. The packaging described the effect of the drug as bringing about

a transitory mental alteration of a psychotic character which may be purposefully utilized therapeutically and diagnostically within a systematic psychotherapy of the certain neuroses and personality disorders, neuroses with expressed anxiety and phobias, obsessive compulsive states, character neuroses, alcohol and drug dependencies, sexual deviations. As an adjuvant for acceleration and intensification of the therapeutic process.<sup>423</sup>

Production of the drug was highly regulated from the start, prior to international concerns about its use outside medical contexts. A registry of National Centres was held, and these were the only institutions allowed to procure LSD for therapeutic and diagnostic purposes, with prior written permission from the Ministry of Health or the head of the Psychiatric Department. Nurses and therapists administering LSD had to demonstrate expertise in the drug's pharmacodynamics and, in turn, these authorized institutes were obliged to provide regular reports on the 'security and health care' of the patients concerned to the Ministry of Health.<sup>424</sup> While Sandoz discontinued the production of LSD after public concern regarding its effects in the United States, Spofa continued to produce Lysergamid until 1974. Psychiatrist Milan Hausner, who had been actively involved in LSD research until its cessation in 1974, argues that this extended period of research was possible because regulations within Czechoslovakia were strict enough to prevent the drug leaving the clinical setting, so it never became a recreational drug in the way that had happened in North America.<sup>425</sup>

With the experimental psychosis research drawing on similar projects in Canada, the United Kingdom and Switzerland, it is often difficult to see the influence of local political concerns on the content of the research at all. There is no tangible evidence of behaviourist approaches or interpretations within the psychedelic research publications in Czechoslovakia. On the first page of Jiří Roubíček's introduction to his book *Experimental Psychosis*, Pavlov is indeed the first scientist referenced, but

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<sup>423</sup> Lysergamid-Spofa packaging materials. Reprinted in Milan Hausner 'LSD therapy behind the Iron Curtain, Czechoslovakia 1954-1974' Typescript, Milan Hausner Papers, Purdue University Special Collections and Archives, MSP 76, p. 25

<sup>424</sup> Ibid., pp. 25-26

<sup>425</sup> Milan Hausner, *LSD: The Highway to Mental Health* (Malibu: ASC Books, 2009), p. 18.

this citation is used to justify experimentation on human subjects as falling within a tradition of psychological testing leading on from Pavlov's laboratory research on dogs.<sup>426</sup> The author argued that animal experiments, despite having provided fruitful data for answering a number of questions about animal behaviour and conditioning, were insufficient for exploring the symptoms experienced by patients suffering from the 'endogenous psychoses': in order for these phenomena to be examined scientifically, healthy human volunteers were required to record their perceptions whilst under the influence of substances which were known to induce hallucinations and other altered conscious states. Pavlov's name is being used here as a means of inscribing the research within an ideologically legitimate experimental tradition. Introductions to research monographs often serve as a political text, particularly in the Communist context, where authors use make references to canonical individuals or concepts in order to frame their research within a recognisable worldview that is congruent with the interests of the Party. In the Czechoslovak case, such motifs are included out of political necessity at the beginnings of texts, and in medical literature this was often sufficient to serve as a shield, enabling the broader content of the research to draw on a much broader set of international scientific influences which have little or nothing to do with the regime's official ideology. Such methods of inscription are not only limited to pleasing the regime. Patriotic reference to the national scientific community's historical achievements are also integrated into the text, illustrating the temporal continuities between contemporary experimental work and that of iconic Czech scientists back to the First Republic and the National Renaissance. In his introduction to the book, Roubíček made sure to embed the experiments within a long tradition of Czech pharmacological research from before the Second World War, involving auto-experimentation and an interest in the psychological effects of different substances.<sup>427</sup> In 1924, for example, Otakar Janota published the results of his experiment with ingesting cocaine and morphine together, and recording the results. He reported hallucinations, seeing amusing 'lilliputian people', including historical figures.<sup>428</sup> Later, in 1947 psychiatrist Světozar Nevole experimented with mescaline, concluding that the drug had allowed him to experience

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<sup>426</sup> Jiří Roubíček, *Experimentální psychosy*, p. 1

<sup>427</sup> Jiří Roubíček, *Experimentální psychosy*, p. 2

<sup>428</sup> Otakar Janota 'Hallucinations of Lilliputians during psychosis caused by cocaine combined with morphine' in *Revue des Travaux Scientifiques Tschecoslovaques. Section Deuxieme: Mathematique, Physique, Chimie, Science Biologiques, Technique et Medicales*. Vols. I-III 1919-1924 (Prague, 1924)

four-dimensional space.<sup>429</sup> In turn, these authors saw themselves as following a legitimate scientific tradition of auto-experimentation pioneered in the Czech lands by Jan Evagelista Purkyně, the nineteenth century doctor whose name was adopted by the medical society of Czechoslovakia. Similarly, Votava, the key pharmacologist responsible for synthesizing and testing new drugs under the Communist regime self-consciously placed himself within the same tradition.<sup>430</sup> When new compounds were synthesized by his colleague Miroslav Protiva at the Institute for Pharmacy and Biochemistry, Votava would test them on himself before conducting patient trials. Oldřich Vinař later recalled that, ‘you sometimes knew there was a new drug around when you saw Votava lying in the corridor’.<sup>431</sup> Vinař also commented that the level of trust and lack of suspicion with regard to exploitation in Czechoslovak society enabled a great deal of leeway for medical experimentation on human subjects, which was further assisted by the Communist regime’s lack of bureaucratic intervention in such procedures, and the absence of an ethics committee system.<sup>432</sup>

With experimental trials having been relatively easy to carry out from an institutional perspective, Roubíček and his research group used a variety of tests to compare the responses of intoxicated healthy subjects to those of patients with schizophrenia. Among these were the Rorschach inkblot test, used to determine the subjects unconscious projections. This use of images in exploring the psyche extended to tests that encouraged the subjects to express their experiences artistically using painting, charcoal or ink drawings. Roubíček in particular had a significant interest in the interpretative use of artistic output of patients with mental disorders, having also explored images of aggression produced by patients suffering from epileptic seizures.<sup>433</sup> Among the healthy volunteers, a number of professional graphic artists were selected, on the expectation that their artistic skills would enable a more accurate depiction of the hallucinatory images they observed. Stanislav Drvota, a psychiatrist at the research clinic later convened a specific research project to explore the potential

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<sup>429</sup> Milan Hausner ‘Research, Therapy and Misuse of Psychoactive Drugs in Czechoslovakia’ in ‘LSD Therapy Behind the Iron Curtain’ Milan Hausner Papers, Typescript, Purdue University Special Collections and Archives, MSP 76, p. 18

<sup>430</sup> Zdeněk Votava, Oldřich Vinar and Milan Horvath (eds) *Psychopharmacological Methods: Proceedings of a Symposium on the Effects of Psychotropic Drugs on Higher Nervous Activity, Held in Prague From 30 October to 2 November 1961 under the Auspices of the Society for the Study of Higher Nervous Activity*, p. 7

<sup>431</sup> ‘Interview with Oldřich Vinař in David Healy, *The Psychopharmacologists III*. (London: Arnold, 2000), p. 62-64.

<sup>432</sup> Ibid.

<sup>433</sup> J Roubíček, ‘Aggression in creative art,’ *Československá psychiatrie* 62 (1966), pp. 294–302.

connection between LSD and creativity, employing a number of significant Czech artists, and using some of the result in his book, *Personality and Creation* (1973), which was concerned with the scientific study of the 'self realisation of man as an artist'.<sup>434</sup>

In reality, the artists found that the images often shifted at such a rapid rate that it was impossible to track their changing shapes during the course of the experiment. One particular feature, which was recorded by several subjects, was the phenomena of images disintegrating or metamorphosing, often over very short periods of time. Stanislav Grof published a series of sketches in the journal *Czechoslovak Psychiatry* recording the process of a square clock tower gradually taking on organic curves, with the clock face coming to resemble an owl, and then a cat.<sup>435</sup> Grof later claimed that his interest in the artistic aspect of the research was what persuaded him to stay in the psychiatric profession. After completing his training, he became disillusioned by the limitations of psychiatric medicine, particularly the psychoanalytic tradition in which he had predominantly been trained, and had begun to organize an alternative career in graphic art. He had gone so far as to arrange an interview with the internationally acclaimed animator Jiří Trnka at the Barrandov studios outside Prague when he was given the opportunity to partake in the LSD experiment with Roubíček.<sup>436</sup>

In the Autumn of 1956, just after completing his medical school training, Grof agreed to be a participant in Roubíček's study on the electrical activity of the brain during LSD intoxication.<sup>437</sup> The experiment involved sitting in a dark room and being exposed to a strobe light, which flashed at different frequencies while the brain's activity was measured by means of electroencephalograph. Grof's brother Paul, also a medical student with an interest in psychiatry, had already been involved in the research and agreed to supervise the session. In the initial part of the session Grof experienced fantastical visual hallucinations and a deep sense of personal psychological insight with such rapidity that he reportedly immediately began to

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<sup>434</sup> Stanislav Drvota, *Osobnost a tvorba*. (Praha: Avicenum, 1973).

<sup>435</sup> S. Grof, 'A Propos of Optic Disorders in Autoexperiments with Hallucinogens,' *Československá psychiatrie* 60 (1964), pp. 173–182.

<sup>436</sup> Stanislav Grof 'The Great Awakening: Psychology, Philosophy and Sprirituality in LSD Psychotherapy' Roger N. Walsh and Charles S. Grob (eds), *Higher Wisdom* (Albany: State University of New York Press, 2005), p. 121.

<sup>437</sup> Stanislav Grof, *Realms of the Human Unconscious: Observations from LSD Research* (London: Souvenir Press, 1979), p. xv.

question the validity of his Freudian training up until that point. Three hours into the session he was taken into a research cubicle where the research assistant attached the EEG electrodes to his scalp. The stroboscopic light was initiated while he lay down with closed eyes.

I was hit by a vision of light of incredible radiance and supernatural beauty. It made me think of the accounts of mystical experiences I had read about in spiritual literatures, in which the visions of divine light were compared with the incandescence of “millions of suns.” It crossed my mind that this was what it must have been like at the epicenter of the atomic explosions in Hiroshima or Nagasaki... I felt that a divine thunderbolt had catapulted my conscious self out of my body. I lost my awareness of the research assistant, the laboratory, the psychiatric clinic, Prague, and then the planet. My consciousness expanded at an inconceivable speed and reached cosmic dimensions. There were no more boundaries or difference between me and the universe.<sup>438</sup>

Electroencephalography, the measure of electrical activity by means of placing multiple electrodes on the scalp, was one of the tests carried out on both sets of subjects in the Experimental Psychosis project, and it was a particular interest of Roubíček's, who had been an early advocate of the use of EEG in medical contexts, publishing in the major British journals *Brain* and the *Journal of Mental Science* on the subject in the 1940s.<sup>439</sup> Czechoslovak researchers were also familiar with work being carried out in EEG technology by cyberneticist Grey Walter in the 1950s and '60s, with Roubíček's close colleague Vladimír Vondráček convening a reading group that discussed cybernetic texts, and the prominent neurologist Oldřich Starý visiting Walter at the Burden Neurological Institute in Bristol in December 1959.<sup>440</sup> The particular technique used in these experiments was known as 'entraining' or 'driving' of the brainwaves by exposing the individual to external stimuli at a particular frequency (such as flashing light or rhythmic sounds), so as to 'force' the

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<sup>438</sup> Stanislav Grof, *When the Impossible Happens: Adventures in Non-Ordinary Realities* (ReadHowYouWant.com, 2009), pp. xxxviii-xxxix.

<sup>439</sup> J Roubíček 'Laughter in Epilepsy, with Some General Introductory Notes,' *The Journal of Mental Science* 92, no. 389 (October 1946): 734–755; J Roubíček and D Hill, 'Electroencephalography with Pharyngeal Electrodes,' *Brain: A Journal of Neurology*, 71 (1948), pp. 77–87.

<sup>440</sup> 'Itinerary: Study Visit to British Universities, Czechoslovak University Group, 13<sup>th</sup> November – 3<sup>rd</sup> December 1959' Typescript, Oldřich Starý Papers, Archives of the Academy of Sciences of the Czech Republic, Karton 7.



frequency of the brainwaves to correspond with that of the stimulus.<sup>441</sup> As well as the possibility of measuring external manipulation of brain activity, the EEG had become a popular technology in psychological and psychiatric research because of its perceived ability to produce measurable, objective data on conscious and unconscious states. This not only allowed scientific researchers the opportunity to make observations of mental states beyond the experiential reports of experimental subjects, but also allowed for comparisons of brain activity between different kinds of conscious state, such as dreams and waking psychosis, or sleep and conscious activities.<sup>442</sup> Its utility in the Prague research project was that it allowed for a direct comparison between the so-called organic psychosis of psychopathology, and the pharmacologically induced states of experimental psychosis. Unlike the findings in most patients suffering from schizophrenia, where the readings were largely normal, LSD had a marked effect on the EEG, causing an increase in the frequency of beta waves as well as alpha waves (by up to 4c/s) and a decline in amplitude.<sup>443</sup> The hoped for similarities between schizophrenia and experimental psychosis appeared to be weak.

Analyses of the graphic images produced by the LSD subjects showed marked differences from what the experimenters characterized as typical artistic features of patients with schizophrenia. The latter presented work with ‘specific modes of abstraction’, which used symbolism that was difficult to understand for other individuals. Organic psychosis was seen to lead patients to focus on very particular parts of a painting, concentrating on detail at the expense of the work as a whole. The LSD subjects tended to record the visual hallucinations they were experiencing, a phenomena that was – according to the researchers – absent in the artwork of schizophrenic subjects. Furthermore, the LSD subjects experienced difficulty in keeping up with the changing imagery they were observing, but their artistic skills remained intact during the course of the experiment. In contrast, the artwork of patients with schizophrenia often displayed deterioration in terms of composition.<sup>444</sup>

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<sup>441</sup> Grof, *When the Impossible Happens*, p. xxxvi .

<sup>442</sup> Kenton Kroker, *The Sleep of Others and the Transformations of Sleep Research* (Toronto: University of Toronto Press, 2007), p. 263.

<sup>443</sup> J. Roubíček, 'Podobnosti a rozdílnosti schizofrenii a experimentální psychos,' *Československá psychiatrie*, 54 (1958), p. 115.

<sup>444</sup> Roubíček, 'Podobnosti a rozdílnosti schizofrenii a experimentální psychos'.

For images produced by the experimental subjects, see the appendix of Jiří Roubíček *Experimentální psychosy* (Prague: Státní zdravotnické nakladatelství, 1961).

Ultimately, the experimental psychosis researchers concluded that there were too many significant differences between experimental psychosis and schizophrenia for the two states to have any functional similarity. The publication and open discussion of such ‘negative results’ - or the refutation of the investigators’ original hypothesis - is striking if we compare it with publication trends in biomedical research in the later twentieth century, where publication of negative results became increasingly difficult in peer reviewed journals.<sup>445</sup> Other contemporaneous researchers cast doubt on the commonality of the experimental psychoses and schizophrenia because the hallucinatory effects of the former did not respond to the recently developed antipsychotic drugs, such as reserpine. Oldřich Vinař in particular, who encouraged the synthesis of reserpine as well as local alternative pharmaceuticals within the same chemical group as the neuroleptic antipsychotics, found that ‘treating’ LSD-induced states with reserpine resulted in bad reactions. As an evangelist for psychopharmaceuticals, who believed a number of his patients with a diagnosis of schizophrenia had significantly improved after treatment with antipsychotics, Vinař refused to accept the possibility of ‘experimental psychosis’.<sup>446</sup>

The lack of success of the experimental psychosis project at providing definitive evidence on which a biochemical theory of psychosis could be based led some of the researchers to seriously consider non-biological factors. In 1963, drawing on over seventy publications from predominantly American, French and Swiss sources, Stanislav Grof and Zdeněk Dytrych published a comprehensive literature review arguing that Czechoslovak psychiatrists should seriously consider the wealth of research being carried out on the influence of the family setting on the development of schizophrenia. This article is significant in that it demonstrates the theoretical pluralism of the researchers involved in the experimental psychosis project – the same

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<sup>445</sup> The latter is often used as an example of the negative effect of private commercial interests in the funding of scientific research. While it was the case that Sandoz provided the drug for testing, the researchers themselves were funded by the Czechoslovak Ministry of Health and there was a lack of interference in the publication of research results from either organisation. This case study consequently sheds an interesting light on questions of scientific freedom in research and publication in the Communist context. For a discussion of publication bias from a Science Studies perspective, see Sheldon Krinsky, 'Do Financial Conflicts of Interest Bias Research? An Inquiry into the ‘Funding Effect’ Hypothesis' *Science, Technology, & Human Values* 38 (2013), pp. 566–587. For recent debates from within biomedical research on publication bias and negative results, see D. G. Altman and J. M. Bland, 'Absence of Evidence Is Not Evidence of Absence' *British Medical Journal*, 311 (1995), p. 485; Christian Pfeffer and Bjorn R Olsen, 'Editorial: Journal of Negative Results in Biomedicine' *Journal of Negative Results in Biomedicine* 1 (2002), p. 2; Kerry Dwan et al. 'Systematic Review of the Empirical Evidence of Study Publication Bias and Outcome Reporting Bias' *PLoS ONE* 3, (2008).

<sup>446</sup> ‘Interview with Oldřich Vinař in David Healy, *The Psychopharmacologists III* (London: Arnold, 2000), p. 64.

researchers who made use of biochemical and intoxication methods were also open to psychodynamic and social psychiatric interpretations, above and beyond the possibility of the genetic origins of psychosis in family lines. Outlining theories from Western scholars such as Gregory Bateson, Melanie Klein, Theodore and Ruth Lidz and Stephen Fleck, among many others, the authors charted various concepts of ‘schizophrenogenic’ parents, as well as the possibility of the origin of psychosis being transmitted through interaction with family members already suffering from mental disorders.<sup>447</sup> This is echoed in their Czech colleague Milan Hausner’s work, where he raised the point that ‘organically oriented psychiatrists’ would raise objections to the use of LSD in a psychotherapeutic context, as they would argue that the biochemical and neurological effects of the drug produce an intoxicated and fantastic state, which is extraordinary in terms of mental experience. He countered this proposition, stating that such statements offer no information about the cause or content of the psychopathology experienced under the influence of LSD. Furthermore, he posited that the content of these hallucinations, while they may have been biochemically induced, were fundamentally expressions of individual’s experiences and ‘what the patient has learned at the “school of life”’:

The mental alterations caused by psychedelics [sic.] are an apparent evidence of fruitlessness of such orthodox and dogmatic conceptions which distinguish between the organic and the functional, between the structural and dynamic and between the physiological and the psychological.<sup>448</sup>

One could easily over-read the influence of socialist concerns on this turn towards theories of social maladaptation and inter-personal relationships in the 1960s.<sup>449</sup> Interest in socio-cultural frameworks did come about in a context when other Czechoslovak

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<sup>447</sup> For a historical discussion of the genesis and fate of the Lidz hypothesis see Anne Harrington, 'The Fall of the Schizophrenogenic Mother,' *The Lancet* 379 (2012): 1292–1293.

<sup>448</sup> Milan Hausner and V. Dolezal 'The Experience of Psychedelics in Outpatient Psychotherapy' in *Medical Information Service, Spofa-Chemapol*, 3 (1966), pp. 79-83. Purdue University Special Collections and Archives, MSP 76, p. 45

<sup>449</sup> S Grof and Z Dytrych, 'K otázce vlivu rodinného prostředí na vznik a vyvoj schizofrenie [Apropos of the Effect of the Family Environment on the Pathogenesis and Development of Schizophrenia],' *Československá psychiatrie* 59 (October 1963): 340–354; E Wolf et al., '[On the Method of Evaluating Social Maladaptation. Mutual Social Perception Inventory],' *Československá psychiatrie* 60 (February 1964), pp. 34–36; L. Kubicka et al., '[Studies of interpersonal relations in a group of hospitalized neurotic patients. I. Connections between the state of the patient’s difficulties and his interpersonal situation],' *Československá psychiatrie* 61, no. 5 (October 1965), pp. 303–313.

scientists were calling for a shift away from biological reductionism in understandings of human behaviour and mental illness towards theories that drew on understandings of humans in their social context, and some were indeed presenting these arguments in terms of Marxist Humanism.<sup>450</sup> Yet such explicitly political positions are not articulated by any of the psychiatrists involved with LSD research. In large part, their turn away from the biochemical model can be seen as a consequence of the failure of the experimental psychosis project to prove a scientific commonality between psychedelic and psychotic experience. Citing Eugen Bleuler, they admit the lack of evidence for the so-called ‘serotonin hypothesis’ on which much of their experimental psychosis work had been based, and their exploration of new, socially-grounded explanations from the USA was influenced – certainly in Grof’s case – by a long-standing interest in psychoanalytic psychiatry. It is remarkable that Grof and Dytrych overtly and unashamedly explain how research on the influence of the family on mental disorder stemmed from the psychoanalytic tradition of Sigmund Freud, via Adolf Meyer in the United States, especially as their article was published a full five years before the relaxation of censorship which came about with the Prague Spring.<sup>451</sup> This turn back towards psychoanalysis after the failure of the experimental psychosis project led to new experimentation in the use of LSD as a psychotherapeutic catalyst, which will be explored in chapter 4.

### 3.3 Conclusion

As Loren Graham asserts, the majority of the tenets of dialectical materialism are shared by many scientific theories in the West as well as in the Soviet sphere, and there is little that is exclusively Marxist about dialectical materialist philosophy of science. In the case of the psychiatric aetiologies described in this chapter, none deviate particularly from this list. While some – such as the tendency towards genetic explanations in Leonhard’s work – may be more reductionist than other more environmentalist explanations in human ecology, even these authors accept a degree of psychological and social influence on mental disorder.

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<sup>450</sup> Oldřich Starý ‘Manifest humanismu’ *Československá neurologie*, 25 (1962), pp. 77-79.

<sup>451</sup> S. Grof and Z. Dytrych, ‘K otázce vlivu rodinného prostředí na vznik a vyvoj schizofrenie ‘Apropos of the Effect of the Family Environment on the Pathogenesis and Development of Schizophrenia’, pp. 340–354.

Thus, they were not fully succumbing to the vulgar determinism of attempting to ‘explain such complex entities as biological organisms in terms of the most elementary physiochemical laws’, to quote Oldřich Starý’s cautionary words.<sup>452</sup> Akin to the theoretical flexibility of dialectical materialism, Pavlov’s theories of human behaviour and disorder also provided scope for polyvalent interpretations. The need for both an internal substrate and external conditions, and the interaction between the two, within Pavlovian aetiologies rendered a number of multifactorial explanations of mental disorder acceptable to the regime in principle. Brain morphology, hereditary predispositions, biochemical substances and machine-like nerve systems could all be construed as an internal substrate. External conditions could include anything from marital relationships and family interactions on the microscale; through to the workplace, socio-economic superstructures (whether they be capitalist or socialist), the built environment of the city, or the geographical surrounds on the macroscale.

Such pliable foundations for the content of scientific theories could thus accommodate the aetiologies of individuals such as Karl Leonhard, who had no investment in Marxist or Pavlovian thinking, and whose work was initially developed in the entirely different context of Frankfurt in the 1930s. It could also allow for the politically ambivalent cybernetic concepts of Vladimír Vondráček, who was by no means committed to developing a socialist theory of mental disorder, but who was not averse appropriating the regime’s language and metaphors such as Pavlov’s telephone switch board to further his own career interests. Regardless of his own antipathy towards the politicisation of psychiatry, he was nevertheless participating in its creation through the use of such strategies. At the other end of the spectrum were individuals such as Dietfried Müller-Hegemann and Oldřich Starý, who were actively engaged in developing an aetiology of mental disorder that was in many ways theoretically coherent with Marx and Pavlov.

What is striking about almost all of the aetiologies explored in the case studies in this chapter is that none are by any means exclusive to the Soviet sphere of influence. This brings into sharp relief the extent of the international linkages of the psychiatric communities in both countries, and the importance accorded to maintaining these links. All of the authors discussed share a sense of loyalty towards an international scientific community, and this identity appears to have transcended

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<sup>452</sup> Oldřich Starý ‘Manifest humanismu’.

political affiliations or concerns about transgression against the wishes of the regime (certainly in the case of Starý, Vondráček, Grof and Hausner).

All of the aetiologies outlined above are also significant for the way in which they draw on broader concepts in other fields of science and technology. This is illustrative of the ‘high modernism’ of the 1950s to the 1970s in terms of optimism about the possibilities of the rational organisation of society and human experience, a teleological narrative shared by socialism. Psychiatrists saw themselves as part of this common endeavour, and were open to appropriating technoscientific theories, from the microbiological level through to systems theory and ecology.

This commitment to scientific modernity and progress was shared by both sides of the ideological conflict of the Cold War, and indeed much of the competition was based around proving which side could outperform the other in terms of the application of science and technology. One can see how this played out to a degree in terms of debates about cybernetics, automatization and management of the workplace, with the socialist world claiming superiority in terms of intervention, prevention and the ability to mitigate the effects of civilizational disorders through management of the environment and universal healthcare. Yet there are other areas where there appear to be a consensus across East and West, and in which ideology appears to have little place in the debate, such as psychiatric epidemiology and genetics. As the canvas of theoretical possibilities offered dialectical materialism and pavlovian understandings was so broad, most aetiological approaches which could be construed in terms of a material base or social conditions – which indeed, encompassed most of science – was deemed acceptable after the decline of Stalinism. Moreover, a productive psychiatric research community was an asset to both regimes as a symbol of progressive, technoscientific success on the world stage.

## Chapter 4: Therapies

Therapeutic interventions, beyond their obvious technological purpose of treatment and regulation of symptoms and behavior, also constitute further concept-generating activity in psychiatry. Within many therapeutic modalities, there is an implicit aetiology, with a number of treatments providing the impetus for research into building new theories of disorder. A historical study of therapies, therefore, is crucial not just for understanding how societies regulate their subjects, but for reconstructing how psychiatry creates understandings of the normal and the pathological, and the underlying mechanisms which are considered to govern these states. Yet psychotherapeutics outside the framework of psychoanalysis remain comparatively under-historicized in both East and West.<sup>453</sup>

There was, however, a specifically approved approach from the point of view of Soviet ideology, that being pavlovian sleep therapy. Yet, although this was used, it was a minority treatment and one of many well-developed therapies to be adopted under Communism in Czechoslovakia and East Germany. One therapeutic modality that immediately came to be more frequently used was the new psychopharmaceuticals in the early 1950s, particularly the neuroleptics. Chlorpromazine was taken up immediately and enthusiastically by psychiatrists in both countries, and it came to be manufactured, along with its derivatives, but the state-owned pharmaceutical companies.<sup>454</sup>

This chapter focuses on the rise and fall of sleep therapy itself, and the reasons for autogenic therapy becoming more popular as a ‘socialist’ therapy in the GDR. It

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<sup>453</sup> For more on the case in the USSR see Walter Lauterbach *Soviet Psychotherapy* (Oxford: Pergamon Press, 1984). For a broad overview of psychological therapies see Stanley W. Jackson *Care of the Psyche: A History of Psychological Healing* (New Haven: Yale University Press, 1999). On America, see Philip Cushman *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (Reading, MA: Addison-Wesley Publishing, 1995); Jonathan Engel *American Therapy: The Rise of Psychotherapy in the United States* (New York: Gotham Books, 2008); Eva S. Moskowitz *In Therapy We Trust: America's Obsession with Self-Fulfilment* (Baltimore: Johns Hopkins University Press, 2001). On the development of behaviour therapies in Britain see Roderick D. Buchanan *Playing with Fire: The Controversial Career of Hans J. Eysenck* (Oxford: Oxford University Press, 2010); Sarah Marks ‘Psychologists as Therapists: Behavioural Traditions’ in John Hall, David Pilgrim and Graham Turpin (eds) *Clinical Psychology in Britain: Historical Perspectives* (Leicester: BPS Books, 2015).

<sup>454</sup> V. Balz and M. Hoheisel, ‘East-Side Story: The Standardisation of Psychotropic Drugs at the Charité Psychiatric Clinic, 1955-1970’, *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 2011; Volker Hess, ‘Psychochemicals crossing the wall. The introduction of psychoactive pharmaceuticals in the German Democratic Republic -a perspective from the new historiography of drugs’, *Medizinhistorisches Journal*, 42 (2007), pp. 61–84; Interview with O. Votava in David Healy, *The Psychopharmacologists III: Interviews*. (London: Arnold, 2000).

also explores the uptake of insulin coma therapy, and the unexpected stories of LSD psychotherapy and the adoption of acupuncture in Czechoslovakia.

#### 4.1 Sleep Therapy: Implementing Orthodox Pavlovian Therapeutics

During his lifetime, Pavlov had only explicitly developed one therapeutic approach, and so it was to be expected that this would form the bedrock of a ‘Soviet’ method of treatment. In Pavlov’s own words:

On the one hand the processes of excitation are constantly participating in the varied activity of the animal during the waking state, and on the other hand inhibition is ever appearing in the role of the guardian of the most cells of the organism, the cortical cells of the cerebral hemispheres, protecting them against extraordinary tension of their activity when they meet with very strong excitations, securing for them the necessary rest after the usual daily work, in the form of sleep. Hypnotic strategies between sleep and waking indicate different degrees of intensity of inhibition. Induced hypnosis is therefore restorative. Kraepelin showed that those schizophrenias which have a hypnotic component – hebephrenic and catatonic – have a better chance of recovery.<sup>455</sup>

Benjamin Zajicek argues, being seen to be practicing sleep therapy in a hospital was a way to demonstrate ideological reliability, and so it became an object of interest in Czechoslovakia and East Germany after the start of the Communist regimes.<sup>456</sup>

Czechoslovak psychiatrists began to work with sleep therapies in the 1950s, using the work of Soviet researchers such as Makorovo, Ivanov-Smolensky and Gakkel as a base on which to experiment with practical techniques and develop their own additions to the practice.<sup>457</sup> In 1953 experimental treatment with sleep therapies was introduced at the psychiatric hospital of the Moravian town of Kroměříž by the

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<sup>455</sup> I.P. Pavlov *Conditioned Reflexes and Psychiatry* (International Publishers, 1941), p. 162. See also G. Windholz and L. H. Witherspoon, ‘Sleep as a Cure for Schizophrenia: A Historical Episode’, *History of Psychiatry*, 4 (1993), pp. 83–93.

<sup>456</sup> Benjamin Zajicek, ‘Psychiatry in Stalin Soviet Union 1939-1953’ (PhD Thesis, University of Chicago, 2009).

<sup>457</sup> D. Bílý, R. Růžičková, ‘Pokus a hodnocení účinků spánkové léčby metodikou zaměřených slovních reakcí podle L.B. Gakkelové’, *Neurologie a psychiatrie Československá*, 17 (1954), pp. 195–98. O. Rečková ‘Několik poznámek k léčbě hypnotickým spánkem’, *Neurologie a psychiatrie Československá*, 17 (1954), pp. 211-214.



psychiatrist Anton Mertl.<sup>458</sup> The Kroměříž experiments were based on the Makorovo approach, in which patients were treated in single-bed rooms, and a ‘laboratory of higher nervous activity research’ was set up at the hospital to refine conditioned sleep therapy by determining which particular stimulus was most appropriate for each patient, with the patients then being assigned to rooms with devices which would ‘emit’ that stimulus. The majority of the patients were treated for varieties of neurasthenic syndrome, although there were also number of patients with diagnoses of schizophrenia, depression and one case of phantom limb pain. Although this was a more significant drain on hospital resources, the benefits were seen to be greater: as it used conditioned reflexes instead of pharmacological aids to induce sleep, the risk of drug intoxication was lower and, Mertl argued, as the sleep was essentially ‘physiological’, it was more natural and consequently had better results than drug-induced sleep therapies. Mertl recommended that patients be prepared for therapy by being initially admitted to a different department of the hospital for a few days, and that a similar transition period be used after the treatment before discharge to out-patient care. Overall, Mertl believed that sleep therapy should have a place in modern psychiatric treatment, ‘even though the method of conditioned sleep gives very good therapeutic results, it ought not to be forgotten that somnitherapy should be suitably supplemented by pharmacotherapy, physiotherapy, psychotherapy and occupational therapy’.<sup>459</sup> Sleep therapies were not peculiar to the Communist world in this period and, as ever, it is important to see this work in the international context in which pavlovian work was being taken up as a basis for therapeutic experimentation in psychiatry and clinical psychology in many countries.<sup>460</sup> It had a degree of popularity and longevity in East Germany, particularly at the Leipzig clinic under the directorship of Dietfried Müller-Hegemann and at Jena under Hellmuth Kleinsorge.<sup>461</sup>

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<sup>458</sup> A. Mertl, ‘Naše zkušenost s léčením podmíněné reflexním spánkem’, *Neurologie a psychiatrie Československá*, 18 (1955), pp. 207–210.

<sup>459</sup> *Ibid.*, p. 210.

<sup>460</sup> As a brief example of its international reach, see the following articles from Italy, Canada, Britain and Chile, see: F. Martini, ‘Sleep therapy in mental disorders’, *Rivista Di Patologia Nervosa E Mentale*, 74 (1953), 247; N. P. Rosman, ‘Prolonged Sleep Therapy in the Treatment of Mental Disorders’, *McGill Medical Journal*, 27 (1958), pp. 45–52; H. Azima, ‘Prolonged Sleep Treatment in Mental Disorders; Some New Psychopharmacological Considerations’, *The Journal of Mental Science*, 101 (1955), 593–603. J. Pasmanik and G. Mujica, ‘sleep therapy’, *Revista Médica De Chile*, 81 (1953), pp. 550–54.

<sup>461</sup> H. Kleinsorge, D. Baumann and D. Muller-Hegemann, ‘Experience with sleep therapy’, *Medizinische Klinik*, 49 (1954), pp. 1366–1369; H. Kleinsorge, D. Baumann and D. Muller-Hegemann, ‘Basis for discussion on the Pavlovian sleep therapy’, *Das Deutsche Gesundheitswesen*, 8 (1954), pp. 1532–1533; H. Kleinsorge and K. Rosner, ‘Theory and technic of sleep therapy’, *Das Deutsche*

The decline of sleep therapy in Czechoslovakia was a result of the effective liberalization of science and medicine after 1956. Given the expense it incurred and the resources it required, psychiatrists began to look to other interventions once there was no longer a political imperative to prioritize it. In both countries, the introduction of neuroleptic drugs, which became mass produced by nationalized pharmaceutical companies, also resulted in a decline in interest in sleep therapy for patients with a diagnosis of schizophrenia and other psychotic disorders. The neuroleptics were seen to be efficacious, cost-effective and easier to administer. They could also potentially be used on an outpatient basis, whereas sleep therapy had to be administered in an institutional setting. Yet it did continue into the 1960s in East Germany in some clinics, even with more attractive, alternative therapies available. This can be seen as largely a consequence of the greater significance accorded to ideology by an (albeit small) number of psychiatrists such as Müller-Hegemann.

While Müller-Hegemann's long-term loyalty to the regime may be held in doubt given his later defection, his career success had certainly been based on a willingness to conform to the regime's priorities. Consequently, even once the level of coercion was arguably reduced, it remained in his interests to try and maintain the practices developed with ideology in mind and, thus, arguably also to maintain the pressure for other members of the profession to continue to conform, beyond the point at which the regime itself no longer required them to. Nevertheless, as a result of two deaths at the Leipzig clinic in 1964, sleep therapy became perceived of as dangerous, and its popularity faded.<sup>462</sup>

#### 4.2 Autogenic Therapies: Innovation and Integration of Pavlov with Somatic Approaches

With the acceptability of hypnotic approaches to therapy self evident from the regime's promotion of sleep therapies, one can see how autogenic therapies became officially popular in both Czechoslovakia and the GDR. They also created interest in part because they required no special equipment or pharmaceutical interventions, and

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*Gesundheitswesen*, 9 (1954), pp. 211–18.

<sup>462</sup> H. Steinberg and M. M. Weber, 'Intermixture of politics and science in the GDR. The investigation of deaths at the Department of Neurology and Psychiatry at Leipzig University under Müller-Hegemann in 1963', *Fortschritte Der Neurologie-Psychiatrie*, 79 (2011), pp. 561–69.

because the patient could be trained to use the technique themselves, avoiding requirement for lengthy treatment with therapists: the treatment was essentially cost-free. Yet although used in both countries, it was in East Germany that autogenic and relaxation therapies were promoted to the greatest extent, and came to be taken up in ideological terms by some key psychiatrists, even if other key practitioners eschewed Pavlovian explanations themselves.

The Policlinic of the University of Jena became the main centre for the development of autogenic therapies and related practices in relaxation and hypnosis in the early years of the GDR. Jena had historically been a significant university for psychiatry in Germany, having been home to significant names for the development of the discipline, such as Otto Binswanger, Oscar Vogt and Johannes Heinrich Schultz. The latter was credited with developing autogenic therapies in the first instance, with the first monograph on the practice appearing in 1932.<sup>463</sup> There is evidence that, under the Nazi regime, Schultz became implicated in the Tiergartenstrasse 4 campaign, in which compulsory ‘euthanasia’ was prescribed for patients with diagnoses of schizophrenia, along with individuals considered to be sexual deviants.<sup>464</sup> This association was either not known about, or caused no concern in the early years of the GDR, as his name was invoked positively, associated with institutional memory, as a justification for reviving and continuing autogenic approaches to psychotherapy by two doctors based in Jena after the war: Gerhard Klumbies and Helmuth Kleinsorge. Neither were psychiatrists, specializing instead in internal medicine, and yet they became the key innovators in psychotherapy at the University of Jena in the early Communist period. Kleinsorge was the Director of the Medical Policlinic at the university, and Klumbies moved there to complete his studies after the war and the dissolution of the hospital he had been training at in Königsberg. It was in this context, and in the course of assisting in the reconstruction of the Jena clinic, that Klumbies began collaborative work with Kleinsorge, which continued into the 1960s on a range of different topics across medicine, psychotherapy and sexology, particularly making use of newly available technologies such as the electroencephalograph and electrocardiogram.<sup>465</sup>

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<sup>463</sup> J.H. Schultz *Das Autogene Training (konzentrierte Selbstentspannung). Versuch einer klinisch-praktischen Darstellung* (Leipzig: G. Thieme, 1932).

<sup>464</sup> Geoffrey Cocks, *Psychotherapy in the Third Reich: The Göring Institute* (Piscataway, NJ: Transaction Publishers, 1997), p. 297.

<sup>465</sup> Donna Drucker notes that they were particularly keen to experiment with recording technologies

Their interest in autogenic therapies originally came from an awareness of the effects that ablative hypnosis could have upon pain, and on the cardiovascular system, and particularly blood pressure.<sup>466</sup> As there was a shortage of psychiatric personnel at Jena, and there was ongoing national concern about the effects of neurosis on the working population, Kleinsorge and Klumbies turned their attention to using autogenic approaches both to treat and prevent anxiety, neurasthenia and other neurotic disorders.

Autogenic therapies could be appropriated by the regime in part because of the ease with which they could be adapted into a model of conditioned reflexes (as will be exemplified below). They were also ideologically benign as they were essentially ‘somatic’, based on physiological responses and avoiding any necessity to invoke explanations based on concepts of the unconscious or its defense mechanisms. Autogenic therapies were far removed from any hints of ‘Freudianism’, and were deliberately labeled as ‘rational therapies’ in opposition to the ‘idealism’ or ‘irrationalism’ of psychoanalysis.<sup>467</sup> Furthermore, the fact that they could be used prophylactically accorded with broader socialist conceptions of citizen responsibility and prevention in healthcare.<sup>468</sup>

It is particularly significant that the autogenic therapies were featured explicitly at the East German Pavlov ‘Tagung’, with the Jena clinic being held up as an example of best-practice and progressive research.<sup>469</sup> The research in Jena culminated in both a training and treatment programme at the clinic, which attracted doctors and psychotherapists from Czechoslovakia and the USSR, as well as Switzerland, to learn to administer the techniques.<sup>470</sup> A number of publications on the

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that registered the physiological effects of various processes. Like many others involved in sex research in its infancy in the 1950s and ‘60s, Kleinsorge and Klumbies did not seek to publicize their work widely, and even concealed the details of the machines they used to induce orgasm in experimental subjects by recording them in Latin rather than German. This is in contrast to their psychotherapeutic research, which they were fervent in publicizing to as broad an audience as possible. See Donna J. Drucker, *The Machines of Sex Research: Technology and the Politics of Identity, 1945-1985* (Berlin: Springer, 2013), p. 12.

<sup>466</sup> Gerhard Klumbies ‘Die Anfäng in Jena 1945-1959.’ In: Michael Geyer, *Psychotherapie in Ostdeutschland: Geschichte und Geschichten 1945-1995* (Amsterdam: Vandenhoeck & Ruprecht, 2011), pp. 63-66.

<sup>467</sup> D. Muller-Hegemann, ‘Rational psychotherapy’ *Psychiatrie, Neurologie, und Medizinische Psychologie*, 4 (1952), pp. 274–85.

<sup>468</sup> For Mette’s treatise on the importance of prevention for socialist medicine, see Alexander Mette, *Der Arzt in der sozialistischen Gesellschaft* (Akademie-Verlag, 1958).

<sup>469</sup> Staatssekretariat für das Hoch- und Fachschulwesen and Ministerium für Gesundheitswesen, *Pawlow -Tagung*.

<sup>470</sup> D. Muller-Hegemann, ‘Rational psychotherapy’ *Psychiatrie, Neurologie, und Medizinische Psychologie*, 4 (1952), pp. 274–85.

research at the clinic came out in the 1950s both in East German and Western journals.<sup>471</sup> The two most unusual publications were a pair of small, canvass-bound, hardback books which came with accompanying vinyl records. One was aimed specifically at practitioners in order to assist their training in administering autogenic psychotherapy to their patients, with information on the theory and origins of the approach. The other was more specifically aimed at patients, and functioned as an early form of self-help technology. The records included a recording of a soothing, hypnotic monologue that mimicked the same script as a therapist would use in a one-to-one setting. The full script was also printed within the book, along with instructive photographic examples of how the patient should sit, stand or lie down during the process.

While Klumbies and Kleinsorge acknowledged the Asian origins of autogenic therapy through Schulz's interest in yoga and meditation, and specifically practices of Tibetan Buddhism, the contemporaneous importance of the approach within East German psychotherapy does not go unstated. Firstly, they argued that the use of a 'machine-based' administration of therapy (via the vinyl recording) was a significant step towards modernization of psychotherapy, breaking away from the psychoanalytic tradition, which insisted on the importance of human interaction, transference and the psychotherapeutic relationship. This correlates with Klumbies' private accounts of his opposition towards psychoanalysis, as well as the pair's particular research interest in the use of new technologies (they also, for example, were early pioneers of telephone-based hypnosis in the GDR).<sup>472</sup> They then go beyond an anti-psychoanalytic standpoint to actively invoke Soviet authors:

The physiological *modus operandi* of autogenic training can best be explained from work on conditioned reflexes – Pavlov, and then further developed by Bykov. The spoken words lead by way of conditioned cortico-visceral reactions to the realization of the desired feelings. The words we use for the exercises are very much standardized

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<sup>471</sup> D. Muller-Hegemann, 'Some modifications of the autogenic training', *Der Nervenarzt*, 27 (1956), pp. 266–70; D. Muller-Hegemann, 'Rational psychotherapy' *Psychiatrie, Neurologie, und Medizinische Psychologie*, 4 (1952), pp. 274–85.; H. Kleinsorge and G. Klumbies 'Psychotherapy in a university's medical polyclinic', *Ärztliche Wochenschrift*, 5 (1950), pp. 665–68; H. Kleinsorge and G. Klumbies 'Psychotherapeutic experimences in a university hospital for internal diseases' *Zeitschrift für Psychotherapie und medizinische Psychologie*, 10 (1960), pp. 63–65.

<sup>472</sup> Gerhard Klumbies 'Psychosomatik und Psychotherapie in Jena nach dem Mauerbau.' In: Michael Geyer, *Psychotherapie in Ostdeutschland: Geschichte und Geschichten 1945-1995* (Amsterdam: Vandenhoeck & Ruprecht, 2011), pp. 198-200. G Klumbies, 'Telehypnosis', *Zeitschrift für Psychotherapie und medizinische Psychologie*, 2 (1952), pp. 221–29.

and repetitive and build up signals for the release of these reflexes. Most know from experience the feeling of warmth pervading their arm when holding it in water – so vasodilation becomes associated with warmth – in the end the word warmth alone is enough to induce vasodilation.<sup>473</sup>

This is particularly notable, given Klumbies' own privately voiced skepticism with regard to explaining the therapeutic mechanism in Pavlovian terms.<sup>474</sup> This suggests that authors who were genuinely antipathetic towards the Party line nevertheless adopted the language of the regime to promote their practices and protect their careers, even when they did not believe the causative mechanisms they themselves appeared to be advocating. This is one of the strongest examples of coercion within medicine under the regime. Even though Kleinsorge himself lent more public support to Pavlovian theories of psychotherapeutic effects, he was soon to fall out of favour with the party himself.<sup>475</sup> After 1961, Kleinsorge voiced opposition to the restrictions to travel following the building of the Berlin Wall, and was consequently removed from his post as Director of the University Clinic and banished to a psychiatric hospital in the town of Schwerin, Mecklenburg-Vorpommern. He later emigrated to the West in 1968 and became involved in the psychopharmaceutical industry.<sup>476</sup>

Autogenic therapies nevertheless continued to hold an important position in psychotherapy textbooks in East Germany. After emigrating to the West, it is notable that both Müller-Hegemann and Kleinsorge continued to promote them, suggesting that they were completely persuaded by their efficacy regardless of the ideological content and imperative.<sup>477</sup> Their success could also be explained as a result of the decline in use of sleep therapies in the GDR after two drug-related deaths occurred at the Leipzig Clinic under the supervision of Müller-Hegemann. As the autogenic

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<sup>473</sup> Ibid.

<sup>474</sup> Gerhard Klumbies 'Psychosomatik und Psychotherapie in Jena nach dem Mauerbau.', pp. 221-229.

<sup>475</sup> H. Kleinsorge, 'The importance of Pavlov's theory for etiology and therapy of functional diseases', *Das Deutsche Gesundheitswesen*, 8 (1953), p. 221.

<sup>476</sup> Ibid. See also *Deutsche Gesellschaft für Pharmaceutische Medizin*.

[<http://www.dgpharmed.de/mitglieder/ehrenmitglieder/> accessed 12.11.14]

<sup>477</sup> H. Kleinsorge, 'Principles and methodology of autogenic training', *Therapie der Gegenwart*, 112 (1973), p. 936; Dietfried Müller-Hegemann *Autogene Psychotherapie - Weiterentwicklung des Autogenen Trainings*. (Hamburg: Rowohlt, 1981). It is important to note the endurance of autogenic training both in Central and Eastern Europe after the fall of the Berlin Wall, and in Britain and America where it has been a minority specialism, but one which has in some ways been drawn into the 'third wave' behavior therapies and practiced under the umbrella term of 'mindfulness'. See, for example, Gian Manzoni and others, 'Relaxation Training for Anxiety: A Ten-Years Systematic Review with Meta-Analysis', *BMC Psychiatry*, 8 (2008), p. 41.

therapies were one of the few alternatives to be based on hypnotic principles, with a plausible pavlovian explanation, they were a viable alternative in terms of ideological validity. The fact that they involved no pharmaceutical intervention, and could be practiced in an outpatient setting, meant that they were also economical, as well as being much more low-risk than sleep therapy had become. While there is little evidence of it being used to treat patients with schizophrenia (as sleep therapy had been, and which was subsequently increasingly treated with neuroleptic antipsychotics), it could nevertheless take the place of sleep therapies for the treatment and prevention of neurosis. Given that neurosis was considered to be a *Zivilisationskrankheit* which was, to an extent, unavoidable within an advanced industrialised society such as the GDR, the availability of an appropriate therapy to treat it was a high priority for the Communist Party-affiliated psychiatric establishment. In a sense, neurasthenia as a diagnostic category was thus the most fully ideologically coherent disorder within East German psychiatry. The category itself had been described by Pavlov, along with its aetiology explained through the ‘asthenic neurosis’ model of Pavlov and Ivanov-Smolenskii. It could also be treated through somatic, autogenic therapies which apparently operated through the mechanism of a conditioned reflex. It thus represented the apotheosis of Communist psychiatric modernism: this was a disorder that was generated by social conditions, but those conditions were themselves a symptom of the healthy progress of the nation as a whole, through industrial advancement. Yet they also enabled the state to demonstrate its proficiency: the disorder was both understood in terms of its causal mechanisms, and could be prevented and treated through politically sound psychosomatic interventions. Through scientific understanding and intervention, it appeared that disordered affect and behavior could be prevented, or at the very least rendered ordered once again.<sup>478</sup>

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<sup>478</sup> It is notable, also, that neurasthenia was not only the most coherent category in terms of nosology, aetiology and therapy within the GDR and Czechoslovakia, but it was also one of the few disorders that was surrounded by a similar narrative across the East European region, including the Soviet Union. See also, for example, Corina Dobos ‘Psychiatry and Ideology: The Emergence of ‘Asthenic Neurosis’ in Communist Romania.’ In Mat Savelli and Sarah Marks *Psychiatry in Communist Europe* (London: Palgrave MacMillan, 2015).

### 4.3 Insulin Coma Therapy

Insulin shock therapy was briefly extremely popular in the United States, but the intense use of resources in comparison with subsequently developed therapies such as ECT and neuroleptic antipsychotics resulted in a sharp decline in its use by the end of the 1940s.<sup>479</sup> There were also concerns about safety, with studies suggesting there could be up to a 1.9% mortality rate.<sup>480</sup>

Benjamin Zajicek's research shows that it continued to be used for a longer period in the Soviet Union. It was not without controversy in the USSR either, however. Although some psychiatrists had observed impressive cases of recovery in patients treated with insulin, others argued that such anecdotal evidence was contradicted by statistical research that demonstrated limited improvement in most patients, which could not justify the risks and resources associated with its use.<sup>481</sup>

In 1952 Rudolf Thiele, the first post-war director of the Neurology Clinic at the Charité became interested in the process and engaged in correspondence with the director of the Psychiatric Asylum in Arnsdorf, a municipality in Saxony 25 kilometres to the East of Dresden who had experience of the treatment. The director, Dr Stoltenhoff, wrote that they had been using the treatment for the last two years, and that he himself attached great importance to it. While they had initially found it difficult to procure insulin, it had become easier to acquire, and by 1952 they no longer had problems getting hold of the required amounts for the treatment process. He extolled the virtues of the treatment explaining that they had observed significant improvements in patients, and hoped that it would be possible to widen the practice in the GDR once economic conditions were improved (or in the eventuality 'of the reunification of Germany').<sup>482</sup> The same year saw a publication in *Psychiatrie, Neurologie und medizinische psychologie* on the use of insulin coma in clinical practice by Stoltendorff's colleague Heidrich.<sup>483</sup>

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<sup>479</sup> Joel T. Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (University of California Press, 1997), p. 97.

<sup>480</sup> *Ibid.*, p. 200.

<sup>481</sup> Benjamin Zajicek 'Insulin Coma Therapy and the Construction of Therapeutic Effectiveness in Stalin's Soviet Union, 1936-1953' in Mat Savelli and Sarah Marks (eds) *Psychiatry in Communist Europe* (London: Palgrave MacMillan, 2015).

<sup>482</sup> Letter from Dr H. Stoltenhoff to Rudolf Thiele, 12.4.1952. Humboldt University Archives, Bestand der Charité Nervenlinik Box 038011/5

<sup>483</sup> R. Heidrich, 'The clinic of the protracted insulin coma', *Psychiatrie, Neurologie, und Medizinische Psychologie*, 4 (1952), pp. 36-44.



In Czechoslovakia, insulin shock therapy was also used throughout the Communist period, and in the 1950s and '60s it provided a tool for researchers interested in biochemical aetiologies of disorder, first in human subjects and then in rats.<sup>484</sup> Indeed, research studies continued through until the 1980s, with publications in both countries claiming that insulin coma therapy was more likely to result in full recovery from than treatment with neuroleptics.<sup>485</sup>

The popularity of insulin coma therapy in the Soviet region and its satellites seems to be explained in the primary texts by its observed curative potential. One can see how it would be popular as a treatment within the framework of the so-called 'heroic remedies', which correlate with a therapeutic optimism that would be coherent with the socialist project. Nevertheless, the duration of its use across the period is striking, and perhaps testament to the comparative paucity of patient rights movements, ethics committees or risk-based analysis in the Communist countries compared to the West.

#### 4.4 Looking to China: Bringing Acupuncture to Czechoslovakia

The fortunes of acupuncture were wildly different in Czechoslovakia and the GDR. As will be discussed below, in the former, acupuncture was enthusiastically appropriated following strong links between Czechoslovakia and China in the 1950s, and continued to be an area of growth in medicine, eventually becoming both institutionalized in a hospital clinic in Brno and officially recognized as a valid treatment by the Ministry of Health.

In the GDR, while a few practitioners used acupuncture on an 'underground' basis, there was a vocal campaign against it from the head of the Berlin Institute of Forensic Medicine, Otto Prokop, who claimed it was unscientific to the extent of

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<sup>484</sup> J. Pogady and J. Molcan, 'Serum protein fraction changes during insulin therapy of mental disorders', *Československá psychiatrie*, 54 (1958), pp. 154–58; J. Pogady and J. Molcan, 'Electrophoretic examination of proteins in the blood serum in experimental protracted insulin coma in rats', *Československá psychiatrie*, 56 (1960), pp. 24–29; J. Pogady and V. Dornetzhuber, 'Histopathology of the Brain in the Model of Irreversible Insulin Coma in Rats', *Review of Czechoslovak Medicine*, 6 (1960), pp. 94–97.

<sup>485</sup> P. Pavlovský et al, 'Catamnestic evaluation of the treatment of schizophrenia using insulin coma', *Československá psychiatrie*, 81 (1985), pp. 391–96; J. Saarma, 'Catamnestic studies of treatment results in schizophrenic patients', *Psychiatrie, Neurologie, und Medizinische Psychologie*, 35 (1983), pp. 587–97.

being a ‘form of magic’.<sup>486</sup> Gunnar Stollberg has also claimed that there was a ceremonial destruction of acupuncture needles in the 1970s in Ichtershausen, a small town near Erfurt, carried out by the Communist authorities.<sup>487</sup> This animosity was not shared in the Soviet Union and appears to have been a specific product of East German conservatism within medicine. Some historians of Chinese medicine have argued that there is evidence of acupuncture and moxibustion being used in Russia since the 10<sup>th</sup> century, but they situate the 1950s as the most important decade for the transfer and popularization of concepts and practices from China to the Soviet Union, due to the fraternal Communist relationship.<sup>488</sup> The Sino-Soviet Split did not appear to disrupt continued interest in Chinese medicine in parts of the Soviet and East European Communist world. This once again illustrates the relatively limited impact of international relations on research among a profession with substantial autonomy after Stalinism.

Recent work in the history and social anthropology of Asia has foregrounded the importance of cultural interaction, both in terms of physical travel and settlement for educational and student exchanges, but also in terms of genuine engagement between intelligentsias between socialist-orientated countries within Asia and Soviet-influenced Europe. Susan Bayly, in her work on ‘cosmopolitanism’ argues that scholars of the socialist world have hitherto failed to see the importance of wider socialist networks beyond the boundaries of the Soviet Union, built as a consequence of fraternal relations between Communist countries as geographically separated as North Vietnam and Czechoslovakia and East Germany. Ideals of socialist modernity united intellectuals and students across macropolitical boundaries, and cultural ties and exchanges sometimes proved more durable than international relations.<sup>489</sup>

Chinese relations with other Communist countries have become a key area of recent historiographical research. Challenging assumptions that the early People’s

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<sup>486</sup> Gunnar Stollberg ‘Acupuncture in Western Europe’ in Michael McCarthy (ed.) *Thieme Almanac 2007: Acupuncture and Chinese Medicine* (Thieme, 2006), p. 139.

<sup>487</sup> *Ibid.*

<sup>488</sup> Yu-Yang Yang ‘History and current status of acupuncture-moxibustion in Russia and former Soviet Union’, *Zhongguo Zhen Jiu Chinese Acupuncture & Moxibustion*, 32 (2012), pp. 928–32.

<sup>489</sup> For further discussion on Bayly’s argument for reconsidering the cultural world of socialism to have existed beyond the traditional boundaries of geopolitical borders, see the introduction to Susan Bayly, *Asian Voices in a Post-Colonial Age: Vietnam, India and Beyond* (Cambridge: Cambridge University Press, 2007); Susan Bayly ‘Vietnamese Narratives of Tradition, Exchange and Friendship in the Worlds of the Global Socialist Ecumene’ in Harry G. West and Parvathi Raman (eds), *Enduring Socialism: Explorations of Revolution and Transformation, Restoration and Continuation* (Oxford: Berghahn Books, 2013), pp. 125–147.

Republic of China of the 1950s was a closed society, Frank Dikötter demonstrates the extent to which it was outward-looking towards other Communist countries, even if its doors were still closed to the West. In particular, they approached the Soviet Union and Eastern Europe for inspiration and guidance in terms of improving the country's modernization programme.<sup>490</sup>

Austin Jersild, whose work has explored how much the the Soviet Union gained from the addition of the long-standing Czechoslovak scientific and technological elite into the socialist bloc, has also recently illuminated the degree to which China made good use of its connections to the Central Europe in the 1950s, especially in terms of science.<sup>491</sup> While there is a burgeoning literature on the transfer of expertise from Czechoslovakia to China, and the sense of duty felt by Czechoslovak Communists to engage in this even after the Sino-Soviet Split, historians have not paid attention to the possibility of transfer of expertise in the opposite direction, from Communist Asia to Communist Europe.<sup>492</sup>

The sincere interest in Chinese medicine shown by Czechoslovak doctors shows that knowledge exchange was by no means unilateral between the two countries. Oldřich Starý led a delegation on behalf of the Czechoslovak Ministry of Health to the People's Republic of China in 1959 in order to both share their knowledge with the Chinese medical profession, and observe the methods used in Chinese hospitals for potential use at home. Arriving in Peking via Moscow on the 24<sup>th</sup> June and were escorted on a week-long tour of the cultural and historical sights of the city by 'Chinese comrades' before beginning the official leg of their study trip at the beginning of July. In return, Starý delivered lectures on mental health care in Czechoslovakia and Pavlovian models of neurology.<sup>493</sup>

Interest in the practice of medicine in China and what could be learned from it continued and expanded, well beyond the point when the physical possibility of

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<sup>490</sup> Thomas P. Bernstein and Hua-yu Li (eds) *China Learns from the Soviet Union, 1949-Present* (Boston, MA: Lexington, 2010); Nicolai Volland, 'Translating the Socialist State: Cultural Exchange, National Identity, and the Socialist World in the Early PRC', *Twentieth-Century China*, 33 (2007), pp. 51–72.

<sup>491</sup> Austin Jersild 'Central Europeans and the Sino-Soviet Split: "The Great Friendship" as International History' *The Woodrow Wilson Centre Cold War International History Project*, (2014) [[http://www.wilsoncenter.org/publication/central-europeans-and-the-sino-soviet-split-the-%E2%80%9Cgreat-friendship%E2%80%9D-international-history#\\_ftn1](http://www.wilsoncenter.org/publication/central-europeans-and-the-sino-soviet-split-the-%E2%80%9Cgreat-friendship%E2%80%9D-international-history#_ftn1) accessed 12/9/14]

<sup>492</sup> See, for example, Aleš Skřivan 'K hospodarským vztahum mezi československým a čínskou lidovou republikou ponastupu teng siao-pchingova reformni'ho vedeni', *Historický Časopis*, 60 (2012), pp. 471–83.; Aleš Skřivan, *Československý vývoz do Číny 1918-1992* (Prague: Scriptorium, 2009).

<sup>493</sup> Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIb/1.1 Karton 1, č 60.

travelling to China had ceased due to the Sino-Soviet split of 1960. Articles began appearing in Czech-language medical journals from 1962, and shortly after the state-owned manufacturing company PREMA began producing acupuncture needles in the Slovak town of Stará Turá. Officially sanctioned conferences on Chinese medicine began in 1963 in the Czech town of Banská Bystrica, then a corresponding meeting in Slovakia in Ružomberok in 1965. These conferences continued regularly from then on.<sup>494</sup>

In the field of mental health, Jan Černý, a psychiatrist at the Kosmonosy Psychiatric Hospital, conducted a comprehensive literature review of work on Chinese psychiatry published by Chinese authors in English, German and Russian, as well as European authors writing about Chinese medicine with relation to psychiatry. A large proportion of his references (which numbered over 100) were drawn from the East German journal *Aus dem medizinischen Schrifttum der Sowjetunion und der volksdemokratischen Länder* ('From the medical journals of the Soviet Union and the peoples' democratic lands'), which was specifically aimed towards dissemination of medical knowledge and practice across the broader socialist world, including East Asian Communist countries. His summary was published as an article, 'On Chinese Psychiatry' in the 'Psychiatry Abroad' section of the *Czechoslovak Psychiatry* journal in 1965.<sup>495</sup> Černý's account is in part motivated out of anthropological interest, detailing some shamanic practices in the Tibetan regions. On the whole, however, Chinese psychiatry is described as a modern system in which similar interventions were being used to those European countries. These including work therapy, sleep therapy, pharmaceutical treatment and ECT; but in China, treatment was further augmented by traditional methods including acupuncture, breathing exercises and iguipuncture (treatment through thermal irritation).

As in Czechoslovakia, neurasthenia was an important diagnosis. In addition to using pharmacotherapies such as glutamic acid, neurasthenia was treated with acupuncture, which, it was argued, functioned by a form of Pavlovian conditioning according to the research group of Wang Chin-Pu. This method was considered particularly successful for alleviating neurasthenic symptoms such as vertigo,

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<sup>494</sup> Richard Umlauf, 'Development and Contemporary State of Acupuncture and Related Techniques in Czechoslovakia', *Acupuncture in Medicine*, 4 (1987), p. 7.

<sup>495</sup> Jan Černý 'O čínské psychiatrii' *Československá psychiatrie* (1965), pp. 273-282.

headache and insomnia.<sup>496</sup> Invoking similar explanations about Pavlovian conditioning, acupuncture was also reported to be used for treatment of patients with a diagnosis of schizophrenia and other conditions that resulted in psychomotor agitation, although the effects were not sufficiently long-lasting to be convincing as a treatment modality for common usage.<sup>497</sup> Černý also outlined the variable attitudes of Soviet psychiatrists towards acupuncture, where there were both advocates and those who were doubtful as to the efficacy of Chinese Medicine as a whole. Černý's own perspective is broadly positive, suggesting that there was potential for treatment, particularly with regard to the neuroses, and that it was worth pursuing further research in the field in Czechoslovakia.<sup>498</sup>

This is indeed what happened, with psychiatric interest in acupuncture being focused specifically on the neurasthenia. Psychosis, and particularly associated psychomotor agitation actually became contraindications for use of acupuncture by the 1970s, resulting in its psychiatric use being restricted to neurotic disorders.<sup>499</sup> By 1975 there was a sufficiently large group of practitioners, along with official Party backing, to establish a separate acupuncture department within the Faculty Hospital in Brno-Bohunice (Brno being the third largest city in Czechoslovakia). The department conducted clinics, as well as a centre for research, particularly with relation to the efficacy of acupuncture methods. Within three years acupuncturists from the department began to offer a compulsory lecture course to medical students at Brno University. The studies of the first 200 patients treated in the Brno-Bohunice department were used to make the case for the cost-benefits of acupuncture compared to other forms of treatment, particularly savings in pharmaceuticals.<sup>500</sup> Consequently, by 1976 the Czechoslovak Ministry of Health officially recognized 'acupuncture and its variants... as fully-approved interdisciplinary methods of therapeutic and preventive care'.<sup>501</sup> Having been officially appropriated by the medical profession,

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<sup>496</sup> Wang Chin Pu, Wang Wan-Lan, Tung Li-Jung, *Aus dem medizinischen Schrifttum der Sowjetunion und der volksdemokratischen Länder*. 1165, 7 (1960), p. 7.

<sup>497</sup> Jan Černý 'O čínské psychiatrii', p. 277. Hwang Sin-Lin *Aus dem medizinischen Schrifttum der Sowjetunion und der volksdemokratischen Länder*, 1311 (1960).

<sup>498</sup> Jan Černý 'O čínské psychiatrii', p. 279.

<sup>499</sup> R. Umlauf, 'Analysis of the Main Results of the Activity of the Acupuncture Department of Faculty Hospital', *Acupuncture in Medicine*, 5 (1988), pp. 16–18.

<sup>500</sup> *Ibid.*, p. 18

<sup>501</sup> Richard Umlauf, 'Development and Contemporary State of Acupuncture and Related Techniques in Czechoslovakia', p. 7. *Bulletin of the Czechoslovak Ministry of Health*, 41 (1976), p. 282.

they secured a monopoly on acupuncture, with practice becoming an illegal by non-medically trained specialists. Training courses were subsequently set up in Prague, Bratislava and regional hospitals across the country.<sup>502</sup> As a consequence of this official sponsorship, Czechoslovakia became a centre in the campaign of the recognition of acupuncture as having parity of esteem with other branches of medicine as an evidence-based treatment through the entire Communist period. According to Richard Umlauf, by 1988, Czechoslovak doctors had published 79 works, and presented 300 lectures on acupuncture within Czechoslovakia and abroad.<sup>503</sup>

As Vivienne Lo and Adrian Renton have shown for the Cuban case, the conditions for the take-up of practices such as acupuncture into the Cuban health system were indeed made favorable by China's status as a Communist country, and even more so because of the importance of a Chinese immigrant community settled within Cuba itself. Yet practices were first introduced to the country by an Argentinian acupuncturist in 1963, and were strengthened in the 1980s by short courses run by American practitioners.<sup>504</sup> The origins of knowledge transfer can often have unexpected sources. Likewise for Czechoslovakia it is important to acknowledge that there was pre-Communist tradition, which may in part explain the readiness to acknowledge its validity in comparison with the dramatic opposition which arose in East Germany. There had been an awareness of acupuncture and moxa in Czechoslovakia from the 1920s, when it was used by the Charles University professor Eduard Cmunt to treat rheumatism, but it wasn't until the early 1960s, after the official visits to China, that practice began to be expanded and institutionalized, yet there was an apparent institutional memory of its earlier appearance. This actually marks out the Czech lands as having been one of the earliest sites for the take up of acupuncture in Europe: the more frequently quoted reference for its European arrival is to France, and the work of Soulié de Mourant a decade later in 1934.<sup>505</sup>

While local particularities do shape the way in which knowledge is taken up and put into practice at specific sites, national and political boundaries did not give

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<sup>502</sup> Richard Umlauf, 'Development and Contemporary State of Acupuncture and Related Techniques in Czechoslovakia', p. 7.

<sup>503</sup> Ibid.

<sup>504</sup> Vivienne Lo and Adrian Renton 'The Cuban Chinese Medical Revolution' in Volker Scheid and Hugh MacPherson (eds), *Integrating East Asian Medicine into Contemporary Healthcare* (Amsterdam: Elsevier Health Sciences, 2011), p. 218.

<sup>505</sup> Gunnar Stollberg 'Acupuncture in Western Europe', p. 139.

rise to closed systems of medical thought. Thus, acupuncture, cannot be assumed to be exclusive to the Communist world in this period, in spite of its origins in countries that were under such political systems. Czechoslovak – as much as Cuban – practitioners were not concerned with the national or political purity of a concept's origins, nor did they consider scientific studies originating in non-Communist states as somehow inferior to their own. Arguments promoting Chinese medicine were just as likely to be supported by reference to British articles as they were to Chinese, or Russian. Yet, although Czechoslovak medicine was most definitely a non-discriminating international enterprise even at the height of the Cold War, it was fraternalism between Communist countries, and the commitment of certain individuals to a common goal of socialist modernization, which made possible the transfer of Chinese medicine to Prague in the first instance. The possibility of fitting acupuncture in to a plausible pavlovian framework of explanation, along with the apparent economic case for its use over alternative treatments, allowed for the medical profession to construct an argument for its use that was congruent with the interests of state socialism and official scientific ideology. Political circumstances and affiliation did, therefore, play a role: but in this case it was one that enabled rather than stifled plurality.

#### 4.5 The Prague LSD Psychotherapy Projects

Having received an orthodox training with Bohodár Dosužkov, Grof's interpretation of patient responses to LSD hallucinations was informed by his understanding of psychoanalytic practice. He observed that LSD sometimes allowed for 'abreaction', meaning that individuals began to recollect past traumas, and sometimes resolve them during the course of their sessions. Grof and Dytrych posited that the drug could be used as a means to accelerate the psychotherapeutic process, as subjects relived experiences from childhood and birth at a rapid rate under the influence of LSD, enabling therapeutic intervention to be achieved within a matter of hours rather than months.<sup>506</sup>

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<sup>506</sup> Typescript, Purdue University Special Collections and Archives, Stanislav Grof Papers, MSP1, Box 21, file 2.

Two research groups were established in the 1960s to explore the uses of LSD in psychotherapy; one under the aegis of Grof and Dytrych at the Prague Psychiatric Research Institute, and another based at the Sadská Clinic just outside Prague run by Milan Hausner and Vladimír Doležal. The Sadská group was particularly international, having co-operated with Hans Leuner in Göttingen from 1963, and having research collaborators on site from Poland and Spain from 1966.<sup>507</sup> From the outset, the Czech psychoanalyst Kučera was particularly supportive of the use of psychedelics in therapy, as it allowed for what he saw as a more active and intense therapeutic relationship.<sup>508</sup> Grof states that the research was allowed to flourish in part because of the open-mindedness of the director of the Research Institute, Lubomír Hanzlíček, who was able to use his seniority to provide institutional protection for research that was deemed controversial among more conservative psychiatrists of the older generation.<sup>509</sup>

Revisitation of childhood trauma was a common trope in the work of both groups, as was the use of Freudian interpretations of early childhood sexual development and its disruption.<sup>510</sup> In relation to this, Both Grof and Hausner wrote about the necessity for breaking taboos about physical contact during the sessions. At first for Grof, this ensued out of necessity as patients became very distressed whilst re-living early traumatic experiences. His original approach, inspired by his own orthodox psychoanalytic training with Dosužkov, led him to adopt the ‘psycholytic’ methodology used by British psychiatrist Sandison, which involved Grof sitting out of the patient’s sight with the patient lying on a couch. As Grof became reconciled with the therapeutic value of physical contact he became interested in emerging approaches which, actively made use of touch in psychotherapy. In 1964 he visited London to observe and experience the work of Joyce Martin and Pauline McCririck who had developed ‘anaclitic’ therapy.<sup>511</sup> McCririck, a London-based psychoanalyst, had been an assistant to American psychiatrist Harold Abramson (who, as was later disclosed, had been involved in research on the military uses of LSD for the CIA).<sup>512</sup> Drawing

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<sup>507</sup> Milan Hausner ‘LSD therapy behind the Iron Curtain, Czechoslovakia 1954-1974’ Typescript, Milan Hausner Papers, Purdue University Special Collections and Archives, MSP 76, p. 18

<sup>508</sup> Ibid., p. 19.

<sup>509</sup> Stanislav Grof, *Realms of the Human Unconscious.*, p. xv

<sup>510</sup> See, for example, the case of ‘Renata’ in Stanislav Grof, *Realms of the Human Unconscious.*, pp. 83-88; or the case of ‘Paul’ in Milan Hausner *LSD: The Highway to Mental Health.*, pp. 171-173

<sup>511</sup> Stanislav Grof, *LSD Psychotherapy: Exploring the Frontiers of the Hidden Mind* (Hunter House, Incorporated, 1980), p. 122.

<sup>512</sup> Joint hearing before the Select Committee on Intelligence and the Subcommittee on Health



from Freud's theory of anaclisis, in which the infant's identification of the love object (usually the mother) is associated with self-preservation, McCririck observed that some patients undergoing LSD psychotherapy appeared to regress into infantile states, requiring affection and comforting.<sup>513</sup> The therapist consequently stood in for the parental figure. Grof found that in some cases it was simply sufficient to hold the patient's hand, but that some patients required cradling or massage.<sup>514</sup> One notes that while Hausner and Grof recollect their use of these techniques in their memoir publications many years after the fact, no details of anaclitic therapies are to be found in their published work from the time in Czechoslovakia, which demonstrates the possibilities of a certain liberalism in psychiatric *practice* which could not be committed to paper in research publications. Grof was aware that although such methods were not uncommon in California and elsewhere in the 1960s, the Czechoslovak psychiatric profession was unlikely to accept it, given that his orthodox psychoanalytic colleagues even advised against shaking hands with patients, lest it inhibited the transference process.<sup>515</sup>

In addition to regression back to childhood, Grof began to observe what he interpreted as patients' recollections even earlier time periods from their life, including birth and perinatal experience. Drawing on the theories of the Austrian psychoanalyst Otto Rank and his understanding of birth trauma, Grof developed a theory of the mechanism of the psychotherapeutic cure under LSD. He presented this theory at the Psychiatric Research Institute in 1968, asserting that the patient had to re-live the four stages of birth (termed basic perinatal matrices) during the session: intrauterine life, the first stage of delivery, the trauma of the second and more intense stage of delivery, and release into the world.<sup>516</sup> If the foetus was subjected to trauma in any of these stages, psychological difficulties would present in later life, with particular conditions relating to each stage. In order for the personality to be reconstructed, the trauma had to be resolved by revisiting the birth experience in the therapeutic context.<sup>517</sup> LSD provided the tool with which these earlier periods in the

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Resources, United States Senate. Ninety-Fifth Congress, First Session (Washington: US Government Printing Office, August 3 1977).

<sup>513</sup> Harold Alexander Abramson, *The Use of LSD in Psychotherapy and Alcoholism* (Bobbs-Merrill, 1967), p. 223.; Sigmund Freud *On Narcissism* (Standard Edition, XIV,1914), pp. 87-90.

<sup>514</sup> Grof, *LSD Psychotherapy*, p. 122.

<sup>515</sup> Stanislav Grof, *LSD Psychotherapy*.

<sup>516</sup> Milan Hausner 'LSD therapy behind the Iron Curtain, Czechoslovakia 1954-1974' Typescript, Milan Hausner Papers, Purdue University Special Collections and Archives, MSP 76, p. 18.

<sup>517</sup> Later summarised in English in Grof, *Realms of the Human Unconscious*, pp. 102-103.

patient's chronology could be accessed. Grof described the phenomena uncovered during such sessions as 'Condensed Experience' systems, often abbreviated to 'Co-Ex' systems, which he theorized were the patients' constellations of memories and associations of a particular period in their life, combined with a particularly strong emotional charge. The psychedelic properties of the drug appeared to facilitate the reliving and resolution of such 'Co-Ex' systems, often through role-playing in which the patient's hallucinations transformed the therapist into the characters who played the most significant role in the traumatic memories. For one of Grof's patients, 'Peter', for example, who had been tortured under the Nazi Protectorate regime in Czechoslovakia during the Second World War, the therapist would often transform into a Gestapo officer.<sup>518</sup> Milan Hausner notes that Grof and his colleague Leuner also described a related 'Transphenomenal Dynamic Regulating System' in which, during a

fragmented, dissociative course of lysergamide intoxication visions representing experience from quite different periods of their life history are marshalling each other...connected to the same emotion. Like in a dream. Most of these entities represent visualized regressive recollections from the patient's life. In the following sessions the working through of these emotionally laden clusters picked them up again and again to the surface till the resolution.<sup>519</sup>

Therapeutic regression sometimes went beyond early experiences, to the 'transpersonal' dimension. Two of Grof's research subjects at the Prague clinic appeared to re-live experiences of family members during their sessions. 'Nadja', a psychologist aged 50, underwent a hallucination in which she was aged 4 in 1902, dressed in starched clothing and surrounded by family under a staircase, feeling ashamed and unable to live up to the demanding standards of the adults around her. When she later began to describe the memory to her own family, her mother completed the story with the same details that Nadja had recalled, convincing both her and Grof that the experience recollected was actually that of her mother.<sup>520</sup> In a further session with 'Renata', Grof observed that the patient was describing the undergoing an execution at the Battle of the Bílá Hora in 1621. Renata later wrote to

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<sup>518</sup> Stanislav Grof, *LSD: Doorway to the Numinous* (Bear & Co, 2009), p. 82.

<sup>519</sup> Milan Hausner 'LSD therapy behind the Iron Curtain, Czechoslovakia 1954-1974' Typescript, Milan Hausner Papers, Purdue University Special Collections and Archives, MSP 76, p. 33

<sup>520</sup> *Ibid.*, p. 164.

Grof once he had emigrated to the USA to inform him that her father had recently been carrying out genealogical research and had discovered that they were descended from a nobleman executed at Bílá Hora, a fact she claimed not to have known at the time.<sup>521</sup> These patient accounts led Grof to explore the work of C.G. Jung regarding the collective unconscious and transpersonal psychology, and such interpretations were echoed in Hausner's work. These references to Jungian and Rankian interpretations were congruent with the work of Ronald Sandison in Britain, whose articles from the *Journal of Mental Science* are referenced several times in Grof and Dytrych's two-volume project report on 'LSD and its use in clinical practice' from 1964.<sup>522</sup> Also influential was Grof's personal connection with the Transpersonal Psychology movement during the 1960s in California, and his visits to the Esalen Institute in Big Sur.<sup>523</sup> Although Grof emigrated permanently to the United States in 1967, he maintained contact with colleagues in Czechoslovakia, and his subsequent examination and interpretations of the Prague psychotherapy work appears to have continued to inform the work of his colleagues who were still working on LSD psychotherapy at the Sadská clinic into the 1970s.

Milan Hausner kept a collection of drawings and paintings produced by his patients during his time at Sadská. One such image shows a man reaching down to touch a large stone, around which are also images of dinosaurs. The patient stated, "I am regressing into my childhood, which seems to be a prehistoric age. I am searching, leaving the stones unturned." Hausner described this as having ontogenetic and phylogenetic components, indicating that the patient had regressed not only to childhood, but to prehistoric memories of earlier evolutionary states stemming from the collective unconscious.<sup>524</sup> A further example was his colleague, a young psychiatrist named Jakub who 'spent five hours of his LSD training in deep phylogenetic and archetypal regression, during which he experienced himself as a primitive reptile standing on four legs – saying nothing, only baring his teeth and

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<sup>521</sup> Ibid., p. 165-167.

<sup>522</sup> Stanislav Grof and Zdeněk Dytrych, *LSD a jeho využití v klinické praxi. Část 1, Přehled literatury* (Praha: [s.n.], 1964), p. 207.

<sup>523</sup> Stanislav Grof, 'A Brief History of Transpersonal Psychology' (c.2005)

[[http://www.stanislavgrof.com/pdf/A\\_Brief\\_History\\_of\\_Transpersonal\\_Psychology-Grof.pdf](http://www.stanislavgrof.com/pdf/A_Brief_History_of_Transpersonal_Psychology-Grof.pdf) accessed 26/5/14]; Stanislav Grof 'Account of a dream at Esalen Institute, c. 1963-1967' Manuscript, Stanislav Grof Papers, Purdue University Special Collections and Archives, MSP 1, Box 1, Folder 1.

<sup>524</sup> Milan Hausner 'LSD therapy behind the Iron Curtain, Czechoslovakia 1954-1974' Typescript, Milan Hausner Papers, Purdue University Special Collections and Archives, MSP 76, appendix.

trembling'.<sup>525</sup> The concept of the phylogenetic unconscious is normally associated with C.G. Jung, but in Hausner's notes he links it with the work of Konrad Lorenz, the Austrian behavioural scientist, and suggests it operates on an 'ethological level' – i.e. that of animal behaviour guided by evolutionary processes.<sup>526</sup> There are numerous patient images in the collection, annotated by Hausner as relating also to the 'individual', 'perinatal', 'cellular', and 'collective' unconscious, indicating the different levels of memory or historical periods contained in the human psyche, which he believed could be accessed by use of psychedelic substances.<sup>527</sup>

This research – although obviously unconventional in terms of its theoretical frameworks and conclusions - was by no means the product of peripheral figures: Milan Hausner was manager of a major psychiatric department linked with Charles University Medical School, and president of the Czechoslovak Psychotherapeutic Association. Grof, Roubíček and Vojtěchovský were also significant figures in the psychiatric community, and the projects were given the support of two successive directors of the Psychiatric Research Institute: Vladimír Vondráček and Lubomír Hanzlíček.<sup>528</sup> Nevertheless, by 1976 the research group at Sadská was closed down, and the production of LSD by Spofa had ceased. Milan Hausner later explained this move as the result of both a conservative shift in the psychiatric community, and in the attitude of the regime more specifically during the 'Normalization' period after the Soviet invasion of Czechoslovakia in 1969. It took several years to close the clinic down completely, in part because of the prestige of its director abroad: Hausner had gained esteem as the co-ordinator of the Working Group of Psychotherapists of Socialist Countries, which convened its first meeting at a significant international conference in Oslo in 1973 (an organisation which Hausner privately described as aiming to "co-ordinate psychodynamic activities in Eastern European countries and 'export' the unconscious to the USSR").<sup>529</sup> Nevertheless, the frequency of inspections and criticisms of LSD therapy increased substantially in the early 1970s, corresponding to a similar turn of events in the USA.<sup>530</sup>

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<sup>525</sup> Milan Hausner. *LSD: The Highway to Mental Health*, p. 170

<sup>526</sup> *Ibid.*, p. 66

<sup>527</sup> *Ibid.*, appendix

<sup>528</sup> The former also having been the editor of the main State-published psychiatric journal, *Československá psychiatrie*.

<sup>529</sup> Milan Hausner 'LSD therapy behind the Iron Curtain, Czechoslovakia 1954-1974' Typescript, Milan Hausner Papers, Purdue University Special Collections and Archives, MSP 76, p. 106; T. E. Mogstad Editor and F Magnussen Editor, *What Is Psychotherapy?* (Karger, 1975).

<sup>530</sup> Milan Hausner, *LSD: The Highway to Mental Health*, p. 256. Grof moved to the US in 1967

## 4.6 Conclusion

There is a stark contrast between Pavlovian sleep therapy and Jungian-inspired LSD psychotherapy, yet both existed under Communism, and the latter was more widespread and continued for longer than the ideologically authorized approaches. This, along with the enthusiastic and official uptake of acupuncture in Czechoslovakia is illustrative of the greater degree of freedom of innovation enjoyed by Czechoslovak psychiatrists in comparison with their colleagues in East Germany.

The two modes of therapy that one might expect to predominate under socialism would be work therapy and group therapy: the former because of a commitment to the value of labour for human development in Marxist theory, and the latter because it would be congruent with a commitment to the collective over the individual.<sup>531</sup> Neither, however, feature heavily in the psychiatric research literature, and such ideological justifications do not seem to have been prominent. Yet they were often practiced in psychiatric institutions in both countries, as is evident from institutional histories.<sup>532</sup> The case of autogenic therapy is exemplary of a compromise position: it allowed for therapeutic innovation, but at the same time relied upon psychiatrists framing it in a way that they privately disagreed with. As a consequence, Klumbies and Kleinsorge became the reluctant originators of what was perhaps the most coherently ‘Communist’ therapeutic approach of the period outside of sleep

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following a series of study trips to the Esalen Institute in the 1960s, and found that almost immediately after his relocation LSD research was halted as a consequence of legal prohibition after a number of high profile media cases of the abuse of psychedelic drugs. Grof consequently went on to develop holotropic breathwork techniques to mimic the psychological experiences and subsequent psychotherapeutic possibilities that LSD had allowed during his earlier research. See Grof *The Realms of the Human Unconscious*.

<sup>531</sup> For a case study in the Soviet Union, see Irina Sirotkina and Marina Kokorina ‘The Dialectics of Labour in a Psychiatric Ward: Work Therapy in the Kaschenko Hospital’ in Mat Savelli and Sarah Marks (eds) *Psychiatry in Communist Europe*

<sup>532</sup> Josef Tichý *Historie Bohnické psychiatrie v letech 1903-2005* (Prague: Gálen, 2006), pp. 138-141. See also the archival photographs from the Psychiatric Hospital at Havlíčkův Brod, Czechoslovakia in the 1950s and 1960s [[http://www.plhb.cz/fast\\_gallery/Z\\_historie](http://www.plhb.cz/fast_gallery/Z_historie) accessed 12.7.15]. Greg Eghigian claims that ‘in keeping with the socialist ethos, of collectivism and productivity, work, occupational and group therapies remained the most widely practiced forms of psychotherapy well into the 1980s,’ yet the only piece of literature cited in support of this statement is a specialist article from 1997 in the journal *Gruppenpsychotherapie und Gruppendynamik*, suggesting that the actual extent to which these therapies were dominant is still unclear, and to answer this question would require significant further research beyond the scope of this thesis. See Greg Eghigian ‘Care and Control in a Communist State: The Place of Politics in East German Psychiatry’ in Marijke Gijswijt-Hofstra, Harry Oosterhuis, Joost Vijsselaar and Hugh Freeman (eds) *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century* (Amsterdam: Amsterdam University Press, 2005), p. 192; P. Sommer ‘Kurt Höck und die psychotherapeutische Abteilung am “Haus der Gesundheit” in Berlin: Institutionelle und zeitgeschichtliche Aspekte der Entwicklung der Gruppenpsychotherapie in der DDR’ *Gruppenpsychotherapie und Gruppendynamik*, 33 (1997), pp. 130-147.

therapy itself. Along with the preventive approaches and educational material surrounding the neuroses, autogenic therapy and its popularization is illustrative of the importance accorded to self-governance and prophylaxis through psychiatric knowledge and techniques. The building of socialism had necessary side-effects: civilizational disorders which could not be obliterated. Yet through the development of particular techniques, psychiatrists claimed the ability to empower individuals to prevent and treat these side effects, rendering themselves vital allies of the Party.

## Concluding Chapter

### After 1968

Historians often characterize the 1970s and '80s in the Soviet sphere as a period dominated by stagnation. Some even use the term 'Post-Totalitarianism', a term coined by Václav Havel, to describe systems in which belief in a uniting socialist purpose had become emptied of meaning, and had dissolved into automated ideology. This is exemplified by his example of the greengrocer who hangs a sign reading "Workers of All Worlds Unite!" in his shop window purely out of a sense of obligation and fear.<sup>533</sup>

There were two significant caesuras in the history of Communist Czechoslovakia and East Germany at the close of the 1960s. The Soviet invasion of Czechoslovakia in 1969 ushered in a period termed by both the contemporary regime and current historians as 'Normalization'. This was characterized by increased authoritarianism, monitoring and censorship of the population, and a restriction of intellectual freedoms and travel. Richard Crampton has argued that the population's compliance was essentially purchased by an increase in availability of consumer goods and material prosperity.<sup>534</sup> The communalism and scientific optimism of the 1960s is considered to have given way to inward-looking preoccupation with the private life of the family and individualism. The most significant date for East Germany was 1971, with the regime change from Walter Ulbricht to Erich Honecker. There are parallels here with the narrative of the Czechoslovak experience, with the transition from a technocratic, progress-driven regime to one that relied on consumerism and increasingly repressive controls as a basis for its legitimacy. Psychiatry was also subject to this, with increasing attacks on individuals and more calls from the Party for psychotherapy to conform to Marxist-Leninist models.<sup>535</sup>

There were certainly important changes in terms of personnel within the psychiatric professions of both countries. A number had already emigrated to try and improve their career prospects in the West. Stanislav Grof emigrated to the USA in in

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<sup>533</sup> See Václav Havel *Power of the Powerless* (London: M.E. Sharpe, 1985). Paulina Bren, *The Greengrocer and His T: The Culture of Communism after the 1968 Prague Spring*. (Ithaca: Cornell University Press, 2010).

<sup>534</sup> R. J. Crampton, *Eastern Europe in the Twentieth Century - and After* (London: Routledge, 1997).

<sup>535</sup> Michael Geyer, *Psychotherapie in Ostdeutschland: Geschichte und Geschichten 1945-1995* (Amsterdam: Vandenhoeck & Ruprecht, 2011), p. 246.

1967 to take up the post of assistant professor at John Hopkins University in Baltimore. Ladislav Haas, one of the other psychoanalytic psychiatrists in Bohodár Dosužkov's group moved to Britain in 1966 and became connected with the Tavistock Clinic and made contact with R.D. Laing.<sup>536</sup> 1968 saw others flee the country, such as the pioneering sexologist Kurt Freund who relocated to Canada and secured a position at Toronto's Clark Institute of Psychiatry.<sup>537</sup> Yet despite the so-called 'brain drain' to the West, as the majority of psychiatrists remained in Czechoslovakia, and continued to research and publish.

Some authors have gone so far as to state that the Czechoslovak state imposed a "self-inflicted lobotomy" in the 1970s by removing many members of their intelligentsia from their positions or banning them from publishing, resulting in intellectual and cultural devastation.<sup>538</sup> This polarizing narrative, portrays the intellectual life of the country in terms of dissident artists and writers persecuted and excluded from officially sanctioned cultural life. It ignores the contribution of science to the 'intelligentsia' and the fact that scientific pluralism was still achievable through the 1970s, if perhaps less so than it had been in the generous 1960s in Czechoslovakia, particularly in comparison with East Germany where there was more significant direct interference from the Party.

Among the casualties of Normalization were a number of significant Communist Party faithfuls who had been active in building up and teaching psychiatric and neurological approaches that were congruent with a pavlovian outlook. Zdeněk Macek, who had been one of the most ideologically vociferous in the 1950s, was forced out of his position as head of the State Health Publishing house.<sup>539</sup> Oldřich Starý resigned from the position of Rector of Charles University in 1969 citing his academic and research responsibilities as a primary cause in his official letter to the Party Secretary Gustav Husák.<sup>540</sup> Nevertheless, his resignation was precipitated by both his involvement in the Prague Spring reforms as a signatory of

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<sup>536</sup> 'Letter from a colleague of the Tavistock Clinic to R.D. Laing, 23 Sep 1965' MS, University of Glasgow Special Collections, R.D. Laing Papers, MS L308/31.

<sup>537</sup> Robin J. Wilson 'Remembering Kurt Freund, 1914-1996' *ASTA Forum*, 18 (2006).

<sup>538</sup> Jonathan Bolton, *Worlds of Dissent: Charter 77, the Plastic People of the Universe, and Czech Culture Under Communism* (Cambridge, MA: Harvard University Press, 2014), p. 69.

<sup>539</sup> See entry for 'prof. Zdeněk Macek, CSc. (24. 6. 1913 - Nový Bydžov – 2003): Osobnosti české medicíny vážně i nevážně' *Zdravotnictví a medicína*, 11 (2012). [<http://zdravi.e15.cz/clanek/mlada-fronta-zdravotnicke-noviny-zdn/osobnosti-ceske-mediciny-vazne-i-nevazne-465041> accessed 12.1.15]

<sup>540</sup> Archives of the Academy of Sciences of the Czech Republic, Oldřich Starý Fond 423, IIb/1.1 Karton 1, č 60.



the Two-Thousand Words manifesto. Despite retaining his position into 1969 his address at the funeral of Jan Palach, the student who committed suicide by self-immolation in protest against the regime in January 1969 made it clear that he was not willing keep his criticism of the Party's actions quiet. And yet the Integrated Human Ecology conference, which he was the primary organizer of, was allowed to go ahead, including attendance from prominent sociologists and psychiatrists from the United States and Britain. The core concepts of the conference itself could indeed be seen as implicitly subversive, foregrounding as it did the pathological nature of existing workplace relations and environmental mismanagement as an aetiology of social and mental disorder, yet there was no state intervention in terms of the conference itself, or the appropriation of these ideas in subsequent publications. The authors who did take up the psychiatric arguments discussed at the conference did so to support projects which were underpinned by the same principles of technology-driven socialist modernity as before 1968.

The LSD psychotherapy project at Sadská was wound down by 1974 and although Milan Hausner retrospectively believed this to be part of a general trend towards conservatism in Czechoslovak medical research, it is still remarkable that this project continued a full six years after the Soviet invasion, and certainly well past any contiguous research projects in North America and Britain after the regulation of LSD in the late 1960s. At no point was the theoretical content of the research project, nor the international links of the psychiatrists involved, condemned by the regime. Yet the decline of support for research in this field necessarily led some to work on less controversial fields. Miloš Vojtěchovský, for example, shifted his research and practice towards old-age medicine in the 1970s.<sup>541</sup> Milan Hausner's own efforts now turned to the promotion of psychoanalytic psychotherapies within the Eastern Bloc via the International Working Group of Psychotherapists of Socialist Countries, with the explicit intention to 'smuggle the unconscious to the Soviet World'.<sup>542</sup>

One of the most dramatic transformations was that of Dietfried Müller-Hegemann from a card carrying Communist and one of the GDR's most prominent founders of an ideologically coherent pavlovian psychiatry, to a disillusioned refugee in West Germany by 1973. H. Steinberg and M.M. Weber have shown that Müller -

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<sup>541</sup> A. Májský and M. Vojtěchovský 'Non-relationship between the HLA system and the senile form of Alzheimer's disease' *Archiv für Psychiatrie und Nervenkrankheiten*, 233 (1970), pp. 381-383.

<sup>542</sup> Milan Hausner *LSD: The Highway to Mental Health* (Malibu, C.A.: ASC Books, 2009), p. 254.

Hegemann had been identified as ‘ideologically suspicious’ by the Party in the early 1960s. When patient deaths occurred at the Leipzig Psychiatric Clinic, where he was serving as director, the SED Central Committee attempted to influence the investigation into the case as a means of discrediting his name following reports from the University’s Party Organization that he could not be fully trusted politically. Their interference ultimately failed, as the independent investigation cleared him of wrongdoing, ruling the deaths to have been an accidental consequence of using old-fashioned pharmaceuticals to induce Pavlovian sleep therapy.<sup>543</sup>

In exile, Müller-Hegemann continued to write on psychotherapeutics, popularizing methods which he had collaborated on in the GDR such as autogenic therapies.<sup>544</sup> He also published one of the most symbolic books of the later Communist period with regard to psychiatry in 1973: *The Berlin Wall Sickness* [Die Berliner Mauer-Krankheit].<sup>545</sup> Based on patient cases he had seen immediately after the construction of the Berlin Wall in 1961, the book documented his observation that psychiatric disorders and suicide attempts had higher rates among patients who lived near the wall, with proximity to the wall correlating with increased risk. Ultimately, he saw no foreseeable way to prevent or treat the *Mauerkrankheit*, concluding that the citizens of Berlin would only be restored to mental health once the wall was itself removed.<sup>546</sup>

What legacies remain from psychiatry developed during the high modernist Communist period? Some theories and treatments did endure, while others appear to have diminished. The most striking decline is that of sleep therapies, which is perhaps best explained as a consequence of new psychopharmacological treatments beginning in the 1950s, along with the pragmatic difficulties of administering it in busy hospital wards, in addition to the decreased need to satisfy ideological pressure from the Party after the Stalinist period. In contrast, in both countries, the quiet continuation of teaching and practice of psychoanalytic approaches under Communism by individuals such as Alexander Mette, Vladimír Vondráček and Milan Hausner laid the

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<sup>543</sup> H. Steinberg and M. Weber, ‘Vermischung von Politik Und Wissenschaft in Der DDR. Die Untersuchung Der Todesfälle an Der Leipziger Neurologisch-Psychiatrischen Universitätsklinik Unter Müller-Hegemann 1963’, *Fortschritte der Neurologie und Psychiatrie*, 79 (2011), pp. 561–69.

<sup>544</sup> Dietfried Müller-Hegemann *Autogene Psychotherapie - Weiterentwicklung des Autogenen Trainings*. (Rowohlt, 1981).

<sup>545</sup> Dietfried Müller-Hegemann, *Die Berliner Mauer-Krankheit: zur Soziogenese psychischer Störungen* (Nicolaische Verlagsbuchhandlung, 1973).

<sup>546</sup> Christine Leuenberger, ‘Constructions of the Berlin Wall: How Material Culture Is Used in Psychological Theory’, *Social Problems*, 53 (2006), pp. 18–37.

foundations for a post-1989 resurgence of psychoanalysis.<sup>547</sup> As a consequence of emigration and international communication, a number of ‘schools’ of psychiatric thought have had international legacies. After Stanislav Grof’s emigration to the US in 1967, he continued to use the results of his research, particularly the LSD psychotherapy case notes, to establish his further work in the United States, applying theories he developed during his time in Prague to found and develop the field of transpersonal psychology and the alternative technique of holotropic breathwork.<sup>548</sup> Although these approaches do not fall under mainstream academic or clinical psychiatry, they do nevertheless have a significant international following, with frequent lectures and workshops. There has also recently been a revival in research interest in psychedelic psychiatry, with some authors explicitly looking back to the Prague LSD projects to inform their work, both within the Czech Republic and the United Kingdom at Imperial College London.<sup>549</sup>

Use of acupuncture has continued at the Brno-Bohunice hospital up to the present, although use of acupuncture for psychiatric disorders is not widespread across the Czech state healthcare system.<sup>550</sup> Current director of the Prague Psychiatric Centre, Cyril Höschl argues that Czech psychiatry lacks a tradition of social psychiatry, which he argues is a consequence of the absence of this tradition under Communism as a result of the lack of Party support for sociology.<sup>551</sup> I would dispute this claim in light of the work of Oldřich Starý and Josef Váňa and the Integrative Human Ecology conference, as well as Vondráček’s work on cybernetics described in

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<sup>547</sup> Christine Leuenberger, ‘Socialist Psychotherapy and Its Dissidents’ *Journal of the History of the Behavioural Sciences*, 37 (2001), pp. 261-173; Michal Sebek ‘Psychoanalysis in Czechoslovakia’ *Psychoanalytic Review*, 80 (1993), pp. 433-439; Česká Psychoanalytická Společnost ‘O nás’ [<http://www.psychoanalyza.cz/styled-11/index.html> accessed 7.7.15].

<sup>548</sup> See ‘Grof Transpersonal Training’ [<http://www.holotropic.com/about> accessed 12.7.15], the Association for Transpersonal Psychology [<http://www.atpweb.org/about> accessed 12.7.15] and books such as Stanislav Grof *Healing Our Deepest Wounds: The Holotropic Paradigm Shift* (Pagosa Springs, CO: The Moor Press, 2012) and Stanislav Grof *Beyond the Brain: Birth, Death and Transcendence in Psychotherapy* (New York: State University of New York Press, 1985).

<sup>549</sup> See Petr Winkler and Ladislav Csémy ‘Self Experimentations with psychedelic drugs among mental health professionals: LSD in the former Czechoslovakia’ *Journal of Psychoactive Drugs*, 46 (2011), pp. 11-19; Robin L. Carhart-Harris ‘The Entropic Brain: A Theory of Conscious States Informed by Neuroimaging Research with Psychedelic Drugs’ *Frontiers of Human Neuroscience*, 8 (2014), p. 20. Within the Czech Republic, see Česká Psychedelická Společnost [<http://www.czeps.cz/> accessed 12.7.15].

<sup>550</sup> See MUDr. Petra Uríková ‘O mně’ [<http://tradicni-lecba.webnode.cz/o-nas/> accessed 12.7.15]; Faculty Hospital of Brno-Bohunice treatments list [<http://www.fnbrno.cz/nemocnice-bohunice/oddeleni-lecby-bolesti/placene-sluzby/k1478> accessed 12.7.15].

<sup>551</sup> Cyril Höschl et al. ‘The State of Psychiatry in the Czech Republic’ *International Review of Psychiatry*, 24 (2012), p. 283.

chapter 3. Nevertheless, it suggests that these movements did not have lasting resilience, and are little-known among the contemporary members of the profession.

Autogenic therapies have had a significant uptake beyond the Communist period, in part as a result of the continued work of Dietfried Müller-Hegemann after his emigration to West Germany in 1971.<sup>552</sup> Perhaps the most significant legacy of East German psychiatry is the continued campaign for nosological reform based on Leonhard's classification of endogenous psychoses. This movement was led by West German psychiatrist Helmut Beckmann at the University of Würzburg with the republication of Leonhard's book in English, followed by the establishment of the Wernicke-Kleist-Leonhard Society in 1989.<sup>553</sup> The Society describes its aims as 'supporting activities concerning the development of the scientific work based on Wernicke's, Kleist's and Leonhard's psychopathology as a basis for modern neurobiology and regarding activities concerning an improvement of differentiated diagnostics and therapy in psychological medicine'.<sup>554</sup> A number of its members continue research using Leonhard's classifications, particularly the cycloid psychoses and periodic catatonia, as well as continuing research on the neurodevelopmental and genetic aspects of psychoses in the light of new technologies such as gene sequencing.<sup>555</sup>

The absence of historical reflection on psychiatry under Communism has opened up the possibility for contemporary mental health policy commentators to project narratives upon the past in order to justify contemporary policy concerns. The historical introduction to Richard M. Scheffler and Martin Potůček's *Mental Health Care Reform in the Czech and Slovak Republics, 1989 to the Present*, for example, claim that, 'patients were not encouraged to take responsibility for their own health because a sense of personal responsibility and autonomy was not desirable under a

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<sup>552</sup> Dietrich Müller-Hegemann *Autogene Psychotherapie: Weiterentwicklung des Autogenen Trainings* (Reinbek: Rowohlt, 1981). For contemporary information of autogenic therapy in contemporary Germany, see 'Entspannungsverfahren: Autogenes Training' [<http://www.neurologen-und-psychiater-im-netz.org/psychiatrie-psychosomatik-psychotherapie/therapie/entspannungsverfahren/autogenes-training/> accessed 12.7.15].

<sup>553</sup> Helmut Beckmann 'Editor's comment'; in Karl Leonhard *Classification of Endogenous Psychoses and Their Differentiated Etiology* (Vienna: Springer, 1999).

<sup>554</sup> International Wernicke-Kleist-Leonhard Society 'About us' [<http://www.wkl-society.com/> accessed 20.7.15].

<sup>555</sup> See, for example, G. Stöber et al. 'Periodic Catatonia: Confirmation of Linkage to Chromosome 16 and Further Evidence for Genetic Heterogeneity' *Human Genetics*, 111 (2002), pp. 323-330; B. Jabs 'Cycloid Psychoses as Atypical Manic-Depressive Disorder. Results of a Controlled Family Study' *Nervenarzt*, 77 (2006), pp. 1096-1100; G. Stöber 'Schizophrenia: from the Brain to Peripheral Markers. A Consensus Paper of the WFSBP Task Force on Biological Markers' *World Journal of Biological Psychiatry*, 10 (2009), pp. 127-155.

totalitarian regime'.<sup>556</sup> This assertion ignores the efforts of Czechoslovak psychiatrists and neurologists to engage with mental hygiene and, for example, to publish and broadcast educational material on the prevention and treatment of neurosis, as described in chapter 3. This reiterates the imperative for historical research on psychiatry in the Communist period, to counter assumptions that are not based on evidence and ensure that examples from the past can be used responsibly when they inform contemporary reform and debate.

## Conclusion

‘Although no pure “pavlovian” trend has prevailed in the GDR, a clinically substantiated, empirical, Pavlov-oriented psychotherapy is dominant at present’

Dietfried Müller-Hegemann, 1968.<sup>557</sup>

‘Fifteen years ago our psychiatry had an occasion to become more deeply oriented to the neurophysiological doctrine of I.P. Pavlov. Now it critically evaluates this doctrine, as well as all other doctrines and methods used in the world and tries to accept their more vital cores.’

Josef Prokůpek et al, 1968.<sup>558</sup>

The case studies in this thesis bring to the fore the variety of ways in which psychiatrists experienced and engaged with Communism. It uncovers instances where ideology shaped the languages and practices used to define mental health and disorder in ways that could be either theoretically restrictive or creative. It also demonstrates that in some cases there was unprecedented freedom of research and practice even in comparison with the ‘democratic’ states of the West, in which it would have been

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<sup>556</sup> Eva Dragomerická et al ‘The History of Mental Health Care in Czechoslovakia’ in to Richard M. Scheffler and Martin Potůček’s *Mental Health Care Reform in the Czech and Slovak Republics, 1989 to the Present* (Prague: Karolinum, 2008), p. 29.

<sup>557</sup> Dietfried Müller-Hegemann ‘Psychotherapy in the German Democratic Republic’ in Ari Kiev *Psychiatry in the Communist World* (New York: Science House, 1968), p. 58.

<sup>558</sup> Josef Prokůpek, Jaroslav Stuchlík and Stanislav Grof, ‘Czechoslovak Psychiatry’ in Ari Kiev *Psychiatry in the Communist World*, p. 128.

impossible to pursue a decade-long LSD psychotherapy research project, or to establish a fully state-funded acupuncture clinic within a national hospital. That is not to say that there was not political repression: restrictions of personal freedoms and the coercion to conform to the Party line were keenly felt by many, yet others were largely unaffected by it. Others still actively and genuinely embraced the philosophical system of the state, either for their own career advancement, or because they were committed to the ideals of the Party themselves.

I also certainly do not claim that there was not significant disruption to international travel and correspondence both under Communism, with particular difficulties for some scientists under Stalinism and after the Soviet Invasion in Czechoslovakia; and after the construction of the Berlin Wall in East Germany. Yet psychiatry was not completely isolated from international developments, and in some cases, the links provided by regime enabled opportunities for travel and knowledge exchange with the USSR and China which could also be productive. Psychiatry in Communist Czechoslovakia and East Germany was nuanced in its approaches, professionals were subject to varying degrees of interference and, overall, the extent to which one can declare either regime's treatment of the psychiatric community as 'totalitarian' is highly questionable. In many cases, it was a remarkably ineffective attempt at totalitarianism.

There is, however, a noticeable disparity between the GDR and Czechoslovakia in terms of the commitment of psychiatric professionals to a Communist framework, and their freedom to deviate from one. The impact of 1956 on science and medicine in Czechoslovakia, and the subsequent ideological relaxation of the 1960s, resulted in definite freedoms for this, albeit brief, twelve year period before the Soviet tanks rolled into Prague. Yet some diversity remained possible in psychiatry under normalization, in such a way as to suggest that medicine maintained more autonomy than most other fields of culture. East German psychiatrists did not share the same fortunes as their Czechoslovak counterparts in terms of a 'thaw'. Furthermore, there was a sharp contrast between the permissiveness of the 1960s in Czechoslovakia, even many years before the Prague Spring reforms started, and the effects of the construction of the Berlin Wall of East German society after 1961. Yet, as Müller-Hegemann states above, that is not to say that a unified Pavlovian doctrine was enforced upon the community: there was restricted pluralism within a framework

which was, after all, polyvalent in terms of potential theoretical models, provided certain linguistic strategies were employed.

As this thesis has focused particularly on the content of psychiatric *research* rather than practice, the vast majority of the psychiatrists under discussion identified themselves explicitly as ‘scientists’ or ‘scientific workers’. The identity of ‘scientist’ often transcended other competing identities, such as nationality or political affiliation (even for some of those who were Party activists). A number of activities carried out on both sides of the Iron Curtain suggested that the Cold War context was seen by many scientists as an inconvenient hindrance to scientific research and knowledge-sharing, and they had no qualms in subverting these geopolitical boundaries. Such actions would include regular correspondence updating and sharing research findings from both East and West, the passing on of journals and book publications via post where local access was impossible, translating and publishing résumés of ‘research from abroad’ in national medical journals, inviting

The primacy of this scientific identity is also exemplified by the readiness with which psychiatrists hypothesized new theories of disorder – or indeed developed new treatments – through engagement with concepts and technologies from other fields of science and technology. Some of these fields had long been associated with medical disciplines, such as genetics, neuroanatomy, pharmacology, biochemistry and microbiology of infections. Other less traditional fields of research were also appropriated however, particularly Jungian and Rankian concepts in relation to LSD psychotherapy in Czechoslovakia, as well as Chinese medical traditions. It is not insignificant, also, that authors writing about autogenic therapies in the GDR were able to situate the practice within Buddhist and yogic traditions without this being considered anti-materialist and therefore anti-Marxist.

Science is by its nature a modernist profession, and the psychiatrists under discussion certainly saw themselves as participating in a rational, progressive project. This was in many ways coherent with the priorities of the socialist regime in the 1950s and ‘60s, and goes some way to explain why scientists were afforded certain freedoms where other groups in society were not. Indeed, science became a refuge for the apolitical and the ideologically ambivalent in a number of cases. Yet this also helps to shed light on the fact that a number of researchers were, for at least part of their careers, committed to the project of developing a Marxist psychiatry. A full spectrum of relationships with the regime can be observed from the case studies

reconstructed in this thesis, from what could be considered outright dissent, through ambivalence, to active participation.

Although the LSD psychotherapy projects were carried out with the consent, and indeed funding, of the state, the degree to which psychiatrists such as Grof and Hausner used the project as a means to further their psychoanalytically orientated research – drawing from Freud, Jung and Rank – was certainly anomalous for a Communist regime. It appears to have been in part the result of having been shielded by senior colleagues whose reputation with the regime was considered solid, allowing for freedom of practice behind the closed doors of the clinic. Yet protected as they were, in terms of the regime's official ideology, they were actively dissenting.

Others were politically detached, such as Karl Leonhard who, although he would have preferred to have moved to the West, was able to use his international reputation to buy both protection from the regime, as well as increased material resources for his research. While his work had its origins in the biological psychiatry of inter-war Frankfurt, it appeared to be entirely favourable to the regime in theoretical terms (even including the emphasis on genetic determinism as being on a par with environmental factors). As a consequence, neither he nor his close colleagues felt under pressure to justify their approaches within the language of the regime: the clinic's prestige, and Leonhard's own, seemed to have removed the threat of coercion.

Vladimír Vondráček came from a similar mould. A veteran doctor who already had a sound professional reputation by the advent of Communism, Vondráček was avowedly apolitical in public, and ambivalent towards the regime's ideology in private. Yet this did not prevent him from manipulating the interests of the state for his own purposes. His work on cybernetics was framed in such a way as to cohere with Pavlovian rhetoric, actively drawing metaphors between the two. Similarly, his writings on the pathology of religion served well the Party's campaign against the Catholic Church. By opting to "speak Bolshevik" beyond merely lip service, he was able to establish a degree of respect from the Party which allowed for foreign travel and correspondence, as well as career security. For all of his ambivalence, Vondráček and the regime had symbiotic uses for each other.

In the GDR, some therapeutic modalities were adopted in part as a consequence of the limitations of opportunity in the post-war Communist context. The economic difficulties and lack of psychiatric expertise at the University of Jena clinic in the very early Communist years resulted in the necessity for innovation on the basis



of available knowledge and personnel. Thus, Kleinsorge and Klumbies, drawing on the limited resources available to them, used what training they had in psychotherapeutic technique from their previous work in cardiovascular medicine in order to set up psychotherapy training in the absence of specialist psychiatrists. The economic situation in East Germany, which was arguably worsened by the State's refusal to participate in the Marshall Plan, resulted in a situation of scarcity, which hindered opportunity, but paradoxically enabled therapeutic innovation within the parameters available.<sup>559</sup> Having further developed and popularized autogenic therapies for mental health treatment purposes, Kleinsorge and Klumbies proceeded to maximize their opportunities within the regime by framing the approaches as an archetypal pavlovian therapy. By participating in the Pavlov 'Tagung' and explaining their work through a model of conditioning, autogenic therapy, alongside sleep therapies, became one of the most ideologically favourable practices within psychiatry. This was despite Klumbies' own misgivings about Pavlovian models and behavior therapies (adopting a similar pattern, then, to Vondráček). Whether the motivation behind their mention of Pavlovian conditioning was based on philosophical conviction or merely career opportunism, the resulting method was probably the closest case there was to the development of an official 'Communist psychotherapy', outside of pavlovian sleep therapy itself. Had it not been possible to use an explanation based on conditioning to justify the practice, then it would not have been subsequently taken up and promoted by Dietfried Müller-Hegemann to the extent that it was. Again, along with sleep therapy, it would be incorrect to claim that these treatments were exclusive to the Communist world. Yet their conspicuousness in East Germany, and the degree to which they became developed through further research, was clearly a consequence of the political context of the regime; partly through negative factors of scarcity, but also because the regime provided the cultural conditions for its success.

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<sup>559</sup> The notion of innovation as a result of scarcity of resources and situational stress has recently been discussed in Science and Technology Studies. Sheila Jasanoff argues that times of disaster effect 'reverse engineering' of systems which can both expose flaws and allow for new opportunities to be seen which would hitherto have been obscured by the status quo. In some cases this can lead to improvement, or at the very least, innovations in technologies. The development of autogenic therapies in the 1950s can be seen within this perspective of innovation through scarcity. See Lee Vinsel 'Innovation in Times of Disaster' *Science and Technology Studies: The Next 20*. 12<sup>th</sup> April 2012, with comments from Sheila Jasanoff. (<http://stsnext20.org/vignettes/2012/12/04/sandy-studies-innovation-in-time-of-disaster-2/#comments> accessed 2.1.2015).

The case of acupuncture highlights the variations between the different ‘satellite’ nations of the USSR. The narratives could not be more different for East Germany and Czechoslovakia in this instance, with the former rejecting and officially campaigning the practice as ‘unscientific’, and the latter legally embracing it as an official branch of medical practice and scientific research. The difference was, in part, to do with the comparative conservatism within the East German medical community, and the longer tradition of interest in Chinese practices within Czech academic medicine from the inter-war period. Yet, in theory, the ideological conditions for its acceptance were present in both countries: it could be explained by mechanisms of Pavlovian conditioning, and it was shown to be cost effective for a nationalized healthcare system. The primary impetus for its adoption in Czechoslovakia, however, was the country’s closer diplomatic and cultural links to China in the 1950s, which enabled transfer and popularization of concepts by very senior and respected medical professionals, such as Oldřich Starý, who were themselves also influential Communist Party members. Fraternal relationships across the socialist ‘ecumene’, and the explicit imperative for the sharing of knowledge and technologies between Communist Party elites resulted, in this case, in opportunities for innovation and a diversification of treatment practice. Sufficient exchange of practice in person, and in terms of publications, had occurred by 1960 that the Sino-Soviet split did not hinder the continued expansion of acupuncture in Czechoslovakia, which underwent continuous growth right up until 1989. In this instance, the Communist context was an agent of change, facilitating access to expertise and training, and enabling the development of a new treatment modality that was unusual in the European context at the time. By presenting the approach as correlating with the priorities of the regime, Czechoslovak doctors were able to establish and professionalize a new branch of medical practice that had applicability across a number of specialties, including psychiatry.

Finally, there were a number of researchers in the field of mental health who were also active Communist Party members. Yet their research - whether it was Macek and Klimová-Deutschová’s studies of neurasthenia, Müller-Hegemann’s development of sleep and autogenic therapies, or Starý’s promotion of human ecology – was not a scripted and dogmatic repetition of Pavlov or dialectic materialist texts. They were coherent, innovative and research-based arguments which also drew on scientific studies from abroad. In short, they were creative products of Communism.

If we return to Roger Smith's claim about the 'stultifying' nature of Communism and the human sciences, he goes on to say that

most damage was probably done in central Europe, most of all in East Germany, where ideological controls were tight and where scientists, distant from the elite centres of Moscow and Leningrad, were unable to decide what if any leeway there was in the research agenda.<sup>560</sup>

Firstly, as this thesis is designed to illustrate through its comparative methodology, it is always problematic to generalize across the region of 'central Europe', as much under Communism as during any other period. Secondly, while it is true that there was more significant Party interference in the GDR than most other parts of the region, the assumption that the content of psychiatry was controlled from the top downwards simplifies the range of experiences of scientists under the regime: the Pavlov 'Tagung' itself is testament to the flexible way in which pavlovian concepts were debated and appropriated. It is important, also, to acknowledge that while some researchers such as Gerhard Klumbies, certainly appear to have adopted pavlovian language under duress, others actively chose to participate in the creation of psychiatric models which could be coherent with a Communist world view; whether it be for purposes of self preservation or advancement, or through genuine conviction. Indeed, Klumbies may have been coerced into referencing the idea of the conditioned reflex in his publication, but his arrival at autogenic therapy as an area of research was independent of the political concerns of the Party. All of these historical actors had agency, even within the restrictions of the political situation. As such, some did produce understandings of mental health and disorder that we can reasonably call 'Communist' in some sense, although they were not all unique to Communist societies. On the other hand, the plethora of nosologies, aetiologies and therapies in use during this period are testament to the fact that there was no such thing as a unified 'Communist Psychiatry'. At the end of his section on the human sciences under Communism, Roger Smith goes on to state that the scientists

'found ways and means of doing much non-Pavlovian work; the central European capacity for constructive survival under repression became legendary.'<sup>561</sup>

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<sup>560</sup> Roger Smith, *Between Mind and Nature: A History of Psychology* (London: Reaktion Books, 2013), p. 234.

<sup>561</sup> Ibid.

With that statement, I am in agreement.

The modes of generating concepts of mental health and disorder in psychiatry – creating diagnostic categories and nosologies, building aetiological explanations, developing therapeutics to assuage or manage symptoms and behaviour – all correspond with an Enlightenment vision of understanding, classifying and, in turn, controlling nature, the self and, ultimately society. This was a vision shared by Communist ideology, and both were keen to borrow theories, practices and language from broader science and technology in order to achieve their goals.<sup>562</sup> The 1950s and 1960s were a time of technocratic utopianism in East Germany and Czechoslovakia, with the project of building socialism generating necessary but unfortunate side effects, including neurotic symptoms: psychiatrists and their colleagues in allied professions therefore came to have a symbiotic relationship with the regime. During the period of high modernism and the construction of a new society, technologies were required which would enable socialist subjects to manage their mental health, and psychiatrists thus became significant assets in assisting the Communist agenda.

The psy-disciplines in Communist Czechoslovakia and East Germany could be mobilized not only for the purpose of articulating what was considered normal and abnormal behaviour, but also offered ways for the socialist subject to govern themselves in the interest of the collective. I argue, therefore, that the technologies of selfhood, described by scholars such as Nikolas Rose as being crucial to the functioning of liberal society, also had a key role in socialist systems, suggesting that they are, in fact, a feature of modern state governance rather than being unique to one particular type of political system.<sup>563</sup> They did not suddenly appear as importations from the West after 1989, but had an established history from the Communist period, with some maintaining continuities with the pre-1945 period. Studying the ways in which such technologies are conceived and promoted under Communism thus illustrates that the regulation of subjectivity was seen as being just as crucial for the goal of achieving collectivism in the East as it was for achieving individual autonomy in the West. Furthermore, by excluding Central and Eastern Europe from the history of psychiatry, we fail to understand not only the origins of contemporary approaches

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<sup>562</sup> For more on the Soviet socialist project as one of Enlightenment see Dubravka Juraga and M. Keith Booker *Socialist Cultures East and West: A Post-Cold War Reassessment* (Westport, CT: Praeger, 2002), p. 26.

<sup>563</sup> Nikolas Rose 'Experts of the Soul' *Psychologie und Geschichte*, 3 (1991), pp. 91-99.

within those countries, but also the ways in which international psychiatry has been informed by knowledge generated behind the Iron Curtain, through circulation of publications and correspondence, as well as by exchange of personnel through conferences, study visits and emigration. In order to fully understand globalized psychiatry in the modern age, the ways in which mental health and disorder were conceptualized and treated under Communism must, therefore, be brought into the historiography.

## Appendix 1: ICD-6 (1948)<sup>564</sup>

### (300-309) Psychoses

- 300 Schizophrenic disorders (dementia praecox)
  - 300.0 Simple type
  - 300.1 Hebephrenic type
  - 300.2 Catatonic type
  - 300.3 Paranoid type
  - 300.4 Acute schizophrenic reaction
  - 300.5 Latent schizophrenia
  - 300.6 Schizo-affective psychosis
  - 300.7 Other and unspecified
- 301 Manic-depressive reaction
  - 301.0 Manic and circular
  - 301.1 Depressive
  - 301.2 Other
- 302 Involutional melancholia
- 303 Paranoia and paranoid states
- 304 Senile psychosis
- 305 Presenile psychosis
- 306 Psychosis with cerebral arteriosclerosis
- 307 Alcoholic psychosis
- 308 Psychosis of other demonstrable aetiology
  - 308.0 Resulting from brain tumour
  - 308.1 Resulting from epilepsy and other convulsive disorders
  - 308.2 Other
- 309 Other and unspecified psychoses

### (310-318) Psychoneurotic disorders

- 310 Anxiety reaction without mention of somatic symptoms

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<sup>564</sup> World Health Organisation *International Classification of Diseases, Sixth Edition*. (Geneva: WHO, 1948). For the 1952 German-language translation as used in the GDR, see the German Institute of Medical Documentation and Information 'International Classification of Diseases, Sixth Revision' [<https://www.dimdi.de/static/en/klassi/icd-10-who/historie/icd-vorgaenger/icd-6/index.htm>].

- 311 Hysterical reaction without mention of anxiety reaction
- 312 Phobic reaction
- 313 Obsessive-compulsive reaction
- 314 Neurotic-depressive reaction
- 315 Psychoneurosis with somatic symptoms (somatisation reaction) affecting circulatory system
  - 315.0 Neurocirculatory asthenia
  - 315.1 Other heart manifestations specified as of psychogenic origin
  - 315.2 Other circulatory manifestations of psychogenic origin
- 316 Psychoneurosis with somatic symptoms (somatisation reaction) affecting digestive system
  - 316.0 Mucous colitis specified as of psychogenic origin
  - 316.1 Irritability of colon specified as of psychogenic origin
  - 316.2 Gastric neuroses
  - 316.3 Other digestive manifestations specified as of psychogenic origin
- 317 Psychoneurosis with somatic symptoms (somatisation reaction) affecting other systems
  - 317.0 Psychogenic reactions affecting respiratory system
  - 317.1 Psychogenic reactions affecting genito-urinary system
  - 317.2 Pruritus of psychogenic origin
  - 317.3 Other cutaneous neuroses
  - 317.4 Psychogenic reactions affecting musculoskeletal system
  - 317.5 Psychogenic reactions affecting other systems
- 318 Psychoneurotic disorders, other, mixed and unspecified types
  - 318.0 Hypochondriacal reaction
  - 318.1 Depersonalisation
  - 318.2 Occupational neurosis
  - 318.3 Asthenic reaction
  - 318.4 Mixed
  - 318.5 Of other and unspecified types
- (320-326) Disorders of character, behaviour, and intelligence
- 320 Pathological personality
  - 320.0 Schizoid personality
  - 320.1 Paranoid personality

- 320.2 Cyclothymic personality
- 320.3 Inadequate personality
- 320.4 Antisocial personality
- 320.5 Asocial personality
- 320.6 Sexual deviation
- 320.7 Other and unspecified
- 321 Immature personality
  - 321.0 Emotional instability
  - 321.1 Passive dependency
  - 321.2 Aggressiveness
  - 321.3 Enuresis characterising immature personality
  - 321.4 Other symptomatic habits except speech impediments
  - 321.5 Other and unspecified
- 322 Alcoholism
  - 322.0 Acute
  - 322.1 Chronic
  - 322.2 Unspecified
- 323 Other drug addiction
- 324 Primary childhood behaviour disorders
- 325 Mental deficiency
  - 325.0 Idiocy
  - 325.1 Imbecility
  - 325.2 Moron
  - 325.3 Borderline intelligence
  - 325.4 Mongolism
  - 325.5 Other and unspecified types
- 326 Other and unspecified character, behaviour and intelligence disorders
  - 326.0 Specific learning defects
  - 326.1 Stammering and stuttering of non-organic origin
  - 326.2 Other speech impediments of non-organic origin
  - 326.3 Acute situational maladjustment
  - 326.4 Other and unspecified



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