The Healing Power of Words: Psychotherapy in the USSR, 1956-1985

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A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

University of East Anglia

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May 2018

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Abstract

This thesis examines the growth of psychotherapy as a discipline in the Soviet Union between 1956 and 1985, looking at the types of treatment that existed in this period, the tasks that psychotherapy was to perform according to physicians who promoted it, and their efforts to establish it as a distinct medical speciality and popularise it within the Soviet healthcare system. It looks at how different challenges encountered by the promoters of psychotherapy influenced its practice and the discourse around it, and how it was shaped by a broader political, social and cultural context of the USSR. It demonstrates that psychotherapy after Stalin was not stagnant but developed into a diverse field fuelled by enthusiasm of its practitioners who, while sticking to methods that by mid-twentieth century lost popularity in the West, gave them new theoretical underpinnings, constantly worked to modify and improve them, and supplemented them by new ideas and approaches. The result was a unique form of psychotherapy characterised by a physiological language, a specific view of the human mind and body and an unusually broad understanding of its tasks. This thesis analyses the legitimising strategies employed by psychotherapists to present their discipline as both scientifically substantiated and useful to the Soviet society, showing that it was envisaged not only as a strictly therapeutic method but also as a potentially universal auxiliary treatment and as a means of prophylaxis. It examines various aspects of Soviet psychotherapy such as its goals, links to physiology, emphasis on human self-perfection, embrace of placebo as a legitimate form of therapy and the blurring of the boundary between therapy, prophylaxis and conversation implicit in its theory, seeking to understand what psychotherapy was for its Soviet practitioners and how it came to be conceptualised in this particular way.

Acknowledgements

During the work on this thesis I was lucky to have the support of many people who believed in me and without whose advice, help and encouragement I would not have been able to complete it.

First of all, I was lucky to have two wonderful supervisors. Matthias Neumann, who inspired me to pursue a PhD in the first place, patiently endured all the changes to my topic and encouraged me at each stage, offering advice and reassurance. He also supported me through a mental health crisis and helped me choose a course of action that allowed me to continue my research and eventually complete this thesis. For that I will be forever grateful. Francis King always pointed out what I could do better, never ceased to push me to improve my work and was invaluable in helping me develop this thesis into its final shape.

A studentship from Deutsches Historisches Institut Moskau allowed me to do research in Russia. I would like to thank its staff, particularly Matthias Uhl and Elena Bragina, for all their help in Moscow.

I am grateful to Benjamin Zajicek for his generosity in sharing helpful materials and for many insightful comments, and to Sarah Marks who offered me thoughtful advice and observations, always encouraging me to share my work with others. I would also like to express my gratitude to Rashit Dzhaudatovich Tukaev for talking to me about his work as a psychotherapist and to Vladimir Nikolaevich Maiorov, the Head of the Russian Medical Academy of Lifelong Professional Education (former TsOLIUV) Museum, for the insight into the history of this institution.

I also want to thank the staff of State Archive of the Russian Federation, Central Archive of the City of Moscow and the staff of Maksymovych Scientific Library and the National Library of Ukraine for all their assistance in finding the material I was looking for.

I would like to thank my family and friends for their encouragement, support and patience. I am grateful to my parents for believing in me and supporting me in my decision to spend several years of my life researching Soviet history. My brother Mikołaj, Maria Danielak and Matthiew Knighton listened to me when I needed to share my frustration and insecurities, reassured me, cheered me up and always were wonderful friends that I am lucky to have in my life.

Finally, I would like to thank my beloved Maksymilian for his love and support and for reminding me that there is more to life than work.

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List of abbreviations

AMN	– Academy of Medical Sciences
Berminvody	– Berezovsky Mineral Waters
EVT	– emotional-volitional training
LOLIUV	– Leningrad Order of Lenin Institute for the Advanced Training of Physicians
Minrybkhoz	– Ministry of Fishing Industry
Minzdrav	– Ministry of Health Protection
Narkomzdrav	– People's Commissariat of Public Health
OMPL	– Industrial Medical-Psychological Laboratory
TsOLIUV	– Central Order of Lenin Institute for the Advanced Training of Physicians
TsSUKP	– Central Council for the Administration of Trade Union Health Resorts
UIUV	– Ukrainian Institute for the Advanced Training of Physicians
URSUKP	– Ukrainian Republican Council for the Administration of Trade Union Health Resorts
VNONiP	– All-Union Scientific Society of Neuropathologists and Psychiatrists

Note on translation and transliteration

I use the Library of Congress system of transliteration, except in the footnotes and bibliography when author's name has been published using a different system. All translations from Russian-language sources are my own.

Introduction: Psychotherapy in the Soviet sense

What is psychotherapy? Over the course of the twentieth century this type of treatment firmly established itself as a common way of dealing with a variety of mental health problems. Seeing a therapist became an element of everyday reality, depicted in popular culture, and recommended as an obvious way of overcoming the more and less serious difficulties emerging in the course of everyday life. At the same time the depictions of psychotherapy sessions and their resulting image in people's imagination tend to be full of assumptions that do not necessarily reflect the reality of psychotherapeutic treatments. At the turn of the twenty-first century American movie industry still exposed its viewers to the nineteenth century psychoanalytic methods and myths, images and misconceptions surrounding Freud's therapy, such as cathartic cure purely through recovery of repressed memories, awe at the psychotherapist's understanding of the unconscious mind, or the patient lying on a couch.[1] Psychoanalytic imagery had a strong influence on the way people, particularly in Europe and North America, imagine psychotherapy, shaping their expectations of how a psychotherapeutic session should look like.[2] The numerous echoes of psychoanalysis found in the Western life and across a wide range of academic fields caused Mark Edmundson to remark that at the end of the twentieth century people lived in the "Age of Freud, a cultural moment in which the critical and descriptive terminologies readiest to use sound with unmistakably Freudian resonances."[3]

Psychoanalysis influenced humanities and social sciences, and had a significant impact on the perception of psychotherapy, becoming strongly entwined with it in popular imagination. However, in practice it is just one drop in the of ocean of existing psychotherapies. Cognitive behavioural therapy, humanistic psychotherapy, existential therapy, psychodrama, gestalt therapy, emotionally focused therapy – the past and present psychotherapeutic approaches are too numerous to list.[4] Each of them rests on different assumptions about the workings of the human mind, its relationship to the body, its disorders,

[1] Gabbard, G., "Psychotherapy in Hollywood Cinema", *Australasian Psychiatry* 9 (2001); Tylim, I., "Tales of the Therapist's Passion on the Screen", *Contemporary Psychoanalysis* 46 (2010).

[2] Bankart, C.P., *Talking Cures: A History of Western and Eastern Psychotherapies,* (Pacific Grove, 1997); Sandison, R., *A Century of Psychiatry, Psychotherapy and Group Analysis: A Search for Integration,* (London, 2001).

[3] Edmundson, M., *Towards Reading Freud: Self-Creation in Milton, Wordsworth, Emerson, and Sigmund Freud,* (Princeton, 1990), p. 3.

[4] At the end of the twentieth century the number of currently practised distinct types of psychotherapy had been estimated at over 400. Erwin, E., *Philosophy and Psychotherapy: Razing the Troubles of the Brain,* (London 1997).

relationships between people, and the role played by a psychotherapist. Each of them has its own understanding of what psychotherapy is, when it should be applied, what tasks it can be expected to perform, and what help it can offer. As Nick Totton put it: "No two forms of psychotherapy will understand the client's issues in the same way (…) It is as if Western medicine, Chinese traditional medicine, homeopathy, Christian Science, chiropractic and voodoo got together to agree on a set of diagnostic categories."[5]

Despite this diversity, in the Western countries the image of Freud, a patient lying on the coach, and exploration of dreams and childhood memories came to represent psychotherapy in the collective imagination. However, the history of this treatment is longer than that of Freudian psychoanalysis. Sonu Shamdasani traced the origins of the term "psychotherapy" to the late nineteenth century England and to a psychiatrist Daniel Hack Tuke – a descendant of the renowned founder of the York Retreat William Tuke – who discussed the phenomenon of the "healing power of the imagination", naming its application "psycho-therapeutics."[6] In the following years the term was mostly associated with treatment through hypnosis and suggestion – the main pre-Freudian psychotherapeutic methods, practised extensively in the last decades of the nineteenth century.[7] They were pushed aside only in the twentieth century, after Freud – whose psychoanalysis was quickly gaining popularity – abandoned hypnosis, denouncing it as ineffective.[8]

The rise of psychoanalysis in the twentieth century and its influence on the humanities, social sciences, popular culture and popular understanding of the human mind also had an impact on the writing and thinking about the history of psychotherapy. Shamdasani observed that the advocates of Freud succeeded in presenting him as the founder of modern psychotherapy, and the history of the discipline as beginning and ending with his figure.[9] The bias towards focus on psychoanalysis in the writing of the history of psychotherapy was recently pointed out by Sarah Marks who observed that while psychoanalysis had "its own sophisticated and ever-burgeoning historiography", alternative types of psychotherapeutic treatment had so far largely been ignored by historians. [10] This is not to say that no histories of

[5] Totton, N., *Psychotherapy and Politics,* (London 2000), p. 111.

[6] Shamdasani, S., "'Psychotherapy': The Invention of a Word", *History of the Human Sciences* 18 (2005), p. 2.

[7] *Ibid.*; Ellenberger, H.F., *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, (London, 1970).

[8] Gezundhajt, H., "An Evolution of the Historical Origins of Hypnotism Prior to the Twentieth Century: Between Spirituality and Subconscious", *Contemporary Hypnosis* 24 (2007).

[9] Shamdasani, S., "'Psychotherapy'".

[10] Marks, S., "Psychotherapy in Historical Perspective", *History of Human Sciences* 30 (2017), p. 4.

other psychotherapies exist[11], however, despite the recently growing interest in the field, they are still comparatively few and leave the "intellectual and cultural development of many therapeutic approaches,"[12] their impact and their place in society largely unexplored.

The studies that looked at the history and present of psychotherapy generally agree in pointing out a link between the assumptions and concepts lying at the roots of its various methods, and the cultural context in which they emerged and in which they are practised. According to Laurence Kirmayer "psychotherapy, even of severe pathology, always involves subtler normative questions of how to live the good life. Thus, the goals of psychotherapy are tied to the cultural concept of the person."[13] In a similar vein Barbara Jóźwik argued that psychotherapeutic practices are based on narratives about human nature, development, disorders, and definitions of "the norm" that change across the time and space.[14] C. Peter Bankart opened his discussion of various types of talking cures with a statement that every psychotherapy reflects the "historical, political, and cultural forces" that shape the hopes and beliefs of the time and the culture in which it emerges.[15] Recently, Shamdasani also reminded that different psychotherapeutic approaches rest on different models of mind and stem from different cultures.[16]

Thus, a study of any psychotherapy, in order to understand its form and theoretical assumptions, must take under consideration the context in which it emerged, and conversely an analysis of psychotherapies practised in a particular society can provide an insight into its worldview. Since most forms of psychotherapy originated in Western countries, such studies tended to focus on how their culture became reflected in talking cures, drawing a comparison with therapies developed in or adapted for Asian societies. The application of Western models of psychotherapy in India was discussed by Vijoy Varma who argued that different cultural

[11] For example: Bankart, C.P., *Talking Cures*; Dryden, W., *Developments in Psychotherapy: Historical Perspectives,* (London, 1996); Ellenberger, H.F., *The Discovery of the Unconscious*; Freis, D. "Subordination, Authority, Psychotherapy: Psychotherapy and Politics in Inter-War Vienna", *History of Human Sciences* 30 (2017); Halling, S., Nill, J.D., "A Brief History of Existential-Phenomenological Psychiatry and Psychotherapy", *Journal of Phenomenological Psychology* 26 (1995); Marks, S., "Cognitive Behaviour Therapy in Britain: The Historical Context and Present Situation" in Dryden, W. (ed.), *Cognitive Behaviour Therapies,* (London, 2012); Moss, D. (ed.), *Humanistic and Transpersonal Psychology: A Historical and Biographical Sourcebook,* (Westport, CT, 1999); Norcross, J.C., Van den Bos, G.R., Freedheim, D.K. (eds.), *History of Psychotherapy: Continuity and Change,* (Washington, DC, 2011); Shamdasani, S., "Psychotherapy in Society: Historical Reflections" in Eghigian, G. (ed.), *The Routledge History of Madness and Mental Health,* (London, 2017); Weinstein, D., *The Pathological Family: Postwar America and the Rise of Family Therapy,* (Ithaca, NY, 2013).

[12] Marks, S., "Psychotherapy in Historical Perspective", p. 4.

[13] Kirmayer, L.J., "Psychotherapy and the Cultural Concept of the Person", *Transcultural Psychiatry* 44 (2007), p. 248.

[14] Jóźwik, B., "Psychoterapia jako dyskurs kulturowy", *Psychiatria Polska* XLV (2011).

[15] Bankart, C.P., *Talking Cures,* p. 5.

[16] Shamdasani, S., "Psychotherapy in Society".

characteristics such as the degree of social interdependence, nature of guilt and shame, belief system and social distance between the patient and the psychotherapist play a role in psychotherapeutic approaches and process, and need to be taken under consideration both by therapists themselves and by scholars interested in this form of treatment.[17] In a study of Japanese forms of psychotherapy Takao Murase observed that their aim was to achieve the minimization of the client's self and the growth of his or her feeling of gratitude and responsibility towards other people. Such an aim stood in contrast with Western approaches which tended to put emphasis on an individual self, however, it made perfect sense in Japan where – at least at the time of Murase's research – humility and docility were considered desirable characteristics and self-actualisation was not perceived as being in conflict with conformity and relations of obligation and dependency.[18] The difference between psychotherapy in the West and in Japan was also explored by Kirmayer who – whilst warning against perpetuating a simple dichotomy between individualist and collectivist societies in cross-cultural psychology – outlined the impact that cultural values have had on goals of psychotherapy in North America and Japan. While in the former value was placed on "self-expression, self-control, and self-efficacy", and the cure was understood as strengthening these characteristics in the client, in the latter a psychologically healthy and mature person ought to possess an ability to, "present the correct face to the social world" (rather than expressing their true feelings) and to "adjust one's own aspirations to fit the limits of the situation."[19]

The interaction between the theory and methods of psychotherapy, and the culture and society in which it is practised is one of the themes of this thesis. However, instead of looking at various models of psychotherapy practised in the West or contrasting them with their East Asian counterparts, it is going to focus on a different East that so far has largely been ignored by similar studies: the post-Stalin Soviet Union. In the early 1950s M. Balint remarked that when looking at USSR "one is struck by (…) the almost complete absence of psychotherapy in the Western sense."[20] While this continued to be true in the following years (the absence of psychoanalysis and its influence in the USSR is one of the most visible differences between Western and Soviet psychotherapy), various psychotherapeutic methods grew in popularity in

[17] Varma, V.K., "Culture, Personality and Psychotherapy", *The International Journal of Social Psychiatry* 34 (1988).

[18] Murase, T., "Sunao: A Central Value in Japanese Psychotherapy" in White, G. M. and Marsella, A. J. (eds.), *Cultural Conceptions of Mental Health and Therapy*, (Dordrecht, 1982).

[19] Kirmayer, L.J., "Psychotherapy and the Cultural Concept of the Person", p. 248-249.

[20] Balint, M., "Soviet Psychiatry", *International Journal of Psycho-Analysis*, 33 (1952), p. 64.

the post-war decades, gradually gaining more recognition and support from the health authorities.

This thesis focuses on this "psychotherapy in the Soviet sense", aiming to provide an insight into how the theory and practice of this treatment were shaped by the political, social, and cultural context of the USSR. It examines the growth of psychotherapy as a discipline between 1956 and 1985, looking at the types of treatment that existed in the USSR in this period and the tasks that psychotherapy was to perform according to physicians who promoted it. It traces their efforts to establish psychotherapy as a distinct medical speciality and popularise it within the Soviet healthcare system which, due to the nature of the Soviet socio-economic system, lacked private practice and required psychotherapists to build their discipline in the state-owned institutions and to secure the resources for its development from the authorities. Their wish to establish psychotherapy as a legitimate part of medicine necessitated the arguments that both explained and proved its scientific nature and demonstrated its usefulness to the Soviet healthcare system and more broadly to the Soviet society. This thesis traces arguments used to legitimise and promote psychotherapy, looking at how different challenges encountered by its promoters influenced both its practice and the discourse around it. It also explores the goals and priorities of psychotherapy in its straightforward therapeutic, auxiliary and prophylactic role, as well as ways in which its practitioners understood their relationship to patients and the mechanism of their methods. Through an analysis of these issues this thesis seeks to understand what psychotherapy was for its Soviet practitioners and what assumptions, practices, and concepts characterised the Soviet incarnation of this discipline in the second half of the twentieth century.

Reflecting on her experience of embarking on fieldwork in Eastern Europe in 1971, an anthropologist Katherine Verdery remarked that she was entering a mostly unexplored area that was "less known to anthropology than was New Guinea."[21] A similar feeling of entering a mostly uncharted territory accompanies the experience of beginning to study Soviet psychotherapy today. While not completely absent from the literature, the Soviet talking cures have so far largely been ignored both by the historians of Russia and the USSR and by the scholars of psychotherapies, and although recently some attention began to be drawn to the existence, understanding, and uses of psychotherapy in the USSR and other countries in

[21] Verdery, K., *What Was Socialism, and What Comes Next?*, (Princeton, 1996), p. 5.

communist Europe[22], its theory and practice in that time and place continues to remain largely unexplored.

It is telling that the two best known works on the psychotherapy in the USSR – Alexander Etkind's *Eros of the Impossible*[23] and Martin Miller's *Freud and the Bolsheviks*[24] – are both dedicated to psychoanalysis – an approach that enjoyed great popularity in the early Soviet years, but which virtually disappeared under Stalin and did not shape the practice of psychotherapy in the USSR in the post-war years. Thus, they both focus on the approach that, despite its early success, was not typical of the Soviet theory and practice. The best existing work on Soviet psychotherapy as it was in the post-war decades was produced by Wolf Lauterbach who visited the USSR in the 1970s. His monograph outlines the basics of some of the most common methods of psychotherapy practised at the time, and provides a more in-depth account of the approaches developed at the Bekhterev Psychoneurological Research Institute in Leningrad.[25] Shorter, yet informative accounts were produced by Isidore Ziferstein – an American psychiatrist who visited the same institution and recorded his observations about the work of his Soviet colleagues.[26] Another description of group psychotherapies developed at this Leningrad institution was written by Nick Kanas who travelled to the USSR in the late 1980s.[27] However, visiting the Bekhterev Institute meant that these researches gained more insight into the less popular psychotherapeutic approaches and ideas proposed by the Leningrad doctors, than into the methods commonly practised in Soviet hospitals and polyclinics that offered psychotherapy. This was openly admitted by Lauterbach who remarked that whenever he witnessed a demonstration of psychotherapy in a Soviet clinic, it

[22] For example: Aleksandrowicz, J.W., "The History of Polish Psychotherapy During the Socialist Dictatorship", *European Journal of Mental Health* 4 (2009); Antic, A., "Therapeutic Violence: Psychoanalysis and the 'Re-Education' of Political Prisoners in Cold War Yugoslavia and Eastern Europe" in M. Ffytche, D. Pick (eds), *Psychoanalysis in the Age of Totalitarianism,* (Abingdon, 2016); Buda, B., Tomcsanyi, T., Harmatta, J., Csaky-Pallavicini, R., Paneth, G., "Psychotherapy in Hungary During the Socialist Era and the Socialist Dictatorship", *European Journal of Mental Health* 4 (2009); Marks, S., Savelli, M., "Communist Europe and Transnational Psychiatry" in Marks, S., Savelli, M. (eds), *Psychiatry in Communist Europe*, (Basingstoke, 2015); Marks, S., "Suggestion, Persuasion and Work: Psychotherapies in Communist Europe", *European Journal of Psychotherapy and Counselling* 20 (2018); Raikhel, E., Bemme, D., "Postsocialism, the Psy-ences and Mental Health", *Transcultural Psychiatry* 53 (2016); Savelli, M., "The Peculiar Prosperity of Psychoanalysis in Socialist Yugoslavia", *The Slavonic and East European Review* 91 (2013); Sirotkina, I., *Diagnosing Literary Genius: A Cultural History of Psychiatry in Russia, 1880-1930,* (Baltimore 2002).

[23] Etkind, A., *Eros of the Impossible: The History of Psychoanalysis in Russia,* (Boulder, Colo, 1997).

[24] Miller, M.A., *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union,* (New Haven, 1998).

[25] Lauterbach, W., *Soviet Psychotherapy,* (London, 1984).

[26] Ziferstein, I., "Psychotherapy in the USSR" in Corson, S.A. and O'Leary Corson, E. (eds), *Psychiatry and Psychology in the USSR,* (New York, 1976); Ziferstein, I. "Group Psychotherapy in the Soviet Union", *American Journal of Psychiatry* 129 (1972).

[27] Kanas, N., "Group Therapy in Leningrad", *GROUP* 15 (1991).

was nearly always a method based on suggestion, not one of the alternatives championed by the Bekhterev Institute.[28]

Several other contemporaneous publications provide more information about Soviet psychotherapy as it was understood and practised outside Leningrad and the Bekhterev Institute's influence. A report on Soviet psychiatry prepared by Martin Miller in 1986 covered the critique of Freud made in the USSR, the attitudes towards the concept of the unconscious, and, without going into much detail, some of the "preferred types" (hypnosis, "culture therapy", work therapy[29]) and certain characteristics of psychotherapy (its short-term character, targeting a specific problem, the "principle of activisation").[30] Boris Segal, a Russian psychiatrist who emigrated to the USA in the early 1970s, wrote on theoretical bases and methods of Soviet psychotherapy, pointing to its pedagogical aspects, its roots in Pavlovian theory, and its attitude towards Freud. His articles listed persuasion, suggestion and the so called "training methods" as the basic types of psychotherapy practised in the USSR, named encouraging patients to activity as one of its important goals, offered information about approaches taken towards different kinds of neuroses, and hinted at a performative aspect of psychotherapeutic treatment by indicating that doctors were advised to pay attention to appearing especially knowledgeable in front of their patients.[31] Brief information about Soviet psychotherapy's roots in Pavlovian physiology and the resulting views on its mechanisms and applications was also given in an article by Brian Kirman.[32]

Taken together, these accounts provide enough information to sketch a basic image of psychotherapy practised in the post-Stalin USSR. However, with the exception of Lauterbach's book and Segal's articles, they concentrate on listing observations, treatments, and theoretical positions of Soviet psychotherapy, without going into much detail. Taking the sketch offered by the contemporaneous accounts as a starting point, this thesis will provide a more detailed, in-depth portrait of psychotherapy in the USSR, analysing how this treatment

[28] Lauterbach, W., *Soviet Psychotherapy.*

[29] Work therapy was included by Miller in the list of psychotherapies favoured in the USSR, however, it should be noted that although it was indeed a popular Soviet treatment, other accounts do not classify it as a form of psychotherapy. During the research undertaken for this thesis I also found no evidence to suggest that work therapy was considered a form of psychotherapy by Soviet practitioners.

[30] Miller, M.A., *Soviet Psychiatry: The Historical and Cultural Context,* (The National Council for Soviet and East European Research, 1986).

[31] Segal, B.M., "The Theoretical Bases of Soviet Psychotherapy", *American Journal of Psychotherapy* 29 (1975); Segal, B.M., "Soviet Psychotherapy: The Tasks and Methodological Problems", *Psychiatric Quarterly* 49 (1977).

[32] Kirman, B.H., "Psychotherapy in the Soviet Union" in O'Connor, N. (ed.), *Present-Day Russian Psychology: A Symposium by Seven Authors",* (Oxford 1966).

was conceptualised and placing its understanding and practice in the wider context of medicine, culture and society of the post-Stalin USSR.

Not many studies produced after the collapse of the USSR acknowledge or pay attention to the psychotherapy of the Soviet era, while many of those that do are more interested in attitudes towards the mostly-absent psychoanalysis than in Soviet psychotherapeutic practice or theory.[33] One of the noteworthy exceptions is Irina Sirotkina's exploration of Russian and Soviet psychiatry and culture, which, while covering a much wider topic, provides a fascinating insight into development of various trends in psychotherapy in the late Imperial and early Soviet years.[34] The specific aspects of Soviet psychotherapeutic treatment and related issues were recently discussed by Julia Mannherz (views on hypnosis in 1910s and early 1920s)[35], Maya Haber (psychoprophylactic method of painless childbirth)[36], Paula Michaels (an expanded study of psychoprophylaxis of childbirth pain)[37], and Eugene Raikhel (suggestion-based methods of treating alcoholism that continued to be used in post-Soviet Russia).[38]

In the Russian scholarship several histories of "national psychotherapy" were written by psychotherapists, psychologists, and psychiatrists themselves.[39] These works, while being a good source of information about the timeline and areas of development of psychotherapy in Russia and the USSR, tend to suffer from similar shortcomings as the accounts written by Western observers during Soviet times: lack of a more in-depth analysis and a Leningrad-centric perspective. The latter is particularly true of the works of Vasileva and Gaidamakina who both defended their dissertations in medical sciences at the Bekhterev Institute. While

[33] In addition to monographs by Etkind and Miller see: Angelini, A., "History of the Unconscious in the Soviet Russia: From its Origins to the Fall of the Soviet Union", *International Journal of Psychoanalysis* 89 (2008).

[34] Sirotkina, I., *Diagnosing Literary Genius.*

[35] Mannherz, J., "Spiritual Experience or Retarded Reflexes? Hypnosis in Russian Popular Cultures, 1914-1922" in Frame, M., Marks, S., Stockdale, M., Kolonotskii, B. (eds.), *Cultural History of Russia in the Great War and Revolution, 1914-1922*, (Bloomington, 2014).

[36] Haber, M., "The Evil Eye and the Psychoprophylactic Method of Painless Childbirth in Soviet Russia", *Kritika*, 14 (2013).

[37] Michaels, P.A., *Lamaze: An International History*, (Oxford, 2014).

[38] Raikhel, E., *Governing Habits: Treating Alcoholism in the Post-Soviet Clinic*, (Ithaca, 2016).

[39] See for example: Gaidamakina, E.V., *Razvitie psikhoterapii v Rossii: po materialam meditsinskikh, psikhiatricheskikh i psikhoterapevticheskikh s''ezdov,* (Saint Petersburg, 2011); Makarov, V.V., "Psikhoterapiia v Rossiiskoi imperii, Sovetskom Soiuze, Rossiiskoi Federatsii" in Makarov, V.V., Burno, M.E. (eds.), *Rossiia psikhoterapevticheskaia: khrestomatiia metodov psikhoterapii i psikhologicheskogo konsul'tirovaniia, priniatykh v Rossiiskoi Federatsii*, (Moscow, 2011); Marchenkova, M.V., "Ocherk o razvitii psikhoterapii v Rossii", *Konsul'tativnaia psikhologiia i psikhoterapiia* 1 (2012); Sukhovershin, A.V., Zalevskii, G.V., "Kurortnaia psikhoterapiia: istoriia, problem i perspektivy razvitiia (na material kurorta Belokurikha), *Sibirskii psikhologicheskii zhurnal* 26 (2007); Tukaev, R.D., "Na puti k vrachebnoi psikhoterapii", *FGU "Moskovskii NII psikhiatrii Roszdrava* (2008); Vasileva, A.V., *Stanovlenie otechestvennoi psikhoterapii v kachestve samostoiatel'noi meditsinskoi distsipliny vo vtoroi polovine XX v,* (Saint Petersburg, 2004).

not ignoring other schools and methods of psychotherapy practised in the USSR in the second half of the twentieth century, they clearly favour the approaches developed by the Leningrad doctors, portraying them as the most progressive elements of Soviet psychotherapy and praising their similarities with Western psychotherapeutic schools.[40] Coming from the perspective of medical sciences, not history, they evaluate Soviet methods of psychotherapy on the basis of what they consider to be an advanced and effective psychotherapy. Other Russian authors, educated in the Soviet psychotherapeutic tradition, show more sympathy towards a variety of its methods, however, their historical accounts usually serve as a background for the discussion of present and future of Russian psychotherapy, and neglect to analyse Soviet talking cures in their own right, as products of a specific combination of historical, societal and cultural factors.

The relative absence of Soviet psychotherapy in historical scholarship has to be placed in the context of existing literature on the wider topic of Soviet psychiatry and mental health care, as it was usually the doctors from that field who researched, practised, and tried to popularise healing through words in the USSR. The image of Soviet psychiatry emerging from the literature has been dominated by its darkest aspect – the political abuse of this discipline in the post-Stalin era and the Soviet concept of schizophrenia that was entwined with it. The practice of diagnosing dissidents as mentally ill and placing them in psychiatric institutions had been documented by the affected individuals themselves, contemporaneous Western observers and activists, and historians[41], and although this topic has by no means been exhausted, the focus placed on it, combined with the relative lack of attention to everyday practice of Soviet psychiatry, resulted in Soviet mental health care appearing as a "psychiatric gulag"[42] – a highly politicised enterprise the main purpose of which was to suppress the critics of the regime and other "undesirable" people. Of course other, more mundane aspects of Soviet mental health care were not entirely ignored. Mark G. Field authored several publications outlining the institutional framework and theory of Soviet

[40] Vasileva, A.V., *Stanovlenie otechestvennoi psikhoterapii;* Gaidamakina, E.V., *Razvitie psikhoterapii v Rossii.*

[41] See for example: Bloch, S. and Reddaway, P., *Russia's Political Hospitals: The Abuse of Psychiatry in the Soviet Union,* (London, 1977); Bloch, S. and Reddaway, P., *Soviet Psychiatric Abuse: The Shadow over World Psychiatry* (London, 1984); Bukovsky V., *To Build a Castle: My Life as a Dissenter,* (London, 1978); Fireside, H., *Soviet Psychoprisons,* (New York, 1979); Grigorenko, P.G., *The Grigorenko Papers,* (Boulder, 1976); Lavretsky, H., "The Russian Concept of Schizophrenia: A Review of the Literature", *Schizophrenia Bulletin* 24 (1998); Plyushch, L., *History's Carnival: A Dissident's Authobiography,* (London, 1979); Reich, R., *State of Madness: Psychiatry, Literature and Dissent After Stalin,* (DeKalb, IL, 2018); Van Voren, R., *On Dissidents and Madness: From the Soviet Union of Leonid Brezhnev to the "Soviet Union" of Vladimir Putin,* (Amsterdam, 2009).

[42] Porter, R. and Micale, M.S., "Reflections on Psychiatry and Its Histories" in Micale, M. S. and Porter, R. (eds), *Discovering the History of Psychiatry,* (Oxford, 1994), p. 22.

psychiatry.[43] Nancy Rollins wrote on Soviet child psychiatry,[44] while David Joravsky produced a history of psychiatry's evolution under the Soviet regime, focusing particularly on the period until Stalin's death.[45] More recently psychiatry and treatment of mental illness in the USSR have been explored by such scholars as Irina Sirotkina,[46] and Benjamin Zajicek,[47] however, the literature on everyday practice and theoretical concerns of Soviet psychiatry remains limited.

This thesis makes a contribution to the existing literature, both on Soviet mental health care and on psychotherapy as such, by shedding some light on the shape that this discipline took in the USSR in the post-Stalin decades. It aims to help create a more balanced image of Soviet psychiatric care by focusing on the efforts of psychiatrists who did not engage in the political abuse of psychiatry but simply treated patients who genuinely required help and promoted a discipline that they believed could make a positive contribution to the Soviet healthcare system. As such, it draws attention towards the mundane and more positive aspects of Soviet mental health care which so far had been largely overshadowed by the disproportionate focus on its worst excesses. It must be stressed that in doing so, it in no way means to deny the importance of studying the Soviet abuse of psychiatry. It does, however, stem from the belief that – in order to fully understand Soviet mental health care – such studies should be complemented by an exploration of its other, "everyday" aspects and of activities of those physicians who worked in other areas and settings than forensic psychiatry and special hospitals where many of the dissidents were held. While this thesis explores only one type of treatment used and developed by Soviet psychiatrists and neuropathologists, it hopes to be a step in that direction.

[43] Field, M.G., *Doctor and Patient in Soviet Russia*, (Cambridge, Mass., 1957); Field, M.G., "Approaches to Mental Illness in Soviet Society: Some Comparisons and Conjectures", *Social Problems* 7 (1960); Field, M.G., "Soviet Psychiatry and Social Structure, Culture and Ideology: A Preliminary Assessment", *Journal of American Psychotherapy* 21 (1967); Field, M.G., "Psychiatry and Ideology: The Official Soviet View of Western Theories and Practices", *American Journal of Psychotherapy* 22 (1968).

[44] Rollins, N., *Child Psychiatry in the Soviet Union: Preliminary Observations*, (Cambridge, Ma, 1972).

[45] Joravsky, D., *Russian Psychology: A Critical History*, (Oxford, 1989).

[46] Sirotkina, I., *Diagnosing Literary Genius;* Sirotkina, I., Kokorina, M., "The Dialectics of Labour in a Psychiatric Ward: Work Therapy in the Kaschenko Hospital" in Marks, S., Savelli, M. (eds), *Psychiatry in Communist Europe.*

[47] Zajicek, B., "Scientific Psychiatry in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define 'Pavlovian' Psychiatry, 1939-1953" (PhD, University of Chicago, 2009); Zajicek, B., "Insulin Coma Therapy and the Construction of Therapeutic Effectiveness in Stalin's Soviet Union, 1936-153" in Marks, S., Savelli, M. (eds), *Psychiatry in Communist Europe*; Zajicek, B., "A Soviet System of Professions: Psychiatry, Professional Jurisdiction, and the Soviet Academy of Medical Sciences, 1932-1951" in Grant, S. (ed.), *Russian and Soviet Health Care from an International Perspective: Comparing Professions, Practice and Gender, 1880-1960*, (Basingstoke, 2017).

The exploration of Soviet psychotherapeutic theory and practice can also shed some light on the history and boundaries of psychotherapy as a discipline. Since the Soviet concept of this discipline was particularly broad, including such areas as any communication between a physician and a patient and prophylaxis, it raises questions about what are the limits of psychotherapy and whether it is appropriate to speak of it solely as a type of treatment. What is more, as will be shown in this thesis, certain therapies that never gained much popularity or were largely abandoned in the Western countries, and therefore are often missing from English-language discussions of different types of psychotherapy, continued to be practised and developed behind the Iron Curtain. This demonstrates not only that the field of psychotherapy in the USSR was not stagnant after the suppression of psychoanalysis at the onset of Stalinism, but also that such forms of this treatment as suggestion therapies or rational psychotherapy deserve much more attention in discussions of twentieth century psychotherapy. Furthermore, the psychotherapeutic approaches championed by physicians in the USSR were not abandoned after its collapse. Referred to as "clinical psychotherapy" (*vrachebnaia psikhoterapiia*), many continue to be used in Russia[48], while some of the ideas and methods developed by Soviet psychotherapists formed the basis of other treatments practised today.[49] Thus, the exploration of position and methods of Soviet psychotherapy is important for understanding and contextualising certain elements of contemporary Russian medicine.

A very brief outline of the history of psychotherapy in Imperial Russia and the USSR is necessary before a detailed discussion of the form taken by this discipline between mid-1950s and mid-1980s. Before 1917 its development followed largely the same path as in the Western Europe. In the second half of the nineteenth century psychotherapeutic practice was dominated by hypnotic suggestion and other suggestion therapies. Both Russian and other European physicians experimented with using such methods to treat mental or nervous conditions, proposing a variety of explanations for the nature of the phenomena they were using and the mechanism through which they produced a therapeutic effect.[50]

The entrance of psychoanalysis on the psychotherapeutic stage, which had a profound impact of the theory and practice of the discipline in Western Europe and North America, initially influenced its direction also in Russia. At the start of the twentieth century Freud's

[48] Makarov, V.V., "Psikhoterapiia"; Tukaev, R.D., "Na puti k vrachebnoi psikhoterapii".

[49] The examples of such therapies used to treat alcoholism in post-Soviet Russia can be found in: Raikhel, E., *Governing Habits.*

[50] Friedlander, J.L., "Psychiatrists and Crisis in Russia, 1880-1971" (PhD, University of California, Berkeley, 2007); Sirotkina, I., *Diagnosing Literary Genius*;

method captured the imagination of a number of Russian physicians, many of whom travelled abroad to study it and exhibited a great energy in popularising it in their home country. The development of psychoanalysis and psychotherapy was not immediately affected by the October revolution. Throughout the first half of the 1920s the field continued to be vibrant and diverse. Psychoanalysis was discussed, researched and practised alongside earlier forms of psychotherapy based on hypnosis and suggestion, as well as other innovative approaches from the West such as rational psychotherapy developed by a Swiss physician Paul Dubois. The theories and methods proposed by Freud even gained some supporters in the new Bolshevik regime, and for a time it looked like psychoanalysis would continue to exert influence on psychotherapy in the USSR.[51]

The change that shaped the future of Soviet psychotherapy came in the second half of the 1920s. As many intellectual trends were increasingly coming under criticism, the fields that focused on the study and treatment of the psyche were not spared. Freud's ideas and their supporters in the USSR faced a series of attacks, which caused the decline of psychoanalysis, leading to its virtual disappearance as a discipline by the end of the decade. People who previously engaged with Freud's ideas now left Russian Psychoanalytic Society while other chose to emigrate from the USSR and continue this engagement abroad, and the number of publications in the area rapidly decreased. Psychoanalytic treatment continued to be practised underground in the 1930s[52], however, after its fall from grace at the onset of Stalinism it remained an object of criticism and was not rehabilitated in the Soviet psychotherapeutic theory and practice.

The period of Stalin's rule did not bring the development of psychotherapy completely to a halt, however, it significantly slowed it down. A number of physicians still taught themselves, researched and used psychotherapeutic methods, developing ideas and approaches that were to shape Soviet psychotherapy of the post-Stalin decades. Nevertheless, the ongoing attacks on various trends in psychology and psychiatry created an atmosphere that was not favourable for popularisation of healing through words. Compared with the enthusiasm for such treatments at the beginning of the century and their renewed growth in its second half the Stalin era appears as a period when the field of psychotherapy largely stagnated. Although some new methods and ideas were being developed and tested, they were not widely implemented and the discipline as a whole did not significantly grow.

[51] Psychoanalysis enjoyed a great popularity in Russia in 1910s and 1920s and, among others, attracted interest of such renowned figures in the history of Russian psychology as Alexander Luria and Lev Vygotsky. Etkind, A., *Eros of the Impossible*; Miller, M.A., *Freud and the Bolsheviks.*

[52] Etkind, A., *Eros of the Impossible.*

From the mid-1950s onwards psychotherapy again began gaining popularity thanks to the efforts of physicians and researchers passionate about establishing it as one of the treatments routinely available in Soviet clinics. As indicated above, this was not psychotherapy as it came to be known and imagined in the West. In the absence of psychoanalysis and psychodynamic, behavioural, or humanistic psychotherapy, methods that did not fare so well in Western countries flourished. The approaches relying on suggestion (under hypnosis or in an awake state) continued to be popular, sharing their dominant status with the so called rational psychotherapy (based on psychotherapy of an early twentieth century Swiss doctor Paul Dubois) and with a multitude of modifications of autogenic training, originally developed in Germany by Johannes Schultz.

While these methods did not originate in the USSR, they took on a Soviet character in the writing and practice of physicians who sought to popularise them, gaining some kind of link to Pavlov's theories and reflecting Soviet commitment to a materialistic worldview and beliefs about human beings and society, as well as stress put on self-perfection. This thesis looks at how various aspects of the Soviet worldview were reflected in physicians' thinking on psychotherapy, and woven into theory and practice of this treatment. It is a study of ideas about the mind and the body, therapy, prophylaxis and the doctor-patient relationship, and a case study of the influence that such ideas exert on the form and understanding of psychotherapy. However, ideas are only a part of the story told in this thesis, which would be incomplete without looking at the efforts to popularise psychotherapy in the USSR, at the obstacles its proponents ran into in their attempts to introduce it to medical institutions, and at the resulting gulf between their ambitious visions and practice. The shortages of personnel and resources, and the strategies employed to convince both health authorities and the rest of medical community that psychotherapy was a useful, efficient treatment influenced both the discourse around it, and the practical choices made in medical institutions, and as such played an important part in determining what the psychotherapy "in the Soviet sense" came to look like.

The mind, the body, and the will

Among the first issues that need to be addressed in a study of Soviet psychotherapy are the peculiarities of the existence of what is commonly seen as a psyche-oriented treatment in a country that routinely proclaimed its dedication to materialism. Because of the form of psychotherapeutic treatment and the common perception of at least some of its methods,

doctors who sought to introduce it into Soviet medical institutions had to overcome the prejudice of their colleagues and to convince both them and the healthcare authorities that psychotherapy was a viable medical procedure, rooted in a materialistic, scientific worldview. Among the problems they had to face was the association of one of the main psychotherapeutic methods – hypnotic suggestion – with spiritualism and charlatanism, and the very nature of psychotherapy: a treatment that operated through words, targeting primarily the disorders of the human psyche, and was likely to be construed as treating the mind as a separate, independent entity.

Horacio Fabrega reminded that the notion of a disorder affecting human psyche was a product of a specific perception of a human being that became influential in what might be referred to as the Western world.[53] Over the last centuries both its everyday thinking and science had been permeated by the mind-body dualism (also known as the Cartesian dualism): a view which divided the world into material and immaterial things, separating the questions about the human body from those about the human mind. [54] The conceptualisation of the mind and the body as two distinct entities affected by their own kinds of disorders was not alien to Russia and exerted influence also on its medical thought. However, already in the nineteenth century certain doctors and thinkers such as Belinskii, Chernyshevskii, or Sechenov began to challenge this distinction, calling for its abandonment and seeking a theory of the human organism that would unite the organic (the body) with the inorganic (the mind).[55]

The rejection of the mind-body dualism and the adoption of a unified, physiological view of the human organism and the phenomenon of consciousness became one of the characteristics of the sciences of the mind in the Soviet era. The early Soviet years brought the push to create a psychology that followed the principles of the Marxist worldview championed by the new regime, starting with its commitment to ontological materialism and resulting monistic conception of man that excluded the possibility of a separate existence of spiritual substances such as the mind.[56] The search for a concept of a human being that respected monistic ontology but also did not fall into a reductionist trap of the so called

[53] Fabrega, H., "Culture and Psychiatric Illness: Biomedical and Ethnomedical Aspects" in White, G.M. and Marsella, A.J. (eds.), *Cultural Conceptions of Mental Health.*

[54] Johnson, F., "The Western Concept of Self" in Marsella, A.J., DeVos, G. and Hsu, F.L.K. (eds.), *Culture and Self: Asian and Western Perspectives,* (New York, 1985).

[55] Corson, S.A. and O'Leary Corson, E., "Philosophical and Historical Roots of the Pavlovian Psychology" in Corson, S.A. and O'Leary Corson, E. (eds), *Psychiatry and Psychology.*; Janousek, J., Sirotkina, I., "Psychology in Russia and Central and Eastern Europe" in Porter, T.M., Ross, D., *The Cambridge History of Science,* vol. 7, (Cambridge, 2003); Todes, D., "From Radicalism to Scientific Convention: Biological Psychology in Russia from Sechenov to Pavlov", (PhD, University of Pennsylvania, 1981).

[56] Payne, T.R., "On the Theoretical Foundations of Soviet Psychology", *Studies in Soviet Thought VI* , 2 (1966).

"vulgar materialism"[57] resulted in more holistic explanations that attempted to walk the line between mind-body dualism and complete reduction of the mind to physiological processes. The final compromise was never reached and the debates on the precise nature of consciousness continued to re-emerge throughout the Soviet decades, but the dominant approaches championed by the Soviet psychologists circled around the position that although the mind could not be studied solely from the physiological side, and the processes occurring in it had to be considered in their own right, it was material in origin and did not exist independently of the matter that comprised the human body.[58]

How does psychotherapy fit into the Soviet grappling with the nature of the human mind? First of all, as a treatment that typically focused solely or nearly solely on the mind, it was vulnerable to accusations of ignoring its material origin, and perpetuating mind-body dualism. Since a more holistic concept of the human organism was sought and championed in the USSR in a clear effort to overcome such dualism, views that postulated, or appeared to postulate, the distinctiveness of mind attracted hostility and routine condemnation. The idealism was at best portrayed as a deeply mistaken position, and at other occasions criticised as "reactionary" and "an obstacle to science."[59] Psychotherapy could not remain unaffected by such a climate. Just like psychology, it had to root itself in the materialistic worldview, distancing itself from its incarnations that espoused – or were deemed to espouse – the mind-body dualism.

Condemnations of "idealistically oriented and reactionary conceptions of the bourgeois psychotherapy"[60], particularly of Freudian psychoanalysis, routinely opened Soviet publications on healing through words, reminding the readers to draw a clear line between what this method of treatment used to be and still was in the West, and its materialistic, scientific form practised in the USSR. By looking at the discourse around the Soviet incarnations of psychotherapy, and the ways in which their proponents sought to root them in the materialistic worldview, this thesis contributes to the understanding of how conceptions,

[57] Such position came into conflict with Marx's assertion that men were capable of shaping the world, and was criticised for making consciousness obsolete and turning men into automatons. See: Smirnov, A.A., "The Development of Soviet Psychology" in *Soviet Psychology: A Symposium*, (Westport, 1973); Zajicek, B., "Scientific Psychiatry".

[58] More detailed discussions of the Soviet debates and dilemmas regarding the nature of the human mind can be found in: Gray, J.A., "Attention, Consciousness and Voluntary Control of Behaviour in Soviet Psychology: Philosophical Roots and Research Branches" in O'Connor, N. (ed.), *Present-Day Russian Psychology*; Payne, T.R., "The 'Brain-Psyche' Problem in Soviet Psychology", *Studies in Soviet Thought* VII, 2 (1967); Graham, L.R., *Science, Philosophy, and Human Behaviour in the Soviet Union*, (New York, 1987).

[59] Smirnov, A.A., "The Development of Soviet Psychology", p. 14; Leont'ev, A.N., *Activity, Consciousness and Personality*, (Englewood Cliffs, 1978).

[60] Rozhnov, V.E., "Vvedenie" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii*, (Moscow, 1974), p. 5.

methods, and applications of psychotherapy are shaped by the ideas about the human organism held (or at least openly expressed) by its theorists and practitioners. One of the striking characteristics of the Soviet psychotherapeutic theory is the extent to which it is dominated by the physiological explanations and language, derived primarily from the works of Ivan Pavlov. His ideas and discoveries were presented as scientific basis for the effectiveness of talking cures, allowing Soviet psychotherapists to explain them as working not through subjective exploration of the nebulous entity that was the psyche, but through applying verbal stimuli that provoked desired physiological responses in the cerebral cortex.[61]

What is more, according to this view therapeutic impact of words was not limited to man's mental and emotional sphere, but extended to the entire organism, without a clear line separating what happened in the mind from what happened in the body. This was plainly stated in Soviet definitions of psychotherapy that from the 1950s until the last Soviet years described it as a "comprehensive therapeutic influence on the patient's psyche, and through the psyche on the entire organism."[62] Thus, psychotherapy that existed in the post-Stalin USSR cannot accurately be described as treatment of the psyche. Although it was understood as acting through it, its influence could be directed at any part of the organism, for example circulatory or digestive system. Consequently, in addition to being an important means of combatting certain disorders affecting the mind, psychotherapy was seen as applicable in treatment of a variety of somatic symptoms, and its practitioners stressed its potential to improve the functioning of the entire organism. Words were seen as stimuli capable of inducing physiological changes just like "drugs, surgeon's scalpel or physiotherapeutic procedures"[63] and were presented as simply yet another tool that could be wielded by doctors to restore their patients to health.

The analysis of the way in which Soviet psychotherapists wrote about the mental and the somatic, and of how their thinking influenced the way in which they approached their patients, can not only reveal how psychotherapy in the USSR was influenced by its materialistic worldview, but also offer insight into how Soviet psychiatrists thought about the relationship between the body and the mind in their everyday practice and research. In the

[61] Platonov, K.I., *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov*, (Honolulu, 2003 [1959]).

[62] Rozhnov, V.E., "Meditsinskaia deontologiia i psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo,* p. 22. Very similar, though differently worded, definitions can be found for example in: Lebedinskii, M.S., "General Methodological Problems of Psychotherapy" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961); Miagkov, I.F., *Psikhoterapiia: Rukovodstvo dlia studentov meditsinskikh institutov i vrachei,* (Moscow, 1967); Slobodianik, A.P., *Psikhoterapiia, vnushenie, gipnoz,*(Kiev, 1983).

[63] Astakhov, S.N., *Lechebnoe deistvie slova,* (Leningrad, 1962), p. 3.

early twenty-first century efforts to develop integrative models of mind and brain led to the claims that Western psychiatry finally overcame the mind-body dualism. Although the claims were made by psychiatrists themselves, a study by Miresco and Kirmayer revealed that despite what was being said, in the clinical practice psychiatrists continued to think dualistically and that such thinking influenced the way in which they made judgements about their patients' responsibility for their own condition.[64]

Although there is no reason to automatically assume that Soviet psychotherapists who sought materialistic talking cures did not truly espouse the materialistic worldview and only adopted it to appease their colleagues and the authorities, even genuine commitment to overcoming the mind-body dichotomy is clearly not enough to free oneself from its influence. Soviet psychotherapists were not unfamiliar with it, and although they rejected the distinctiveness of the mind on an intellectual level, its traces can be observed in the way they wrote about some of their methods of treatment. This thesis will argue that although for the most part Soviet psychotherapy indeed spoke of the human organism as a whole, one element of what is usually seen as "mental" tended to consistently be treated as distinct. This element was the will, which was portrayed as capable of governing and reshaping both the body and the patterns of thinking, emotions, and personality traits that composed the mind. Thus, the dualism that characterised Soviet psychotherapy was a peculiar variation of the mind-body dualism, placing will on the one side and the human organism (with its physiology, personality, emotions and thoughts) on the other.

The treatment of will as a distinct entity speaks of the difficulty of talking about psychotherapy without to some extent falling back on the mind-body dualism. However, it is also a reflection of the importance given to the human will and agency in the USSR, manifested for example in the descriptions of heroes and role models presented to the Soviet people, characterised as tirelessly working to improve themselves to overcome their weaknesses and external difficulties.[65] Oleg Kharkhordin observed that an emphasis on self-improvement was prominent in the Soviet discourse, particularly in the post-war years, which presented the self as something to reflect upon and to perfect.[66]

[64] Mirseco, M.J., Kirmayer, L.J., "The Persistence of Mind-Brain Dualism in Psychiatric Reasoning About Clinical Scenarios", *American Journal of Psychiatry* 163 (2006).

[65] Jungen, B., 'Frozen Action: Thoughts on Sport, Discipline and the Arts in Soviet Union of the 1930s' in Katzer, N., Budy, S., Kohring, A., Zeller, M. (eds), *Euphoria and Exhaustion: Modern Sport in Soviet Culture and Society,* (Frankfurt am Main 2010); Kelly, C., "The New Soviet Man and Woman" in Dixon, S. (ed.), *The Oxford Handbook of Modern Russian History,* (Oxford University Press, 2013-).

[66] Kharkhordin, O., *The Collective and the Individual in Russia: A Study of Practices,* (Berkeley, 1999).

Soviet psychotherapy was also concerned with perfection and self-perfection of human beings and sought to contribute to it by temporarily substituting, and ultimately strengthening patient's will, and therefore his or her ability to control own attitudes, emotions, and even certain physiological functions. As a Ukrainian psychiatrist, Aleksandr Slobodianik, put it: "The volitional processes characterised by a sense of purpose, integrity, mobilisation, perseverance, initiative, courage etc. are a motor of human activity through which men reshape the world around them. A pedagogue and a psychotherapist should first of all cultivate the will."[67] What is more, psychotherapeutic treatment often included pointing patients' will in the right direction, by showing changes they should try to make in themselves in order to become healthier, more resilient, stronger, or otherwise better people.

Thus, psychotherapy often focused on training patients to exercise their will, which was believed to have the ability to govern various processes in the human organism, both mental and somatic, and a work of a psychotherapist was seen as akin to education or upbringing. It was also not to be limited to treating the sick. Some of its methods – particularly various modifications of the autogenic training – were presented as possible ways for protecting the health of the population and of assisting the Soviet people in increasing their control over their bodies and minds, thus helping them in perfecting themselves. For its Soviet practitioners psychotherapy was more than just a treatment. Its proposed uses extended to prophylaxis and to actively strengthening people's will, helping them increase their abilities and resilience, and this wide applicability was one of the arguments raised to convince other physicians and authorities of its value for the Soviet society.

Doctors like any other?

The post-Stalin decades were a period of growth for the psychotherapy in the USSR. From the 1950s onwards it began to be introduced into more and more medical institutions, drew attention of new doctors who joined the newly available psychotherapy courses, found more applications, gained more visibility and status, and in 1985 was finally added to the list of medical specialities and job positions. While the second half of the twentieth century also saw the significant growth in popularity and influence of psychotherapy in the USA and the UK[68], the form and strategies for the popularisation of psychotherapy in the USSR were very different and the success of Soviet psychotherapists much more limited.

[67] Slobodianik, A.P., *Psikhoterapiia,* p. 88.
[68] Furedi, F., *Therapy Culture: Cultivating Vulnerability in an Uncertain Age*, (London, 2004).

The main difference between the USSR and the West laid in who could practise psychotherapy and in what conditions. As the demand for psychotherapy grew in the USA, psychologists and social workers joined psychiatrists in offering services as therapists and mental health counsellors, setting up independent private practices and treating clients with a variety of psychotherapeutic methods.[69] At the same time in the USSR one of the most common forms of psychotherapy – hypnosis – could only be performed by people holding a medical degree, and the practice of talking cures remained largely limited to physicians. What is more, Soviet healthcare system consisted of a network of state-owned institutions, without a place for doctors to establish private practices. The doctors who wanted to practise and popularise psychotherapy were therefore, just like all their colleagues, state employees, and relied on the healthcare authorities for the resources and organisational support for psychotherapeutic treatment. Consequently, while in Western countries psychotherapy began to function as a consumer service provided to "clients", giving rise to questions about the effect of payment on its practice and its therapeutic relationship[70], in the USSR people receiving psychotherapeutic treatment remained patients like any other and psychotherapy was shaped by its practitioners' relationship to the state.

Since the resources for psychotherapy were not dependent on appealing to clients and generating a demand for psychotherapists' services, Soviet efforts to popularise psychotherapy were primarily addressed not to potential patients (although several authors published books aiming to familiarise the general public with psychotherapeutic methods, particularly with hypnosis) but to healthcare authorities, administrators in charge of healthcare institutions and to fellow physicians who could give their support to the cause of psychotherapy. This thesis analyses the arguments given to convince these groups of the usefulness and efficiency of talking cures, tracing how the need to build professional status within the medical community and to appeal to the healthcare authorities, rather than to potential clients, influenced the methods and solutions preferred by Soviet psychotherapists, as well as the competencies and tasks that they ascribed to their speciality.

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[69] Frank, J.D., *Persuasion and Healing: A Comparative Study of Psychotherapy*, revised edition, (New York 1974).

[70] For example: Carpenter, P.J., Range, L.M., "The Effects of Patients' Fee Payment Source on the Duration of Outpatient Psychotherapy", *Journal of Clinical Psychology* 39 (1983); Herron, V.G., Sitkowski, S., "Effect of Fees on Psychotherapy: What is the Evidence", *Professional Psychology: Research and Practice* 17 (1986). The issue of impact of payment and financialisation on psychotherapy continue to be discussed both in the West and in the Eastern Bloc countries that have since undergone transition to capitalism. See: Jabłoński, M.J. et al., "Financialization May Affect the Therapeutic Relationship in Psychotherapy", *Psychiatria i Psychologia Kliniczna* 15 (2015); Parker, I., "Psychotherapy under Capitalism: The Production, Circulation and Management of Value and Subjectivity", *Psychotherapy and Politics International* 12 (2014).

In his seminal work on the emergence of professions Andrew Abbott traced the development of the American field of psychotherapy through its establishment of jurisdiction over the so called "personal problems." This jurisdiction was won from the clergy by psychiatry, and then conceded to the competition that emerged from the psychologists in the second half of the twentieth century.[71] Abbott's conception of the competition for the jurisdiction over fields of work and expertise is a useful one to keep in mind during the analysis of Soviet psychotherapists' efforts to establish their methods as a part of Soviet healthcare. However, while they certainly attempted to win a jurisdiction over certain aspects of treatment and aspired to be recognised as experts on such issues as the proper communication between medical personnel and patients, their aim was not to become a distinct profession but to see psychotherapy embraced as a legitimate part of medicine. While – in order to demonstrate the usefulness of psychotherapy – they stressed the unique skills and expertise that it offered, they also put a lot of effort into underlining its similarity to the treatments already perceived as obvious tools of medicine.

The crucial element of these efforts were the works of Pavlov, praised for discovering the "physiological justification for contemporary psychotherapy"[72], and for proving that healing through words was a scientific procedure like any other. While there is no reason to conclude that all Soviet psychotherapists used the name of Pavlov solely to build the respectability of their discipline – many appear to be genuine believers in Pavlov's theories[73] – the Pavlovian basis of psychotherapy was regularly underlined to build its status as a part of Soviet medicine, and to dispel the prejudice of other physicians, particularly towards hypnosis. Publications on psychotherapy regularly reminded their readers that according to Pavlov words were stimuli eliciting certain responses in cerebral cortex, which could then result in changes in various physiological processes occurring in the human organism. Psychotherapeutic treatment worked through using appropriate words in order to elicit the desired physiological responses and changes, just like other physicians used drugs or a scalpel to influence, correct, and repair the body.[74] Psychotherapists, therefore, strove to be

[71] Abbott, A., *The System of Professions: An Essay on the Division of Expert Labour,* (Chicago, 1988).

[72] Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain: vnushenie, gipnoz, autogennaia trenirovka,* (Stavropol, 1974), p. 25.

[73] Michaels, P.A., *Lamaze*.

[74] The comparisons of psychotherapy to surgery or to administration of drugs appeared frequently in the writings of doctors who sought to popularise healing through words. They were used to stress both the physiological dimension of healing through words and to show the precision and skill required to properly administer psychotherapy. See for example: Platonov, K.I., *The Word*; Astakhov, S.N., *Lechebnoe deistvie slova;* Rozhnov, V.E., "Meditsinskaia deontologiia"; Lezhepekova, L.N., Iakubov, B.A., *Voprosy psikhogigieny i psikhoprofilaktiki v rabote prakticheskogo vracha,* (Leningrad, 1977).

recognised as doctors like any other, whose tools were different from the ones used by the majority of their colleagues, but whose way of using such tools and approaching the human organism was essentially the same.

However, the goal of having psychotherapy recognised as a medical speciality in its own right could not be achieved solely by proving its scientific basis and similarity to other treatments used by medicine. Its practitioners also had to convince the administration of medical institutions and the healthcare authorities that what they were proposing was worth the required time and resources. This need had a significant impact on the shape of psychotherapy actually practised in the USSR, leading to treatment choices that highlighted its "economic-administrative viability"[75]: most notably preference for the group therapy and the short-term therapies focused on removing specific symptoms, as well as experiments with conducting psychotherapy via electronic devices such as radio. What is more, while stressing psychotherapy's similarity to the rest of the scientifically-based, materialistic medicine, in order to justify it becoming a distinct speciality, its promoters also had to show its unique contribution to the healthcare system. They had to, to use Abbott's term, claim jurisdiction over the previously unclaimed type of work, and to convince their colleagues and the authorities that such work was needed in Soviet medical institutions.

As could be expected, psychotherapists claimed expertise over the impact of words on the human organism. This obviously included the original purpose of psychotherapy, the treatment of patients, however, the contributions that they sought to make to Soviet healthcare was not limited to it. Convinced that words could have a positive or negative impact on the human organism in any situation, and determined to show usefulness of their expertise, psychotherapists expanded its boundaries of applicability to include, among others, advising all medical personnel on how to speak to and around patients, prophylaxis of mental and neurotic disorders, and increasing human resilience.

The questions about distinctions commonly used when speaking about Western clinical practice (such as the distinction between the biological and the psychological, or medication and placebo) that arise from studying Russian medical practice had been discussed in Eugene Raikhel's study of treatment of alcoholism in post-Soviet Russia.[76] The study of psychotherapy in the late Soviet era further reveals blurring of these and other distinctions, including the boundary between treatment and other activities of medical personnel, and

[75] Vel'vovskii, I.Z., "Voprosy organizatsii psikhoterapevticheskoi pomoshchi" in Rozhnov, V.E. (ed.), *Rukovodstvo,* p. 56.

[76] Raikhel, E., "Post-Soviet Placebos: Epistemology and Authority in Russian Treatment for Alcoholism", *Culture, Medicine, and Psychiatry* 34 (2010); Raikhel, E., *Governing Habits.*

between therapy and prophylaxis. As psychotherapists sought new applications for their theories and knowledge, the term "psychotherapy" was used to describe not only a variety of verbal treatments, but also the administering of placebos, conversations with patients, or arrangement of objects in a doctor's office. What is more, psychotherapeutic techniques, particularly those based on the mechanism of autosuggestion, began to be tested as prophylactic methods in various types of human activity (space exploration, seafaring, industry) and as a way of improving the performance of athletes.

Thus, for its Soviet promoters, psychotherapy was more than just a form of therapy. It was also a prophylactic measure, a guide to proper behaviour in the clinic, and a method of protecting and improving the health of the population. These tasks were ascribed to psychotherapy in textbooks, speeches, and occasional decrees about its popularisation, however, it must be noted that statements about its importance and calls for its introduction into the practice of more institutions were not followed by the flow of resources to make its wide application a reality. The ambitions of Soviet psychotherapists, like so many Soviet initiatives, were frequently stifled by the shortages of financial resources and qualified personnel, which forced many practitioners to focus nearly solely on treatment of the most pressing cases. Although multiple publications promised that psychotherapy offered nearly endless possibilities of improving health and life of the Soviet people, the desire to show its usefulness in the multitude of areas resulted in a wide gulf between the ambitions and claims of the proponents of psychotherapy and the reality of what they were able to achieve.

Sources

The exact focus of this thesis and the questions that it was able to ask and answer have been shaped by the availability and the limitations of sources. Embarking on my research, I envisaged a project exploring the details of Soviet psychotherapeutic practice, physicians' interactions with patients, and the perspective of both elements of the therapeutic dyad on the nature and value of such treatment. That project did not come to be. It soon became clear I would not be able to find the material that would allow me to study the patients' perspective. The accounts of their experience are rare and are usually found reprinted within books produced by Soviet psychiatrists themselves who used them to support their own positions and arguments. Consequently, this thesis is a study of Soviet psychotherapists and the way in which they conceptualised and used their discipline. While certain reactions and opinions they received from patients are recounted here, they are meant to show what Soviet practitioners of

psychotherapy thought about the way their discipline was perceived, and not as a reflection of the perspective of people who were treated with it. This is not because physicians' viewpoint is more significant, but due to the lack of sufficient material to adequately represent the experience of patients. In the future a study exploring their experience, source material permitting, could be an important complement to this thesis.

Before embarking on my research trip I intended to supplement the information acquired from the written sources by interviews with physicians who practised psychotherapy in the USSR. Finding enough people to interview proved much more difficult than I had anticipated. Professor Rashit Dzhaudatovich Tukaev, who agreed to meet with me to discuss my research plans, seemed very puzzled when I asked him if he could recommend me other psychotherapists to interview and after a quick internet search was still only able to point me towards his colleagues working at the Russian Medical Academy of Lifelong Professional Education.[77] Consequently, although the few conversations I managed to have in Russia were fascinating and illuminating, I decided to abandon the idea of using interviews and instead to focus on written sources and to dedicate all my time to this type of material.

Since this thesis explores Soviet psychotherapists' understanding of their discipline, it naturally relies on their publications on the topic. Several types of such texts can be distinguished. The first one are the works meant to disseminate knowledge about psychotherapy among physicians and other healthcare workers. These include general monographs on the topic, publications aimed at medical students and materials prepared to facilitate both teaching and use of psychotherapeutic methods. These works offer insight into how psychotherapists conceptualised their methods, what they considered their most important elements, and how they thought psychotherapeutic treatment should look like. Since such publications were an element of efforts to popularise knowledge about psychotherapy and convince other physicians of its effectiveness, they are good sources for the analysis of strategies used to legitimise it as a part of Soviet medicine. They also reveal a lot about Soviet psychotherapists' hopes for their discipline and the multiple uses that they envisaged for it. The second type of sources written by psychotherapists – books aimed not only at other physicians but also at the general public – are also helpful in analysing the above issues, and in addition offer some insight into what kind of problems their authors

[77] This in itself can be read as an indication of how small the numbers of psychotherapists were in the USSR and of how sparsely they could be distributed: working outside of Moscow, Tukaev did not encounter many other psychotherapists and most of his professional contacts were made after the collapse of the USSR.

encountered in their interactions with patients and what kind of ideas about psychotherapy they wanted to dispel or to promote.

The third type are papers given at conferences dedicated to psychotherapy in which its practitioners shared new variations of psychotherapeutic methods that they developed, the uses they found for these kinds of treatments and their experience of practising in different medical institutions. It also includes articles in which authors discussed the growth and development of their discipline. These sources provide information about the obstacles encountered by Soviet psychotherapists in their efforts to practise their methods in polyclinics, hospitals and sanatoria; their concerns, priorities and solutions (or lack thereof) to problems that impeded the popularisation and development of their discipline. Thus, they provide some insight into how the practice of psychotherapy actually looked like and which of the ideas and recommendations written in general texts on psychotherapy could actually be implemented. They also show how psychotherapists modified the most popular methods in their discipline in order to adjust them to the conditions in which they practised or to achieve better results. As such they illustrate the diversity within Soviet psychotherapy and help understand in which directions its practitioners sought to develop it.

Despite providing a wide range of information about Soviet psychotherapy, these sources are not without their limitations. Although they provide some insight into the conditions in which psychotherapists sought to popularise their discipline, ultimately they tend to tell much more about theory than about practice. While they help identify some obstacles encountered by psychotherapists, they do not show how widespread psychotherapy was and only occasionally offer details on the reality of practising this treatment in the USSR. They provide many examples of psychotherapeutic treatment, illustrating its techniques and goals, however, they rarely address the instances in which such a treatment proved unsuccessful. As throughout the period under analysis psychotherapists were striving to prove the effectiveness and usefulness of their methods, the focus on examples of successful treatment is understandable. Nevertheless, it creates an impression that psychotherapy rarely failed and in most cases worked nearly miraculously – an impression that obviously cannot be trusted. Although this thesis does not aim to assess the clinical value of methods employed by Soviet psychotherapists, the fact that they emphasised their successes and rarely reported failures needs to be kept in mind.

Another issue that needs to be addressed in relation to case studies of psychotherapeutic treatments presented in these sources concerns the reliability of their content. Did hypnotic suggestion indeed work as quickly and as effectively as this material seems to suggest? How

much in these accounts was exaggerated or simplified? These questions are difficult to answer with reasonable confidence. While it is entirely possible that authors of these sources embellished their examples of treatment, no available evidence clearly contradicts their stories. The uncertainty about reliability of case studies found in Soviet psychotherapeutic literature means that they should not be used to judge how successful the described methods actually were. However, they still offer insight into how Soviet psychotherapists thought their treatments should work, as well as into the results that they sought to produce in patients. While they cannot help reasonably determine clinical value of these treatments, they can still be used to explore the themes central to this thesis and to understand the worldview with which Soviet psychotherapists approached their discipline and its tasks.

In addition to literature produced by Soviet psychotherapists this thesis is based on archival material documenting the training and research in psychotherapy, the development of the psychotherapeutic network in the USSR and the work of its medical institutions. The sources found in the State Archive of the Russian Federation (GARF) and the Central Archive of the City of Moscow (TsAGM) help fill some of the gaps left by the material discussed above. The annual reports of institutes which provided training in psychotherapy provide insight into the types of courses offered to Soviet physicians as well as into the research activities of psychotherapists. This helps identify the prioritised applications of psychotherapy and the directions in which its practitioners wanted to take their discipline. The national plans for new psychotherapeutic offices and for advanced training of physicians allow to assess the number of people receiving psychotherapeutic training in the USSR and the density of the emerging psychotherapeutic network. Finally, the reports on the work of medical institutions offer insight into the practice of psychotherapy: its practitioners' activities in clinical settings, the conditions in which they practised, difficulties that impeded their work and the ways in which they were – or were not – overcome. They also illustrate the growth in popularity of psychotherapy. For example, the fact that from mid-1970s onwards many annual reports on the work of health resorts included a separate section dedicated to psychotherapeutic help speaks of an increase in this discipline's prominence in health resort practice.

However, the archival material is also not comprehensive and has its own limitations. The plans for advanced training of physicians are not available for some years in the period under consideration and are inconsistently organised: sometimes by institute, sometimes by the provenance of trainees. What is more, they do not always include all psychotherapy courses that took place in a given year. Sometimes more courses are listed in annual reports of training institutes and the total number of student found in these documents in higher than in

the plans. However, the annual reports do not specify the provenance of physicians who attended courses, and therefore cannot be used to assess the distribution of psychotherapists between different Soviet republics. They are also not available for all years – particularly the reports of Central Order of Lenin Institute for the Advanced Training of Physicians (TsOLIUV) appear to be missing from the archives. The lack of certain sources and discrepancy in figures in the ones that are present means that while they can provide a rough idea of the number of psychotherapists in the USSR, the exact number is impossible to determine.

The annual reports of medical institutions offer insight into the Soviet psychotherapeutic practice, however, some are significantly more detailed than others. For example, while reports from health resorts in Novosibirsk region list the psychotherapeutic methods used, number of patients treated and details of growth and difficulties faced by psychotherapy offices[78], these from Krasnodar or Rostov speak only of "using elements of psychotherapeutic influence"[79] or about adding new beds to such an office.[80] Consequently, the choice of institutions whose practice is discussed in more detail is determined by how much attentions this institution gave to psychotherapeutic treatments. Nevertheless, the similarities between practices and difficulties reported by various institutions in various regions suggest that this data can be used to extrapolate about the conditions of psychotherapeutic work in the USSR as a whole.

By analysing the types of sources listed above this thesis will explore the concept of psychotherapy held by its Soviet practitioners on the one hand, and the conditions of their work and their efforts to promote their discipline on the other. It is a study of Soviet psychotherapy – its methods, goals, applications, growth – and in a way also of Soviet psychotherapists – their views, efforts, successes and failures. It examines their ideas and the nature of their discipline, aiming to approach it on its own terms, and instead of comparing it other psychotherapies or judging its clinical value, understand its development and the worldview that underpinned it. Any comparisons that are made are meant to better illustrate the Soviet approach to psychotherapy, not to judge it against psychotherapeutic schools and methods used at other times and in other places.

[78] For example: GARF f. r-9493, op. 8, d. 1167, ll. 11, 21-22.; GARF f. r-9493, op. 8, d. 1900, ll. 10-11.
[79] GARF f. r-9493, op. 8, d. 1139, l. 9.
[80] GARF f. r-9493, op. 8, d. 1413, l. 4.

Structure

This thesis is divided into five chapters exploring different aspects and applications of Soviet psychotherapy.

Chapter One describes the development of different psychotherapeutic approaches in Imperial Russia and during the first decade after the October Revolution, showing that after following the same path as in other European countries, it diverged from it at the end of the 1920s, when psychoanalysis came under severe criticism and virtually disappeared from the Soviet practice. It introduces the main methods of psychotherapy practised in the USSR in the period under consideration and the theories of Pavlov which were commonly used to explain the physiological mechanism behind the therapeutic influence of words. It demonstrates that the praise given to Pavlov on one hand, and the ongoing criticism of Freud on the other were used to legitimise psychotherapy as a scientifically substantiated discipline and shows that by distancing themselves from psychoanalysis and other "reactionary" or "unscientific" positions associated with healing through words Soviet psychotherapists tried to establish their methods as a part of medicine. By pointing to a strong link presented between psychotherapeutic methods and physiology, it also begins the discussion of the concept of the mind-body relationship implicit in Soviet psychotherapy.

In Chapter Two focus shifts from the theory behind Soviet psychotherapeutic methods to the increase in their presence in medical practice which began in mid-1950s. It traces the establishment of three centres of systematic training in psychotherapy and its introduction into more and more medical institutions. It focuses on arguments and solutions used to promote it and on factors which impeded its growth and practice, arguing that although the reality of psychotherapeutic practice did not live up to the plans of its promoters, they were still successful in securing support from the healthcare authorities and establishing psychotherapy as a part of Soviet medicine.

The remaining chapters explore different applications envisaged for Soviet psychotherapy. Chapter Three focuses on the main role that psychotherapists wanted to perform: providing treatment for certain disorders (neuroses, addictions, functional disorders) and an auxiliary therapy applicable in all branches of medicine. It examines what kind of change they wanted to produce in their patients and how they sought to produce it. It looks at their attitude towards medical secrecy and highlights the pedagogical aspect of Soviet psychotherapy. It also continues the discussion of the mind-body relationship emerging from

it, arguing that while many elements of the mind were indeed not regarded as separate from the body, the will was often treated as if it was a distinct entity.

Chapter Four focuses on the concept of minor or general psychotherapy which Soviet psychotherapists regarded as indispensable for all personnel of medical institutions and in which they sought to provide instruction. It consisted of maintaining the "sterility of word and behaviour" in order not to worsen patients' condition and in applying elements of suggestion without their knowledge in order to help their recovery. The chapter shows how, as a result of the Soviet teaching on the power of suggestion to influence human organism, every interaction with patients was conceptualised as a form of psychotherapy, leading to the embracing of placebo as a legitimate form of therapy, and to the blurring of the boundary between therapy and other activities in the clinic.

Finally, Chapter Five looks at the attempts to take psychotherapy out of the clinic and use it not only as a treatment but also as a means of prophylaxis. It shows the links between psychotherapy, mental hygiene and psychoprophylaxis and draws attention to the fact that at the time when Soviet psychotherapists promoted their discipline as a treatment, they were also engaged in projects investigating its application in industry, sport, education and other areas of human activity. Focusing on two such areas – seafaring and training of athletes – this chapter shows that psychotherapy was expected to prevent neuroses and mental illness, and sometimes even to increase people's abilities, by teaching them to use will to control and improve body and mind. In also draws attention to the fact that psychotherapists were not very successful in promoting most of these non-clinical applications of psychotherapy and that their ongoing search for roles their discipline could perform resulted in the growing discrepancy between the plans they sketched in their publications and what they were actually able to accomplish.

Chapter 1

Soviet psychotherapy and its Others

"Around 1930, an Odessa psychiatrist who had served as Freud's interpreter, Yakov Kogan, acquired a double-sided portrait for his office; on the front was Pavlov, on the back Freud. During the day, Dr. Kogan saw patients and conversed with his superiors under the portrait of Pavlov; then he would flip the painting over and consult with his secret analytical patients all evening under Freud's likeness."[1]

The above anecdote was recounted by Alexander Etkind in his monograph on the history of psychoanalysis in Russia in order to illustrate the difficult situation in which psychoanalysts found themselves at the end of the 1920s, as their approach was falling out of grace with the Soviet regime, and the ways in which they tried to navigate the increasingly unfavourable climate. It represented one of many responses to the conditions of early Stalinism, however, Kogan's double-sided portrait can also serve as a useful symbol of Soviet discourse on psychotherapy in the post-Stalin decades. Just like their faces on the portrait in Kogan's office, Pavlov and Freud were placed on the opposite sides of psychotherapy. Whereas the former was enshrined and praised as the man who finally gave it a scientific basis, the latter was condemned as responsible for a large part of its mistaken, detrimental trends.

In an introduction to the *Psychotherapy Textbook* published in 1974 Vladimir Evgen'evich Rozhnov – its editor, an enthusiastic proponent of psychotherapy and from 1966 the head of the School of Psychotherapy at the Central Order of Lenin Institute for the Advanced Training of Physicians (TsOLIUV) – credited "Pavlovian science" for "creating the basis for understanding an organism as a whole" which had a great significance for modern psychology and psychotherapy.[2] At the same time he explained that psychoanalytic approach had been detrimental to their development and emphasised the need for fighting against it, both by exposing it as reactionary and pseudo-scientific, and by solving the problems in understanding the human psyche that it could not solve.[3] Speaking at the All-Union Conference on Psychotherapy in 1956 a Leningrad psychologist Vladimir Nikolaevich

[1] Etkind, A., *Eros of the Impossible: The History of Psychoanalysis in Russia,* (Boulder, Colo, 1997), p. 215-216.

[2] Rozhnov, V.E., "Vvedenie" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974), p. 5.

[3] *Ibid.*, p. 5.

Miasishchev, whose psychotherapeutic methods had been described as bearing similarity to dynamic approaches developed in the West[4], also declared that the main problem with group psychotherapy was "its dependence on the teachings of S. Freud" and that psychotherapy could not be developed without the foundation in materialistic psychology and "physiological doctrines of I.P. Pavlov."[5]

Just like a visitor in Kogan's office could not see both of their faces, a psychotherapist writing about his methods in the post-Stalin era did not seek to combine or condone both of their approaches. Even Miasishchev, whose work on neuroses, according to Miller, had been influenced by Freud and post-Freudians, frequently voiced his opposition to psychoanalysis.[6] In the publications from this period Pavlov and Freud appeared as the polar opposites, representing the best and the worst in the history of healing through words. Pavlov was a "great Russian physiologist"[7] who gave Soviet psychotherapy a scientific, materialistic basis, and was its hero. Freud, whose theories were "reactionary in their nature"[8], represented all that it rejected and was its Other.

This rhetoric about Pavlov and Freud was an important element of efforts to legitimise psychotherapy in the eyes of medical community, healthcare authorities, and occasionally also patients. Although from the mid-1950s physicians passionate about this method of treatment became more vocal about its benefits and gradually introduced it into more and more medical institutions, throughout the following decades they continued to encounter prejudice from their colleagues and patients. The doubts and suspicion were expressed particularly in response to hypnotherapy, which evoked associations with spiritualism and charlatanism, however, publications about other psychotherapeutic methods were also not free from the anxiety about the status of healing through words.

This chapter traces the development of psychotherapy in Imperial Russia and the USSR up to the resurgence of its popularity during the thaw. It outlines the landscape of psychotherapeutic treatments that existed after Stalin's death and the arguments made in favour of their increased inclusion in Soviet medical practice. It focuses on efforts to legitimise psychotherapy in the eyes of the medical community and the Soviet authorities, by

[4] See: Lauterbach, W., *Soviet Psychotherapy,* (London 1984); Miller, M.A., *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union,* (New Haven, 1998).

[5] Miasishchev, V.N., "Certain Theoretical Questions of Psychotherapy" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961), p. 4, 19.

[6] Miller, M.A., *Freud and the Bolsheviks.*

[7] Gerke, R.P., *O gipnoze i vnushenii,* (Riga, 1966), p. 45.

[8] Miagkov, I.F., *Psikhoterapiia: rukovodstvo dlia studentov meditsinskikh institutov i vrachei* (Moscow, 1967), p. 7.

presenting it as a treatment that not only had a right to exist as a part of Soviet medicine, but also perfectly fitted into the Soviet materialistic worldview.

One element of these efforts was an assertion that Soviet psychotherapy stood "on the ideological position of Marxism-Leninism,"[9] repeated in some form in texts dedicated to introducing readers to these method of treatment. While the precise meaning of such an ideological orientation for the theory and practice of treatment was not always made clear, no doubts were left about what Soviet psychotherapy was not. Its practitioners took care to distance themselves from practices, positions, and figures associated with talking cures but likely to attract criticism in the Soviet reality. These included an "idealistic orientation"[10] or the mind-body dualism, spiritualism and charlatanism, and most importantly Freud and psychoanalysis – all branded as in one way or another "unscientific" or harmful, and contrasted with the materialistic, scientifically substantiated Soviet psychotherapy developed on the foundations laid down by Pavlov.

This chapter will show how promoters of psychotherapy sought to establish this treatment as a recognised and respectable part of Soviet medicine, through othering its Freudian incarnations, and presenting themselves not simply as advocating a different psychotherapy, but as struggling to free the talking cures from the hands of "unscientific" ideologies and approaches, and to restore them to their rightful place as one of the four basic therapeutic methods of medicine, next to drugs, surgery, and physiotherapy.[11]

The development of psychotherapy in Russia and the USSR

Before diverging onto its separate path under the Soviet regime, psychotherapy practised in Russia did not significantly differ from that which existed in Western European countries. In the late nineteenth and early twentieth century, as interest in talking cures grew among the psychiatrists, Russian and Western doctors engaged with a number of the same methods and thinkers, such as hypnosis, treatment by suggestion, "moral treatment", Pierre Janet, Paul Dubois, and Sigmund Freud. What is more, in both Russia and Western Europe psychotherapy originally developed in the setting of small university clinics, and private clinics and sanatoria dedicated to the treatment of "nervous diseases." These private institutions flourished at the turn of the century as an alternative to increasingly compromised

[9] Rozhnov, V.E., "Vvedenie", p. 5.
[10] *Ibid.*, p. 5.
[11] Platonov, K.I., *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov*, (Honolulu, 2003 [1959]), p. 8.

large asylums, offering psychiatrists an opportunity to test new therapeutic approaches, such as a variety of psychological therapies as well as treatment through the way of life inspired by "moral treatment" – a therapeutic method based on the belief that regulation of the mind and behaviour, and enforcement of a strict discipline, could be used to prevent and eliminate desease[12] – developed in the York Retreat in England.[13] According to Ekaterina Gaidamakina, one of the first texts using the term "psychotherapy" in Russian scientific literature was an article on "The System of Moral Influence" published by S.S. Korsakov in 1895.[14] Although "moral treatment" as such did not enjoy much popularity in later, Soviet decades, its echoes could be found in Soviet psychotherapists' stress on providing "psychotherapeutic atmosphere" in medical institutions and belief that psychological influence exerted by a physician was an important element of treatment. What is more, Korsakov's ideas about the importance of work for recovery from mental disorders were used by Soviet psychiatrists as the basis for work and occupational therapy.[15]

Alongside the treatments by supportive atmosphere, doctor's personality and everyday life in the clinic proposed by Korsakov, therapies relying on hypnosis and suggestion began to emerge in Russia. Just like in Western Europe, they were among the first psychotherapeutic treatments to emerge, however, the history of these therapies is especially important in the Russian case, since they were to become one of the main features in the psychotherapeutic landscape of the USSR. In the second half of the nineteenth century several doctors and scientists, most notably V.Ia. Danilevskii, N.N. Dal', A.A. Tokarskii, and V.M. Bekhterev, became interested in hypnosis and began to investigate and promote it, first as a physiological phenomenon, and then as a method of treatment.[16] The pioneering work in this area came from Danilevskii, a physiology professor at Kharkov University, who in the 1870s conducted experiments with hypnosis on animals and concluded that hypnosis was the same physiological phenomenon in animals and humans.[17] Danilevskii began the work towards

[12] Digby, A., *Madness, Morality, and Medicine: A Study of the York Retreat, 1798-1914,* (Cambridge, 1985).

[13] Sirotkina, I., *Diagnosing Literary Genius: A Cultural History of Psychiatry in Russia, 1880-1930,* (Baltimore, 2002).

[14] Gaidamakina, E.V., *Razvitie psikhoterapii v Rossii: po materialam meditsinskikh, psikhiatricheskikh i psikhoterapevticheskikh s''ezdov,* (Saint Petersburg, 2011).

[15] Lynn, R., "Abnormal Psychology in the USSR" in O'Connor, N. (ed.), *Present-Day Russian Psychology: A Symposium by Seven Authors",* (Oxford 1966).

[16] Friedlander, J.L., "Psychiatrists and Crisis in Russia, 1880-1971" (PhD, University of California, Berkeley, 2007); Makarov, V.V., "Psikhoterapiia v Rossiiskoi imperii, Sovetskom Soiuze, Rossiiskoi Federatsii" in Makarov, V.V., Burno, M.E. (eds.), *Rossiia psikhoterapevticheskaia: khrestomatiia metodov psikhoterapii i psikhologicheskogo konsul'tirovaniia, priniatykh v Rossiiskoi Federatsii,* (Moscow, 2011).

[17] Rozhnov, V.E., "Gipnoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo.*

finding a physiological explanation for hypnosis, however, he did not attempt to use it as a means of therapy.

The important moment in the history of hypnotherapy in Russia came in 1891 when at the IV Congress of Russian Doctors a psychiatrist A.A. Tokarskii gave a lecture on the "Therapeutic Application of Hypnotism." He presented hypnosis as a method of exerting the influence over the nervous system and told his colleagues that it should be embraced as a medical treatment and used as any other procedure or cure available to medicine.[18] In the following years Tokarskii continued his efforts to popularise hypnosis and suggestion among other physicians. He criticised the position of French neurologist Jean-Martin Charcot who saw hypnosis as a pathological state, and in his publication "On the Harmful Influence of Hypnotisation" argued that when properly conducted, therapeutic hypnotisation not only did not cause patients any harm but also could prove very beneficial. Tokarskii organised and taught the first courses on hypnotherapy in Russia at the Moscow University, and managed to spark interest in the topic in a number of young physicians.[19] However, he was not alone in his efforts. Other Russian psychiatrists also became interested in the possible therapeutic applications of hypnotherapy. Among them was Tokarskii's colleague from the Moscow University F.E. Rybakov. He applied hypnosis to the treatment of alcoholics at the outpatient service that he organised at the university clinic and reported the results of his method to the Pirogov Society of Russian Physicians congress in 1904, recommending the inclusion of hypnosis as a treatment for alcoholism in the final resolution.[20]

A much more well-known researcher who became interested in hypnosis not long after Tokarskii was Vladimir Bekhterev – a neurologist and the founder of the Psychoneurological Institute in St. Petersburg which came to bear his name. A large part of his research focused on the study of reflexes which he saw as a key to achieving his main goal: establishing an objective science of human behaviour. In this he was ultimately defeated by his rival Pavlov, whose theories gained a much wider popularity and praise, overshadowing Bekhterev's.[21] Nevertheless, Soviet psychotherapists considered him an important figure in the history of their discipline and sometimes even referred to him as the "father of Russian psychotherapy."[22] Bekhterev was concerned with the practical application of suggestion and

[18] *Ibid.*

[19] For more on Tokarskii's activities and view of hypnosis see: Friedlander, J.L., "Psychiatrists and Crisis".

[20] Sirotkina, I., *Diagnosing Literary Genius.*

[21] Kozulin, A., *Psychology in Utopia: Toward a Social History of Soviet Psychology*, (Cambridge, Mass., 1984).

[22] Bul', P.I., *Gipnoz i vnushenie*, (Leningrad, 1975), p. 16.

hypnosis in medicine, and used them to treat alcoholism. He developed and popularised a form of group hypnotic therapy in which the effect of suggestion was increased through the psychological contagion between patients and propagated autosuggestion as a form of treatment.[23] His scientific work on hypnosis and suggestion also led to the formulation of a number of ideas that shaped Soviet psychotherapy in the following decades. For example, a common method of hypnotisation by stimulation of patient's hearing and sight through verbal suggestion and visual fixation was referred to as Bernheim-Bekhterev method.[24] He was credited for developing the preferred classification of stages of hypnosis, dividing it into minor, medium and deep.[25] His words and ideas were also called upon in explaining the phenomenon of suggestion, certain people's greater susceptibility to it[26], and its power to exert influence on both individuals and groups.[27] Thus, although he did not gain the popularity and praise that was given to Pavlov, his works still proved influential for future Soviet psychotherapy.

Finally, the discussion of history of hypnosis in Russia cannot be complete without mentioning Pavlov himself. Although he was later credited with establishing physiological basis of all Soviet psychotherapy, his explanation of physiological processes behind hypnosis played an important role in shaping Soviet thinking about this particular method. As a part of his research on conditioned reflexes Pavlov observed the development of sleepiness and sleep in his experimental dogs. His observations allowed him to form a theory of sleep which explained this phenomenon as the internal inhibition of the cells in the entire cerebral cortex. Pavlov understood inhibition as a restorative process which temporarily replaced the state of excitation in order for cells to regenerate and prepare for another period of excitation.[28] When a person was asleep, the inhibition occurred in all cortical cells, however, under certain circumstances, such process could only affect a limited area of the cortex. According to Pavlov's theory hypnosis occurred as a result of such partial inhibition and was essentially a state of being in one of the transitory phases between waking and sleep.[29]

[23] Kozulin, A., *Psychology in Utopia*; Mannherz, J., "Spiritual Experience or Retarded Reflexes? Hypnosis in Russian Popular Cultures, 1914-1922" in Frame, M., Marks, S.G, Stockdale, M., Kolonotskii, B. (eds.), *Cultural History of Russia in the Great War and Revolution, 1914-1922*, (Bloomington, 2014).

[24] Platonov, K.I., *The Word*; Varshavskii, K.M., *Gipnosuggestivnaia terapiia: lechenie vnusheniem v gipnoze*, (Leningrad, 1973).

[25] Lebedinskii, M.S., *Ocherki psikhoterapii*, (Moscow, 1971), p. 225.

[26] Among such people were children, youth, and people with the so called "artistic nature", characterised by high emotionality and emotional instability that impedes the critical thinking.

[27] Burno, M.E., "Vnushenie i samovnushenie" in Rozhnov, V.E. (ed.), *Rukovodstvo*, p. 86.

[28] Platonov, K.I., *The Word.*

[29] *Ibid.*; McLeish, J., *Soviet Psychology: History, Theory, Context*, (London, 1975).

Pavlov also made observations regarding suggestibility, which he connected to easy transition of the cortical cells to the state of inhibition (a lowered tone) and to a functional division of cortical activity due to which the suggested was not subject to influences and scrutiny from the rest of the cortex. Both conditions occurred under hypnosis, making it a state of increased susceptibility to verbal influence.[30] This was particularly true of its paradoxical phase in which the subject became highly susceptible to weak stimuli and which was described by Pavlov as a phase in which "strong stimulations of the real world give way to the weak stimulations coming from the words of the hypnotiser."[31]

Pavlov's view of hypnosis became the cornerstone of hypnotic treatment in the USSR, and was routinely given as an explanation of the way in which this form of psychotherapy – one of the most popular in the post-Stalin USSR – produced a therapeutic effect. However, in the first decades of the twentieth century, particularly before the October Revolution, doctors who sought to present hypnosis as a physiological phenomenon had to compete with hypnotisers who offered its alternative explanations and uses. Hypnosis was a popular topic discussed in the press, however, to the displeasure of its medical practitioners, it was often presented as a source of entertainment and continued to be associated with magic and mystery.[32] Only in the Soviet period such publications were curtailed and the right to practice hypnosis was restricted to medical doctors, however, the association between hypnosis and occult continued to haunt Soviet psychotherapists into the post-Stalin decades.

Suggestive and hypnotic therapies were not the only forms of psychotherapy researched and championed at the start of the twentieth century. Just like in Western Europe, in Russia these years witnessed the differentiation of psychotherapy into a number of approaches, each proposing its own view on theory and practice of the talking cure.[33] Among them was psychoanalysis – an approach that was to prove highly influential for the shape of Western psychotherapy but, despite its early popularity, did not survive in the USSR. Freud's ideas and methods began to gain popularity among Russian psychiatrists in the 1900s, and in the following decade they were already a significant part of the country's intellectual life. Alexander Etkind observed that Freudian ideas encountered less resistance in Russia than in Western Europe and were embraced surprisingly quickly, causing even Freud himself to remark that Russia experienced an "epidemic of psychoanalysis."[34] Before the outbreak of the

[30] Platonov, K.I., *The Word.*
[31] Pavlov, I.P. quoted in *Ibid.*, p. 33.
[32] Mannherz, J., "Spiritual Experience".
[33] Sirotkina, I., *Diagnosing Literary Genius.*
[34] Etkind, A., *Eros of the Impossible.*

First World War Russian psychoanalysis was a vibrant field that seemed to have a bright future ahead of it. Its enthusiasts set up their own journal – likely the second journal in the world dedicated to psychoanalysis – and their works were welcome with interest in other European countries.[35] Interestingly, as pointed out by Irina Sirotkina, Russian physicians were characterised by much more eclectic thinking than their Western colleagues and saw the various approaches to psychotherapy not as contradictory but as complimentary. Thus, while many embraced psychoanalysis, they often continued to practice other psychotherapeutic methods alongside it, and even tried to combine it with other approaches such as Dubois's rational therapy.[36]

The development of psychotherapy was temporarily halted by the outbreak of the First World War, however, it resumed in the early years of the Soviet rule. This included psychoanalysis, which initially throve under the new regime. Both Etkind and Miller stressed the closeness of Freud's method to the "highest echelons of power" in the early 1920s. At the time not only was it not seen as contradictory to regime's worldview, but it was actually perceived as compatible with it. The attempts to combine psychoanalysis with Marxism and to make it a part of Soviet psychology were both made by well-known scientists, such as Alexander Luria and Lev Vygotsky, and encouraged by certain Bolsheviks themselves – most notably by Lev Trotsky who even sent a letter to Pavlov, offering to sponsor a project to combine Pavlovian and Freudian theories.[37] The future of psychoanalysis still looked bright and not much suggested that it was soon to disappear from the array of Soviet psychotherapies.

The situation of psychoanalysis began to change in the second half of the 1920s. As critique of Freud's ideas intensified, and the political climate turned less welcoming to creative dialogue between various psychological theories, the number of people engaged with psychoanalysis and of Soviet publications on the topic decreased. The turn towards "socialism in one country" also contributed to the increasingly negative perception of such an international movement as psychoanalysis, while the association with Trotsky damaged its political standing even further, causing more and more of its supporters to emigrate, abandon Freud's ideas or turn against them.[38] Finally, in 1930 psychoanalysis was denounced by the keynote speaker at the Congress on Human Behaviour – Aron Zalkind, a former Soviet

[35] *Ibid.*

[36] Sirotkina, I., *Diagnosing Literary Genius.*

[37] For more on psychoanalysis in the 1920s see: Etkind, A., *Eros of the Impossible*; Miller, M.A., "The Reception of Psychoanalysis and the Problem of the Unconscious in Russia", *Social Research* 57 (1990); Miller, M.A., *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union*, (New Haven, 1998).

[38] Miller, M.A., *Freud and the Bolsheviks.*

Freudian – whose speech was a damning critique of the approach and created the foundations for associating it with being anti-Soviet and bourgeois.[39]

In such increasingly unfavourable conditions psychoanalysis had virtually disappeared from the USSR by the end of the 1920s. The onset of Stalinism also brought about attacks and eventual elimination of other psychological and psychiatric trends, such as mental hygiene, psychotechnics or pedology, gradually stifling the lively debates and multitude of voices in the field of studying and treating the mind. Such atmosphere was not conducive for the development of psychotherapy as a discipline, and although talking cures continued to be practised and researched throughout the period of Stalin's rule, their diversity was reduced and the growth of their popularity slowed down. Nevertheless, the significance of these years for the future shape of Soviet psychotherapy should not be underestimated. It was in the 1930s that Pavlov's interest turned towards psychiatry, leading him to obtain his own psychiatric clinic and to formulate his theories about the second signal system, the processes of excitation and inhibition in the cerebral cortex, and neuroses[40] – the theories that were to become the foundation of dominant trends in Soviet psychotherapy. In was also under Stalin that several figures important for its development began their careers or even conducted the bulk of their research, formulating the ideas that were to become influential when psychotherapy started to again gain popularity in the mid-1950s.

The most important of these figures was Konstantin Ivanovich Platonov, hailed by some Soviet psychotherapists as the real "father of Soviet psychotherapy."[41] Born in 1877 in Kharkov to a family of physicians, Platonov graduated from the medical faculty at the Kharkov University in 1904. After a period of working as a resident at his university department of mental and nervous illnesses, he left for St. Petersburg where, under the guidance of Bekhterev, he completed a doctoral thesis on the formation of motor associative reflex in response to light and sound stimuli. Already at this stage Platonov was fascinated by the ideas of Pavlov and planned to base on them one of the chapters of his thesis, however, he removed it at the insistence of Bekhterev. Nevertheless he never abandoned his interest in Pavlovian theories and maintained contact with both competing scholars, becoming "follower of V.M. Bekhterev as a clinician but follower of I.P. Pavlov as a physiologist."[42]

[39] *Ibid.*
[40] Todes, D.P., *Ivan Pavlov: A Russian Life in Science,* (Oxford, 2014).
[41] Slobodianik, A.P., *Psikhoterapiia, vnushenie, gipnoz,*(Kiev, 1983), p. 9.
[42] Petriuk, P.T., Petriuk, A.P., "Dinastiia Platonovykh i problemy psikhiatricheskikh neironauk. Professor Konstantin Ivanovich Platonov – izvestnyi otechestvennyi psikhiatr, nevropatolog, psikhoterapevt i byvshii saburianin. Sobshchenie 2", *Psikhichne zdorov'ia* 2 (2010), p. 88.

Throughout his career he was mostly focused on clinical applications of hypnosis and suggestion not only for treatment of mental and nervous disorders, but also in practice of a variety of branches of medicine, including obstetrics, dermatology, and surgery. Between 1920 and 1941 Platonov worked at the Ukrainian Psychoneurological Institute in Kharkov where he was the head of the psychotherapy department. In 1930 he published the first version of *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov*. This monograph was to become extremely influential after its new editions – reworked and extended to include the results of Platonov's work and research from between 1930 and mid-1950s – were published in 1957 and 1962. It laid foundations for the development and practice of psychotherapy on the basis of Pavlov's theories and was sometimes referred to as the Soviet "encyclopaedia of psychotherapy."[43] Forced to temporarily leave Kharkov in 1941, Platonov returned after two years and from 1945 onwards held several positions at city's medical institutions where he continued to train others in psychotherapy and to conduct research on its applications, including work on the use of suggestion and hypnosis to prevent pain in childbirth.[44]

His interest in psychoprophylaxis of childbirth was passed on to his student and another important figure in the development and popularisation of psychotherapy in the USSR: Il'ia Zakharovich Vel'vovskii. Just like Platonov, he hailed from Kharkov and spent most of his career at its institutions. He graduated from Kharkov Medical Institute in 1922 and until the outbreak of the Second World War under the guidance of Platonov worked on the application of suggestion and hypnosis as means of anaesthesia during childbirth. During the war he worked as a director of a psycho-neurosurgical evacuation hospital, but returned to Kharkov in 1944 and resumed his research, which led him to develop a system of psychoprophylaxis of childbirth[45] – one of many Soviet attempts to introduce psychotherapeutic techniques into the practice of other branches of medicine.

Already under Stalin's rule Kharkov, which soon was to become home to the first School of Psychotherapy in the USSR, was emerging as an important centre for the development of this discipline. However, the practice of and research into psychotherapeutic

[43] Katkov, E.S., Filatov, A.T., Lipgart, N.K., "Khar'kovskaia sovetskaia shkola psikhoterapii" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii*, (Kharkov 1968), p. 150.

[44] Petriuk, P.T., Petriuk, A.P., "Dinastiia Platonovykh".

[45] Vel'vovskii's method rested on an assumption that the pain of childbirth was to a large extent socially conditioned and that it could be eliminated through an appropriate psychological preparation of women, which helped them free themselves from the conviction that labour pain was inevitable. Suggestion and persuasion were applied to cultivate women's positive outlook on childbirth and to mobilise them to overcome the expectation and sensation of pain. SeeMichaels, P.A., *Lamaze: An International History*, (Oxford, 2014); Vel'vovskii, I.Z., *Sistema psikhoprofilaktiki bolei v rodakh*, (Kharkov, 1957).

methods was not limited to one city. During the Second World War a number of psychiatrists used hypnosis, suggestion, and rational therapy to treat hysterical symptoms in soldiers, such as a "deaf-mute syndrome" characterised by apathy, depression, loss of hearing and speech.[46] In the post-war years Moscow-based physician and psychologist Mark Lebedinskii recommended the use of psychotherapeutic techniques to treat defects of speech, while in Leningrad Vladimir Miasishchev worked on the personality theory that became the basis for his pathogenetic psychotherapy. In Moscow Vladimir Rozhnov – recently awarded a doctorate degree from the Institute of Psychiatry at the Academy of Medical Sciences – researched suggestion under hypnosis and completed a monograph on the topic in 1953, followed by several other publications in the next years. Hypnosis as a means of psychologically preparing patients for surgery and preventing post-surgery complications was tested by A.A. Khomeriki – a surgeon at the Petrozavodsk City Hospital – in the early 1950s.[47]

Psychotherapy did not disappear from the USSR under Stalin's rule, however, the years after his death saw the renewed growth of its popularity. Although certain physicians and researchers, such as Lebedinskii and Miasishchev, called for the inclusion of psychotherapy in the program of medical education already in the late 1940s[48], such efforts intensified and began to bear fruit from the mid-1950s onwards. In April 1956 at the extended meeting of the Presidium of the Scientific Medical Soviet of the Soviet Ministry of Health Protection (Minzdrav) a number of researchers and physicians discussed issues of psychology both in Soviet science and in the clinic. The meeting came just few years after the infamous "Pavlov sessions" held by the Academy of Sciences and the Academy of Medical Sciences (AMN) in 1950 and 1951, which enshrined the teachings of Pavlov as a basis of Soviet psychiatry and laid heavy criticism against those who were deemed to deviate from the doctrine[49], and was one of the signs of the changing political climate around the sciences of the mind. The invited scientists expressed criticism and regret over the damage done to psychology by the proponents of strict adherence to Pavlov's teaching on higher nervous activity, and called for

[46] See Zajicek, B., "Scientific Psychiatry in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define 'Pavlovian' Psychiatry, 1939-1953" (PhD, University of Chicago, 2009).

[47] GARF f. r-8009, op. 2, d. 1965, ll. 1-12.

[48] Zajicek, B., "Scientific Psychiatry".

[49] For more on the origins and course of the "Pavlov sessions" see: Joravsky, D., *Russian Psychology: A Critical History*, (Oxford, 1989); Windholtz, G., "Soviet Psychiatrists under Stalinist Duress: the Design for a 'New Soviet Psychiatry' and Its Demise", *History of Psychiatry* X (1999); Zajicek, B., "A Soviet System of Professions: Psychiatry, Professional Jurisdiction, and the Soviet Academy of Medical Sciences, 1932-1951" in Grant, S. (ed.), *Russian and Soviet Health Care from an International Perspective: Comparing Professions, Practice and Gender, 1880-1960*, (Basingstoke, 2017).

the recognition of its importance for both understanding functioning of human beings and treatment of mental disorders.[50] Some also used this opportunity to champion the cause of psychotherapy, stressing both its neglect so far and its importance for the future of Soviet medicine.

Dmitrii Dmitrievich Fedotev – the head of the AMN Institute of Psychiatry – spoke of the psychotherapy's usefulness in treatment of not only neuroses, but also somatic disorders such as skin ailments and recommended that it be taught and studied at the medical institutes.[51] Kul'banovskii also drew attention to the problem of physicians who started practising without ever being taught how to approach the issues of the human psyche (both when dealing with somatic and psychiatric patients), and consequently were "veterinarians, not doctors."[52] Finally, psychotherapy was acknowledged in the resolution adopted at the meeting, which called for further research into the discipline, its inclusion into the work of institutes of psychiatry, and publication of psychotherapeutic textbooks and further monographs.[53]

The words spoken at the extended meeting and included in its resolution did not have an immediate effect, however, they were among the first signs of the resurgence of psychotherapy in the mid-1950s. Another one was the All-Union Conference on Psychotherapy organised in Moscow in the same year. Scientists and physicians from various Soviet institutions presented their attempts to apply psychotherapy in the clinic as well as their research into its mechanisms and possibilities, stressing both the contribution it could make to the treatment of a variety of disorders, as well as its roots in the physiological theories of Pavlov. [54] The efforts to train more physicians in psychotherapy and to introduce it into the practice of medical institutions began to take a more concrete shape in 1958 when the Ukrainian Institute for the Advanced Training of Physicians (UIUV), based in Kharkov, began to offer a course on psychotherapy, aimed primarily at physicians working in health resorts and sanatoria. The physicians who completed the course subsequently began to apply their psychotherapeutic skills in their work in health resorts around Ukraine, and in few years

[50] GARF f. r-8009, op. 2, d. 2233, ll. 17-22; 91-92; GARF f. r-8009, op. 2, d. 2234, ll. 8-9, 45-50, 75-77; 80-83; 111-116.

[51] GARF f. r-8009, op. 2, d. 2234, l. 12, 15-17.

[52] *Ibid.*, l. 87. A similar remark was made by Vel'vovskii who in 1966 expressed a view that without psychotherapy medical practice was "closer to veterinary than to human medicine." See: Vel'vovskii, I.Z., "Printsipal'nye osnovaniia k vnedreniiu psikhoterapii v kompleks sanatorno-kurortnoi meditsiny" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, (Kiev 1966), p. 16.

[53] GARF f. r-8009, op. 2, d. 2234, l. 5.

[54] The papers from this conference were translated into English and published in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union*, (New York 1961).

managed to draw enough attention to cause the Ukrainian Republican Council for the Administration of Trade Union Health Resorts (URSUKP) to endorse the introduction of psychotherapy into its institutions and to express a willingness for further cooperation with the UIUV in order to prepare psychotherapeutic staff.[55]

The course organised at the UIUV proved to be just a prelude to the foundation of the entire School of Psychotherapy, Psychoprophylaxis and Mental Hygiene, headed by Vel'vovskii, in 1962. Just like the course, the school – the first of its kind in the USSR – initially focused mostly on training health resort physicians and teaching Vel'vovskii's method of psychoprophylaxis of childbirth, however, it quickly expanded its programme to offer general courses in psychotherapy for a variety of doctors, and conducted research into possible application of psychotherapy, both inside and outside the clinic. Thus, Kharkov established itself as one of the centres for the development and teaching of psychotherapy in the USSR. Another one emerged in Moscow which from 1966 was home to the second School of Psychotherapy in the country – created at TsOLIUV and headed by Rozhnov – and exerted significant influence on the shape of psychotherapy practised in the USSR, championing methods relying on hypnosis and suggestion. The third important centre for psychotherapy was located in Leningrad where scientists and doctors based at the Bekhterev Institute and from late 1970s also at the Leningrad Order of Lenin Institute for the Advanced Training of Physicians (LOLIUV) proposed alternative approaches to psychotherapy, challenging the dominant hypnotic and suggestion-based therapies.

From the late 1950s psychotherapy was becoming more visible in Soviet medical discourse, and the growing numbers of physicians were beginning to practise it in their institutions, calling for the health authorities and administration to support its development. However, while at the start of the twentieth century psychotherapies discussed and practised in Russia were mostly similar to these practised in the Western countries, the approaches and methods used by the psychotherapists of the post-Stalin USSR were significantly different to the ones embraced by their colleagues from the other side of the Iron Curtain.

Soviet psychotherapies

One of the most noticeable differences between psychotherapy practised in the West and in the USSR after the Second World War is the absence of psychoanalysis and

[55] GARF f. r-9493, op. 8, d. 380, ll. 155-156.

psychodynamic approaches in the latter. The landscape of Soviet psychotherapies also lacked other features that became prominent in Western Europe and North America, such as behavioural therapies or humanistic psychotherapy, however, it was by no means empty nor uniform. Soviet practitioners adopted the psychotherapeutic approaches that did not gain much popularity in the West, frequently modified them, as well as developed their own psychotherapeutic methods. This section of this chapter presents the most important psychotherapies from the post-Stalin USSR, in order to draw attention to creativity and diversity of ideas within this small field. However, it must be underlined that this diversity was still characterised by the eclectic thinking noticed by Sirotkina at the start of the twentieth century[56], which caused Soviet psychotherapists to treat these different methods as complementary and, instead of championing one approach, to aim to choose the one (or the combination of more) that best suited a particular disorder or a particular patient.

Hypnosis and suggestion

The prominence of hypnosis and other suggestion-based methods in Soviet psychotherapeutic literature is striking. Throughout the post-Stalin decades they were generally at least mentioned in psychiatry textbooks as available means of treatment, while in books dedicated to psychotherapy explanations, uses, and techniques for inducing hypnosis tended to be the subject of at least one chapter. The method that in the twentieth century fell out of grace with the majority of Western therapists, and was perceived as an "alternative" rather than medical treatment[57], in the USSR remained firmly at the core of psychotherapeutic theory and practice.

Even in the mid-1950s hypnosis was prominent enough to cause Miasishchev to declare at the extended meeting in 1956 that there was no need to discuss it as everyone was familiar with it.[58] At the same meeting treatment through hypnotic suggestion also attracted criticism from certain figures talking about psychotherapy. Fedotev remarked that while it was useful in treating drug and alcohol addiction, it lacked the psychological approach necessary for the understanding and treatment of psychological traumas. He asserted that "not only the word, but also emotional experiences of patients are important", and called for greater inclusion of

[56] Sirotkina, I., *Diagnosing Literary Genius.*

[57] See for example: Forrest, D., *Hypnotism: A History*, (London, 1999); Gauld, A., *A History of Hypnotism*, (Cambridge, 1992).

[58] GARF f. r-8009, op. 2, d. 2233, l. 103.

psychological knowledge in the practice of psychotherapy.[59] A similar point was made by Lebedinskii who lamented that Soviet psychotherapy became "therapy without psyche" and that due to the insufficient development of psychology the USSR possessed the psychotherapeutic cadres of "hypnotists in the worst sense of the word."[60]

The target of this criticism was not hypnotic suggestion as such but rather insufficient attention paid to psychology during the years of Stalin's rule, which even among psychotherapists resulted in the neglect of the inner experiences of patients. Neither Fedotev nor Lebedinskii called for the abandonment of hypnosis as a psychotherapeutic method. Later Lebedinskii himself, in his book on psychotherapy, devoted a whole chapter to hypnotic suggestion, declared that he did not share the scepticism towards it expressed by certain, particularly American, physicians, and offered multiple examples of its effectiveness.[61] In the following years, as psychology was making a comeback in the USSR, other figures in the field also wrote about the necessity of investigating patients' personalities, emotional responses, and past and present experiences before selecting the most appropriate method of psychotherapy and, in case of hypnotic suggestion, before composing and delivering suggestion formulas.[62]

However, it must be underlined that while analysis of the content of patient's psyche was recognised as necessary for successful psychotherapy, in most cases it was still considered a prelude to therapy, not an element of treatment itself. The treatment consisted of exerting influence through verbal and other stimuli in order to effect the desired change in the organism. In contrast to many Western psychotherapies which claimed to work through helping their patients achieve insight into their psyche and their true "self"[63], most Soviet psychotherapies – and particularly those relying on suggestion – regarded exploration of patients' thoughts, emotions, and experiences as something akin to examination before the actual treatment. What is more, there are reasons to be sceptical about how much insight into their patients' psyches Soviet psychotherapists could actually get when such initial "examination" was usually to be performed during one introductory session, and when the need to demonstrate economic viability of psychotherapy fuelled the search for forms of

[59] GARF f. r-8009, op. 2, d. 2234, l. 10.
[60] *Ibid.*, l. 94.
[61] Lebedinskii, M.S., *Ocherki psikhoterapii*.
[62] For example: Platonov, K.I., *The Word;* Varshavskii, K.M., *Gipnosuggestivnaia terapiia;* Miagkov, I.F., *Psikhoterapiia;* Slobodianik, A.P., *Psikhoterapiia.*
[63] Erwin, E., *Philosophy and Psychotherapy: Razing the Troubles of the Brain*, (London 1997); Jopling, D.A., ""Much Ado to Know Myself…": Insight in the Talking Cures", *Annals of the New York Academy of Sciences* 1234 (2011).

therapy and solutions that increased the number of patients that could be treated by one doctor.[64]

The explanation for the mechanism of suggestion therapy, both under hypnosis and in an awake state, was rooted in Pavlov's concept of a part of nervous system called the second signal system. According to Pavlov's works, in addition to the first signal system responding to sensory stimuli, humans possessed the second signal system responding to oral speech and responsible for generalisation of received information and abstraction. The words were considered to be stimuli acting upon human nervous system and, since nervous system controlled all processes in the human body, it followed that in addition to exerting influence on the psyche, they could have an effect upon physiological processes in the organism.[65] During suggestion therapy, the psychotherapist's task was to send the right stimuli to the nervous system in order to elicit a desired change in the patient: in his consciousness and emotions, his attitudes towards his situation in life, or in his physiological processes and sensations. This could be done to an awake patient, however, since hypnosis was believed to increase suggestibility, the delivery of suggestion formula was often preceded by hypnotisation.

There were a number of different methods of inducing a hypnotic state, but it was generally believed to occur as a result of prolonged monotonous stimulation of the nervous system. This most commonly took a form of verbal suggestion, sometimes supplemented by stimuli acting upon other senses, for example fixation of sight on a specific object.[66] The procedure was to take place in a darkened, quiet room, where patients could relax in a comfortable armchair or on a couch. The psychotherapist could then proceed with a calm, monotonous formula designed to invoke sleepiness and gradually submerge a patient in a state of hypnosis. The formulas used for this purpose consisted of repeated phrases describing sensations accompanying the coming of sleep such as: "Pleasant warmth spreads around your

[64] The solutions included group therapy as well as use of radio apparatus that allowed a psychotherapist to deliver the suggestion formulas to a greater number of patients more effectively. See Chapter Two.

[65] For more on Pavlov's concept of the second signal system see: Platonov, K.I., *The Word;* Graham, L.R., *Science, Philosophy, and Human Behaviour in the Soviet Union,* (New York, 1987); Joravsky, D., *Russian Psychology;* Todes, D.P., *Ivan Pavlov.*

[66] The method of hypnotisation combining verbal and visual stimulation was sometimes described as a Bernheim-Bekhterev method. Interestingly, while both came to be associated with the same method of inducing hypnosis, Bekhterev was a firm opponent of Hippolyte Bernheim's view that "There is no hypnotism; there is only suggestion", and like Soviet psychotherapists who came after him distinguished between suggestibility and hypnotisability. See: Forrest, D., *Hypnotism;* Miagkov, I.F., *Psikhoterapiia.*

whole body", "Pleasant sleepiness, lethargy increases and increases"[67], or "The muscles of your face and neck relax, head rests deeper on the pillow."[68]

The hypnotic sleep was believed to be therapeutic in itself, helping the relaxation and restoration, and thus also strengthening of the nervous system.[69] Nevertheless, psychotherapists normally followed hypnotisation with a delivery of a suggestion formula designed to evoke a therapeutic change in a patient. Since hypnotic suggestion was used to treat a wide variety of disorders, the formulas used could also be very different. The patients suffering from functional disorders affecting their eyesight, speech, digestive system, ability to walk or other system of the organism were treated with a formula meant to impress upon them (*vnushat')* restoration of the disrupted function or disappearance of an unpleasant sensation. Alcoholics were inculcated with lack of desire to drink or an aversion to alcohol. People affected by neuroses were told that they were no longer afraid of what used to be the object of their phobia, or instilled with a new attitude towards circumstances that triggered the development of a disorder.

Regardless of the condition that was being treated, proper identification of change that needed to be evoked in a patient and precise wording of suggestion formula were considered crucial since people under hypnosis were believed to respond to the "minutest shades of suggestion."[70] The need to administer a well-thought-out and carefully worded formula was well illustrated by K.M. Varshavskii who recounted a case of a patient whose functional blindness returned not long after the treatment was completed, because the psychotherapist did not inculcate her with greater resistance to conflicts at work which originally triggered the condition.[71] He also offered example of a failure to provide anaesthesia during removal of teeth failed through hypnosis that was due to the fact that doctors performing suggestion did not know the innervation of teeth and anesthetised them only from one side.[72] The importance of precision when preparing and administering suggestion was well summed up by S.I. Konstorum's assertion that "psychotherapeutic session should be more similar to surgery that

[67] Bul', P.I., *Gipnoz i vnushenie*, p. 24.
[68] Rozhnov, V.E., "Gipnoterapiia", p. 71.
[69] Lichtenstein, L.I., "The Record of Psychotherapeutic Work in Mental Hospital" in Winn, R.B. (ed.), *Psychotherapy*; Lebedinskii, M.S., *Ocherki psikhoterapii*; Platonov, K.I., *The Word.*; Slobodianik, A.P., *Psikhoterapiia.*
[70] Narbutovich, I.O., "A Study of Selective Rapport in Hypnosis" in Winn, R.B. (ed.), *Psychotherapy,* p. 143.
[71] Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 68-69.
[72] *Ibid.,* p. 175.

to putting on a compress"[73] – one of many instances in which psychotherapy was compared to surgery and words to a scalpel.

Hypnotic suggestion was a relatively quick treatment, sometimes requiring only five 15-30 minutes long sessions to produce a result. Together with its wide applicability, this short-term character can perhaps account for some of its popularity in both psychotherapeutic discourse and practice, as they both allowed psychotherapists to present this method as efficient, useful, and therefore worth introducing into Soviet medical institutions. The ability to provide a quick treatment was also crucial in a situation where psychotherapists only had several hours a week to practise and more patients who required their help than they could see.

This form of hypnotic suggestion remained virtually unchanged throughout the post-war decades. However, this does not mean that Soviet psychotherapy was stagnant and its practitioners uninterested in seeking new methods of treatment. While standard hypno-suggestive therapy did not change, alternative methods of using hypnosis and suggestion were created and practised alongside it. One example is an "interrupted hypnosis" method, recommended for patients who still felt uneasy about hypnosis, in which a patient was woken up from hypnosis every 3-5 minutes in order to discuss his experience with the doctor, be reassured that hypnosis was safe and relaxing, and be hypnotised again.[74] Narcohypnosis included the use of sleep-inducing drugs in order to facilitate entering a deep hypnotic state.[75] In the 1970s Rozhnov developed emotional-stress psychotherapy which used various psychotherapeutic methods, including suggestion and hypnosis, in order to "awake the mind" of a patient by inducing a healthy stress reaction which help him overcome his illness.[76]

Suggestion was also performed independently of hypnosis, in an awake state. In its standard form it was extremely similar to hypnotic suggestion and involved the delivery of carefully prepared suggestion formulas to an awake patient who lay on a couch with relaxed muscles and "absorbed" psychotherapists' words. However, it could also accompany various medical procedures and physiotherapeutic exercises in order to reinforce their effect or, in its indirect form, be administered without the patient's knowledge, through seemingly off-

[73] Quoted in Rozhnov, V.E., "Meditsinskaia deontologiia i psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo,* p. 23.

[74] Rozhnov, V.E., "Gipnoterapiia", p. 72.

[75] Miagkov, I.F., *Psikhoterapiia,* p. 73

[76] Moshetova, L.K., Zadvornaia, O.L., Knopov, M.Sh., Doskin, V.A. (eds), *Vydaiushchiesia uchenye tsentral'nogo instituta usovershenstvovaniia vrachei,* (Moscow, 2010). Emotional-stress psychotherapy became a precursor of a method known as kodirovanie which continues to be used by present-day Russian narcologists. See Raikhel, E., *Governing Habits: Treating Alcoholism in the Post-Soviet Clinic,* (Ithaca, 2016).

handed but in fact carefully thought-out remarks or non-verbal stimuli such as interior decoration of a medical institution.[77]

Rational psychotherapy

In 1904 a Swiss professor of neurology Paul Dubois published a book outlining his approach to psychotherapy. His method, described by Edward Shorter as "a kind of Socratic dialogue", relied on a doctor using rational, logical argumentation to gradually persuade his patients to change their outlook and behaviour.[78] Not long after the publication of his work, Russian practitioners introduced Dubois' rational psychotherapy to their country, where it proved to fare much better than in Western Europe. While in the West it was eventually overshadowed and superseded by psychoanalysis, rational psychotherapy prospered in the USSR, where Freud's method was suppressed and physicians did not see various types of psychotherapy as competing and mutually exclusive.

Rational psychotherapy was among the main types of talking cures discussed and practised in the post-Stalin USSR. It was recommended as a way of exerting therapeutic influence that could be combined with suggestion, or as an alternative that could be better suited for certain types of patients. According to one of the typologies proposed by Pavlov, people's temperaments could be divided into three basic types: artistic, thinking, and final medium type which combined the characteristics of the other two. The artistic type – considered better suited for therapies based on suggestion – was more responsive to the input from the first signal system, and characterised by sensitivity, high emotionality and visual thinking. Rational psychotherapy was recommended primarily for the thinking type, which leaned towards input from the second signal system and was more prone to abstract, analytical thinking.[79] These recommendations, as well as frequent reminders that hypnotic suggestion should be supplemented by an occasional session of rational therapy, are a good illustration of the Soviet perception of various psychotherapies as complementary.

Soviet psychotherapists gave credit to Dubois for creating rational psychotherapy, however, they did not accept his propositions in their entirety. In addition to rejecting his

[77] Burno, M.E., "Vnushenie i samovnushenie"*;* Miagkov, I.F., *Psikhoterapiia;* Slobodianik, A.P., *Psikhoterapiia*.

[78] Shorter, E., *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, (New York, 1997), p. 142.

[79] Bul', P.I., *Gipnoz i vnushenie*, p. 47.

dislike of hypnotism[80], they reminded that his approach was founded on the "idealistic basis" and therefore some of its elements – such as Dubois' understanding of neuroses – were incompatible with Soviet materialistic worldview.[81] What is more, just like suggestion-based therapies, rational psychotherapy was believed to work through the power of words to influence human organism by acting upon the second signal system. Consequently, in his textbook on psychotherapy I.F. Miagkov accused Dubois of disregarding that his words, while addressed to patients' reason, also exerted influence on their other psychological functions and somatic processes.[82]

Nevertheless, Soviet psychotherapists saw value in the idea of therapy that relied on logical arguments and persuasion. The aim of this therapy was to correct certain mistaken opinions held by the patient about his or her life situation. Over the course of treatment the psychotherapist demonstrated the mistakes in patient's assessment of her situation, explained how her outlook conflicted with her environment, created the plan of correction of her thinking, carried it out using logical reasoning, objective data, test results, and illustrative examples, and helped her develop new attitudes and plans. For example, if a patient was suffering from a physiological condition but overestimated its severity and developed mental health problems as a result, rational psychotherapy focused on demonstrating to the patient the mistake in her assessment and helping restore her faith in recovery. If the problem lay in a patient's proneness to act impulsively, the psychotherapist was to help her acknowledge this flaw and develop a habit of thinking before taking an action.[83]

Soviet authors distinguished between a number of different types of rational psychotherapy, based on their focus as well as their strategy for showing patients the mistakes in their reasoning and persuading them to adopt a new outlook. In addition to persuasion psychotherapy which relied on conveying information and helping in their logical analysis, various Soviet therapists engaged in "explanation psychotherapy" which focused on helping patient understand the reasons for her condition; "pedagogical psychotherapy" aiming to teach the patient correct behaviour; and the "activating psychotherapy" which instilled in patients a belief in the importance of being active.[84] The "psychotherapy through worldview" aimed to correct the patient's views on what was important in life, while another type of therapy, used when a patient could not imagine a good solution to her situation, encouraged her to choose a

[80] Shorter, E., *A History of Psychiatry*.
[81] Pankov, D.V., "Ratsional'naia psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo,* p. 104.
[82] Miagkov, I.F., *Psikhoterapiia,* p. 20.
[83] *Ibid.,* Pankov, D.V., "Ratsional'naia psikhoterapiia".
[84] Filatov, A.T., Martynenko, A.A., Palamarchuk, V.M., Martynenko, V.K., Kravtsov, V.G., "Metody maloi psikhoterapii" in Filatov, A.T. (ed.), *Malaia psikhoterapiia na kurorte,* (Kiev 1983).

solution and by committing to it overcome own passivity and confusion.[85] These different approaches grouped together under the umbrella term of "rational psychotherapy" further demonstrate that while at the first glance Soviet psychotherapy appears to be limited to a very narrow range of methods, on a closer look it proves to be far less uniform and a fertile ground for a variety of forms of psychotherapeutic treatment.

Autosuggestion and autogenic training

Most forms of Soviet psychotherapy involved a doctor using the right words to effect a desired change in a patient, however, it also comprised methods which involved patients exerting therapeutic influence themselves. Autosuggestion relied on the same mechanism as suggestion in an awake state, but in this case the suggestion formulas were spoken by patients themselves, allowing for the therapy to be applied at home, even several times a day, without increasing the demand on doctor's time and other resources. Among its other advantages was the applicability of some of its forms when other forms of psychotherapy, such as hypnosis, were not recommended, for example in cases on acute hysteria.[86] It was also valued for stimulating patient's activity, making him an active agent responsible for his own recovery, and giving him a tool for combatting his disorder or preventing re-emergence of its symptoms.[87]

One of the pioneers of autosuggestion in Russia was Bekhterev who saw in it a tool which could help patients free themselves from harmful habits[88], however, just like hypnosis and rational psychotherapy, this form of therapy had roots in Western Europe. Its adoption and development in the USSR is thus another sign of continuity between the European and Soviet psychotherapeutic traditions. Soviet authors acknowledged Emile Coué – a French pharmacist and psychologist – as one of the founders of autosuggestion but it was one of the successors of the Coué method that really left its mark on Soviet psychotherapy. The autogenic training, developed in 1932 by a German psychiatrist Johannes Schultz, gained an enormous popularity among psychotherapists in the USSR, becoming one of their most commonly used methods, next to hypnotic suggestion and rational psychotherapy. It consisted

[85] *Ibid.*

[86] Burno, M.E., "Vnushenie i samovnushenie", p. 90.

[87] Bektaeva, S.N., "Ispol'zovanie metoda aktivnogo samovnusheniia (AS) w sanatorno-kurortnykh usloviiakh" in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia,* (Alma-Ata, 1972); Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika na sluzhbe zdorov'ia cheloveka,* (Krasnodar, 1977).

[88] Mannherz, J., "Spiritual Experience".

of a series of exercises that put patients into a state of relaxation, increased their control over their vegetative functions, and helped them stabilise their emotions and higher nervous activity.[89]

The classic autogenic training consisted of several steps. It began with relaxation of muscles and repetition of the phrase "I am completely calm". During the following exercises patients learned to induce a sensation of heaviness in different parts of their bodies, a sensation of warmth, stabilisation of heart rate and breath, and the sensation of coolness in the forehead. Each step was accomplished through repetition of short formulas meant to induce the desired changes such as: "my right hand is very heavy", "my left hand is warm", "I breathe calmly."[90] In order to help the suggestion, the formulas could be accompanied by imagining situation associated with the described sensations, such as lifting a heavy bag, putting hands into warm water, or warming them by a bonfire.[91] Autogenic training typically took around twelve weeks to fully master, however, most of the time exercises were performed at home, with occasional group sessions with a psychotherapist, to ensure that patients understood the method and performed it correctly. Once the patients learned the basics of achieving a state of relaxation though autogenic training, formulas were added to target the specific disorders, such as neuroses, sleep disorders, or functional disorders of the cardiovascular system.

Many Soviet psychotherapists used autogenic training, however, they modified its classical form in order to improve it or to adjust it for a specific application. For example, in 1963 A.M. Sviadoshch and A.S. Romen developed a version of autogenic training which added exercises that facilitated relaxation of muscles at the beginning of the first exercise, combined the induction of sensations of heaviness and warmth into one exercise, and added breathing exercises to the following steps.[92] Lebedinskii and L.T. Bortnik extended each session of autogenic training from 2-6 minutes to 25-30 minutes, thus shortening the period necessary to master all its exercises even to 20 days.[93] Searching for a way to adapt it for use in health resorts, I.M. Perekresov developed an even shorter version, which excluded the element of muscle relaxation, and focused on the widening of blood vessels combined with the therapeutic formulas aimed at the specific disorder.[94] According to Ia. A. Doktorskii every

[89] Doktorskii, Ia.R., *Autogennaia trenirovka,* (Stavropol, 1978).
[90] Sviadoshch, A.M., "Autogennaia trenirovka" in Rozhnov, V.E. (ed.), *Rukovodstvo*), p. 91-92.
[91] Doktorskii, Ia.R., *Autogennaia trenirovka*.
[92] Sviadoshch, A.M., "Autogennaia trenirovka", p. 94.
[93] *Ibid.,* p. 94.
[94] Perekresov, I.M., "Modifikatsiia metoda autogennoi trenirovki primenitel'no k sanatorno-kurortnym uchrezhdeniiam" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, p. 238-243.

psychotherapist had to "work out their own variation" of autogenic training[95], and while over several decades there was no substantial change to its overall practice, its form was widely malleable and varied between practitioners and institutions.

It must also be mentioned that while autogenic training and other forms of autosuggestion were used as an element of treatment of a variety of disorders, their use was not limited to the clinic. These psychotherapeutic methods were also presented as prophylactic measures for preventing mental and neurotic disorders and recommended for people in occupations that put high pressure on human organism, for example for elite athletes, pilots, and cosmonauts.[96] In such cases the aim of "treatment" was not to get rid of an already existing disorder, but to strengthen health and to increase such characteristics as resilience or determination, thus making people better adjusted to stressful, demanding conditions. This application of autosuggestion demonstrates that Soviet psychotherapy was conceived of as more than just a treatment, and aimed to effect change in various settings outside the clinic, helping people to "better themselves" and combining therapy, prophylaxis, and upbringing.

The Leningrad school

Leningrad scientists and practitioners occupy a peculiar place in the history of Soviet psychotherapy. On one hand, their methods are relatively well documented by the existing literature, which points out their similarity to Western dynamic approaches. Anna Vasil'eva even claimed that they occupied a "very special place" in the development of the discipline, preparing the ground for the adoption of method of dynamic psychiatry in Russia.[97] On the other hand, their popularity in the Soviet era remained limited compared to suggestion, rational psychotherapy, and autogenic training. While a number of Leningrad practitioners were vocal about the need for talking cures, the therapies they proposed remained secondary to other approaches championed by their colleagues from Moscow or Kharkov. Nevertheless, therapies developed in Leningrad were practised by some doctors and constitute an original strand of Soviet psychotherapy.

[95] Doktorskii, Ia.R., *Autogennaia trenirovka*, p. 28.
[96] Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika*.
[97] Vasileva, A.V., *Stanovlenie otechestvennoi psikhoterapii v kachestve samostoiatel'noi meditsinskoi distsipliny vo vtoroi polovine XX v*, (Saint Petersburg, 2004); Vasilyeva, A.V., "The Development of Russian Psychotherapy as an Independent Medical Discipline in the Second Half of the Twentieth Century", *International Journal of Mental Health* 34 (2006).

The first major therapy from Leningrad school was pathogenetic psychotherapy created by Vladimir Miasishchev. He spent most of his career at the Bekhterev Institute, from which he graduated in 1919 and which he headed for over twenty years before his death in 1973. Taking an original approach and developing a personality theory which did not follow Pavlovian theories, for a long time he remained somewhat isolated in the field and blocked from membership in the AMN. Nevertheless, in the end he received several important honours, including an Order of Lenin, and was a vocal figure on the topic of psychotherapy in the USSR.[98]

Miasishchev's personality theory had at its centre the attitudes and relationships (*otnosheniia)* that related a person to the world and developed and changed throughout the course of his or her life. Personality was conceptualised as a dynamic system consisting of these attitudes and relationships, which comprised person's knowledge of reality, values, and moral expectations towards himself and others. Neuroses were a result of conflicts between personality and reality, for example between expectations that a person or his environment set for him and his abilities, or between his desires and real-life conditions that made their realisation impossible.[99] Lauterbach observed that Miasishchev's pathogenetic psychotherapy was qualitatively different from the common Soviet psychotherapies since, contrary to them, it took into account the "personality structure of the patients and his traumatic experiences and life events."[100] While instructions for conducting suggestion or rational psychotherapy urged doctors to become acquainted with their patients' personality and life situation, this was usually to happen during an introductory session, and their exploration was not a significant part of subsequent therapy.

In contrast, pathogenetic psychotherapy involved a longer, more in-depth analysis of patient's experiences, personality, and problems. The psychotherapist gradually explained to him that his disorder was caused by a psychological conflict, identified its nature, and helped find a rational solution, by identifying his justified and unjustified demands and preparing with him a plan of how to proceed in his life situation.[101] Like most Soviet psychotherapists Miasishchev paid a lot of attention to the interdependence of the psychological and the somatic and to treatment of functional disorders. If a patient complained of physiological symptoms that did not have an apparent organic cause, the psychotherapist was to explain that

[98] Lauterbach, W., *Soviet Psychotherapy.*

[99] Miasishchev, V.N., *Lichnost' i nevrozy,* (Leningrad, 1960). A more detailed English language summary of Miasishchev's personality theory can be found in Lauterbach, W., *Soviet Psychotherapy*.

[100] Lauterbach, W., *Soviet Psychotherapy,* p. 107.

[101] *Ibid.*

they had their origins in a psychological conflict. Only after a patient came to terms with this notion, therapy could proceed with identification and analysis of a conflict and with a search for a solution.[102]

In the mid-1970s Leningrad psychotherapists developed a new approach based on the concept of personality as a system of relationships and attitudes. It became known as a personality-oriented (reconstructive) psychotherapy, and just like pathogenetic psychotherapy saw conflicts as the cause of neurotic disorders, however, it put stress on the conflicts that emerged between elements within patient's personality. Such conflicting motivations were identified and analysed during the course of psychotherapy. A psychotherapist then proceeded to work with the patient to reconstruct his relationships and attitudes in order to eliminate the conflict.[103]

Due to their explorative character pathogenetic and personality-oriented psychotherapy lasted longer than hypnotic suggestion and unlike autosuggestion required presence of a doctor at every session. Although the number of treated patients could be increased by organising group therapy, Leningrad school therapies took longer before they produced an effect, and could not easily be presented as quick, efficient solutions. Their practice was more limited than that of three major Soviet types of psychotherapy, however, they were practised in Leningrad itself as well as in medical institutions in other regions, particularly in the North-West of the USSR, where its influence was the strongest.[104] What is more, Leningrad psychotherapists stressed the value of their approaches, arguing that hypnotic suggestion and autogenic training were symptomatic treatments that did not target the cause of the disorder and while they could achieve results quickly, this results could also be short lived. In contrast, psychotherapists from the LOLIUV claimed that by working on the patient's personality, therapies like personality-oriented psychotherapy helped him become better adapted to the real world, and made the recurrence of symptoms less likely.[105]

It must be stressed that psychotherapists from the Leningrad institutions did not reject suggestion, rational psychotherapy and autogenic training, and continued to use and research them alongside pathogenetic and personality-oriented psychotherapies. However, they wished Soviet psychotherapy to adopt a more explorative approach, and emphasised not the speed of the cure, but the permanence of change in patient's personality.

[102] *Ibid.*

[103] Vasileva, A.V., *Stanovlenie otechestvennoi psikhoterapii*.

[104] Several psychotherapy courses at LOLIUV were directed specifically at the physicians from Leningrad, Tallin, or North-West region. For example: GARF f. r-8009, op. 50, d. 8661, ll. 75-76; GARF f. r-8009, op. 50, d. 9382, l. 74; GARF f. r-8009, op. 51, d. 1376, ll. 9, 95.

[105] GARF f. r-8009, op. 51, d. 1376, l. 95.

Other psychotherapies

In addition to the main approaches described above, Soviet psychotherapists experimented with other ways of exerting therapeutic influence through words, as well as through other stimuli seen as capable of affecting psychological and physiological processes. While the practice of psychotherapy was dominated by suggestion, autosuggestion, and rational therapy, its enthusiasts developed an array of other methods and applied them at their institutions. Below are several examples illustrating the wide range of therapies – and additions to more popular forms of therapy – that in the USSR were grouped together under the umbrella term of "psychotherapy."

A number of these methods relied on some form of art or creative activity. Some psychotherapists used music to supplement suggestion or autosuggestion sessions, and reported good results to their colleagues. For example, Iu.A. Merzliakov from the *Belorussiia* sanatorium in Sochi used calm, pleasant music to facilitate hypnotisation and devised 28 different music programmes to be played to patients via headphones together with suggestion formulas.[106] M.P. Kutanin also recommended more frequent incorporation of music into therapy, as the right melody could increase the general functional state of the brain, improving patients' mood and giving them more energy and confidence.[107] Music was also a significant component of a modification of autogenic training devised by E.I. Smaglii for weightlifters. Named auto-emotional-sensory training, it incorporated music to help athletes evoke in themselves a state of relaxation or mobilisation.[108]

Literature also found use in psychotherapy. At the UIUV School of Psychotherapy doctors conducted research into bibliotherapy (or "therapeutic reading"), advocating its introduction into health resorts and sanatoria, and training librarians in the basics of psychology and psychotherapy in order to facilitate their collaboration with psychotherapists. They already implemented these measures at their clinical base at Berezovsky Mineral Waters (Berminvody) sanatorium, and offered several recommendations regarding selection of therapeutic literature for patients, which included choosing stories in which heroes overcame

[106] Merzliakov, Iu.A., " Opyt raboty kabineta psikhoterapii v sanatorii "Belorussiia" (nekotorye elementy muzykopsikhoterapii)" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

[107] Kutanin, M.P., "Znachenie psikhoterapii i psikhogigieny na kurorte" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii.*

[108] Smaglii, E.I., Shcherbakov, E.P., "Tiazhelaia atletika" in Filatov, A.T., (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* (Kiev 1982).

difficulties similar to those faced by patients (for example depression) and avoiding overly happy stories which could lead patients to perceiving their own situation as tragic.[109]

Psychotherapy could rely not only on the reception of various forms of art, but also on an active engagement in artistic activity. At the Solov'ev No. 8 City Psychiatric Hospital in Moscow doctors used a psychotherapeutic treatment consisting of patients organising concerts, poetry readings and exhibitions. Such activities were a supplementary, not the main treatment, nevertheless, they were conceived of as a form of psychotherapy which helped patients in their recovery.[110] M.E. Burno from the TsOLIUV School of Psychotherapy developed his own method of psychotherapy based on creative self-expression, which tackled patients' defensive behaviour and self-esteem by aiming to activate their creative potential through engaging in artistic activity.[111]

Another variation of Soviet psychotherapy, observed and described by Lauterbach, was the imago therapy created by I.E. Volpert at the Bekhterev Institute. The therapy utilised role-playing and theatre in order to help patients modify their behaviour. It began by narrating own experiences and role playing various typical life situations, building up to a therapeutic theatre workshop in which the roles given to patients took into account their temperament and disorders. The roles were supposed to present alternatives to patients' own conduct, thus giving them an opportunity to practice new, more desirable behaviour.[112]

Hypnotic suggestion, rational psychotherapy, autogenic training, and pathogenetic psychotherapy could all be administered as a group therapy, and indeed due to the need to treat large number of patients often took precisely that form. However, Soviet psychotherapists utilised also other forms of group (or collective) treatment. During plural psychotherapy a group of patients and two or more doctors conducted a quick and lively discussion of relevant problems, which helped increase patients' activity. Furthermore, the dialogue between doctors exerted therapeutic influence through indirect suggestion.[113] Another particular type of group therapy was family psychotherapy during which the doctor identified problems in relations between family members and helped them find new, more effective forms of communications.[114]

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[109] Miller, A.M., "Printsipy otbora knig dlia lechebnogo chteniia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia.*

[110] TsAGM f. r-248, op. 1, d. 30, l. 44; TsAGM f. r-248, op. 1, d. 90, ll. 39-40.

[111] Vasilyeva, A.V., "The Development of Russian Psychotherapy."

[112] Lauterbach, W., *Soviet Psychotherapy.*

[113] Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo.*

[114] GARF f-8009, op. 51, d. 1376, ll. 96-97.

The variety of Soviet psychotherapies demonstrates the creativity of their practitioners, who not only sought to popularise their discipline, but also strove to develop it and experimented with various forms of psychotherapeutic treatment. Nevertheless, creativity and passion alone were not enough to establish psychotherapy in Soviet medical institutions, and doctors who dedicated themselves to that task often faced an uphill battle, challenged by lack funds for positions of psychotherapists on the staff, absence of rooms suitable for psychotherapeutic treatment, and last but not least distrust and prejudice of other medical professionals who doubted the scientific nature of psychotherapy, and particularly of hypnosis.

Legitimising psychotherapy

In an introduction to the revised edition of his seminal monograph Platonov made the following statement regarding the scientific nature of Soviet psychotherapy:

"The main reason impeding the scientific substantiation of psychotherapy in the past was the dualistic view of the nature of the human personality prevalent at the that time. It was primarily expressed in the subjectively psychological understanding of the laws governing psychic processes both in their normal and pathological manifestations, this understanding being severed from the physiological basis.

It was only with the further development of Pavlov's physiological teachings on the higher nervous activity that psychotherapy entered on a new path which has made possible the materialistic understanding of the underlying mechanisms and which has opened new and extensive practical possibilities. Pavlovian physiology has created a physiological basis and has discovered the mechanisms of higher nervous activity permitting of an understanding of the essence of psychotherapy and its proper application."[115]

The assertion that teachings of Pavlov revolutionised psychotherapy, setting it on a new, physiologically-substantiated, and therefore properly scientific course were typical for Soviet psychotherapeutic discourse throughout the post-Stalin decades. Introductory books on the subject consistently presented Pavlov's views on the higher nervous activity, and especially his theory of the second signal system, and his position on the mechanism of hypnosis. An account of what psychotherapy was could not be complete without an acknowledgement of Pavlov's role in discovering a "physiological explanation of contemporary psychotherapy"[116]

[115] Platonov, K.I., *The Word*, p. 10-11.

[116] Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain: vnushenie, gipnoz, autogennaia trenirovka,* (Stavropol 1974), p. 25.

or a clear statement that it was being developed on the basis of his "materialistic teaching."[117] Bekhterev and Platonov might have been described as fathers of Russian and Soviet psychotherapy respectively, however, it was Pavlov who appeared as its true hero. While the contribution of other doctors and scientists was acknowledged in sections dedicated to history of Soviet psychotherapy, Pavlov's teachings were presented as a crucial building block without which the whole discipline could not exist. Those who investigated the disorders of the human psyche before him were presented as searching for what he succeeded in finding. Those who came after him were said to continue to develop psychotherapy on the basis of his works.

This unique status of Pavlov can be accounted for in several ways. The first and perhaps the most obvious one is the continuing impact of the 1950-1951 "Pavlov sessions" which endorsed Pavlov's physiological teachings on the higher nervous activity as a scientific basis for Soviet psychiatry. It was observed that the impact of the sessions continued to be felt in the post-Stalin years, influencing Soviet psychiatric discourse.[118] Therefore, the frequent references to Pavlov in psychotherapeutic publications can be interpreted as one of the manifestations of this impact: an obligatory bow to the enshrined founder of Soviet scientific psychiatry. It would be unreasonable to deny that the pressure to show a link between one's work and Pavlov's teachings contributed to his ubiquitous praises in psychotherapeutic literature. After all, if it left a mark on Soviet psychiatry in general, its influence was bound to be felt by at least some of those practitioners who sought to popularise psychotherapy.

Nevertheless, it would also be a mistake to dismiss their frequent references to Pavlov as nothing more than conforming to a dominant ideological position. First of all, such prominent Soviet psychotherapists as Platonov or Vel'vovskii embraced the works of Pavlov before the sessions of 1950-1951. At the start of the 1950s they already believed that psychotherapy should be based on Pavlovian teachings and included its principles in their research and practice. Secondly, a closer analysis of how and why Soviet psychotherapists referenced Pavlov reveals the special place that his works occupied in their efforts to legitimise and popularise their discipline.

One of the challenges faced by Soviet psychotherapists was prejudice or dismissive attitudes towards their methods of treatment. Consequently, they were concerned about the status of their discipline, and particularly of one of its main methods: the hypnotic suggestion. They lamented the ignorance on the subject within the medical community, continually

[117] Miagkov, I.F., *Psikhoterapiia*, p. 8.
[118] Windholtz, G., "Soviet Psychiatrists"; Joravsky, D., *Russian Psychology*.

stressed the importance of increasing awareness of mechanisms and methods of psychotherapy, and occasionally offered an uplifting example of a successful attempt to change the minds of their sceptical colleagues. In the preface to his republished monograph Platonov declared that his aim was to provide, through his book, evidence for the efficacy of psychotherapy, since "not only stomatologists but frequently even psychiatrists" doubted it due to their inadequate knowledge.[119] Almost two decades later Varshavskii openly stated that he wrote his monograph on treatment through hypnotic suggestion in order to draw the attention of the largely ignorant medical community to its effectiveness and wide applicability, as many of the psychotherapists he trained in hypnotic suggestion faced resistance from their colleagues when they tried to apply it.[120] He illustrated his argument about the necessity of educating other physicians about hypnosis with an example from his own work at the Kirov Sanatorium in Kislovodsk in 1966 and 1967. He recalled that when he first began to treat patients using hypnotic suggestion, he met with scepticism of sanatorium's medical personnel, however, after the same physicians observed the results of his work, they changed their attitude.[121] N. Spiridonov and Ia. Doktorskii also pointed out the problem of prejudice towards hypnosis, however, they ended on an optimistic note, expressing their belief that once the doubters saw it working, they would abandon their doubts, just like people abandoned a belief that the Earth was flat.[122]

In addition to the negative attitude of some of their colleagues, psychotherapists had to overcome suspicion and distrust of their patients. In 1962 Astakhov pointed out that certain patients believed that healing through words was "beneath their dignity" and were convinced that if they could be cured by words, they were not truly ill.[123] Over the next two decades other authors also pointed out the problem of prejudice against psychotherapy, particularly hypnosis, and stressed the necessity of explaining its physiological mechanism and scientific nature before the first therapeutic session. They also recommended certain "tricks" that were likely to reassure patients that they were dealing with a proper doctor, for example carefully examining the patient during the first meeting, even if at this point it was not necessary[124] or

[119] Platonov, K.I., *The Word*, p. 8.
[120] Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 185-186.
[121] *Ibid.*, p. 182.
[122] Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain,* p. 41.
[123] Astakhov, S.N., *Lechebnoe deistvie slova*, (Leningrad, 1962), p. 83-84.
[124] Varshavskii, K.M., *Gipnosuggestivnaia terapiia.*

always wearing a medical white coat and maintaining a serious facial expression to make the whole procedure appear more "scientific."[125]

It is worth remembering that, although from the late 1950s psychotherapy was gradually introduced into more and more Soviet medical institutions, its status as a discipline was still uncertain. Only in 1985 it was declared a medical speciality in its own right, and a position of a psychotherapist was added to the official list of medical job positions. Up until this point, although certain medical institutions had a psychotherapist on their staff, getting psychotherapy recognised as a distinct medical speciality was one of the goals of its promoters. Given the scepticism of medical community towards talking cures, one of the main tasks Soviet psychotherapists had to face was proving that their methods deserved to be called a part of medicine and had basis in science.

Pavlov's works, which conceptualised words as stimuli acting upon the nervous system and offered an explanation of the mechanisms of hypnosis, were psychotherapists' best weapon in their efforts to convince others of the scientific nature of their methods. The references to Pavlov present in so many psychotherapeutic texts were not only there to praise him for his contribution to Soviet medicine. They also reminded their readers that psychotherapy was a scientifically substantiated method that used words as its tools but was physiological in its nature and did not significantly differ from other treatments available to medicine. Defining psychotherapy at the conference in 1956 Lebedinskii said that its main task was to "regulate the disturbed dynamics of the neural processes in the brain and thereby to restore the balance of functions in the whole organism."[126]

Throughout the following decades the language used to write about psychotherapy continued to be similarly physiological. Before giving instructions on how to perform psychotherapy, authors commonly outlined certain elements of the Pavlovian view of higher nervous activity and underlined that psychotherapy worked, because words were stimuli acting upon the cerebral cortex, which in turn controlled the processes in the body. Introductory texts also included an explanation of the functioning of the nervous system and

[125] Slobodianik, A.P., *Psikhoterapiia*, p. 188. While pleasing patients and attracting them to psychotherapeutic treatment was less important in the USSR than it was in countries where psychotherapists ran their own private practice, the lack of trust and prejudice on the part of patients referred for psychotherapeutic treatment was still considered a problem that should be addressed. This was particularly important if patient's negative attitude was likely to affect the outcome of treatment.

[126] Lebedinskii, M.S., "General Methodological Problems of Psychotherapy" in Winn, R.B. (ed.), *Psychotherapy*, p. 37.

its relationship to other systems and organs in the human body.[127] Psychotherapeutic publications talked about the cerebral cortex, conditional reflexes, stimuli, and analysers[128] more than they did about patients' experiences or feelings. Psychotherapists were encouraged to familiarise themselves with their patients' personalities, however, even in this case their attention was drawn to "biological sides of personality", such as their temperament and their type of higher nervous activity, based on the typology proposed by Pavlov.[129]

Pavlov's theories offered psychotherapy a physiological grounding which allowed its practitioners to portray it as nothing more and nothing less than yet another tool available to medicine to exert therapeutic influence on patients. Since verbal stimuli provoked physiological responses, it followed that in certain situations they could be used by doctors to effect the desired changes in human organism, just like other basic methods of medicine: drugs, surgery, and physiotherapy.[130] Since Pavlov's theories were the source of most physiological explanations of psychotherapy, they played an important role in efforts to legitimise it as a medical treatment, and in proving that it had nothing to do with superstition or idealism, and all to do with science. The belief that strong presence of Pavlov's teaching in Soviet medicine was beneficial for the acceptance and popularisation of psychotherapy is clearly visible in the following observation of Lebedinskii: "The deeper the teaching of Pavlov sinks into theory and practice of Soviet medicine, the stronger and closer becomes the link between materialistic psychotherapy and general medicine. The tendency of a large number of doctors to distance themselves from the theory and practice of psychotherapy gradually disappears."[131] Varshavskii showed a similar hope when he wrote about his expectations that hypnosis would be introduced into more medical institutions after the "Pavlovian sessions" of 1950-1951. Although his remark expressed regret that it did not happen, he still believed that the situation could be improved and hypnosis could gain more acceptance if more physicians became aware of the physiological explanation of hypnosis offered by Pavlov.[132]

[127] For example: Astakhov, S.N., *Lechebnoe deistvie;* Lebedinskii, M.S., *Ocherki psikhoterapii*; Miagkov, I.F., *Psikhoterapiia;* Platonov, K.I., *The Word*; Rozhnov, V.E. (ed.), *Rukovodstvo*; Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika.*

[128] Analyser was a term used by Pavlov to describe a system comprising of a "sense organ or sensory nerve ending", a nerve that conveyed sensory impulses to the central nervous system, and a receptor cell in the cerebral cortex. Todes, D.P., *Ivan Pavlov,* p. 330.

[129] Pankov, D.V., "Ratsional'naia psikhoterapiia", p. 106.

[130] Platonov, K.I., *The Word.*

[131] Lebedinskii, M.S., *Ocherki psikhoterapii*, p. 7.

[132] Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 6.

Reliance on Pavlovian theories and frequent references to physiological mechanisms behind healing through words also reveal an important thing about Soviet psychotherapy: it was not considered a treatment of the psyche. The very concept of the psyche as something that could be treated independently of the body was an anathema to the dominant Soviet worldview, characterised by its commitment to materialism. An émigré Russian psychiatrist Boris Segal described Soviet psychotherapy as – with the exception of therapies developed in Leningrad – lacking theoretical basis, such as a theory of personality. He was critical of prominence of Pavlovian theories in the USSR and dismissed the concept of unity of the physiological and the psychological as speculative.[133]

Segal's criticism is noteworthy, as it represents a perspective of a psychiatrist who did not espouse the Soviet approach to psychotherapy, and was more in favour of its Western forms, particularly the dynamic approaches. While it is not the task of this thesis to judge the value of either Western or Soviet concept of the relationship between the psychological and the physiological, or to determine whether such a judgement can be made at all with any degree of objectivity, a historical analysis should seek to understand the concept of body and mind behind any given psychotherapy. In this light Segal's perspective – being closer to that of a Western clinician and judging the value of Soviet approach to the psychological and physiological from that point of view – obfuscates an important aspect of thinking of Soviet psychotherapists who strove to develop their discipline on Pavlovian basis. A theory of personality was not their priority, because they did not seek to treat personality, but the entire human organism. As I.Ia. Zavilianskii of the Bogomolets Kiev Medical Institute put it: "There is no only mental, nor only somatic disease, and there is no place for the idealist view about the parallel, independent processes of the body and the mind. The organism cannot be approached as a mosaic composed of separate organs and connections."[134]

Soviet psychotherapy was built on rejection of the mind-body dualism, therefore it precluded focus on the psyche and exclusion of physiology. Furthermore, it was envisioned as a medical treatment capable of influencing both the body and the psyche. This outlook shaped the priorities of Soviet psychotherapists. While over the course of the post-Stalin decades they increasingly recognised the value of knowledge produced by psychologists, they paid more

[133] Segal, B.M., "The Theoretical Bases of Soviet Psychotherapy", *American Journal of Psychotherapy* 29 (1975).

[134] Zavilianskii, I.Ia., *Vrach i bol'noi: voprosy vrachebnoi deontologii, etiki i psikhoterapii*,(Kiev 1964), p. 12.

attention to physiological mechanisms of psychotherapy and to the interdependence between the psychological and the somatic.[135]

The rejection of the mind-body dichotomy was a trend in Russian thought and science already before the October Revolution. Already in the nineteenth century such intellectuals as Belinskii, Chernyshevskii, Tarkhanov, Korsakov and Sechenov rejected the notion of the human psyche as an independent, immaterial entity and postulated that an explanation for psychological phenomena should be sought in human physiology.[136] This materialistic tradition gained even more prominence under the Soviet regime, whose worldview excluded the possibility of existence of substances other than matter. The psyche was explained as a "property of a highly organised matter", fully physiological in origin and compatible with Soviet commitment to ontological materialism[137], while the idealist metaphysics was rejected as an obstacle to science and a tool of the tsarist ideology, which used the concept of the immaterial human soul to bind man to the church and the feudal order.[138]

Soviet psychotherapists were aware that their discipline was potentially vulnerable to accusations of idealism, and were quick to distance themselves from Western approaches perceived as rooted in mind-body dualism. In the passage quoted above Platonov argued that such a dualistic view was an obstacle to the development of psychotherapy which was only removed thanks to physiological teachings of Pavlov.[139] A similar position was expressed by Zavilianskii: "The field of psychotherapy was always susceptible to idealist interpretations. Before Pavlov's research the mechanisms of exerting therapeutic influence were unknown. Before I.P. Pavlov psychotherapy lacked a physiological basis. The analysis of ways and mechanisms of therapeutic influence was based on introspection and speculation."[140]

Both Platonov and Zavilianskii clearly saw pre-Pavlovian psychotherapy as something lesser, that finally could be rejected in favour of a more advanced, scientifically substantiated

[135] Soviet psychotherapeutic texts demonstrate their authors' interest in affecting human physiological processes via the psyche by referencing research showing that words could be a means of influencing the human body, for example experiments in which human heart rate, blood pressure, changes in blood sugar level or effects of alcohol consumption were affected by verbal suggestion. See: Bul', P.I., *Gipnoz i vnushenie;* Lebedinskii, M.S., *Ocherki psikhoterapii*; Platonov, K.I., "Speech Therapy" in Winn, R.B. (ed.), *Psychotherapy.*

[136] Corson, S.A. and O'Leary Corson, E., "Philosophical and Historical Roots of the Pavlovian Psychology" in Corson, S.A. and O'Leary Corson, E. (eds), *Psychiatry and Psychology in the USSR,* (New York, 1976); Todes, D., "From Radicalism to Scientific Convention: Biological Psychology in Russia from Sechenov to Pavlov" (PhD, University of Pennsylvania, 1981).

[137] Gray, J. A., "Attention, Consciousness and Voluntary Control of Behaviour in Soviet Psychology: Philosophical Roots and Research Branches" in O'Connor, N. (ed.), *Present-Day Russian Psychology,* p. 4; Payne, T.R., "On the Theoretical Foundations of Soviet Psychology", *Studies in Soviet Thought VI* , 2 (1966).

[138] Smirnov, A.A., "The Development of Soviet Psychology" in *Soviet Psychology: A Symposium,* (Westport, 1973); Todes, D., "From Radicalism to Scientific Convention".

[139] Platonov, K.I., *The Word.*

[140] Zavilianskii, I.Ia., *Vrach i bol'noi,* p. 17.

form of healing through words. Soviet psychotherapists acknowledged that this "unscientific" form of psychotherapy continued to be practised in the West, and referenced it to set themselves apart from it. In the introduction to his *Psychotherapy Textbook* Rozhnov indicated that his publication was critical of idealist, bourgeois psychotherapy, which ignored the biological and social aspect of the human nature.[141] Also Lebedinskii, who paid significantly more attention to importance of psychology than some of his colleagues, denounced the psychological teachings of "Freud, and then Adler, Jung, Sullivan etc." as detrimental to both psychotherapy and clinical psychology, and credited the works of Pavlov for eliminating the place for "idealist inventions."[142] Soviet psychotherapists openly confronted the associations some of their compatriots could have with their discipline, and by admitting that its previous, Western incarnation deserved criticism, underlined that what they were proposing was different. Thus, they sought to illustrate the character of Soviet psychotherapy by defining what it was not: rooted in any "unscientific" notions which separated the mind from the body. They presented themselves as struggling against such approach, armed with a better, scientific psychotherapy, which recognised the interdependence between the mental and the somatic, and had firm physiological basis in the theories of Pavlov.

The harshest, most frequent criticism was reserved for Freud. Miller observed that after the suppression of psychoanalysis, Soviet engagement with Freud did not cease but became a "kind of industry of criticism."[143] The authors of psychotherapeutic publications were keen participants in this industry, and the frequency with which they voiced their opposition to Freudian ideas was surpassed only by that with which they stressed their grounding in the theories of Pavlov. Both Pavlov and Freud were incorporated into the strategies of legitimisation employed by Soviet psychotherapists, however, while the former represented the materialistic worldview that they embraced, the latter came to stand for everything they rejected. Pavlov brought Soviet psychotherapy closer to general medicine by demonstrating their similarity and compatibility. Freud did the same by representing the positions that they both opposed.

The criticisms of Freud in psychotherapeutic texts could be as short as a simple declaration that the authors "obviously cannot agree" with their Western colleagues who based their interpretations of certain disorders and their psychotherapeutic work on

[141] Rozhnov, V.E., "Vvedenie", p. 5.
[142] Lebedinskii, M.S., *Ocherki psikhoterapii*, p. 8, 13.
[143] Miller, M.A., "The Reception of Psychoanalysis", p. 886.

psychoanalysis[144], or could include a more or less detailed list of accusations against the theories of Freud and his followers. These accusations, just like other Soviet criticisms of Freud, concerned "pansexualism", mistaken concept of personality, lack of attention to social and biological aspects of human behaviour and disorders, idealist, unscientific nature, and inefficiency of psychoanalysis.[145] In addition to bluntly stating that the conceptions of Freud and Adler were "built on purely speculative ideas" and on "completely erroneous approach to the patient"[146], Platonov discussed the cases of the patients who in the 1920s were treated both with psychoanalysis and with suggestion. The examples showed that while psychoanalysis lasted several months or years and could have negative impact on patients' self-esteem and condition, suggestion produced positive results in several weeks, eliminating both the disorder and the additional damage caused by the psychoanalytic treatment.[147]

Platonov drew a clear line between psychoanalysis and psychotherapy he was interested in promoting by stressing that while the former was lengthy, inefficient, and even harmful, the latter produced results and quickly restored patients to health. A more detailed criticism of Freud and his followers was also given for example by Migkov who condemned his approach to personality and viewing of all human activity through the lens of sexuality[148], and by Zavilianskii who criticised American psychosomatic medicine for its Freudian roots, and consequently "reactionary-idealist concepts and ideas about the separateness of the mental and the physical."[149] In all cases psychoanalysis provided contrast for Soviet psychotherapy. The criticism of Freudian theories was a technique used by Soviet authors to highlight the efficiency and scientific nature of their own methods of healing through words, and to clearly demonstrated that they were "based on the clear principles of Pavlovian physiology rather than on Freudian fantasy."[150]

[144] Lezhepekova, L.N., Iakubov, B.A., *Voprosy psikhogigieny i psikhoprofilaktiki v rabote prakticheskogo vracha*, (Leningrad, 1977), p. 7.

[145] A particularly interesting aspect of Soviet engagement with Freudian concept is the question of the unconscious. While its Freudian interpretation was still criticised the term itself was in use, explained in other ways, for example as a function of the higher nervous activity. In 1979 the USSR even hosted an International Symposium on the Unconscious in Tbilisi, during which scientists discussed such topics as the question of the reality of the unconscious, its activity in the state of hypnosis, and differences between Freudian and Soviet takes on the concept. For more on the Soviet engagement with Freud's theories see: Angelili, A., "History of the Unconscious in Soviet Russia: From its Origins to the Fall of the Soviet Union", *International Journal of Psychoanalysis* 89 (2008); Miller, M.A., *Freud and the Bolsheviks.*

[146] Platonov, K.I., *The Word,* p. 357.

[147] *Ibid.*

[148] Miagkov, I.F., *Psikhoterapiia.*

[149] Zavilianskii, I.Ia., *Vrach i bol'noi,* p. 15.

[150] Platonov, K.I., *The Word,* p. 356.

Psychotherapy and miraculous healings

The above strategy for legitimisation was employed to establish the whole of Soviet psychotherapy as a recognised, equal branch of medicine: a physiological treatment that used words as its tools but was based on the scientific teachings of Pavlov, not on nebulous, idealist concepts. However, one of its most popular methods – hypnotic suggestion – required also another approach to legitimisation, which would dispel not only psychotherapy's general association with idealism, but also the very specific link that existed in general public's heads between hypnosis and mysticism and magic. Julia Mannherz traced the attempts to reclaim hypnosis as a scientific, not magical practice made by physicians around the time of the October Revolution[151], however, the repeated assurances that in order to perform hypnosis a person did not have to possess unusually strong will or black or green eyes that appeared in the publications from the post-Stalin era[152] suggest that such explanations continued to be needed decades after the Bolsheviks came to power. One of the most common psychotherapeutic methods was still associated with special abilities and occult.[153]

Soviet psychotherapists saw their efforts to establish hypnosis as a scientific method of treatment as a continuation of similar efforts undertaken in the nineteenth and early twentieth century. They often quoted Tokarskii, one of the Russian pioneers of hypnotherapy, who at the Fourth Congress of Russian Doctors made the following statement: "It would be absurd to think that the place of hypnotism is outside the temple of science; to treat it as a foundling brought up by the ignorant. It can only be said that the ignorant have nurtured and kept it in their hands long enough."[154] This words were not presented as an account of the past trouble, but as a clear articulation of the aim of an ongoing struggle. Hypnosis had been usurped by the "ignorant", such as religious healers, and needed to be reclaimed as a part of science.

This narrative was based around the similar theme as the psychotherapeutic discourse around Freud. In both cases Soviet psychotherapists were presenting themselves as engaged in a struggle to restore psychotherapy to its rightful place as a part of medicine and to free it from the influences that corrupted its theory and practice: its Freudian and other idealist

[151] Mannherz, J., "Spiritual Experience".

[152] For example: Bul', P.I., *Gipnoz i vnushenie*; Gerke, R.P., *O gipnoze*; Varshavskii, K.M., *Gipnosuggestivnaia terapiia*; Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain.*

[153] In the introduction to their book aimed at the general public Rozhnov and and M.A. Rozhnova openly stated that they expected their readers to consider hypnosis a fantasy. Rozhnova, M.A., Rozhnov, V.E., *Gipnoz i chudesnye istseleniia,* (Moscow, 1965), p. 7.

[154] Quoted in Rozhnov, V.E., "Gipnoterapiia", p. 65. The same quote can also be found for example in Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain*; Varshavskii, K.M., *Gipnosuggestivnaia terapiia.*

incarnation which lacked grounding in materialistic science, and the healers who usurped certain psychotherapeutic methods for their own purposes. Both were presented as Others who under no circumstances should be associated with Soviet scientific psychotherapy, however, there was an important difference in how these two Others were differentiated from the Soviet practice of healing through words. While denying the validity of Freudian and other idealist concepts and methods, Soviet psychotherapists accepted that treatments employed by the religious healers could sometimes remove symptoms and cure a patient, as exemplified by the following passage by Rozhnova and Rozhnov: "Religious myth about miraculous healings could not have survived for millennia, could not have been repeated from the ancient times until our days, if among many unreliable claims of "healings" there had not been some real cases of freeing the sick from their ailments. How could people forget seeing with their own eyes how during a solemn prayer in a temple a paralysed man threw away his crutches and…started walking?!"[155]

Psychotherapists who tackled this problem agreed that religious healers sometimes succeeded at curing people through suggestion or hypnosis, without understanding the nature and mechanism of the method they were using. They called hypnosis "the oldest psychotherapeutic method"[156] and began writing its history with the account of healing practices used by ancient civilisations such as Egypt or India.[157] They did not deny the reality of miraculous healings, but instead provided them with a scientific explanation rooted in Pavlovian physiology, explaining that religious healers succeeded at removing certain functional disorders, for example affecting eyesight or ability to walk, in the same way as it was done by psychotherapists.[158] These healers did not know the science behind the power of suggestion, but what they did had a scientific explanation.

Psychotherapists did not differentiate themselves from such healers by their methods, but by their intentions. The religious healers were not condemned because of the

[155] Rozhnova, M.A., Rozhnov, V.E., *Gipnoz,* p. 7-8.

[156] Rozhnov, V.E., "Gipnoterapiia", p. 60.

[157] *Ibid.*; Astakhov, S.N., *Lechebnoe deistvie*; Bul', P.I., *Gipnoz i vnushenie*; Gerke, R.P., *O gipnoze.* Such attempts to present psychotherapy as a treatment that has always been known to mankind were also made by the nineteenth century Western European psychotherapists, and still continue to be used as a strategy for validating psychotherapy as a method. See: Jackson, S.W., *Care of the Psyche: A History of Psychological Healing,* (New Haven, 1999); Shamdasani, S., "'Psychotherapy': The Invention of a Word", *History of the Human Sciences* 18 (2005); Marks, S., "Psychotherapy in Historical Perspective", *History of Human Sciences* 30 (2017).

[158] S.N. Bektaeva suggested that similar techniques could be used when introducing psychotherapy to indigenous population of Kazakhstan. She noted that patients coming from that background often believed in miraculous healings, and argued that this belief could be used to persuade them of the effectiveness of psychotherapy. She also saw offering such explanations as an opportunity to conduct "atheistic work." Bektaeva, S.N., "Nekotorye aspekty ispol'zovaniia aktivnogo samovnusheniia pri psikhoterapii lits korennoi natsional'nosi Kazakhstana" in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia,* (Alma-Ata, 1972), p. 166.

ineffectiveness of their methods, but because of the purpose for which they appropriated these methods and the worldview that they promoted. Gerke argued that throughout history various religious cults used hypnosis and suggestion to perpetuate the power that religious figures held over the population. The so called miraculous healings served the purpose of promoting "fanatical belief in gods", thus strengthening religious authority and increasingly also the power and authority of the state.[159] Rozhnova and Rozhnov also saw the miraculous healings as an instrument callously employed to manipulate the population and strengthen the power of religion – a force that they described as the "relentless enemy" of science, constantly working to limit the human mind and halt it in its efforts to understand the world.[160]

The sentiment expressed by these authors was similar to the one voiced by Tokarskii in the late nineteenth century: hypnosis and suggestion had been usurped by people who appropriated their healing powers in order to spread harmful ideas that halted progress. They were associated with mysticism and magic, because throughout history dubious figures used them to trick people into believing in supernatural forces. Psychotherapists in the Soviet Union argued that, thanks to the teachings of Pavlov, they were finally able to do what Tokarskii said should be done: reclaim hypnosis and suggestion as methods that had basis in science, denounce all who used them to spread unfounded beliefs in supernatural forces, and apply them to "serve the cause of human health."[161] Thus, while Soviet psychotherapists admitted that hypnosis and suggestion were sometimes successfully used by religious healers, they presented themselves as struggling against such figures by popularising knowledge about physiological mechanisms behind these phenomena, and finally introducing them where they truly belonged: into medical institutions, where they could be used to cure Soviet citizens without perpetuating the belief in the supernatural.

The development of psychotherapy in Russia initially followed the same route as the rise of talking cures in the Western Europe, however, after the changing political climate stifled psychoanalysis and raised criticism against the idealist concept of a distinct psyche, it turned onto a different path. When in the 1950s psychotherapy again began to gain popularity in the USSR, it had a distinct form that differed from what was understood under the same term on the other side of the Iron Curtain. The methods that fell out of grace or failed to achieve widespread popularity in the West, such as hypnosis, suggestion or rational

[159] Gerke, R.P., *O gipnoze*, p.7.
[160] Rozhnova, M.A., Rozhnov, V.E., *Gipnoz*, p. 6.
[161] *Ibid.*, p. 11.

psychotherapy, dominated Soviet psychotherapeutic practice, and continued to be modified and developed by Soviet physicians. Although it stemmed from Western roots, Soviet psychotherapy developed into its own unique shape, comprised of an ever growing number of variants of its main methods, as well as some new therapeutic approaches.

From the mid-1950s onwards the efforts to introduce psychotherapy into Soviet medical institutions intensified, as did the calls for its recognition as a part of medicine and a distinct medical speciality. Its popularity indeed began to grow, however, doctors who wrote about it continued to exhibit certain anxiety about their professional status. Faced with scepticism of their colleagues and patients, psychotherapists relied on Pavlovian physiology for a scientific, materialistic explanation of their methods. Instead of claiming to treat the psyche, they presented themselves as nothing more and nothing less than ordinary doctors, who used words as their instruments, but worked on tangible human organism.

They sought to legitimise their discipline by using the authority of Pavlov to stress its scientific nature, and by presenting themselves as engaged in a struggle against approaches and figures that could not be accepted as a part of Soviet medicine: Western psychotherapeutic schools and religious healers. The chief among them was Freud and, to a lesser extent, therapeutic approaches that stemmed from his ideas. The founder of psychoanalysis came to stand for all that Soviet psychotherapy succeeded at overcoming in order to become a scientifically substantiated method of treatment. He was condemned almost as regularly as Pavlov was glorified. Together, the rejection of Freud and the praising of the works of Pavlov became a code for the scientific nature of Soviet psychotherapy: they showed its grounding in physiology and distanced it from approaches labelled as “unscientific” and unwelcome in the USSR.

Chapter 2

Towards a Psychotherapeutic Network

"People who need psychotherapeutic help are the patients who at the moment spend many months or years going from doctor to doctor – from an internist to a neuropathologist, and then to an endocrinologist etc. – without any result. (…) Giving them back their health is not only humane. It also restores to them the joy of work and significantly contributes to the productivity of labour."[1]

– I.Z. Vel'vovskii

"To complete the information about psychotherapeutic work on the southern coast of Crimea we need to say that only two doctors have been officially freed from their previous duties in order to carry out psychotherapeutic work. All the others work out of their social enthusiasm."[2]

– V.Ia. Tkachenko, Ia.I. Barash

In mid-1960s Solov'ev No. 8 City Psychiatric Hospital in Moscow employed a part-time psychotherapist in its psychoneurological dispensary division, and offered treatment through rational therapy, hypnotherapy, and therapy through independent artistic activity. According to its annual reports, inpatients suffering from alcoholism, depression or neuroses received psychotherapy in addition to their medications, while around 180 patients participated in therapy through artistic activities, such as preparing concerts.[3] While these reports suggest a most likely insufficient, but nevertheless stable level of psychotherapeutic care available, at the start of the 1970s the hospital began to stress certain problems with its provision of psychotherapy. Although no change in the care available to inpatients was mentioned, the report from 1971 indicated that hospital did not give "a single kopeck" for the materials necessary to conduct "culture therapy" (such as paper, crayons, ink or a tape to record the patients' concert), and that the necessary funds had to be obtained through relocation of day clinic resources.[4] Another problem emerged in hospital's psychoneurological dispensary. Although a full-time psychotherapist was now employed in addition to the already existing part-time position, the report on the work of the dispensary

[1] Vel'vovskii, I.Z., "Esli "shaliat" nervy", *Pravda*, 09 September 1973, p. 3.

[2] Tkachenko, V.Ia., Barash, Ia.I., "Opyt raboty po sozdaniiu psikhoterapevticheskoi seti na iuzhnom beregu Kryma" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, (Kiev, 1966), p. 264.

[3] TsAGM f. r-248, op. 1, d. 30, ll. 34, 44-45; TsAGM f. r-248, op. 1, d. 34, ll. 21, 25.

[4] TsAGM f. r-248, op. 1, d. 90, l. 40.

indicated that due to the "unacceptable overcrowding" the institution did not possess a suitable room for conducting psychotherapy, and especially hypnotherapy.[5] The hospital's report did not indicate how and when exactly this situation emerged nor what was done to mitigate it, but stressed that although the dispensary employed a new psychotherapist, it did not have suitable environment for him to conduct treatment and that the situation was unlikely to improve in the future.[6]

The situation in Solov'ev Psychiatric Hospital exemplifies several of the issues that stood in the way of introduction of psychotherapy into the regular practice of Soviet medical institutions: a low number of job positions available, lack of additional funds for psychotherapeutic work, and lack of space that could serve as a setting for a psychotherapeutic session. Although from the mid-1950s the number of psychotherapists and institutions offering talking cures began to increase, the growth of psychotherapy was neither smooth nor sufficiently supported. The Soviet healthcare system as a whole was plagued by lack of personnel, inadequate training, and insufficient supply of medical equipment and drugs, as well as such basic items as bandages or rubbing alcohol. In the rural areas hospitals sometimes lacked access to sewage system or hot water, and amidst the shortages the successful delivery of medical care often was a highly challenging task.[7] Psychotherapy was being introduced into a system that was significantly deficient in resources and struggled to deliver a sufficient standard of care. Although most of its methods did not require additional medical equipment or pharmaceutical supplies, it encountered its own barriers to growth.

This chapter explores the efforts to popularise psychotherapy within the Soviet healthcare system, looking at its development from the mid-1950s, at the obstacles encountered by its practitioners, and at the impact that these obstacles had on its shape and practice. Physicians involved in these efforts sought to introduce psychotherapeutic methods into all major types of medical institutions. According to Vel'vovskii, who emerged as one of the key figures involved in proposing organisational, cost-effective ways of introducing psychotherapy into Soviet healthcare system, the leading element of psychotherapeutic network were to be polyclinics, where patients could be treated without having to take a leave of absence from their jobs. Other elements were hospital wards and health resorts, dedicated to treatment of those who lost the ability to work and could not be cured on the preferred

[5] *Ibid.*, ll. 54, 80.

[6] *Ibid.*, l. 80.

[7] See for example: Bernstein, J.H., "Emigrant Physicians Evaluate the Health Care System of the Former Soviet Union", *Medical Care* 32 (1994); Field, M.G., *Doctor and Patient in Soviet Russia*, Cambridge, Mass., 1957); Schultz, D., Rafferty, M.P., "Soviet Health Care and Perestroika", *American Journal of Public Health* 80 (1990).

outpatient basis.[8] Psychotherapy was also to be made available in psychoneurological dispensaries, to be used in treatment of mental conditions, however, Vel'vovskii argued against treating dispensaries as centres of psychotherapeutic care, and advised that most patients requiring such help should receive it at the polyclinics.[9]

Despite growing recognition of psychotherapy as a medical discipline and occasional declarations of its importance, coming both from the members of the All-Union Scientific Medical Society of Neuropathologists and Psychiatrists and from healthcare authorities, psychotherapists still had a hard time practising this method in medical institutions. The praise and declarations of psychotherapy's importance were rarely followed by investment of resources in its development. The administrative bodies of hospitals, polyclinics, and health resorts often were unwilling to spend theirs funds to employ full-time psychotherapists. The training in psychotherapy was gradually becoming more available as TsOLIUV and LOLIUV began to offer courses in its methods, but the number of physicians trained each year remained relatively low. Psychotherapy was simply not a priority for the struggling Soviet healthcare system. Consequently, those who sought to popularise healing through words in its institutions frequently had to rely on their own ingenuity and perseverance to find time, space and resources for such treatment.

Paula Michaels explained the early-1950s rise of popularity of Vel'vovskii's psychoprophylactic method of pain relief during childbirth as a result of the stress put on the fact that its application did not "demand any financial expenditure."[10] In a healthcare system plagued by shortages, a cheap, effective treatment that did not require additional supplies was likely to appear more attractive to the healthcare administrators. Thus, the popularisers of psychotherapy put a lot of effort into presenting it as an effective treatment that could be efficiently applied within the Soviet healthcare system and adapted to its conditions. Vel'vovskii was one of the chief figures involved in the search for organisational solutions that would facilitate introduction of psychotherapy into medical institutions without making an additional demand on financial resources, but similar efforts to adjust the practice of

[8] Vel'vovskii, I.Z., "Voprosy organizatsii psikhoterapevticheskoi pomoshchi" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii*, (Moscow, 1974).

[9] Psychoneurological dispensaries were created in the 1920s and modelled after similar institutions for treatment of tuberculosis or alcoholism. At the time they were envisioned as centres of preventive psychiatry, however, they eventually became institutions for psychiatric care, where physicians referred patients requiring specialist treatment for mental illness. Arguing against referring all patients who required psychotherapy to dispensaries, Vel'vovskii was concerned that an influx of patients referred from urological, gynaecological or other somatic treatment would "dilute" the focus of dispensaries and their doctors, and lower the standard of care available to psychiatric patients. *Ibid*; Sirotkina, I., *Diagnosing Literary Genius: A Cultural History of Psychiatry in Russia, 1880-1930*, (Baltimore, 2002).

[10] Michaels, P.A., *Lamaze: An International History*, (Oxford, 2014), p. 42.

psychotherapy to the Soviet conditions were also undertaken by many of his equally or less prominent colleagues. This chapter is going to trace the impact that this quest for efficiency and adjustment had on the form of psychotherapy in the USSR. Looking at the ways in which psychotherapists sought to stress the effectiveness and efficiency of their methods, as well as at the problems they encountered while introducing talking cures to medical institutions, it will examine how they envisioned their place in the Soviet healthcare system, and how successful they were in establishing psychotherapy as a part of Soviet medicine.

The development of psychotherapy in the post-Stalin USSR

The creation of a course on psychotherapy at UIUV in 1958, and the subsequent foundation of the School of Psychotherapy, Psychoprophylaxis and Mental Hygiene in 1962 were a pivotal step towards popularisation of healing through words in Soviet medical institutions. It established a clear institutional base for training physicians in psychotherapy, and was the beginning of a focused, systematic effort to spread psychotherapeutic knowledge within the medical community. Physicians who completed the psychotherapy course at UIUV began to introduce psychotherapeutic methods to their institutions and through their work to dispel the suspicious attitude that some of their colleagues had towards the talking cures. Already in 1958, after completing the first course organised at UIUV, O.S. Didenko – the chief physician at the *Rai-Elenovka* sanatorium in the Kharkov region – organised a psychotherapy office at her institution, where she applied its methods as an element of treatment of digestive system and liver diseases.[11] In the following years the office became more and more active, and in 1962 the Scientific Health Resort Commission working by the URSUKP recommended *Rai-Elenovka* as the basis for the UIUV-led Ukrainian scientific-methodical centre for the introduction of psychotherapy into health resorts.[12] In 1959 two other graduates from the UIUV course – A.P. Novikov and I.L. Vinetskaia – endeavoured to create a whole psychotherapy department at BFTL (*Bal'neofizioterapevticheskaia lechebnitsa*) sanatorium in Slaviansk. They succeeded in establishing offices for both individual and group therapy, passed on their psychotherapeutic knowledge to nurses working at the department, and were praised by Vel'vovskii himself for creating a setting for

[11] Vel'vovskii, I.Z., "Ot redaktora" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, p. 9-10.

[12] GARF f. r-9493, op. 8, d. 380, l. 156; The centre was in the end created at the Berminvody sanatorium in 1964.

psychotherapy which "fulfilled the needs of science and practice."[13] Their efforts also inspired their colleague from the UIUV course, A.F. Leuta from the *Donbass* sanatorium, who applied psychotherapeutic methods in the gynaecological practice.[14]

Although Vel'vovskii came to see polyclinics as the main centres of psychotherapeutic care, at the UIUV the initial stress was put on introducing psychotherapy into the practice of sanatoria and health resorts. Consequently, its popularity grew faster in this setting. Although psychotherapy was also gradually introduced into more hospitals, polyclinics, and psychoneurological dispensaries, in mid-1970s its promoters were aware that provision of psychotherapeutic care was more developed in the health resorts and sanatoria than in other types of medical institutions.[15] Faster dissemination of psychotherapeutic methods to health resorts was also significantly helped by the attention given to the matter by their administrative bodies. In 1962, only few years after Vel'vovskii and his colleagues at the UIUV organised their first psychotherapy course, the URSUKP declared its support for the introduction of psychotherapeutic methods into the medical practice of its institutions, and recommended further efforts towards educating physicians in this area.[16] In the following years psychotherapy indeed continued to spread to more and more Ukrainian health resorts, while physicians who conducted it incorporated more of its methods into their practice.

For example, in 1964 a neuropathologist M.D. Tantsiura organised a psychotherapy office at the *1st May* sanatorium, and helped spread this method to other such institutions in the Kiev region.[17] A year later 140 doctors from Ukrainian health resorts participated in a training seminar on psychotherapy in Vorzel'.[18] What is more, in 1964 the Berminvody sanatorium was named the "base sanatorium" for introduction of psychotherapy into the medical practice of health resorts. As such it was supposed to help similar institutions incorporate psychotherapy into their practice through organising training for their personnel and offering assistance in creation of psychotherapeutic offices and departments.[19] Despite certain delays caused by the need to train Berminvody's personnel, in 1965 sanatorium

[13] Vel'vovskii, I.Z., "Ot redaktora", p. 4.

[14] *Ibid.* Psychotherapy was promoted as a useful auxiliary therapy in treatment of a wide range of organic illnesses, however, it was not expected to cure organic problems but only to increase the effectiveness of other therapies. This role of psychotherapy is discussed in more detail in Chapters Three and Four.

[15] Barannik, M.M., "Sovremennye problem deontologii i psikhoterapii" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

[16] GARF f. r-9493, op. 8, d. 380, ll. 155-156.

[17] GARF f. r-9493, op. 8, d. 626, l. 142.

[18] GARF f. r-9493, op. 8, d. 769, l. 118.

[19] GARF f. r-9493, op. 8, d. 626, l. 128.

physicians began to put into practice group therapy conducted via radio equipment[20], and from 1967 it became a clinical base of the UIUV School of Psychotherapy and a regular base for its psychotherapy courses.[21]

Thanks to the initiative of the UIUV personnel and the support of the URSUKP psychotherapy gradually spread to sanatoria and health resorts all over Ukraine. However, its practice in these institutions was not limited to one republic. Psychotherapy had been practised in *Zvezdochka* dermatological sanatorium in Sochi since 1948, and in the post-Stalin era its methods spread to other sanatoria and health resort polyclinics in the city, while their personnel conducted its own research into the possible applications of the healing power of words.[22] In 1968 health resort *Karachi Lake* in the Novosibirsk region opened a psychotherapy office staffed by physicians trained at the UIUV courses organised at Berminvody.[23] Although in the first half of the 1960s the activities of UIUV were mostly focused on Ukraine, in the following years its psychotherapists engaged more and more in supporting popularisation of psychotherapy in other republics and, in addition to welcoming physicians from all over the USSR on their courses at Berminvody and in Kharkov, they travelled to health resorts outside Ukraine to instruct their personnel in methods of psychotherapeutic treatment.[24]

In order to treat patients with psychotherapy, health resort physicians had to modify its methods in order to adjust them to this setting. The high number of patients awaiting treatment, and a limited time during which it had to be administered, led to the preference for group therapy. Vel'vovskii pointed out that adapting collective and group therapies to the length of patients' stay at health resorts was necessary if an "adequate number" of people who required help were to receive it.[25] His colleagues agreed, reporting that they managed to increase the efficiency of treatment by using more group therapy.[26] The adoption of group methods in order to increase the number of people receiving psychotherapeutic treatment was not limited to sanatoria and was in fact a characteristic feature of Soviet practice of

[20] GARF f. r-9493, op. 8, d. 769, l. 138-139.

[21] GARF f. r-9493, op. 8, d. 1019, l. 95.

[22] GARF f. r-9493, op. 8, d. 762, ll. 128-140; GARF f. r-9493, op. 8, d. 895, l. 130; GARF f. r-9493, op. 8, d. 1913, ll. 6-7, 202.

[23] GARF f. r-9493, op. 8, d. 1167, ll. 21-22, 107.

[24] GARF f. r-9493, op. 8, d. 1506, ll. 258, 266-268.

[25] Vel'vovskii, I.Z., "Printsipal'nye osnovaniia k vnedreniiu psikhoterapii v kompleks sanatorno-kurortnoi meditsiny" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* p. 22.

[26] For example: Tantsiura, M.D., "K psikhoterapii v sanatornykh usloviiakh" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*; Kibzyn, V.A., Bershadskii, D.A, "Vnedrenie psikhoterapii v praktyku raboty zdravnits kurorta Sochi" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

psychotherapy. However, while the practice of psychotherapy in health resorts did not differ qualitatively from how this treatment was used in polyclinics or hospitals – its methods and aims were essentially the same – this setting also created forms and modifications of psychotherapy adapted to its specific conditions. For example, in mid-1960s Miasishchev created a plan for what he called "minimal psychotherapy" which took into account limited time that patients spent at health resorts and required only three individual sessions during which doctor got to know patients at the start and gave them personalised advice at the end, and three group sessions teaching patients to understand their condition, perform "autopsychotherapy" and take care of their mental health.[27] Psychotherapeutic methods were also combined with therapies specific to health resort setting in order to strengthen their effect, for example with drinking mineral waters[28], balneotherapy (curative baths) or inductothermy (application of magnetic field of high frequency).[29] Their aims in such cases were not different from when they were combined with administration of drugs at a polyclinic – psychotherapeutic influence was expected to increase the impact of the other therapy – but the fact that health resort specific forms and uses of psychotherapy emerged illustrates both its malleability and its practitioners' continuous engagement in modifying its main methods and adapting them to the setting in which they were practised.

An additional push for introduction of psychotherapy into practice of Soviet health resorts came in 1971 when the Central Council for the Administration of Trade Union Health Resorts (TsSUKP) followed its Ukrainian counterpart in supporting popularisation of psychotherapeutic knowledge and treatments. The Council acknowledged that introduction of psychotherapy increased the quality and effectiveness of treatment in health resorts, praised the work done by the UIUV, and criticised certain regional councils for not paying enough attention to popularisation of psychotherapy. For example Georgian council was criticised for sending only four doctors to psychotherapy courses over the last four years and having only one psychotherapist practising at its sanatoria.[30] The TsSUKP gave its support to continuing and expanding the work carried out by the UIUV and Berminvody to prepare

[27] Miasishchev, V.N, "Psikhoterapiia na kurorte" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii.*

[28] Kintsurashvili, T.V., "Psikhoterapiia v kompleksnom lechenii nevrozov na kurorte Tskhaltubo" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia.*

[29] Bershadskii, D.A., *Nekotorye osobennosti raboty sotrudnikov sanatorno-kurortnykh uchrezhdenii v svete trebovanii deontologii i maloi psikhoterapii: informatsionno-metodicheskie materialy dlia vrachei i meditsinskikh sester kurorta,* (Sochi 1971).

[30] GARF f. r-9493, op. 8, d. 1506, l. 268.

psychotherapeutic cadres for Soviet health resort, and approved provisions on the work of a psychotherapeutic office and the duties of a psychotherapist.[31]

Throughout 1960s, 1970s and 1980s UIUV School of Psychotherapy continued to train physicians who took their newly acquired skills and knowledge to health resorts in all Soviet republics. However, although these efforts indeed resulted in creation of multiple psychotherapy offices – by 1971 250 such offices had been opened by physicians trained at the UIUV courses[32] – the everyday reality of conducting psychotherapeutic work often did not resemble a success story. Reporting on the development of a psychotherapeutic network on the southern coast of Crimea in mid-1960s two of its creators, V. Ia. Tkachenko and Ia. I. Barash pointed out that while fifteen health resort institutions in their region began to offer psychotherapy, only two physicians were employed as psychotherapists and freed from other duties. All the others carried out psychotherapeutic work of their own initiative, in their free time. While Tkachenko and Barash agreed that it might had been necessary at the "pioneering" stage, they stressed the need for creation of more job positions for psychotherapists in order to cement the provision of psychotherapeutic help instead of relying on the volunteer work of certain physicians.[33] Despite early efforts undertaken to introduce psychotherapy in Slaviansk sanatoria, in mid-1960s these institutions also did not have a position of psychotherapist, relying of physicians to perform this treatment of their own initiative.[34]

In institutions where a position of psychotherapist was created, the resources dedicated to it where nowhere near enough to ensure a satisfactory psychotherapeutic coverage. For example, a health resort polyclinic in a Crimean city of Alushta was one of the region's institutions which employed a psychotherapist, however, it only offered a part-time position and had six spaces for patients in an office that served all of the city's sanatoria. With such a limited space even using group therapy could only assure treatment of a "small percentage" of all patients needing psychotherapy.[35]

The lack or a very limited scope of job positions for psychotherapists, forcing the enthusiasts of talking cures to conduct them in addition to their normal duties, and giving

[31] *Ibid.*

[32] *Ibid.*, l. 267.

[33] Tkachenko, V.Ia., Barash, Ia.I., "Opyt raboty"; Barash, Ia.I., "Iz praktiki primeneniia psikhoterapii v usloviiakh kurortnoi polikliniki i sanatoria" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii.*

[34] Didenko, O.S., Novikov, A.P., Vinetskaia, I.L., "Opyt organizatsii i pervye shagi vnedreniia psikhoterapii v bal'neo-fizioterapevticheskoi lechebnitse Slavianskogo kurorta" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii.*

[35] Derfel', D.D., "Opyt primenieniia psikhoterapii na kurorte Alushta" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii.*

them time to treat only a fraction of potential patients, was not limited to the 1960s, but continued to haunt psychotherapists throughout the next decade. Although the situation was gradually getting better as development of psychotherapy got more support from state institutions such as the TsSUKP, the problem persisted, limiting the scope of psychotherapeutic work at many institutions. For example, in early 1970s, although psychotherapy was practised in two sanatoria at a Russian health resort in Nal'chik and over 40 of its physicians were introduced to basic psychotherapy by UIUV instructors, not a single job position for a psychotherapist existed.[36] *Dnestr'* sanatorium in Moldova, which offered psychotherapy since 1969, founded a psychotherapy office only in 1978.[37]

Alongside its popularisation in health resorts, psychotherapy was being introduced to other types of medical institutions. Due to lack of decisive support from the state institutions, comparable to this offered by URSUKP and TsSUKP, until mid-1970s this process was slower and not as systematic, nevertheless psychotherapy continued to enter new polyclinics and hospitals, occasionally with the support of local healthcare authorities. In 1962 the All-Union Scientific Society of Neuropathologists and Psychiatrists (VNONiP) founded a section dedicated to psychotherapy, mental hygiene, and clinical psychology to help spread the knowledge about psychotherapeutic methods among medical professionals. Physicians of various specialties, but primarily psychiatrists and neuropathologists, received training at UIUV and from 1966 also at TsOLIUV School of Psychotherapy, and took their newly acquired skills in healing through words back to their hospitals and polyclinics, only to often face the same problems as their colleagues at health resorts.

In the 1960s neuropathologists from the polyclinic by the Krasnodar Cotton Mill Hospital began introducing psychotherapy by including its elements into patients' visits to neurological office. Usually they limited themselves to simple techniques that calmed patients and restored their hope for recovery, however, occasionally they disregarded the time limit for a visit and conduced hypnotherapy.[38] In 1970 they managed to get permission to dedicate 1-2 hours three times a week to psychotherapeutic treatment, however, due to the lack of an appropriate room they could not perform group therapy. Consequently, they could see only a very limited number of patients and focused solely on those who lost the ability to work due

[36] Kostomarova, A.P., Smirnov, A.N., "Opyt primeneniia psikhoterapii na kurorte Nal'chik" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia.*

[37] GARF f. r-9493, op. 8, d. 1252, l. 4; GARF f. r-9493, op. 8, d. 2630, l. 4.

[38] Nalivko, V.V., "Opyt psikhoterapii ambulatornykh bol'nykh v poliklinike obshchego profilia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii.*

to phobias and anxieties.[39] In 1973 there was another small improvement to the situation in the polyclinic as the Krasnodar City Health Protection Department ordered creation of part-time psychotherapy offices in three polyclinics in the city, including the one by the Cotton Mill Hospital. Psychotherapeutic treatment was now offered for 2-3 hours a day, however, until 1975 the number of patients who could be treated remained limited by lack of space to perform group therapy. What is more, 2-3 hours a day were not enough to perform all the tasks envisioned for a psychotherapy office, leaving its doctors to decide whom to treat and whom to send for a different, less appropriate type of therapy.[40] However, the situation of some of the other enthusiasts of psychotherapy was even bleaker. For example, in mid-1970s still no support from the city authorities had been given to development of psychotherapy in Novorossiysk, Armavir, or Maykop, and psychotherapeutic work in these cities continued to depend entirely on the "enthusiasm of individual physicians."[41]

The above examples show that the availability of psychotherapeutic care in Soviet medical institutions frequently depended on the enthusiasm of their personnel, and their willingness to devote time to performing an additional treatment. Psychotherapy was not a priority for the Soviet state nor for the administrators of sanatoria and polyclinics. Although Minzdrav officials talked about need for better-developed psychotherapeutic care, their words were not followed by any decisive actions – a fact which Vel'vovskii pointed out in his *Pravda* article in 1973, lamenting the "paradoxical situation" in which many people needed psychotherapy, healthcare officials talked about the need for providing such help, new psychotherapists were being trained in Kharkov and Moscow, and yet there were no psychotherapy offices at medical institutions.[42] Although authorities sometimes lent support to physicians who wished to practise, teach, or popularise psychotherapy, the growth of its popularity was largely driven by physicians themselves. Those who became interested in the possibility of healing through words and learned its methods taught theirs skills to others, dedicated their free time to administering psychotherapy, and pressured their colleagues and authorities to take steps towards further development of psychotherapeutic care.

The long-awaited support from healthcare authorities came in 1975 when Soviet Minzdrav issued a decree "On measures towards improving psychotherapeutic care," announcing that 150 new psychotherapeutic offices were to be created over the next five years

[39] *Ibid.*

[40] *Ibid.,* Berdichevskii, M.Ia., "Ob organizatsii psikhoterapevticheskoi pomoshchi v meditsinskikh uchrezhdeniiakh Krasnodarskogo kraia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii,*

[41] Berdichevskii, M.Ia., "Ob organizatsii", p. 13.

[42] Vel'vovskii, I.Z., "Esli "shaliat" nervy", p. 3.

in polyclinics in capital cities of all Soviet republics, as well as in other large urban centres. The decree praised UIUV and TsOLIUV Schools of Psychotherapy for their contribution to research into psychotherapy and for providing instruction in its methods, but it also recognised serious shortcomings in the current state of Soviet psychotherapy, especially considering the growing number of neuroses diagnosed in the USSR.[43] In addition to announcing the forthcoming creation of new psychotherapeutic offices, the decree ordered the Chief Administration of Medical Institutions to consider enlarging Schools of Psychotherapy at UIUV and TsOLIUV and to take steps towards founding another one at LOLIUV.[44] It also announced that additional funds were to be provided to support research into psychotherapy, naming two specific projects: "Psychotherapy of Neuroses and Psychosomatic Disorders" at the Bekhterev Institute, and "Psychotherapy and Clinical Psychology in Cardiology" at the AMN Institute of Cardiology.[45]

Table 1 shows the distribution of psychotherapy offices to be created in polyclinics between 1976-80.

Table 1: Number of psychotherapy offices to be created in the USSR between 1976-80. GARF f. r-8009, op. 50, d. 4900, ll. 15-17.

Russia	86	Latvia	4
Ukraine	26	Moldova	2
Belarus	5	Kirghizia	2
Uzbekistan	4	Tajikistan	2
Kazakhstan	6	Armenia	3
Georgia	1	Turkmenistan	1
Azerbaijan	4	Estonia	1
Lithuania	3	**Total**	150

A far greater number of offices in Russia than in any other republic is not surprising given its size and population, nevertheless, the decision to in some cases open only one or two psychotherapy offices in the whole republic might seem like an excessively small step. Within

[43] GARF f. r-8009, op. 50, d. 4900, ll. 11-12.

[44] *Ibid.* The decree expected the LOLIUV School of Psychotherapy to run its first courses in 1978. Although the school itself was not founded until 1983, already in 1976 LOLIUV began offering a psychotherapy course at its School of Internal Medicine II. The fact that until mid-1970s systematic psychotherapeutic training was provided by physicians from Kharkov and Moscow helps account for the dominance of suggestion-based psychotherapy methods over the approaches developed in Leningrad.

[45] *Ibid.*, l. 14. The funds were to go towards employing more researchers to work on the projects.

Russia itself 20 such offices were to be located in Moscow and 10 in Leningrad, while other cities on the list were to receive between one and four.[46] Furthermore, apart from Russia, only Ukraine and Kazakhstan were to create new psychotherapy offices beyond the republic's capital city. Since Ukraine was the republic in which systematic training of psychotherapists begun at the end of the 1950s, and Kazakhstan was home to two physicians actively engaged in researching and developing psychotherapy – A.S. Romen and A.M. Sviadoshch – it appears that the republics which benefited more from the creation of new psychotherapy offices were the ones that already had a higher presence of its methods in its institutions.

Nevertheless, these plans should be considered in the context of an overall low and unequal level of development of psychiatric services in the USSR. After the Second World War psychiatric services in Central Asian republics were very poorly developed or practically non-existent. In 1950 Uzbekistan had only 48 psychiatrists, while Tajikistan had 8. Kirghizia could offer only 238 inpatient places at psychiatric wards. The first psychoneurological dispensary opened in Kazakhstan only in 1951, and 119 psychiatrists worked in the entire republic in 1955.[47] Over the next two decades the situation gradually improved, especially in Kazakhstan which from the 1950s saw a rapid growth of its psychiatric network, and at the start of 1970s already had over 500 psychiatrists and Schools of Psychiatry training new ones at medical institutes in several cities. The number of psychiatrists working in Uzbekistan grew to over 400, in Tajikistan to 120.[48] While this was a substantial increase, the network of psychiatric services in Central Asia remained underdeveloped. What is more, the problem of insufficient provision of psychiatric care was not limited to one region. In its plans for the development of health protection between 1970-75 Soviet Minzdrav estimated that in order to satisfy the demand for psychiatric inpatient care medical institutions should have 2.5 beds per 1000 people, if additional well-developed outpatient services (psychoneurological dispensaries and polyclinics) were available.[49] However, in mid-1970s Belarus had 1.16 beds per 1000 people (which placed it slightly above the Soviet average)[50], while Moldova had

[46] *Ibid*., ll. 115-117. Four psychotherapy offices were to be created in Sverdlovsk and Gor'kii. Three in Volgograd, Voronezh, Kuibyshev, Novosibirsk, Omsk, Perm', Rostov-on-Don, Saratov, Chelyabinsk and Kazan'. Two in Krasnoyarsk, Vladivostok, Ivanovo, Irkutsk, Yaroslavl', and Ufa. One in Barnaul, Krasnodar, Khabarovsk, Astrakhan', Tula, and Izhevsk.

[47] Nabzharov, R.A., "Razvitie psikhiatricheskoi pomoshchi v nashei strane za gody sovetskoi vlasti", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 12 (1972), p. 1769-1770.

[48] *Ibid.*

[49] GARF f. r-8009, op. 50, d. 2499, l. 15.

[50] GARF f. r-8009, op. 50, d. 4267, l. 1.

only 0.89.[51] While Moscow was praised for having a well-developed network of psychiatric services, many regions of Russia, and other Soviet republics lagged behind.[52]

It must be remembered that although psychotherapy had been practised in Russia since the nineteenth century, in the post-Stalin era it was still seeking recognition as a medical discipline, and was only beginning to be properly integrated into the Soviet healthcare system. Although its usefulness was starting to be acknowledged, its popularisation was not seen as a priority. In the context of multiple shortcomings of Soviet healthcare system, and especially insufficient psychiatric coverage, Minzdrav's commitment to creating 150 psychotherapeutic offices was a serious step towards providing psychotherapeutic treatment in polyclinics. It was nowhere near enough to provide Soviet citizen with adequate access to psychotherapy, however, it could not be realistically expected that such a step would be taken at once in a struggling, underfunded system. Given shortages of resources that plagued Soviet healthcare, Minzdrav's plan should be interpreted as a significant step marking its recognition of the need for psychotherapeutic treatments. It ensured that at least some psychotherapy would be available in every Soviet republic, as well as in many Russian cities, thus providing a good starting point for further popularisation of its methods around the USSR.

It should also be noted that once Minzdrav took this first step towards institutionalising psychotherapy as a part of Soviet healthcare, it did not abandon the issue, but took further actions towards developing and popularising healing through words. In 1979 it announced creation of the All-Union Psychotherapy Centre at the TsOLIUV School of Psychotherapy. Headed by Rozhnov, who by that time became very involved in working with Minzdrav to popularise psychotherapy and integrate it into Soviet healthcare system, it was supposed to: "prepare organisational and methodological recommendations regarding development of psychotherapeutic help in the country; equip physicians with psychotherapeutic skills and knowledge; develop new psychotherapy methods and coordinate research into psychotherapy."[53] By 1981 psychotherapy was a part of medicine recognised enough to warrant the creation of a course in sexopathology aimed specifically at psychotherapists at the Kazan and Rostov Institutes for the Advanced Training of Physicians.[54] In the first half of the 1980s the programme for training in psychotherapy was standardised between the three Schools of Psychotherapy, ensuring more consistent preparation in healing through words.[55]

[51] GARF f. r-8009, op. 50, d. 4883, l. 247.
[52] GARF f. r-8009, op. 50, d. 4267, ll. 1, 4, 30.
[53] GARF f. r-8009, op. 50, d. 7675, l. 152.
[54] GARF f. r-8009, op. 50, d. 9379, l. 6.
[55] GARF f. r-8009, op. 51, d. 1646, l. 276.

What is more, Minzdrav's analysis of the work of psychotherapy offices created according to 1975 plan produced positive results, convincing healthcare authorities to announce a plan to widen already existing psychotherapeutic network. Between 1985-90 psychotherapeutic offices were to be created in all polyclinics by central *raion* hospitals serving the population of over 30 thousand, in polyclinics by *oblast'* hospitals, as well as in all psychoneurological dispensaries where at least 10 physicians offered outpatient visits.[56]

The involvement of health resort and general healthcare authorities in the popularisation and development of psychotherapy should be seen as a success of physicians who through their determination and enthusiasm brought psychotherapeutic treatments to the attention of Soviet decision-makers. The introduction of psychotherapy into more and more medical institutions was not initiated by a decree from above. On the contrary, it was pushed forward by physicians who believed that psychotherapeutic methods could increase quality and effectiveness of treatment, and were committed to this belief enough to pursue psychotherapy despite encountered difficulties, sometimes in addition to their normal duties, and thus to continue to exert pressure on their colleagues, administrators of medical institution, and healthcare authorities.

A room for psychotherapy

Writing about the organisation of psychotherapy in medical institutions Vel'vovskii offered the following description of how a psychotherapeutic office should look:

"At least two rooms are needed. One is the size of a standard doctor's office and is used for the first meeting with a patient, for examination, and for individual psychotherapy. The second room should be big enough to allow for conducting of group and collective psychotherapy. The most economically viable is a room which can accommodate the minimum of 6-8 people, optimally 10-12, and maximally 15.

A room for individual psychotherapy should be furnished like an ordinary doctor's office, with an obligatory daybed or couch as well as a comfortable, foldable chaise longue or a cane chair. It must have means of dimming the light (curtains, a nightlight) and of lowering the noise level (a curtain at the door, a soft carpet). (…)

A room for group therapy is furnished like a lounge. Comfortable daybeds, couches or sofas should be provided. Dacha-type chaises longues and comfortable armchairs are also

[56] *Ibid.*, l. 277.

suitable. The room should also have prepared additional deckchairs. It should be equipped in means of dimming the light and blocking out the noise."[57]

The comfortable chairs or couches, possibility of dimming the light and of reducing the noise, as well as the size allowing for about 10-15 people to be treated at the same time through group therapy were named as the necessary features of a psychotherapy office by most authors who gave recommendations on this topic. Other decorative elements or equipment were also occasionally recommended, such as walls in calm colours[58], red, orange and green lights that produced a soothing lighting[59], or radio apparatus allowing for the delivery of suggestion formulas via headphones.[60] Rozhnov also recommended that the temperature in a room where hypnotherapy was conducted should be 18-20°C.[61] Thus, although psychotherapy did not require additional resources to be spent on medical drugs or expensive equipment (radio apparatus could make delivery of group therapy more efficient but was not necessary), it required space and a quiet, soothing environment, and securing such space became a problem for a number of psychotherapists.

Thanks to the commitment of their administration some institutions were able to provide space and equipment that fulfilled or came close to fulfilling recommendations given in psychotherapeutic literature. Being a branch of the UIUV School of Psychotherapy and the base for training psychotherapists for the health resorts network, Berminvody sanatorium received an exemplary psychotherapy department, with four rooms for individual therapy and two rooms for group treatment, each able to accommodate 15-20 people, and equipped with the sophisticated radio apparatus that facilitated the delivery of both general and personalised suggestion formulas.[62] *Karachi Lake* health resort, where the administration was committed to creating a psychotherapy department, was able to find space for psychotherapy office in a quieter building separated from the rest of the health resort complex, and furnish it with 14 couches and 2 armchairs.[63]

[57] Vel'vovskii, I.Z., "Metodicheskie i organizatsionnye osnovy vnedreniia psikhoterapii v sanatorno-kurortnuiu meditsinu" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, p. 182. This description concerned psychotherapy offices in health resorts, however, in the 1970s Vel'vovskii offered very similar recommendations for such offices in other medical institutions: Vel'vovskii, I.Z., "Voprosy organizatsii".

[58] Varshavskii, K.M., *Gipnosuggestivnaia terapiia: lechenie vnusheniem v gipnoze* (Leningrad, 1973).

[59] Tsygankova, V.S., "Organizatsiia psikhoterapevticheskogo kabineta v sanatorii Mitino" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia*.

[60] Vel'vovskii, I.Z., Musher, Ia.M., Didenko, O.S., "Opyt postroeniia primernoi struktury psikhoterapevticheskogo otdeleniia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*.

[61] Rozhnov, V.E., "Gipnoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo*.

[62] Vel'vovskii, I.Z., Musher, Ia.M., Didenko, O.S., "Opyt postroeniia".

[63] GARF f. r-9493, op. 8, d. 1167, l. 21.

However, in many institutions securing a room that could be dedicated to psychotherapy, and especially a room big enough for group treatment, posed a challenge and required psychotherapists to make do with whatever was available. This was especially the case before support given to popularisation of psychotherapy by TsSUKP and Minzdrav. The situation at the Solov'ev Psychiatric Hospital in Moscow described at the beginning of this chapter is only one example of psychotherapeutic treatments being hindered by the lack of space in which they could be conducted. This often limited the number of patients that could be treated by making group therapy impossible or largely limiting its scope. At the Alushta health resort, the psychotherapy office was capable of treating a maximum of six people at the same time, causing its part-time psychotherapist to choose solely the patients who had already tried many other methods of treatment without any result.[64] Neuropathologists who pioneered psychotherapy at the Krasnodar Cotton Mill Hospital received a group therapy office equipped with radio apparatus in 1975, however, before that they could only conduct individual therapy, which highly limited the number of patients they were able to treat.[65]

The shortage of space not only limited the number of patients receiving psychotherapy, but also meant that the doctors who wanted to provide such treatment, in addition to often having to do it on top of their normal duties, had to engage in finding a free room. Physicians from the Central Health Resort Polyclinic in Odessa managed to secure a room at the *Chaika* sanatorium that during specific times began to function as a psychotherapy office, however, occasionally they still had to resort to using one of the available doctor's offices in the polyclinic.[66] Psychotherapist at the *Zael'tsovskii bor* sanatorium in the Novosibirsk region had to cope without having a room dedicated to talking therapies. The psychotherapy office was created in 1973, however, due to a shortage of rooms in the sanatorium, its doctor did not receive an actual office, but instead had to treat patients in the physiotherapy office after it finished its work for the day. The room was big enough to organise group sessions of hypnotherapy and autogenic training, however, the fact that it was primarily dedicated to physiotherapy excluded the possibility of installing radio apparatus.[67] What is more, this situation proved not to be temporary and in the early 1980s *Zael'tsovskii bor* continued to lack

[64] Derfel', D.D., "Opyt primenieniia psikhoterapii".
[65] Nalivko, V.V., "Opyt psikhoterapii".
[66] Mer, N.N., "Opyt primeneniia psikhoterapii v tsentral'noi kurortnoi poliklinike Odessy" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii.*
[67] GARF f. r-9493, op. 8, d. 2226, l. 14.

space for a proper psychotherapy office and to offer psychotherapy part-time in an "adapted room."[68]

After TsSUKP recommended introduction of psychotherapy into health resorts and sanatoria, more and more of these institutions committed to the task and organised well-equipped psychotherapy offices, big enough to maximise the number of treated patients through psychotherapy.[69] The offices organised in polyclinics in accordance with Minzdrav order of 1975 also were given its own space, big enough for group therapy.[70] However, the above examples show that although psychotherapy did not require additional expenditure on medical resources, it required a relatively big room, and that securing such space sometimes proved to be a problem, limiting the time that could be dedicated to psychotherapeutic treatments or the number of patients to whom they could be delivered.

A cost-effective treatment

The efforts to raise awareness about psychotherapy and to establish it as a medical discipline, in addition to repeatedly stressing its scientific nature, focused on its efficiency and ability to provide quick, effective cures for patients who had been receiving inappropriate treatments, lost ability to work, and instead of contributing to Soviet society and economy, continually required attention of the healthcare system. Demonstrating an ability to produce results quickly was especially important due to the nature of the Soviet healthcare system. While in a private practice the cost of a long therapy was covered by a client and even brought more profit to a psychotherapist, in the Soviet state-funded institutions such a prolonged treatment meant increased expenditure of resources on each patient and could potentially threaten the "economic-administrative viability"[71] of psychotherapy. Since other, particularly Freudian, incarnations of the discipline were associated with "innumerable sessions spent with the patient"[72], Soviet psychotherapists took particular care to show that what they offered was an efficient treatment that could not only deliver results quickly, but also do it in certain cases where other therapies failed.

[68] GARF f. r-9493, op. 8, d. 3033, l. 19.

[69] For example psychotherapy offices opened in sanatoria in Leningrad region in 1970s were big enough to accommodate sometimes even 24 patients: GARF f. r-9493, op. 8, d. 2073, l. 3. Towards the end of the decade Uzbek Republican Council for the Administration of Trade Union Health Resorts was taking steps to equip several of its institutions with radio apparatus allowing for even 30 patients to be treated at the same time: GARF f. r-9493, op. 8, d. 2689, l. 28.

[70] GARF f. r-8009, op. 50, d. 4900, l. 19.

[71] Vel'vovskii, I.Z., "Voprosy organizatsii", p. 56.

[72] Platonov, K.I., *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov*, (Honolulu, 2003 [1959]), p. 353.

Psychotherapy was primarily used in treatment of various types of neuroses and alcoholism, however, the illustrations of its usefulness and effectiveness tended to focus on one particular kind of ailment – functional disorders which, while often being caused by psychological factors, affected the functioning of internal organs and the body's systems. In addition to further stressing the unified concept of human organism by showing that physiological symptoms could be removed through words, the treatment of functional disorders offered suggestive examples of contribution that psychotherapy could make to Soviet healthcare.

Various psychotherapists continued to use this kind of examples in order to demonstrate the usefulness of their methods. As an element of his efforts to popularise psychotherapy in health resorts in 1966 Platonov drew attention to the fact that due to their lack of psychotherapeutic knowledge physicians often mistook functional disorders for organic disorders. Consequently, they referred their patients for inadequate treatment, which did not restore them to health and let their suffering continue. Platonov insisted that this suffering in many cases could quickly be alleviated with psychotherapeutic methods and that providing such help was physicians' "humanitarian duty."[73] Platonov's argument was repeated and expanded upon by Vel'vovskii who in his 1973 article in *Pravda* passionately criticised the dismissive attitude of physicians towards people suffering from functional disorders. He stressed that such patients spent "months or years" visiting various specialists, being given more and more tests, and being told that their symptoms and suffering were all in their heads, while what they needed was simply the right treatment that could quickly remove their symptoms: "It is not in their heads! They are really ill, and need a qualified help, not sympathetic advice to pull themselves together."[74] In addition to reminding of a humanitarian obligation to restore such patients to health, Vel'vovskii drew attention to the fact that each patient's illness also affected their family, disrupting lives of a number of people, which in turn could have a negative impact on the productivity of Soviet labour – all while an effective cure for their ailment was already known to medicine.[75] Thus, he supplemented Platonov's compassionate argument with an economic one. Popularising psychotherapy to bring relief to patients suffering from functional disorders was not only the right thing to do. It would also have a positive impact on the productivity on Soviet citizens.

[73] Platonov, K.I., "Ot stareishego psikhoterapevta SSSR – vracham kurortologam" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, p. 15.
[74] Vel'vovskii, I.Z., "Esli "shaliat" nervy", p. 3.
[75] *Ibid.*

The reverse situation, in which organic disorders could be mistaken for functional ones and ineffectively treated with psychotherapy was – perhaps unsurprisingly – generally not considered. Drawing attention to mistakes that could arise during practice of psychotherapy clearly would not have been an effective strategy of emphasising a need for such treatment. What is more, since psychotherapeutic practice was not widespread, it is likely that such cases occurred extremely rarely, as the limited availability of psychotherapy meant that its practitioners prioritised either patients suffering from conditions definitely requiring psychotherapeutic intervention, such as severe neuroses, or those whose psychogenic functional disorder became apparent after the failure of other treatments. When the issue of possibility of psychotherapy being mistakenly applied to organic disorders was addressed at all, it was turned around to stress the benefits of this method, by arguing that lack of any effect after several sessions of suggestion under hypnosis was a clear signal that patient's condition was not psychogenic (even if no organic changes were previously found) and that further tests were necessary in order to determine its cause – a signal that was said to sometimes even save a patient's life.[76]

Several other psychotherapists made a similar argument to Platonov and Vel'vovskii, also drawing attention to the loss of ability to work that could have been avoided if only their patients were not treated for an organic disorder or dismissed. For example, Gerke described the case of a patient he referred to as L. – an athlete who as a result of overly intensive training started feeling weak and nervous, and experienced unpleasant sensations around his heart. His symptoms were a result of stress, however, at the time they were not recognised as such by his doctor. L. was diagnosed with a heart disease and advised to stop training. The diagnosis resulted in a development of an iatrogenic illness and new symptoms. L. continued to be treated for heart disease but his condition did not improve until finally, after several years, he was referred to a psychotherapist and had his symptoms removed through suggestion under hypnosis. Gerke used this example to argue that if the first doctor seen by L. had had more knowledge about psychotherapy and functional disorders, the athlete's symptoms could have been eliminated much earlier and his career would not have to be

[76] The example of such situation was offered by Varshavskii who recounted the case of a patient who consulted a gynaecologist about excessive bleeding from her uterus. The physician did not find any organic changes, concluded that she was suffering from a functional condition and referred her for a psychotherapeutic treatment. She received ten sessions of hypnotherapy which did not produce any result. Consequently, "it became clear" that additional tests were needed. The patient was referred to a well-known gynaecologist who diagnosed her with uterine cancer. Thus, presence of psychotherapy was said to had saved the patient from the diagnostic mistake of the first physician she consulted. Varshavskii, K.M., *Gipnosuggestivnaia terapiia*, p. 64.

interrupted. He was prevented from training and developing his talent due to an insufficient presence of psychotherapy within the Soviet healthcare system.[77]

The same point was made by Varshavskii, who illustrated it with an example of his patient G. – an engineer in his forties. After experiencing a sudden heart pain G. was told that he had suffered a heart attack. He returned to work, however, he continued to experience heart pains, tiredness and shortness of breath. He had to walk very slowly and found it difficult to work. He visited many doctors, including two prominent cardiologists from Leningrad, and after a series of tests it was determined that the earlier diagnosis of a heart attack had been a mistake. Nevertheless, G.'s symptoms did not disappear, making his life and work more difficult, until in the end his case caught Varshavskii's eye. Psychotherapist determined that G.'s symptoms were psychological in origin and decided to treat him using suggestion under hypnosis. He reported that an improvement could already be seen after the first session, and after two more G. resumed his life and work, free from tiredness and pain.[78]

The cases of functional disorders highlighted the two ways in which introduction of psychotherapy into the regular practice of medical institutions would be beneficial for Soviet healthcare system and society. First of all, it would prevent the loss of ability to work or quickly restore productivity of patients who at the moment had to take a prolonged leave of absence or limit their activity due to their condition. A physician's inability to recognise and adequately treat functional disorders prevented an engineer from working at his full capacity, interrupted a career of an athlete who otherwise might have performed successfully at competitions, and prolonged the period during which these and other patients remained unable to fully contribute to the Soviet society. If psychotherapists were employed in more medical institutions, and if knowledge of their methods was more widespread among the physicians, such patients could quickly regain their ability to work or would not have to take a leave of absence at all. Thus, as it was put by Vel'vovskii, psychotherapy could contribute to the "productivity of labour."[79]

[77] Gerke, R.P., *O gipnoze i vnushenii* (Riga 1966).

[78] Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 65-66.

[79] Vel'vovskii, I.Z., "Esli "shaliat" nervy", p. 3. The arguments for wider introduction of psychotherapy into Soviet medical institutions frequently used examples of treatment of functional disorders, however, Soviet psychotherapy was also said to quickly restore health to patients suffering neuroses, and exhibiting such symptoms as irritability, anxiety, or low mood. For example, Varshavskii described a case of a patient who after her mothered died experienced anxiety attacks whenever she was left alone in the house, and had to sleep with her light on. After two sessions of hypnotherapy she was able to turn the light off, after the third one she managed to stay alone one evening, and after tenth she was completely free from anxiety. Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 77-78.

Secondly, the provision of psychotherapeutic care could release the burden put on the Soviet healthcare by patients with functional disorders. The examples given by psychotherapists clearly showed that such patients were treated for conditions they did not have, and were given tests they did not need. They were referred to various specialists, taking up time and resources that could have been used to treat others, and still did not receive the help they needed. The presence of psychotherapists in more medical institutions would help identify such patients and restore their health, sparing them countless visits to multiple doctors, and sparing the healthcare system the waste of time and resources on inadequate treatment of unidentified functional disorders. Thus, introduction of psychotherapy into medical institutions was presented as a way of making Soviet healthcare system more efficient.

Since the system of Soviet healthcare continuously struggled with underfunding and shortages, it was especially important for psychotherapists to show that their methods would be cost-effective. In order to convince the authorities and administrators of medical institutions to encourage the use of psychotherapeutic methods, Vel'vovskii advocated a model of creation of psychotherapy offices that did not require securing of any additional financial resources, nor creation of new job positions. The model was developed in response to difficulties with finding more funds and employing more personnel, and was based on Vel'vovskii's and his students' experience in introducing psychotherapy to medical institutions, chiefly to Ukrainian health resorts and to polyclinics in and near Kharkov. At the core of the model was rationalisation of distribution of internal resources. Vel'vovskii argued that in a polyclinic employing 30, 40 or 50 physicians directing one of them to work as a full-time – or if necessary part-time – psychotherapist should not be a problem. He believed that such a move not only would not increase the workload of other physicians, but would actually reduce it, as a presence of a psychotherapist would improve the quality of care, and speed up patients' recovery. He claimed that this was the case in Kharkov polyclinic no. 12 where psychotherapeutic treatment restored to health and work many people suffering from functional disorders, who previously kept visiting one specialist after another, increasing their workload and remaining unproductive themselves.[80]

Vel'vovskii also assured that psychotherapists could work as efficiently as physicians of other specialities, fulfilling or even exceeding the norms set for psychiatrists and internists. The key to treating an adequate number of patients to satisfy these requirements was group

[80] Vel'vovskii, I.Z., "Moi obiazatel'stva" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii,* (Kharkov 1968); Vel'vovskii, I.Z., "Esli "shaliat" nervy".

therapy. He explained: "Individual therapy is time-consuming. If a psychotherapist was to use this method alone, during a day he would see three or four times fewer patients than other physicians. This situation makes it much more difficult (if not impossible) to secure financial resources and personnel for a psychotherapy office."[81] Despite the stress put on examples of quick cures achieved through suggestion, Soviet psychotherapy remained a relatively slow treatment. Identification of the change that was to be achieved in a patient and repeated delivery of suggestion formulas or rational explanations required time – a scarce resource for physicians in the Soviet healthcare system. Group therapy offered a solution. Vel'vovskii explained that while individual therapy should not be entirely abandoned (it was necessary for example when a psychotherapist met a patient for the first time), group therapy increased the capacity of psychotherapy office, making it capable of conforming to norms set for Soviet physicians.[82]

Vel'vovskii's model for creating psychotherapy offices appealed to his colleagues and students, and was used to introduce talking cures at a number of institutions. It was adopted by some of the first graduates from the UIUV psychotherapy course, who managed to create a whole psychotherapy department at BFTL in Slaviansk health resort without necessitating an increase in the number of job positions.[83] V.S. Kurochkin and M.Ia. Berdichevskii of the Kuban Medical Institute named after the Red Army agreed with Vel'vovskii that thanks to group therapy psychotherapy could be a very cost-effective treatment and should be gradually introduced into all polyclinics.[84] The neuropathologists who began incorporating psychotherapy into their practice at the polyclinic by the Krasnodar Cotton Mill Hospital also did it aiming to show the hospital administration that they were prepared to follow Vel'vovskii's model of establishing psychotherapy offices without the creation of new job positions.[85]

However, as demonstrated by the situation in the BFTL as well as by other examples provided in the first section of this chapter, not all medical institutions were willing to undertake the allocation of resources and personnel in order to create a psychotherapy office,

[81] Vel'vovskii, I.Z., "Voprosy organizatsii", p. 56.

[82] According to Vel'vovskii, in order to allow psychotherapists to fulfil such norms, their office should be spacious enough to allow for the treatment of 10-15 patients at the same time. *Ibid.*

[83] This was achieved of BFTL physicians' own initiative, and throughout most of the 1960s none of them was officially employed as a psychotherapist. Didenko, O.S., Novikov, A.P., Vinetskaia, I.L., "Opyt organizatsii".

[84] Kurochkin, V.S., Berdichevskii, M.Ia., "Zadachi i perspektivy razvitiia psikhoterapevticheskoi pomoshchi v lechebnykh uchrezhdeniiakh krasnodarskogo kraia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii.*

[85] Nalivko, V.V., "Opyt psikhoterapii".

and in many cases physicians who wanted to practice healing through words had to do it in addition to their normal duties. Even when a part-time psychotherapy office was created, its capabilities remained limited due to the time and space constraints. The efforts undertaken by Vel'vovskii and others to demonstrate that psychotherapy was a useful, cost-effective addition to the Soviet healthcare system certainly bore fruit, convincing first health resort authorities and administrators of individual institutions, and finally also the Soviet Minzdrav that this method of treatment should be developed and popularised as an element of Soviet medicine. This accomplishment should not be underestimated. In mid-1950s there was no systematic training for psychotherapists, and while some largely self-taught physicians delivered psychotherapeutic treatments[86], their methods evoked doubts and suspicion in many members of the medical community. Two decades later two institutes were offering regular psychotherapy courses, Minzdrav got involved in introducing psychotherapy into more medical institutions, and the USSR had an emerging psychotherapeutic network, particularly in its health resorts and sanatoria. Nevertheless, the road to establishing psychotherapy in Soviet medical practice was not smooth, and psychotherapists' visions of how its practice should be organised and what it could accomplish regularly came against the constraints of time, space, and administrators' unwillingness to free physicians trained in psychotherapy from other duties.

Psychotherapeutic cadres

Even if an institution's administration committed to introduction of talking cures into its standard practice, designated a space for a psychotherapy office, and was willing to free a member of staff from other duties to commit to psychotherapeutic work, the provision of psychotherapeutic help could be encumbered by one more problem: the shortages of staff. Such was the story of psychotherapy offices in the sanatoria and health resorts in Novosibirsk region. In 1968 *Karachi Lake* health resort proudly announced the opening of a psychotherapy office situated in a quieter building separated from the rest of the health resort complex and equipped to accommodate 16 patients during a session of group therapy. Two physicians worked in the office: B. P. Piatnitskii and V. M. Strizhak who had just completed a psychotherapy course at UIUV. The beginnings of the psychotherapy office were promising, and in addition to successfully treating 586 patients with hypnotic suggestion, both physicians

[86] Miasishchev, V.N, "Psikhoterapiia na kurorte", p. 26.

engaged in disseminating psychotherapeutic knowledge to their colleagues at conferences and seminars on psychotherapy in sanatoria and health resorts.[87]

Over the next few years the office was expanded and treated about a thousand patients a year[88], while Piatnitskii became the head physician of Zael'tsovskii Bor – another sanatorium in the region – where he continued to perform group therapy and autogenic training.[89] The problems began in mid-1970s. In 1975 *Karachi Lake* health resort reported that due to a lack of a physician trained in psychotherapy – the reason for Strizhak's inability to continue working was not specified – it was unable to offer this type of treatment. A new psychotherapist was expected to be trained in 1976[90], however, a neuropathologist A. B. Greshnov from *Karachi Lake* was only able to go to UIUV to complete a psychotherapy course in 1978.[91] In 1979 the health resort's psychotherapy office employed him, a nurse, and a nursing assistant (*sanitarka*), however, its ability to treat patients was limited due to a shortage of physicians in the neurological department. The needs of neurological patients took a priority and Greshnov had to resume working as a neuropathologist, which left him time to deliver psychotherapeutic treatment to only 321 patients.[92] The duties at the neurology department continued to prevent Greshnov from fully committing to work at the psychotherapy office in the early 1980s.[93]

At the same time the shortages of staff and changes to the staffing table affected the provision of psychotherapy in another medical institution in the region. *Rechkunovkii* sanatorium had a psychotherapy office from the early 1970s, and in 1973 expanded it to treat over a thousand patients a year.[94] However, in 1977 the administration introduced an experimental staffing table, which temporarily closed psychotherapy department. Instead of performing normal psychotherapeutic work, sanatorium staff was to try applying psychotherapeutic methods to help rehabilitation of patients recovering after a heart attack.[95] The trial proved successful, in 1979 resulting in the opening of a new psychotherapy office at the department dedicated to the care of patients who had suffered a heart attack. However, after about three months sanatorium's psychotherapists Iu. A. Chernavin fell ill and after a

[87] GARF f. r-9493, op. 8, d., 1167, ll. 22, 116, 122-123.
[88] GARF f. r-9493, op. 8, d. 1900, l. 11.
[89] GARF f. r-9493, op. 8, d. 2772, l. 20.
[90] GARF f. r-9493, op. 8, d. 2226, l. 14.
[91] GARF f. r-9493, op. 8, d. 3033, l. 17.
[92] GARF f. r-9493, op. 8, d. 2772, ll. 24-25.
[93] GARF f. r-9493, op. 8, d. 3033, l. 17.
[94] GARF f. r-9493, op. 8, d. 1900, ll. 10-11.
[95] GARF f. r-9493, op. 8, d. 2538, ll. 4, 104.

prolonged leave of absence proved unable to continue delivering psychotherapeutic treatment.[96]

The calls for organisation of more psychotherapy offices were routinely accompanied by the acknowledgements of the need to train psychotherapeutic cadres who would deliver talking cures to patients at Soviet medical institutions. In 1962, when it embraced the goal of introducing psychotherapy into Ukrainian health resorts, TsSUKP identified organisation of systematic training as a priority.[97] This call coincided with the founding of the School of Psychotherapy at UIUV, however, although systematic training became available, one school did not have a capacity for preparing personnel necessary to staff future psychotherapeutic network of a country as vast as the USSR. The creation of the second School of Psychotherapy in Moscow significantly increased the number of psychotherapists that could be trained each year, however, this number was still relatively small. In 1967 both schools together delivered psychotherapeutic training to slightly over a hundred physicians.[98] It was the recognition of the need for more trained psychotherapists that caused the Soviet Minzdrav to begin steps towards creation of the third School of Psychotherapy in the country, this time based in Leningrad.[99]

Physicians from all Soviet republics made their way to Kharkov or Moscow, and from mid-1970s also to Leningrad, to acquire skills in healing through words. Table 2 presents the number of physicians to be sent for training in psychotherapy from each Soviet republic between 1968 and 1983 as specified in the training plans.

In addition to the data presented in Table 2 from time to time the institutes were to train a number of psychotherapists whose provenance was not specified. They also sometimes ran courses not included in these plans (although listed in other version of plans, which in turn did not specify the provenance of prospective trainees), making the total number of physicians trained in psychotherapy each year higher. For example, in 1970 UIUV trained 42 additional physicians in Psychotherapy in Health Resort Medicine,[100] and in 1972 21 health resort physicians from Kabardino-Balkaria region received instruction in psychotherapy from visiting specialists from Kharkov.[101] In 1974 both UIUV and TsOLIUV organised courses in

[96] GARF f. r-9493, op. 8, d. 2772, l. 23.
[97] GARF f. r-9493, op. 8, d. 380, l. 156.
[98] GARF f. r-8009, op. 9, d. 1312, ll. 12, 102.
[99] GARF f. r-8009, op. 50, d. 4900, l. 13.
[100] GARF f. r-8009, op. 50, d. 1790, l. 145.
[101] GARF f. r-8009, op. 50, d. 3191, l. 18.

Narcology and Psychotherapy for respectively 21 and 30 physicians working under the Ministry of Internal Affairs (MVD)[102] in therapeutic-labour prophylactories (LPT).[103]

Table 2: Number of people to receive training in psychotherapy at the Institutes for the Advanced Training of Physicians.[104]

	1968	1970	1972	1974	1976	1977	1981	1983
RSFSR	9	79	17	37	124	114	93	115
Ukraine	no data	42	25	4	17	21	61	23
Belarus	6	7	8	3	6	7	6	4
Uzbekistan	1	2	2	4	5	8	2	4
Kazakhstan	6	–	–	–	5	1	4	1
Georgia	1	–	–	1	–	4	–	–
Azerbaijan	1	–	–	–	–	–	–	2
Lithuania	2	5	1	–	7	6	–	5
Latvia	12	6	–	2	5	4	6	4
Moldova	6	1	2	3	6	5	3	5
Kirghizia	1	1	5	4	2	1	3	2
Tajikistan	1	1	2	1	4	3	1	2
Armenia	1	1	1	1	–	–	–	–
Turkmenistan	5	3	–	–	3	1	–	–
Estonia	1	1	1	1	2	4	1	–

It appears that particularly the numbers of psychotherapists trained in Ukraine were higher than envisaged in the plans, for example in 1976 in addition to physicians specified in the plans UIUV trained 81 health resort physicians[105], and in 1977 it ran a course on

[102] No evidence was found to suggest psychotherapists' cooperation with the Soviet security apparatus resembling the abuse of psychiatry against the dissidents. However, it should be noted that according to training plans a small number of MVD and KGB personnel was to receive training in psychotherapy. GARF f. r-8009, op. 50, d. 1790, l. 179; GARF f. r-8009, op. 50, d. 3178; GARF f. r-8009, op. 50, d. 4476, l. 112; GARF f. r-8009, op. 50, d. 4477, l. 112; GARF f. r-8009, op. 50, d. 6539, l. 104.

[103] GARF f. r-8009, op. 50, d. 4476, l. 93.; GARF f. r-8009, op. 50, d. 4477, l. 83. The LPTs were modelled on labour colonies and prison camps and established as places for the compulsory treatment of chronic alcoholics who had resisted treatment in ordinary institutions or disrupted the labour discipline. See: Raikhel, E., *Governing Habits: Treating Alcoholism in the Post-Soviet Clinic*, (Ithaca, 2016).

[104] GARF f-r8009, op. 50, d. 329; GARF f. r-8009, op. 50, d. 1790; GARF f. r-8009, op. 50, d. 3178; GARF f. r-8009, op. 50, d. 4477; GARF f. r-8009, op. 50, d. 5851; GARF f. r-8009, op. 50, d. 6539; GARF f. r-8009, op. 50, d. 9379; GARF f. r-8009, op. 51, d. 840. The archival records are organised in an inconsistent way, therefore the data regarding provenance of trainees in some years are not available.

[105] GARF f. r-8009, op. 50, d. 5866, ll. 48-49.

Psychotherapy in Sports Medicine for 16 people.[106] The discrepancy in the numbers of trainees specified in different plans and yearly reports is higher in some years, and relatively small in others, making the total number of psychotherapists trained in the USSR each year difficult to assess. Nevertheless, the plans specifying the provenance of prospective trainees offer a degree of insight into density of emerging psychotherapeutic network in different regions. Just like in the plans for new psychotherapy offices approved in 1975, the numbers of physicians to be trained in healing through words are highest for Russia and Ukraine (the most populous republics and locations of the main psychotherapeutic centres), but also reveal the effort to gradually spread psychotherapeutic knowledge to different regions of the USSR. Particularly interesting is the steady stream of trainees from Central Asian republics, which not long before had only the most rudimentary psychiatric network.

It must be stressed that even after adding the trainees whose provenance was not specified the resulting number of physicians trained each year in psychotherapy remained relatively small, given the size and population of the USSR. What is more, not all of them were to start working primarily as psychotherapists after the completion of such training. Many, who enrolled on courses such as Psychotherapy in Sports Medicine or Psychotherapy and Clinical Psychology for Internists, were expected to use psychotherapeutic knowledge to enhance their practice, but not to change their speciality. What is more, the development of the psychotherapeutic network in the main Soviet cities received more support than in the provinces. Psychotherapy offices created in accordance with the 1975 plan were based in urban areas, and in certain years a significant proportion of places at the TsOLIUV and LOLIUV courses was reserved for physicians from Leningrad and Moscow. For example, in 1980 all courses organised at LOLIUV were aimed at physicians from its home city[107], and in 1981 over a half of Russian trainees at both institutes was to come from Leningrad or Moscow.[108]

Thus, while some institutions were slow to employ full-time or even part-time psychotherapists, other places had a limited access to such specialists. Conscious of the fact that this shortage was not going to be overcome anytime soon, practicing psychotherapists worked on developing methods of maximising psychotherapeutic help available to patients, and on delivering it to people living in the remote, rural areas, far from the nearest psychotherapy office. In 1968 in Taldy-Kurgan in Kazakhstan local physicians undertook an

[106] GARF f. r-8009, op. 50, d. 6554, l. 38.
[107] GARF f. r-8009, op. 50, d. 8651, l. 6.
[108] GARF f. r-8009, op. 50, d. 9379, l. 6.

attempt to make psychotherapy more available to the population. The cooperation between psychotherapists employed at the psychoneurological dispensary and the internists working at the regional general hospital and its polyclinic resulted in the establishment of a new psychotherapy office. Its personnel continued to be employed by the dispensary, however, the office itself was located at the general polyclinic, which did not have its own psychotherapists. Thus, psychotherapeutic help was no longer limited to psychoneurological patients referred to the dispensary, but was made available to a wider range of Taldy-Kurgan population. The organisation of the office at the polyclinic also helped in spreading psychotherapeutic knowledge and skills to doctors of other specialities, particularly narcologists and speech therapists.[109]

The drive to extend psychotherapeutic help to more patients despite a relatively small number of psychotherapists, many of whom worked part-time, made the treatments that did not require face to face contact with a therapist for the therapeutic influence to be exerted particularly attractive. The possibility of continuous treatment without a direct contact with a doctor was said to be one of the advantages of the autogenic training. While a psychotherapist was needed to teach patients its techniques, afterwards they could continue psychotherapy on their own, with only occasional visits at supervised group sessions.[110] By familiarising patients with autogenic training or other variants of autosuggestion, psychotherapists could significantly increase the number of patients they were able to treat, by reducing the contact time necessary to exert a therapeutic influence. At the Belorussiia sanatorium at the Sochi health resorts all patients who had been instructed in autogenic training received typographic autogenic training guidelines to facilitate the independent use of this psychotherapeutic method, both while they were still at the sanatorium and later at home.[111] S. N. Bektaeva, a physician based in Alma-Ata, also stressed the importance of autosuggestion for maintaining therapeutic influence on patients after their release from a medical institution. She saw it as a way of preventing unwanted psychophysiological changes from occurring in the organism once patients returned to work or living conditions which led to the deterioration of their health in the first place. She recommended teaching patients autosuggestion to make them capable of adapting to difficult situations, and thus preserving their health and retaining their ability to work. Such patients were not only securing their therapeutic influence themselves,

[109] Khanin, N.D., "Opyt organizatsii psikhoterapevticheskogo kabineta v poliklinike obshchego profilia" in *Voprosy psikhoterapii v obshchei meditsinie.*

[110] Doktorskii, Ia.R., *Autogennaia trenirovka,* (Stavropol, 1978); Miagkov, I.F., *Psikhoterapiia: rukovodstvo dlia studentov meditsinskikh institutov i vrachei* (Moscow, 1967).

[111] Merzliakov, Iu.A., " Opyt raboty kabineta psikhoterapii v sanatorii Belorussiia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia.*

without increasing the physicians' workload, but were also less likely to suffer from the same condition again, as regular autosuggestion made them more resilient.[112]

The vastness of the USSR and the concentration of psychotherapeutic offices primarily in urban areas led psychotherapists to turn to technology in the hope of using it to reach more patients. Already in the mid-1960s the physicians conducting psychotherapy at the Berminvody sanatorium considered the possibility of assembling a "rich recorded library (*fonoteka*)" of psychotherapeutic sessions run by various therapists. Berminvody psychotherapeutic office was equipped with radio equipment that enabled the delivery of suggestion formulas to a large number of patients at once through headphones. This caused its staff to consider "how useful it would be if we had preserved, for example, the recordings of psychotherapeutic sessions of Bekhterev, Tokarskii, Kannabikh, Platonov" – a thought which in turn led to an idea that recordings of sessions run by various psychotherapists could help less experienced physicians in the delivery of talking cures.[113] However, while they embraced technology, Berminvody physicians underlined that such recordings were only a tool that could help psychotherapists, and that the essence of psychotherapy was an "intimate, personal relationship between a doctor and a patient."[114]

Other psychotherapists took the idea of using technology to deliver psychotherapeutic sessions further. In his 1975 publication on suggestion and hypnosis P. I. Bul' described several examples of psychotherapeutic treatment that involved the use of technology in order to ease the workload of psychotherapists and to compensate for their small numbers. One of them, referred to as "hypnosis via radio", used a recording of suggestion formulas to be played to patients in hospital wards in order to help them sleep better or even cure insomnia.[115] Other variation on this method involved the recording of the sound of rain, wind or sea, which was to capture the patient's attention, followed by hypnotisation formula and therapeutic suggestion formula. Such recordings were given to patients in order to "save doctor's (hypnologists') strength." They could also be distributed to patients who lived far from hospital, for example in another town, to be used if the symptoms started to re-emerge. Bul' also remarked that in many cases such recording could completely replace a hypnotiser.[116]

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[112] Bektaeva, S.N., "K voprosu o readaptatsii i reabilitatsii lits, proshedshikh lechenie aktivnym samovnushenem v sanatorno-kurortnykh usloviiakh" in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia*, (Alma-Ata, 1972).

[113] Vel'vovskii, I.Z., Musher, Ia.M., Didenko, O.S., "Opyt postroeniia", p. 282.

[114] *Ibid.*, p. 288.

[115] Bul', P.I., *Gipnoz i vnushenie*, (Leningrad, 1975), p. 40.

[116] *Ibid.*, p. 41-42.

He was not the only one writing about this issue. By 1970s many Soviet psychotherapists were aware of attempts to use technology to deliver psychotherapeutic treatments, and discussed them in their publications. While some, like Bul', painted a mostly positive picture of opportunities created for psychotherapy by technology, others were more cautious. Lebedinskii accepted that recordings of hypnosis and suggestion formulas could be used by patients in exceptional circumstances, for example in case of severe pains that subsided under hypnosis, however, he warned that unsupervised application of hypnosis could lead to its excessive use.[117] Rozhnov was much more optimistic about the use of recordings. He stressed that hypnotherapy "under no circumstances" should be begun in that fashion, however, he believed that after 2-3 sessions patients could be given a recording, and continue treatment themselves, visiting a psychotherapist only "from time to time" to monitor the progress of therapy and to prevent them from becoming excessively accustomed to "interacting with a machine."[118]

While Soviet psychotherapists generally embraced the possibilities offered by technology, most were careful to underline that recordings of suggestion formulas could not completely replace them. Still striving for the official recognition of their discipline, they were quick to assert their indispensability, even as they proposed ways of delivering psychotherapeutic treatments that did not require their direct participation. They were still needed to identify patients' problems, write suggestion formulas, create recordings, teach the techniques of autosuggestion, and supervise the therapeutic process. Technology could help them treat more patients, but it could not replace them. Even Bul' did not imagine psychotherapy happening solely via recordings, devoid of human contact. On the contrary, he lamented the insufficient number of psychotherapists in the USSR, and while he saw technology as a useful tool for easing their workload, he wanted to see his discipline and numbers of his colleagues grow, and stressed the need to popularise the knowledge of its methods – particularly hypnotic suggestion – among both the medical community and the general public.[119]

The discussion of ways in which psychotherapists attempted to compensate for their small numbers cannot be complete without mentioning one solution they in most cases chose not to use. In the United States the growth of demand for psychotherapy in the 1960s resulted in the growing involvement of non-medical professionals, such as psychologists and social

[117] Lebedinskii, M.S., *Ocherki psikhoterapii* (Moscow, 1971).
[118] Rozhnov, V.E., "Gipnoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo*, p. 73.
[119] Bul', P.I., *Gipnoz i vnushenie*.

workers, as well as other "non-professionals" in the provision of talking cures. All reported good results and their role as mental health counsellors quickly became a norm.[120] Facing shortages of staff, Soviet psychotherapy could have benefited from the involvement of other specialists, particularly psychologists, however, its practitioners continued to insist that psychotherapeutic treatments should only be dispensed by physicians. The continued resistance to the involvement of non-medical professionals is well illustrated by the debate on the role of psychologists in psychotherapy that emerged on the pages of S. *S. Korsakov Journal of Psychiatry and Neuropathology* in the early 1980s.

The debate started in 1980 with an article by S. Ia. Rubinshtein in which she criticised recommendations made by the Bekhterev Institute, which encouraged using psychologists to lead group psychotherapy. She dismissed such proposition as a result of "Western influences" which led to the overestimation of psychological factors in mental disorders, and decisively reminded her colleagues that psychologists, while they could assist psychiatrists, lacked necessary qualifications to run group therapy sessions alone. She insisted that psychotherapy could only be performed by "people holding a medical degree" who were qualified to choose its adequate form, and if necessary combine it with appropriate medication.[121] She also framed her critique of Bekhterev Institute as a defence of psychologists. While she was very firm in stressing that they were nor qualified to conduct psychotherapy, she reminded that they had a different, equally important tasks to perform: collecting experimental data to better understand the human mind and providing occupational advice for mentally ill patients. She wrote about the importance of cooperation between psychiatrists and psychologists, but stressed that they should stick to their respective fields of expertise.[122]

Rubinshtein's article triggered several responses published in the same journal over the next two years. The responses fall into two categories: those who agreed with her and Leningrad psychotherapists who defended the involvement of psychologists in psychotherapeutic treatment. The latter were the first ones to respond. They reminded Rubinshtein that psychologists, especially those working at the Bekhterev Institute, were already successfully acquiring psychotherapeutic skills. They called for the facilitation of this process by including psychotherapy in the programme of psychology degrees and for opening the Schools of Psychotherapy at UIUV and TsOLIUV to psychology graduates. They also

[120] Frank, J.D., *Persuasion and Healing: A Comparative Study of Psychotherapy,* revised edition, (New York 1974).

[121] Rubinshtein, S.Ia., "O roli psikhologa v psikhoterapii (v poriadke obsuzhdeniia)", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 4 (1980), pp. 618-619.

[122] *Ibid.*

rejected the notion of psychologists as physician's helpers, and insisted that they should be treated as "equal partners."[123]

It must be noted that even though these Leningrad psychotherapists supported psychologists' involvement in group therapy, at least one of them made it clear that they should not perform all types of psychotherapy. R. A. Zachepitskii of Bekhterev Institute expressed the suspicion that Rubinshtein's critique stemmed from her mistaken belief that his institution advocated allowing psychologists to perform hypnosis. He assured that this was not the case, and was clear that although he believed psychologists should be trained in psychotherapy, he did not think such training should extend to hypnotic suggestion.[124]

Thus, even Leningrad psychotherapists did not want to share all their methods with psychologists. However, their colleagues from other places supported Rubinshtein's position and expressed much firmer opposition to encroachment of psychologists on their field of expertise. O. P. Rosin even went as far as to say that employing psychologists to perform psychotherapy was against the law, which prohibited giving medical job positions to non-medical personnel.[125] Although it was a rhetorical figure rather than a serious accusation, it illustrates the intensity of the opposition to psychologists performing some of psychotherapists' duties. The same hostility to this idea can be seen in the statement made by T. S. Beliavskaia, who warned about the consequences of "psychologisation" of psychiatry: "Psychologisation of psychiatry already led to its dangerous detachment from somatic clinic. It damages both psychiatry and somatic medicine, facilitates the spreading of idealist and psychosomatic theories, and weakens the efforts of physicians to modernise diagnostic and treatment methods."[126]

Soviet psychotherapy was envisaged as a domain of physicians. Although their numbers were not sufficient to provide psychotherapeutic help for all patients who needed it, psychotherapists, with some exceptions, did not see the solution to the problem in allowing other professionals to perform psychotherapeutic treatments. The readiness of some Leningrad psychotherapists to share their methods with psychologists is another area in which their approaches and ideas were the closest to those existing on the other side of the Iron

[123] Kagan, V.E., " Po powodu stat'i S. A. Rubinshtein <O roli psikhologa v psikhoterapii>", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 3 (1981), p. 458; Zachepitskii, R.A., "Po powodu stat'i S. A. Rubinshtein <O roli psikhologa v psikhoterapii>", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 3 (1981).

[124] Zachepitskii, R.A., "Po powodu".

[125] Rosin, O.P., "Meditsinskaia psikhologiia, psikhoterapiia i praktika", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 12 (1981), p. 1879.

[126] Beliavskaia, T.S., "Po povodu pis'ma S. Ia. Rubinshtein, opublikovannogo v aprel'skom nomere zhurnala za 1980 g.", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 3 (1982).

Curtain. Other Soviet psychotherapists remained largely sceptical towards this idea and, as the above examples illustrated, did not hesitate to accuse those who supported it of going against the Soviet law, or of facilitating the return of idealism and Freudian approaches such as psychosomatic medicine, which Soviet psychotherapy proudly rejected in favour of science.

This hostility can be explained by the fact that in the early 1980s psychotherapy was still not recognised as a medical speciality, and allowing non-medical personnel to widely use its methods could undermine psychotherapists' claim that they were physicians like any other. The opposition to psychologists' use of psychotherapeutic methods temporarily triumphed, and in 1985 the Minzdrav decree adding psychotherapy to the list of medical specialities finally confirmed its status as a legitimate part of medicine. Although the decree envisaged the involvement of psychologists in psychotherapy offices, their role was to assist the physician, not to treat patients themselves, and their employment was considered optional.[127] Psychotherapy was a part of medicine and the responsibility for treatment belonged to physicians holding a newly created title: doctor-psychotherapist.

In 1985 Soviet Minzdrav made the decision that psychotherapists had long been waiting for: psychotherapy was officially added to the list of medical specialties and job positions. The decree "On the further development of psychotherapeutic care of the population" issued on 31 May, and signed among others by Rozhnov, finally confirmed its position as a part of Soviet medicine. It established the norms for psychotherapist (2.5 patients per hour for individual therapy, and 8 patients an hour for group therapy)[128], outlined the equipment, personnel, and duties of a psychotherapy office, and announced the creation of new such offices over the next 5 years.[129] It also introduced the position of a head psychotherapists who were to be nominated at the republic, *oblast'* and city level to organise, supervise and coordinate the work of psychotherapy offices in their regions.[130]

The 1985 decree was the culmination of the efforts undertaken by psychotherapists over the previous three decades. In mid-1950s psychotherapy was practised by largely self-taught physicians, frequently met with suspicion and disbelief, and existed on the margins of Soviet medicine. In mid-1980s psychotherapists were systematically trained at three institutes, and Minzdrav supervised the extension of network of psychotherapy offices. This network was

[127] GARF f. r-8009, op. 51, d. 1646, l. 286.

[128] The norms were similar to capacities of a psychotherapy office with a space for a group of 12-15 described by Vel'vovskii in 1974. Vel'vovskii, I.Z., "Voprosy organizatsii".

[129] GARF f. r-8009, op. 51, d. 1646, ll. 276-278.

[130] *Ibid.*, l. 289.

still far from covering the vast area of the USSR and reaching all patients who needed psychotherapeutic treatment. The problems caused by the shortages of staff, lack of appropriate space for conducting psychotherapy, and too few job positions for psychotherapists to satisfy the need for healing through words did not disappear. Psychotherapy remained largely concentrated in urban areas or health resorts, and thus not available to large section of the population. The Soviet psychotherapeutic network was very far from perfect. Nevertheless, concluding that the efforts to popularise psychotherapy were therefore a failure would be a vast exaggeration.

The position of psychotherapy significantly changed between mid-1950s and 1985. The knowledge about its methods spread around the medical community thanks to the numerous publications on the topic, and efforts of graduates of three Schools of Psychotherapy who took it to their institutions all over the USSR. The 1975 decree ensured the availability of some psychotherapy in the polyclinics in all Soviet republics, while the initiative of the TsSUKP helped the creation of the network of psychotherapy offices in sanatoria and health resorts. Psychotherapy left the margins of medicine and was officially recognised as its integral part. These developments should be seen as a success of multiple physicians whose enthusiasm and perseverance ensured introduction of psychotherapy into more and more medical institutions, and the growth of awareness of its methods and potential benefits.

While it is unlikely that psychotherapeutic network would have developed as it did without the support of health resort authorities and the Soviet Minzdrav, this support came as a result of the initiative of physicians who practised psychotherapy of their own enthusiasm, sometimes in their free time, called for more attention to be paid to its methods, adjusted it to the conditions of the Soviet healthcare system, and repeatedly stressed its usefulness, economic viability, and scientific nature. What they achieved over three decades was far from perfect, but it included several significant steps forward. They brought psychotherapy to the attention of healthcare authorities and won their support for the introduction of its methods into more and more medical institutions. Not all of their visions were realised, and the actual conditions in which psychotherapy was practised often significantly differed from the ideal described in psychotherapeutic literature. Nevertheless, their main goal was realised: psychotherapy became a recognised medical speciality. It was practised in the struggling, underfunded system, and consequently often also struggled and lacked funds, however, it gradually gained more and more recognition and finally was officially embraced as a part of Soviet medicine.

Chapter 3

Re-Education and Self-Improvement: Psychotherapy as a Treatment

"Without exaggeration, it is right to declare that to an average patient the physician becomes a teacher of life. He must devote a great deal of attention to the re-education of the patient."[1]

– V. N. Miasishchev

"A way back to health can be compared to a joint struggle of a doctor and a patient against an illness. The course of an illness and the rapidity of recovery depend on the activity of a patient (…) It is necessary for a patient to cultivate in himself the traits of a fighter, so that an illness does not defeat him but he defeats it. Such attitude is already a victory."[2]

– V.V. Voskresenskii

Soviet psychotherapists envisaged a wide range of possible applications for their methods. Although psychotherapy was not conceptualised as acting on the mind, but on the nervous system which in turn controlled the functions of the entire organism, in most cases it was still used to treat conditions that were psychological in origin or affected functioning of what can be described as a psyche. Psychotherapeutic methods, particularly hypnotic suggestion, were sometimes applied to influence the functioning and sensations of the body, for example to provide anaesthesia during childbirth[3], dental procedures[4] or even surgery[5], however, their main targets were neuroses (such as hysteria, neurasthenia, psychasthenia or phobias), functional disorders and addictions. While psychotherapy was described as useful in treatment of a variety of somatic disorders, its role was not to remove their physical causes, but to help patients cope with their situation, prevent them from developing psychological problems, or change their attitudes, motivating them to focus their energy on returning to health. For example, when M. M. Zhelatkov used hypnotic suggestion in treatment of skin disease, he did not expect it to replace drugs and remove eczema or psoriasis, but to ease

[1] Miasishchev, V.N., "Certain Theoretical Questions of Psychotherapy" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union*, (New York, 1961), p. 13.

[2] Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika na sluzhbe zdorov'ia cheloveka,* (Krasnodar, 1977), pp. 24-25.

[3] Michaels, P.A., *Lamaze: An International History*, (Oxford, 2014).

[4] Varshavskii, K.M., *Gipnosuggestivnaia terapiia: lechenie vnusheniem v gipnoze*, (Leningrad, 1973).

[5] Certain physicians attempted using hypnosis for anaesthesia during surgery, however, by mid-1960s this method was deemed more complicated to use and less reliable than other means of inducing general anaesthesia. GARF f. r-8009, op. 2, d. 1965, l. 9; Gerke, R.P., *O gipnoze i vnushenii*, (Riga, 1966).

neuroses that frequently accompanied such conditions and to bring patients a sense of security and confidence in other treatments they were receiving.[6] A similar role was envisaged for psychotherapy in the process of rehabilitation and recovery after limb amputation.[7] At the Kirov Medical Institute in Gorki psychotherapeutic methods were applied to help people diagnosed with "manic depression" control and prevent the symptoms of their disorder, but were not expected to remove the disorder itself.[8]

Thus, while psychotherapy had a prominent role to play in curing neuroses, functional disorders and addictions, it was also an auxiliary treatment for a broad range of disorders. The list of these disorders is long and not particularly illuminating – psychotherapy was proposed as a beneficial auxiliary treatment in virtually every branch of medicine. A more useful question to ask concerns the effect that psychotherapy was meant to produce and the ways in which its practitioners sought to produce it. What kind of health did Soviet psychotherapy aim to restore and how did this process look like? This chapter seeks to understand the nature of Soviet psychotherapy through the analysis of its therapeutic process and objectives. While its practitioners frequently modified the main psychotherapeutic methods, they were generally working towards similar goals and common trends can be identified in the way they approached patients. This chapter focuses on these common trends and goals, exploring views that were typical for Soviet psychotherapeutic theory and practice. It also continues the discussion of the relationship between the body and the mind implicit in Soviet psychotherapy, showing that its practitioners' declarations of commitment to a holistic view of human organism are complicated by their emphasis on will.

The understanding of what change psychotherapy should produce in a patient and how it should go about accomplishing this goal differs between different psychotherapeutic schools. Psychoanalytic approaches encourage patient's free expression in order to uncover the unconscious content of the psyche and to integrate it with patient's consciousness and voluntary behaviour.[9] Existential therapists aim to assist patients in discovering their

[6] Zhelatkov, M.M., "The Use of Hypnosis and Conditioned-Reflex Therapy in Dermatology" in Winn, R.B. (ed.) *Psychotherapy*.

[7] Krinichanskii, A.V., "Kliniko-psikhologicheskoe obosnovanie psikhoterapii bol'nykh posle amputatsii nizhnei konechnosti" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

[8] Dmitrieva, I.V., "Mesto psikhoterapii v komplekse meropriiatii po readaptatsii bol'nykh maniakal'no-depressivnym psikhozom" in *Reabilitatsiia bol'nykh nervnymi i psikhicheskimi zabolevaniiami: materialy plenuma pravleniia vsesoiuznogo obshchestva nevropatologov i psikhiatrov, 11-13 dekabria 1973 g.,* (Leningrad 1973).

[9] Alexander, F.G., Selesnick, S.T., *The History of Psychiatry: An Evolution of Psychiatric Thought and Practice From Prehistoric Times to the Present,* (London, 1966).

"authentic" self, while behavioural therapy seeks to elicit change based on the patient's self-control.[10] Morita therapy developed in Japan works through steering the mind away from preoccupation with the self and towards doing what needs to be done.[11] The practitioners in the USSR offered a number of different psychotherapeutic methods, however, since these methods were perceived as complementary not competing, their goals were generally similar. According to Astakhov the basic tasks of Soviet psychotherapy were "to understand, to explain and to teach" – after getting to know a patient, a therapist was to explain to him the mechanism of his illness and in the process of treatment teach him how to change his life in order to avoid difficult situations that triggered the illness in the first place, or, if avoiding them was impossible, help him change his attitude towards them.[12] Change of attitude, cultivation of character and re-education were frequently identified as goals of psychotherapy, leading its practitioners to think of themselves not only as physicians but also as educators who taught their patients how to perceive and live their lives. This chapter traces the links between psychotherapy and education, looking at how the pedagogical approach became entwined with treatment in both individual and group forms of therapy. Looking at the process of treatment with various psychotherapeutic methods, it shows that Soviet psychotherapists typically steered their patients towards two seemingly different but in fact tightly connected goals: social adjustment and individual self-perfection.

A right attitude

Seeking to demonstrate how quickly psychotherapeutic treatment could restore health, Bul' described the case of a woman N. who lost her eyesight after experiencing a traumatic event. Initially she had been treated with medication, however, there was no improvement in her condition. N. was then examined by specialists in eye diseases, who did not find an organic cause for her blindness and declared that it had to have "nervous" basis. After a year and a half she was finally referred for treatment by hypnotic suggestion, which proved to be very successful. During the hypnotic session the doctor told N. that after he counted to five, she would wake up and she would be able to see. And indeed, the moment after he finished

[10] Bankart, C.P., *Talking Cures: A History of Western and Eastern Psychotherapies*, (Pacific Grove, 1997).

[11] *Ibid.*

[12] Astakhov, S.N., *Lechebnoe deistvie slova,* (Leningrad 1962), p. 73.

counting, she opened her eyes and exclaimed "I can see!". She then run out to the corridor, where she repeated her happy cry and scared the waiting patients.[13]

This kind of case study was frequently recounted to demonstrate how quickly psychotherapy could restore functions that had been impaired by functional disorders. The treatment, which generally took the form of hypnotic suggestion, lasted several sessions and its impact on patients was limited to the bare minimum. The only change that it elicited in their organism was disappearance of symptoms – their opinions, attitudes and emotions remained the same as before. In this form psychotherapeutic treatment indeed resembled a surgery or administration of medication: the removal of symptoms was accomplished with minimal involvement of patients themselves and without transforming their outlook, preferences or behaviour.

However, while such an approach allowed for a quick removal of certain symptoms, it was not always sufficient. Fast cures for functional disorders – emphasised in order to demonstrate the effectiveness and efficiency of psychotherapy – are only one example of an array of ways in which psychotherapeutic treatment was claimed to restore or strengthen health. Even dealing with functional disorders often required a more in-depth intervention into patient's responses to their life situation. This is well illustrated by a case of a different woman suffering from functional blindness, recounted by Varshavskii. S. was a cafeteria worker and her condition was caused by conflicts at her workplace. Just like in case of N., her eyesight returned after one session of hypnotic suggestion. However, two and a half months later S. experienced another conflict at work, which re-triggered functional blindness. The second, successful psychotherapeutic treatment removed it and inculcated S. with a suggestion that conflicts and stress will no longer result in the return of symptoms.[14]

In order to make sure S. did not lose her eyesight again, Varshavskii had to intervene more extensively and not only remove her symptoms but also stop her organism from reacting to conflicts she was experiencing with blindness. However, his intervention was still relatively limited. It assured that S. would not suffer from the same symptoms again and thus made her somewhat more resilient, but did not prevent her from being otherwise affected by her workplace, nor did it transform her outlook and behaviour in a way that would help her avoid conflicts in the future. While this was deemed to be enough in her case, psychotherapeutic cures often relied on a more profound change to patient's attitudes, behaviours, and emotions. In 1962 Astakhov wrote that all methods of psychotherapy aimed

[13] Bul', P.I., *Gipnoz i vnushenie* (Leningrad 1975), p. 50-51.
[14] Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 68-69.

to produce a "change of patient's attitude towards all factors that contributed to the development of his illness" and to cultivate in him a "right attitude" towards his environment.[15] An almost identical view was later expressed by Lebedinskii: "Psychotherapy ought to restructure, re-educate or eliminate all that might become a psychogenesis of a pathological construct in a person (incorrect attitude towards themselves, illness, other people etc.)"[16]

The purpose of such change was the same as Varshavskii's aim when treating S.: to improve patients' adjustment to environment, allowing them to return to their workplace and resume their lives. This was frequently identified as the final goal of psychotherapy. Rozhnov opened his introduction to the *Psychotherapy Textbook* with a declaration that "psychical balance" was an important condition for "productive, purposeful activity" and stressed that psychotherapy had a crucial role to play in treating and preventing psychogenic conditions which disturbed this balance.[17] Particularly loss of ability to work or study was regarded as a sign of seriousness of a condition and was stressed in patient histories recounted in psychotherapeutic publications. The stories of successful treatment often ended with the information that in addition to functioning normally in everyday life, the patient resumed his or her job. Lebedinskii ended case studies of patients with statements that " the patient began to work" or "he now works and feels well."[18] Slobodianik's story of a singer who suffered from a compulsive neurosis which impaired her ability to perform concluded with the information that "she now looks forward to her every new performance."[19] Varshavskii also reported that his patients "returned to work", "achieved many successes" or "successfully completed studies at a medical institute and began working."[20]

Soviet psychotherapy aimed to restore patients to a state of adjustment, understood as an ability to continue to live and work in Soviet society. The emphasis put on enabling them to resume their jobs was clearly intended to demonstrate effectiveness of psychotherapeutic treatment, however, it also fits into the role that physicians were generally expected to perform in the USSR. In his monograph on *Doctor and Patient in Soviet Russia*, as well as in his subsequent publications, Mark Field explored the situation of physicians working in the system of Soviet healthcare. He concluded that while they wanted to practice "good

[15] Astakhov, S.N., *Lechebnoe deistvie,* p. 69.
[16] Lebedinskii, M.S., *Ocherki psikhoterapii,* (Moscow, 1971), p. 6.
[17] Rozhnov, V.E., "Vvedenie" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974), p. 3-4.
[18] Lebedinskii, M.S., *Ocherki psikhoterapii,* p. 331, 342.
[19] Slobodianik, A.P., *Psikhoterapiia, vnushenie, gipnoz,* (Kiev, 1983), p. 252.
[20] Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 66, 87, 99.

medicine" and establish close relationships with patients, this was made difficult first of all by the pressure and time constraints under which they worked, and secondly by their obligations to their employer: the state. Their actions were not only supposed to benefit patients, but also to serve the interests of society. They were responsible for their patients' social adjustment and in addition to the role of a healer fulfilled that of a guardian of the labour force and labour discipline: they were expected to prevent people from shirking work and to return those genuinely sick to the labour force as quickly as possible.[21] While Soviet psychotherapists did not generally discuss the cases of malingerers – after all, one of their goals was to convince their colleagues and healthcare authorities that many patients genuinely needed psychotherapeutic help – they certainly expressed a feeling of responsibility for their patients' adjustment and paid attention to restoring their ability to work.

The focus on the responsibility towards the state and the society as a whole distinguished Soviet psychotherapists from their colleagues practising in Western countries, particularly those working in a private practice. While restoring people to health and helping them to resume their normal lives is clearly a goal of any therapy, Western schools of psychotherapy tended to put significantly less emphasis on the ability to work and significantly more on the benefit that psychotherapeutic treatment brought to a client as an individual. For example, psychotherapies stemming from the psychoanalytical and psychodynamic tradition claimed to offer patients insight into themselves.[22] The person-centred approach developed by Carl Rogers aimed to facilitate client's self-discovery through creating an environment which nurtured his or her "actualising tendency" – an urge to "expand, extend, to become autonomous, develop, mature."[23] Even behavioural therapy, which arguably bears the most similarities to Soviet understanding of psychotherapy, particularly in its emphasis on modifying client's maladaptive responses, helping him control his behaviour, was usually spoken of in terms of its effect on individual's disorders, not its capacity to contribute to society by restoring its members' productivity.[24]

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[21] Field, M.G., *Doctor and Patient in Soviet Russia*, Cambridge, Mass., 1957); Field, M.G., "Soviet Psychiatry and Social Structure, Culture, and Ideology: A Preliminary Assessment", *American Journal of Psychotherapy* 21 (1967).

[22] Jopling, D.A., ""Much Ado to Know Myself…": Insight in the Talking Cures", *Annals of the New York Academy of Sciences* 1234 (2011).

[23] Rogers, C.R., *On Becoming a Person: A Therapist's View of Psychotherapy,* (Boston, 1961), p. 35.

[24] Bankart, C.P., *Talking Cures;* Joseph, S., *Theories of Counselling and Psychotherapy: An Introduction to the Different Approaches,* (Basingstoke, 2010). Interestingly, in recent years psychotherapy, particularly when provided by a state-funded healthcare system such as the British NHS, has increasingly been spoken of as fulfilling the function of improving patients' adaptation to modern capitalist reality and keeping them in the worforce. Davies, W., "The Political Economy of Unhappiness", *New Left Review* 71 (2011); Parker, I.,

The aim of transforming patients' attitudes and beliefs into ones that would allow them to resume normal life in society was shared by various methods of psychotherapy practised in the USSR, both when they served as the main and as an auxiliary treatment. The level and kind of intervention into a patient's organism, thinking and life was determined by a physician, and could require much more work with a patient than in the above examples. This was the case with M., a shy nineteen year old student who developed a psychogenic condition which caused her to feel a need to urinate whenever she left the house, until she finally stopped going out and neglected her studies. A psychotherapist discovered that the condition developed as a result of M.'s earlier experiences of not going to the toilet when she needed to, because she was too ashamed to admit this physiological need to her friends. During treatment, which consisted of rational psychotherapy, he first of all helped M. understand the origins of her disorder, until she realised that she suffered from neurosis, not from an organic condition. He then explained to her the mechanism of neurosis and through persuasion led her towards understanding that the success of her treatment depended on her own effort to overcome the condition. At the last stage, the psychotherapist helped M. learn to control the pathological urge to run to the toilet, by teaching her to exercise willpower over this neurotic symptom until she was able to resume her studies.[25] Thus, in case of M. treatment consisted primarily of changing her attitude towards her condition, by explaining to her its nature, helping her realise that she could control and overcome it, and teaching her how to do it.

Suggestion also could be implemented to transform patient's attitudes and help him look at his life in a new way. An example of such use of this method was offered by Varshavskii. His patient was P. – a medical student who began to stutter after a failed suicide attempt, caused by his wife's decision to leave him for another man. The stuttering was so severe that P. could not even tell his story himself and relied on his friends to do it for him. Varshavskii used hypnotic suggestion instead of rational persuasion, but began treatment similarly to the physician who treated M.: he helped P. realise that his symptoms were a result of a psychical trauma caused by a divorce and a suicide attempt. He then, in addition to removing symptoms, proceeded to inculcate P. with a belief that he was still young and had his whole life ahead of him: he would have an interesting, fulfilling job as a physician, would meet another woman and start a "new, good family."[26] The removal of stuttering was supplemented by instilling in P. a new attitude towards first of all his symptoms, and secondly

"Psychotherapy under Capitalism: The Production, Circulation and Management of Value and Subjectivity", *Psychotherapy and Politics International* 12 (2014).

[25] Astakhov, S.N., *Lechebnoe deistvie,* p. 22-25.

[26] Varshavskii, K.M., *Gipnosuggestivnaia terapiia,* p. 99.

his life. The intervention required less involvement and effort from P. than was required from M., but it was far more extensive. It not only helped P. face the reality of the situation he was in and removed his symptoms, but also taught him to view his life and his future in a new, optimistic way.

The change of patient's view of his situation and future was one of the key roles of psychotherapy when it acted as an auxiliary treatment. For example, A. V. Krinichanskii from the UIVU School of Psychotherapy, Psychoprophylaxis and Mental Hygiene used both rational psychotherapy and hypnotic suggestion in rehabilitation of patients who went through leg amputation. In addition to removing neurotic symptoms, which some patients developed, he worked to instil in them a "right attitude towards their condition", that is a belief that they would quickly get used to a prosthesis and would be able to resume their lives.[27] His colleague M. A. Napadov, together with Vel'vovskii, used suggestion – both hypnotic and in an awake state – as an auxiliary procedure in paediatric dentistry. The suggestion formulas delivered to the young patients were designed to remove the fear of the dentist's chair and treatment, as well as to eliminate harmful habits such as sucking a thumb or biting lips. They changed children's attitude towards visiting the dentist's surgery, as well as "cultivated discipline and strengthened willpower."[28]

The more complex, in-depth psychotherapeutic interventions such as treatment of M. and P. clearly involved an element of insight and self-discovery, however, it was very different from insight and self-discovery involved in many Western psychotherapies. There was no long exploration of inner emotional world, patient's responses to reality or choices. While some exploration of his past and inner life was necessary in order to determine the further course of treatment, it was more of a prelude to Soviet psychotherapeutic treatment. The essence of psychotherapy was to teach patient a new – and a right – way of looking at himself and his situation. The insight offered did not come from an exploration of oneself with the help of the psychotherapist but was presented by him as something to learn or to adopt. Soviet psychotherapy included a strong pedagogical component. While a psychodynamic therapist would explore the conflicts and mechanisms within the client's psyche and a humanistic therapist would avoid imposing his or her views on the client[29], Soviet psychotherapists quickly offered M. the knowledge about her condition and inculcated P. with a new attitude towards life. Soviet psychotherapists re-educated their patients and

[27] Krinichanskii, A.V., "Kliniko-psikhologicheskoe obosnovanie", p. 106.

[28] Napadov, M.A., "Psikhoterapiia v stomatologii detskogo vozrasta" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii,* (Kharkov, 1968), p. 385.

[29] Joseph, S., *Theories of Counselling and Psychotherapy.*

replaced their "wrong" attitudes with the "right" ones, and it was them who determined how and to what extent patients' attitudes and habits should be changed. This pedagogical approach was present not only in the most popular Soviet psychotherapeutic methods such as suggestion and rational psychotherapy but also in therapies developed in Leningrad. It was Miasishchev – the creator of pathogenetic psychotherapy – who already at the All-Union Conference on Psychotherapy in 1956 declared that psychotherapists were to act as "teachers of life", re-educating their patients to help them look at their lives with hope and regain self-control.[30]

Instruction in how to live one's life and relate to one's situation is by no means an element unique to Soviet psychotherapy. Various forms of talking cures developed around the world all postulated a certain vision of a "good life" towards which they guided their patients[31] – although not all of them spoke of it so directly. However, what is interesting about Soviet psychotherapy is the firm, clear way in which its practitioners linked their discipline to pedagogy, frequently conceptualising the final goal of their method of treatment as successful re-education or upbringing. While they saw their treatment as a medical procedure, they did not draw a clear dividing line between medicine and education, but instead wrote of a "medical-pedagogical work"[32] they were performing, and openly drew on the ideas of Russian and Soviet pedagogues.

For example, in his monograph on different forms of psychotherapy Slobodianik devoted a whole subsection to the links between this discipline and the "pedagogical principles" of the nineteenth century Russian pedagogue Konstantin Ushinskii and the prominent Soviet educator Anton Makarenko. He referenced several ideas of Ushinskii – such as the concept of upbringing as first of all provision of necessary knowledge of reality on which child's "mental strengths" could develop, or the importance of perfecting children morally and of cultivating in them such characteristics as a sense of duty and responsibility towards nation, state, family, and themselves – and explained that while these principles of upbringing were generally applied to children, they could also be applied to adults, "especially those suffering from neurotic or mental conditions."[33] He explained that since such conditions affected the psyche, it was necessary to "rebuild the edifice of the subject's higher nervous activity", following the rules and principles that guided the shaping of child's

[30] Miasishchev, V.N., "Certain Theoretical Questions", p. 13.

[31] Kirmayer, L.J., "Psychotherapy and the Cultural Concept of the Person", *Transcultural Psychiatry* 44 (2007).

[32] Miasishchev, V.N., Karvasarskii, B.D., Libikh, S.S., Tonkonogii, I.M., *Osnovy obshchei i meditsinskoi psikhologii*, (Leningrad 1975), p. 187.

[33] Slobodianik, A.P., *Psikhoterapiia,* p. 88.

personality, and utilising the power of a collective, as recommended by Makarenko.[34] Particularly the works of Makarenko were referenced by many psychotherapists, who used them as the basis for treating – and thus also re-educating – patients through collective therapy.[35]

The publications which did not refer to pedagogical thought still frequently emphasised that psychotherapy was concerned with re-educating patients to improve their adjustment to their situation and to society. Miasishchev and his colleagues from Leningrad argued that psychotherapy involved a "significant portion of pedagogical influence" which it applied for example to cultivate in patients the right, accepting attitude towards their chronic conditions, or towards the necessity to stay in bed for a long time.[36] Lebedinskii stressed the importance of cultivating the right attitude towards an illness: a determination to overcome it, if the condition could be treated, or an acceptance if it was permanent. For example, while a neurotic patient should not be allowed to "get used to" his condition and should be encouraged to focus his attention on fighting it, a patient with a permanent face defect should be discouraged from fixating on it and guided towards focusing on his work and family, and the meaning that could be derived from them. Lebedinskii was careful to underline that psychotherapy was a medical treatment to be practised by physicians, and should not be thought of as simply upbringing and education, however, it is clear that even in his opinion this medical treatment relied partially on exerting pedagogical influence.[37]

Thus, in addition to being physicians interacting with patients, Soviet psychotherapists saw themselves as teachers guiding pupils towards the right understanding of their situation. Both of these types of relationships presupposed an unequal dynamic that was characteristic of the doctor-patient relationship in Soviet medicine. Such disposition of Soviet psychotherapists was observed by Isidore Ziferstein who recounted that those with whom he interacted during his visit to Bekhterev Institute saw themselves as the "citizens who know" and thought that they should be firmly in charge of therapy, while the patients should trust their knowledge and allow them to rearrange their lives. [38] In the second half of the twentieth

[34] *Ibid.*, p. 88.

[35] For example: TsAGM f. r-533, op. 1, d. 158, l. 4; Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo;* Shaforostov, P.U., "Organizatsiia psikhoterapevticheskoi pomoshchi v raionnom narkologicheskom kabinete" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy*.

[36] Miasishchev, V.N., Karvasarskii, B.D., Libikh, S.S., Tonkonogii, I.M., *Osnovy obshchei i meditsinskoi psikhologii*, p. 186.

[37] Lebedinskii, M.S., *Ocherki psikhoterapii*, pp. 126-127, 400-401.

[38] Ziferstein, I., "Psychotherapy in the USSR" in Corson, S.A. and O'Leary Corson, E. (eds), *Psychiatry and Psychology in the USSR*, (New York, 1976), p. 168.

century in the West such a paternalistic approach was increasingly coming under attack from the patients' rights movements, while a variety of psychotherapeutic approaches named promotion of patients' autonomy and free choice as their main goal.[39] However, this trend was not paralleled in the USSR. Its physicians remained deeply rooted in the paternalistic tradition that had characterised their discipline for centuries.[40]

The persistence of this tradition in the USSR was reflected in its psychotherapy which did not aim to increase its patients' autonomy and free choice, but to correct their responses, attitudes, and expectations to make them better adjusted to their lives in Soviet society. This goal bears certain similarity to behavioural therapy which also had its roots in Pavlov's theories and also sought to correct maladaptive responses. However, while it primarily concerned itself with observable behaviour, not with internal psychological processes, and its treatment goals and methods were "mutually contracted" with a client[41], Soviet psychotherapy sought to correct both behaviour and inner life and did not envisage agreeing the goals of therapy with the patient. The form that this correction was to take, as well as the extent of intervention into the patient's organism, emotions, and thinking was determined by a psychotherapist. It could be done through suggestion or persuasion, and could range from simple removal of symptoms to a transformation of patients' outlook, depending on what was deemed the most effective way of helping them resume their lives in society. With so much depending on the individual judgement of the psychotherapist, and with the pressure to provide quick cures exerted by the Soviet healthcare system, it is not surprising that certain interventions might seem drastic, for example a decision to make a rape victim forget her traumatic experience to allow her to resume her studies[42] or to use hypnotic suggestion to inculcate a particularly unwilling patient with a desire to engage in work therapy available to patients at a hospital ward.[43]

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[39] Beauchamp, T.L., "The Philosophical Basis of Psychiatric Ethics" in Bloch, S., Green, S.A., *Psychiatric Ethics*, 4th edition, (Oxford 2009); Erwin, E., *Philosophy and Psychotherapy: Razing the Troubles of the Brain*, (London 1997).

[40] De George, R.T., "Biomedical Ethics" in Graham, L.R., *Science and the Soviet Social Order*, (Cambridge, Mass. 1990). However, the persistence of the paternalistic tradition in Soviet medicine does not mean that Soviet patients did not possess any agency when interacting with the healthcare professionals. In her recent article on health resort treatment Joanna Conterio showed that patients came to these institutions with certain expectations, made demands on doctors to have them realised, and in fact were certain aspects of their stay and treatment. Conterio, J., "Places of Plenty: Patient Perspectives on Nutrition and Health in the Health Resorts of the USSR, 1917-1953", *Food and History* 14 (2016).

[41] Bankart, C.P., *Talking Cures*, p. 250; Joseph, S., *Theories of Counselling.*

[42] Astakhov, S.N., *Lechebnoe deistvie*, p. 57.

[43] Lichtenstein, L.I., "The Record of Psychotherapeutic Work in Mental Hospital" in Winn, R.B. (ed.), *Psychotherapy.*

It would be easy to argue that in these instances physicians prioritised their role as guardians of the labour force over that of healers. However, it should not be automatically assumed that they ignored their patients' needs and focused on serving the state. It appears that Soviet psychotherapists considered ability to function in society to be their patients' main need and sought the quickest ways to restore it. They did not seek to revolutionise the Soviet healthcare system but to establish a new medical speciality within it. Consequently, they adopted a very pragmatic understanding of health, which allowed them to present their discipline as a medical treatment which fitted the Soviet healthcare system. They were not interested in helping their patients discover their authentic selves nor in engaging in long interpretative exploration of their psyche. They had to work under the same pressure and time constraints as other Soviet physicians, and searched for the most efficient ways of letting patients resume their former lives. Sometimes the simple removal of symptoms – or in extreme cases memories – was sufficient, and no further intervention was undertaken. Sometimes psychotherapists had to assume a role of instructors and teach their patients how to perceive their situation to remove or minimise psychical discomfort. However, in both cases their aim was to help people in their care by allowing them to once again become what was understood to be healthy human beings: well-adjusted, productive members of society.[44]

Patients' relatives and medical secrecy

After his visit to the USSR an American psychiatrist Isidore Ziferstein expressed his surprise at the extent to which Soviet psychotherapists intervened in the lives of their patients. These interventions were not limited to offering advice and re-educating them, but involved actually contacting patient's family or workplace to arrange changes that would improve his functioning in society – a practice which appeared highly unusual to a Western psychiatrist such as Ziferstein. Amazed at what he had witnessed, he recounted a situation when a psychotherapist, feeling that a young worker's unrewarding job was one of the factors

[44] The aim of transforming patients back into well-adjusted members of society also caused some psychotherapists to try to remove traits that in themselves did not impede ability to work, but were still pathologised and seen as requiring treatment such as same-sex attraction. Between mid-1950s and early 1960s E.M. Derevinskaia and her supervisor A.M. Sviadoshch conducted a study of homosexual women in a corrective camp in Karaganda and, in addition to administering drugs that lowered libido, used psychotherapy to try to remove homosexual desire. Similar course of action was also advocated by Sviadoshch after he opened a sexological clinic in Leningrad in the 1970s. See Healey, D., *Homosexual Desire in Revolutionary Russia: The Regulation of Sexual and Gender Dissent,* (Chicago, 2001).

contributing to his neurosis, contacted a factory director to successfully arrange with him sending this patient to study at an engineering institute.[45]

Although the practice witnessed by Ziferstein was obviously not common – psychotherapists did not regularly contact patients' workplaces to arrange their further education or a change of occupation – an intervention into patients' lives beyond transforming their outlook in the doctor's office was regarded as an available method of enhancing treatment. While psychotherapists commonly recommended adjusting patients' attitudes to their situation, not the other way round, they sometimes considered it advisable to draw the patient's family into assisting his recovery or to readjust an aspect of his life. Such intervention was supported for example by Zavilianskii who drew attention to the fact that patients suffering from mental or neurotic disorders often hid their condition from their relatives, not wanting to worry them or fearing stigma. In order to redeem this situation he recommended that a psychotherapist explains to his patients' closest relatives the condition of their loved ones and the intended course of treatment. While Zavilianskii underlined that patient's relationship with his family should be considered before taking such a step, he clearly favoured including relatives in the process of treatment and explained that educating them about how to behave around their ill family member could help the recovery.[46]

Lebedinskii offered a concrete example of psychotherapeutic intervention which required readjustment of patient's living situation. The patient in question was K., described as a newly married woman with "hysterical personality traits" who was so afraid of sexual intercourse that she was unable to engage in it with her husband and experienced severe distress as a result. After getting to know K.'s situation and discovering that the young couple lived in one household with their family and was never left completely alone, Lebedinskii made a decision to attempt to influence their living conditions. He talked to the family and succeeded at ensuring some privacy for his patient. He then explained to K.'s husband that her inability to engage in an intercourse was caused by her shyness and their living conditions. These conversations were enough to help K. overcome her fear and to reduce her distress.[47]

In his recommendations regarding the organisation of a psychotherapy office, Vel'vovskii stated that the work of such office should ideally be supported by health visitors (*patronazhnyi personal*) who visited patients at home and workplace. He argued that after receiving training in psychotherapy this personnel could enhance the work of

[45] Ziferstein, I., "Psychotherapy".

[46] Zavilianskii, I.Ia., *Vrach i bol'noi: voprosy vrachebnoi deontologii, etiki i psikhoterapii*,(Kiev 1964), p. 76, 87.

[47] Lebedinskii, M.S., *Ocherki psikhoterapii*, p. 276.

psychotherapists. They were to help create healthy conditions for patients in their everyday lives by teaching their relatives behaviour that assisted recovery, helping to create a healthy atmosphere in the workplace and – if the patient in question was suffering from alcoholism – identifying people at home and at work who were likely to exert a negative influence and encourage him to resume drinking.[48] Thus, Vel'vovskii wanted them to perform a role similar to the one that Zavilianskii advised his colleagues to perform themselves: helping psychotherapeutic treatment by informing people in patients' lives of their condition and needs.

The possibility of involving a patient's family or even co-workers in the process of his treatment raises questions about the place of medical secrecy in Soviet psychotherapy. The principle of confidentiality between the doctor and the patient has long been regarded as one of the key tenets of physician's conduct, enshrined in the Hippocratic oath and in other version of oaths sworn by graduating medical students, and although it has been shown that in practice this secrecy has always been plastic and subjected to negotiations, the principle itself remained in place and discussions about it often provoked controversy.[49] However, Soviet psychotherapists who advocated for involving patient's relatives in the process of treatment showed remarkably little doubts. While Zavilianskii indicated that patients' relations with relatives should be taken into consideration before informing them about their condition, he did not explicitly state that they should agree to such course of action. A need to obtain the patient's permission before discussing his case with other people was also not mentioned in other psychotherapeutic publications, indicating that the issue of medical secrecy was not regarded as particularly important for physicians wishing to practice psychotherapy.

The neglect of this issue stands in a stark contrast with discussions of medical secrecy in tsarist Russia and in the first years after the October Revolution. Tracing the ambivalent views on doctor-patient confidentiality in relation to venereal diseases in early Soviet years, Frances L. Bernstein observed that while under the tsarist rule there were no legal regulations requiring physicians to preserve secrecy about their patients' condition, doing so was considered a moral obligation. What is more, faced with decrees requiring them to notify the authorities for example when they treated gunshot wounds, physicians campaigned for

[48] Vel'vovskii, I.Z., "Voprosy organizatsii psikhoterapevticheskoi pomoshchi" in Rozhnov, V.E. (ed.), *Rukovodstvo,* p. 59.

[49] Pranghofer, S., Maehle, A.-H., "Limits of Professional Secrecy: Medical Confidentiality in England and Germany in the Nineteenth and Early Twentieth Centuries", *Interdisciplinary Science Reviews* 31 (2006); Rieder, P., Louis-Courvoisier, M., Huber, P., "The End of Medical Confidentiality? Patients, Physicians and the State in History", *Medical Humanities* 42 (2016); Sokalska, M.E., "Medical Confidentiality – Quo Vadis?", *European Journal of Health Law* 11 (2004).

legislation protecting doctor-patient confidentiality.[50] After the October Revolution the interest in the problem of medical secrecy did not disappear, however, it remained unregulated. Bernstein showed that Soviet authorities were ambivalent on this issue, on one hand believing that medical secrecy should be abolished since illness was a misfortune not a disgrace, but on the other conceding that Soviet people were still not ready for such a step. Physicians treating venereal diseases were left to decide when to maintain confidentiality to shield their patients from ostracism and when to abandon it as socially harmful. The issue was never clearly resolved and eventually the discussions about secrecy mostly disappeared from medical discourse.[51]

In the second half of the twentieth century psychotherapists were certainly not interested in reviving them. Nor did they express any significant hesitation about abandoning doctor-patient confidentiality. If they addressed the stigma associated with mental illness and being treated by a psychiatrist, they saw a solution to this problem in educating patient's relatives about his condition, not in preserving secrecy.[52] In fact, they rarely discussed medical secrecy at all. A discussion of this issue can be found in Lebedinskii's *Essays on Psychotherapy*, however, although he chose to address it, he clearly did not see it as a pressing concern for Soviet psychotherapists. Although he wrote that ability to maintain medical secrecy was one of the conditions for securing patient's trust, he immediately added that this issue had different levels of significance in capitalist countries or tsarist Russia and in a socialist society, indicating that in the latter it was no longer so important, as the state no longer tried to break it to suppress "fighters for the cause of the working class." He concluded that if a patient wanted confidentiality to be maintained and if doing so did not endanger society, the patient himself nor his family, the physician should respect his wish. However, he devoted only half a page to this issue and put much less emphasis on it than he did on for example scientific nature of psychotherapy.[53]

As in the second half of the twentieth century medical secrecy was no longer a frequently discussed issue – it was not mentioned at all in the 1956 and 1974 editions of Great Medical Encyclopaedia[54] – the lack of interest in this problem among psychotherapists can be explained as a manifestation of a broader trend in Soviet medical community. What is more, it should be stressed that although they wrote about the possibility of involving patient's

[50] Bernstein, F.L., "Behind the Closed Doors: VD and Medical Secrecy in Early Soviet Medicine" in Bernstein, F.L., Burton, C., Healey, D. (eds), *Soviet Medicine: Culture, Practice and Science,* (DeKalb, 2010).
[51] *Ibid.*
[52] Zavilianskii, I.Ia., *Vrach i bol'noi.*
[53] Lebedinskii, M.S., *Ocherki psikhoterapii*, p. 129.
[54] Bernstein, F.L., "Behind the Closed Doors."

relatives in the process of treatment, generally they were not able to do so. With limited time available for treating patients, psychotherapists were hardly in a position to engage in educating their relatives and involving them in the therapeutic process. While such efforts were sometimes undertaken in the form of family therapy[55], the reports on psychotherapeutic work in medical institutions did not mention contacting patients' families to discuss their condition. Health visitors supporting the work of psychotherapy offices remained just a suggestion, and were not even mentioned in staff norms approved in 1985.[56] Although some Soviet psychotherapists envisaged righting not only patients' attitudes but also conditions in which they lived and worked as a possible element of treatment, they were able to do so only rarely and consequently usually did not have to agonise over the issue of medical secrecy. It is possible that if they had regularly intervened in patients' lives, the issue would have become more contentious, however, in the reality of Soviet healthcare system such interventions remained rare, and although they had a place in the Soviet vision of psychotherapy, they did not find it in its regular practice. The situation witnessed by Ziferstein was not a commonplace practice but rather an example of experimentation within the framework of views common for Soviet psychotherapy. The discipline as a whole remained primarily focused on readjusting people to their situation, not on transforming the conditions of their lives.

The will and the self-perfection

The fact that a large portion of psychotherapeutic interventions aimed to transform patients' attitudes, emotions and thoughts raises questions about Soviet psychotherapy's commitment to the concept of human organism that did not separate the mind from the body, but stressed their connectedness. The removal of symptoms of functional disorders through verbal suggestion fitted such holistic concept nicely, however, the same cannot be said about teaching patients to look at their situation in a new way. Despite its practitioners' interests in the possibility of influencing physiological processes through words, Soviet psychotherapy was largely concerned with what can be described as the psyche. It transformed the way patients thought and felt about their situation, cultivated in them a new outlook on life,

[55] For example, Bekhterev Institute organised family therapy for alcoholic patients and their spouses. The couples participated in therapy together and as alcoholics received treatment, their partners were learning behaviour and habits that would help them prevent their loved ones from starting to drink again. Bokii, I.V., Rybakova, T.G., "Semeinaia psikhoterapiia v profilaktike retsidivov alkogolizma" in Miager, V.K. (ed.), *Psikhogigiena i psikhoprofilaktika: sbornik nauchnykh trudov,* (Leningrad 1983).

[56] GARF f. r-8009, op. 51, d. 1646.

instilled them with contentment and hope. It was defined as therapeutic influence exerted "through the psyche on the entire organism"[57], but in many instances this influence focused on the psyche itself. The removal of certain physiological symptoms was an option and could constitute the entire treatment, but those symptoms arose as a result of a traumatic experiences and were psychical in origin. Soviet psychotherapy stressed the link between the mind and the body, and used physiological terminology, but it was generally concerned with what happened or originated in patients' minds.

However, this in itself should not be taken as a proof that Soviet psychotherapists continued to think in terms of mind-body dualism. While it is true that – with the exception of treatment of functional disorders through hypnotic suggestion – they targeted the content of patient's psyche, the psyche itself was not conceptualised and treated as a distinct entity, detached from what happened in the body. Such a view was explicitly rejected when Soviet psychotherapists distanced themselves from idealism, and even though their work often involved treating patients' attitudes and emotional reactions, these processes were explained as based in the physiology of the nervous system, and therefore not conceptualised as separate from the body. Psychotherapy was described as an "active interference on the part of the physician into the state of the patient's cortico-subcortical dynamics."[58] It was seen as operating not on the psyche but on the "mechanism of conditional reflexes"[59] formed in patient's nervous system, and aiming to "train basic nervous processes and activity."[60] Soviet psychotherapists took it as a given that patients' attitudes and emotions were reflected in the physiology of the nervous system, and that a change to the former was accompanied by a change in the latter.

It must be stressed that while the Soviet concept of the human organism postulated that all that could be described as "the mind" stemmed from physiology, it did not deny the reality of the inner world of human experiences, views, and feelings. The denying of the existence of this inner world was subjected to criticism as "vulgar materialism" which was said to ignore an important aspect of reality that deserved to be studied and understood. Such accusations were raised against behaviourism which, despite its roots in the works of Pavlov, was rejected by Soviet psychologists and psychiatrists and criticised for disregarding consciousness and

[57] Rozhnov, V.E., "Meditsinskaia deontologiia i psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo*, p. 22.

[58] Platonov, K.I., *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov*, (Honolulu, 2003 [1959]), p. 423.

[59] Lebedinskii, M.S., *Ocherki psikhoterapii*, p. 5.

[60] Astakhov, S.N., *Lechebnoe deistvie*, p. 11.

turning men into automatons.[61] The Soviet view of human organism did not reject the existence of inner, subjective experiences. It simply saw them as originating from tangible, material features of the body, and unable of existing independently of it.[62] The human organism was conceptualised as having two aspects – physiological and psychical – and while the latter originated from and could not exist without the former, it could be the focus of psychotherapeutic treatment, without necessitating the return to thinking in terms of mind-body dualism.

In Soviet psychotherapy both physiological symptoms and elements of patient's inner world were considered objects of psychotherapeutic intervention and were frequently approached in a very similar way. For example, the removal of functional blindness was not very different from instilling patients with a sense of security and optimism. In both cases words were used as stimuli acting upon the nervous system to provoke change in the organism: a change that could manifest solely physiologically, or in a less tangible – though still material in origin – realm of expectations, thoughts and emotions.

The mind-body relationship implicit in Soviet psychotherapy is, however, complicated by the emphasis put on one element of what is commonly seen as belonging to the realm of "the mental" – the will. A strong will was considered a crucial trait to cultivate in patients and was often seen as a prerequisite for mastering one's responses, behaviour, and attitudes, and thus for overcoming an illness. In one of the examples given above patient M. overcame her compulsive urge to go to the toilet through learning to exercise willpower over it during the course of rational psychotherapy. After she accepted that her symptoms were psychological, not organic, in origin, the treatment focused on strengthening her ability to use her will to

[61] Smirnov, A.A., "The Development of Soviet Psychology" in *Soviet Psychology: A Symposium*, (Westport, 1973). It is worth noting that Pavlov himself did not deny the existence nor importance of the realm of subjective experiences and, unlike American behaviourists who drew on his work, was interested not only in physiological mechanisms underlying human consciousness, but also in its subjective content. See: Todes, D.P., *Ivan Pavlov: A Russian Life in Science,* (Oxford, 2014).

[62] In their search for a concept of human organism which rejected both mind-body dualism and reduction of psyche to a series of physiological processes Soviet psychologists and psychiatrists drew on Marxist thought. Despite their materialism and decisive denial of the existence of any spiritual reality, both Engels and Lenin postulated that the psyche was not material and should not be reduced to the laws of physiology. What is more, according to Engels reality was divided into different levels. Each of these levels had its own laws guiding the motion of matter, and since something new was added at each level, the laws of the higher one could not be explained by the laws of the lower one. Such image of reality was adopted by Soviet sciences of the mind, which generally explained consciousness not as material in itself but as a "property of a highly organised matter", emerging at a high enough level of configuration of matter. See: Gray, J. A., "Attention, Consciousness and Voluntary Control of Behaviour in Soviet Psychology: Philosophical Roots and Research Branches" in O'Connor, N. (ed.), *Present-Day Russian Psychology: A Symposium by Seven Authors",* (Oxford 1966), p. 4; Payne, T.R., "On the Theoretical Foundations of Soviet Psychology", *Studies in Soviet Thought VI* , 2 (1966); Payne, T. R., "The 'Brain-Psyche' Problem in Soviet Psychology", *Studies in Soviet Thought VII,* 2 (1967).

resist the pathological urge and to gradually overcome it and resume normal life.[63] When he applied psychotherapy as an auxiliary treatment in paediatric dentistry, Napadov also focused its methods on cultivating children's will and discipline, in this way aiming to help them eliminate harmful habits such as sucking a thumb.[64] The attention paid by the Soviet psychotherapists to the will is also manifest in their assertions that – contrary to the fears expressed by some patients – hypnotic suggestion not only did not weaken will but actually restored and strengthened it.[65]

The importance of cultivating the patient's will was clearly articulated by Slobodianik in a section of his book dedicated to pedagogical role of psychotherapy. He explained that will was a "motor of human activity" which allowed people to shape and reshape the world around them, and thus the cultivation of such volitional characteristics as "initiative, self-reliance, purposefulness" should be a priority for both an educator and a psychotherapist.[66] However, both in the process of upbringing and during therapy the burden of cultivating will should not rest solely on the shoulders of a professional supervising the process. On the contrary, Slobodianik argued for the importance of individual cultivation of one's own will, and of "conscious and purposeful preparation of one's own self for a more self-reliant life."[67] This could be done through striving to become more like a carefully chosen role model, keeping a diary with reflections on one's own progress, or performing mental exercises for stimulating willpower such as exercising self-control, responsibility, and fulfilling demands set by the self. This should normally take place during the process of upbringing, however, if a psychotherapeutic patient exhibited signs of insufficiently developed will, the psychotherapist was to assume a role of an educator and help him cultivate it and the traits associated with it.[68]

Cultivating patients' will was important not only because it restored or increased their ability for purposeful action in everyday life and at work, but also because it helped their recovery, both from neurotic and other psychogenic disorders (when psychotherapy acted as the main treatment) and from organic ones (when it performed an auxiliary role). Soviet psychotherapists believed that the patient's attitude towards his disorder played a significant

[63] Astakhov, S.N., *Lechebnoe deistvie,* p. 22-25.
[64] Napadov, M.A., "Psikhoterapiia v stomatologii", p. 384-385.
[65] Avrutskii, G.Ia., Neduva, A.A., *Lechenie psikhicheski bol'nykh: rudovodstvo dlia vrachei,* (Moscow, 1981); Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain: vnushenie, gipnoz, autogennaia trenirovka* (Stavropol, 1974).
[66] Slobodianik, A.P., *Psikhoterapiia,* p. 88-89.
[67] *Ibid.,* p. 90.
[68] *Ibid.*

role the process of recovery, and that mobilising him to focus his will on getting better not only raised his spirit and prevented him from developing further mental problems, but could also quicken his return to health. Lebedinskii even stated that strengthening of patient's "striving for a return to health" should be the basic element of psychotherapy.[69]

The explanation for this phenomenon centred on the mechanism of psychological self-regulation by which patient's thoughts and emotions affected physiological processes in his body, and most importantly organism's capacity for self-regulation and self-restoration. The "stream of negative emotions" with which patients often reacted to the diagnosis further unbalanced their organisms, leading to new psychogenic symptoms and increasing the suffering caused by an illness. By increasing patients' activity and focusing their will on fighting the illness psychotherapist could induce an opposite process: faith in recovery, trust in a positive outcome of treatment and determination to overcome present obstacles positively influenced organism's capacity for self-restoration, contributing to a quicker recovery.[70] Thus, one of the tasks of psychotherapy was to increase the activity of patient and cultivate in him the "traits of the fighter" that would help him believe that he will be the one to defeat the illness, not the other way round.[71]

The emphasis put on psychological self-regulation draws attention the ability to influence and control both mental and physiological processes that Soviet psychotherapy ascribed to the will. Such a view of the power of will differentiates it from behavioural therapy which, although it also sought to increase patient's self-control and strengthen his will, saw it as a means of changing behaviour, not exerting greater control over the entire organism.[72] The Soviet reliance on the power of the will to govern what occurred both in the body and in the psyche is most pronounced in psychotherapeutic methods which required the most effort from the patients: autogenic training and other variations of autosuggestion. The exercises comprising autogenic training were aimed at gradually learning to induce certain sensations and to influence certain processes in the body through repeating suggestion formulas such as "my right hand is very heavy", "my left hand is very warm", "my heart beats calmly and regularly" or "my forehead is pleasantly cool." Each exercise was considered mastered when a patient was able to successfully evoke the change that was its focus: a sensation of heaviness, a feeling of warmth (caused by dilation of blood vessels and increased

[69] Lebedinskii, M.S., *Ocherki psikhoterapii*, p. 265.

[70] Soviet psychotherapists' emphasis on the importance of faith in recovery and their utilisation of placebo effect as an element of treatment are discussed in more detail in Chapter Four.

[71] Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika*, p. 25.

[72] Bankart, C.P., *Talking Cures.*

flow of blood to a given part of the body), or a change to heart rhythm.[73] Thus, the most basic form of autogenic training involved learning to influence certain bodily processes through conscious effort. In addition, all exercises were accompanied by a formula "I am completely calm" aiming to transform patient's emotional state.[74] Autogenic training was based on the assumption that people could exert influence over their bodies and their psyches.

The dominance of human will over both psyche and physiology is also visible in therapeutic formulas recommended to patients treated with autosuggestion, and in the applications envisaged for this type of psychotherapeutic treatment. For example, the following autosuggestion formula was proposed for patients suffering from angina pectoris, tachycardia and other heart conditions:

"I am calm… All my muscles are relaxed, blood vessels in my body have dilated… I feel pleasant warmth in my left hand… My heart beats regularly, calmly… The flow of blood to my heart improves… My heart is working completely calmly, regularly, without problems. I completely do not feel my heart."[75]

A different example of a therapeutic autosuggestion formula was proposed by Doktorskii. Its aim was to help patients master and redirect their compulsive thoughts:

"I am always calm… I feel an increase in my strength and energy… I have power over my thoughts and feelings… I control myself without any effort… I can easily concentrate on any thought… I am confident of my strengths and abilities, I can overcome any difficulties, find a way out of any situation… I entirely got rid of all unpleasant sensations, compulsive thoughts and misgivings… I am always calm and confident of my strengths…"[76]

Doktorskii also suggested that all exercises of autogenic training could be accompanied by a formula "I will be healthy! I will get well!", by which patients cultivated their determination to overcome illness.[77] These formulas reveal a view of will as capable of influencing both the body and the psyche. Their words did not simply describe physiological

[73] Doktorskii, Ia.R., *Autogennaia trenirovka,* (Stavropol, 1978); Sviadoshch, A.M., "Autogennaia trenirovka" in Rozhnov, V.E. (ed.), *Rukovodstvo.*

[74] *Ibid.*

[75] Miagkov, I.F., *Psikhoterapiia: rukovodstvo dlia studentov meditsinskikh institutov i vrachei* (Moscow, 1967), p. 95. It must be noted that although psychotherapists prepared suggestion and autosuggestion formulas for patients suffering from heart conditions and other physical illnesses, they did not expected the words alone to cure organic disorders, and stressed that psychotherapy was to be administered alongside other treatments. Psychotherapeutic treatment was considered to be enough when dealing with functional disorders caused by psychological factors, but in was only expected to perform an auxiliary role in treatment of organic conditions.

[76] Doktorskii, Ia.R., *Autogennaia trenirovka*, p. 42.

[77] *Ibid.*, p. 41.

processes and psychological states, but were expected to function as commands given by a patient to his own body and mind. Thus, repeating "my heart beats regularly" sent the body a message that was meant to cause heartbeat to become more regular and calm. The phrase "I have power over my thoughts and feelings" aimed to submit thoughts and feelings to the control of the individual's will. Both bodily and mental processes were conceptualised as at least to an extent subject to the will, which could be mobilised to transform them in a way desired by a patient or – more likely – recommended to him by a psychotherapist.

Such conceptualisation of the mind, the body, and the will suggests that while Soviet psychotherapy in some ways succeeded in thinking in terms of unity of the mental and the physical, it still subscribed to its own, peculiar kind of mind-body dualism, which contrasted a unified concept of human organism (comprising its organic components, physiological processes, thoughts and emotions) with the will. In this view such elements of what could be described as the realm of the "mental" as thoughts, attitudes, opinions and feelings were imagined as something that could be trained, re-structured, and transformed either by the physician's intervention or by conscious effort of a patient. However, will appeared as something distinct, capable of influencing both the content of the psyche, and certain processes in the body. While it could be trained by working with a psychotherapist – as it was done during the treatment of M. in the example above – it was positioned "above" the rest of the organism, in a place from which it could exert influence over its other elements. Even the training of will that took place during psychotherapeutic treatment did not mean to transform or re-structure it in a way in which attitudes or patterns of thinking were transformed, but to strengthen it and direct it towards influencing the rest of the organism in a desirable way. For example, M. had to learn that she could control her symptoms with her will, and practice until she strengthened it enough to do it successfully without the assistance of a psychotherapist.[78] Similarly patients suffering from sleeplessness had to learn to help themselves fall asleep by exercising their will through autosuggestion formulas, and alcoholic patients, with the help of a psychotherapist, strengthened their will until they were able to use it to resist and supress the urge to drink.[79]

The concept of will as something separate from the rest of the organism, that could play an important part in restoring it to health, is also visible in the way in which psychotherapists described cases of treatment that failed due to insufficient commitment on the part of patients. Such examples usually concerned patients suffering from addiction. Astakhov focused on the

[78] Astakhov, S.N., *Lechebnoe deistvie,* p. 22-25.
[79] Varshavskii, K.M., *Gipnosuggestivnaia terapiia.*

issue in more detail, stressing that smoking and alcohol addiction could only be cured if the patient in question genuinely wanted to get better, as even under hypnosis it was difficult to inculcate someone with something that contradicted his intention and wishes. Astakhov argued: "The physician's explanations and arguments delivered both in an awake state or under hypnosis can successfully help a smoker overcome his bad habit. However, the success of this treatment depends not on the physician but on the patient. Psychotherapy produces good results only if the patient himself genuinely wants to quit smoking and puts into it maximal effort. (…) Instilling patients with an aversion to tobacco and with a belief that quitting smoking is necessary will help only people who truly want to make such a change."[80]

Writing about the attitudes towards mental disorders in the United States Tanya Marie Luhrmann pointed out that, unlike patients with physical illnesses, people who suffered from them were often seen as responsible for their condition: "If something is in the body, an individual cannot be blamed; the body is always morally innocent. If something is in the mind, however, it can be controlled and mastered, and a person who fails to do so is morally at fault."[81] A similar distinction in the attribution of blame can be observed in the attitudes of Soviet psychotherapists towards conditions that affected physical or psychical aspect of the human organism, and towards defects of the will. The former generally did not cause blame to be ascribed to the suffering individual – they were morally innocent. For example, the case study of patient R., who as a result of conflicts in his family developed "hysterical traits" and psychogenic blindness, did not place any responsibility on him when treatment through hypnotic suggestion failed. The failure was simply presented as a sign that a different therapeutic approach needed to be found to free R. from the condition that affected his body and personality.[82] However, patients were blamed for their lack of will to commit to treatment. Astakhov was clear that no alternative treatment – not even pharmacological therapies – would help smoking and alcohol addicts unless they focused their will on getting better and showed it "not through their words, but through their deeds."[83] Similarly, the failure of treatment through autosuggestion was sometimes explained as a result of lack of will on the part of the patient.[84]

The will was clearly an important concept in Soviet psychotherapy. It lay at the foundations of autogenic training and other forms of autosuggestion – one of the three most

[80] Astakhov, S.N., *Lechebnoe deistvie*, pp. 87-88.
[81] Luhrmann, T.M., *Of Two Minds: The Growing Disorder in American Psychiatry,* (New York, 2000), p. 8.
[82] Lebedinskii, M.S., *Ocherki psikhoterapii*, pp. 265-266.
[83] Astakhov, S.N., *Lechebnoe deistvie*, p. 94.
[84] Miagkov, I.F., *Psikhoterapiia,* p. 96.

popular psychotherapeutic methods – and was believed to be able to exert influence over both psyche and certain physiological processes. During treatment through autosuggestion this influence was administered by patients themselves – which allowed for more people to be treated by one physician – but its focus and the kind of change it was supposed to induce were chosen by the psychotherapist. The aim of this change could be simply a removal of symptoms that impaired the patient's ability to function in their everyday life, however, psychotherapists interested in autosuggestion also saw it as a method of self-perfection.

In his chapter written for *Psychotherapy Textbook* Sviadoshch listed many possible applications of autogenic training. A significant proportion of them involved self-improvement and overcoming of one's own flaws and weaknesses. Autogenic training could be used to overcome anxiety and stress before public speaking or performance of a difficult, important task (such as a surgery), to correct certain personality traits, behaviours, and habits (shyness, difficulties concentrating, tendency to slouch) and to mobilise and increase own intellectual and physical potential (form example, to improve memory or to reduce reaction time to certain stimuli).[85] Doktorskii wrote that autogenic training could be used to learn to control emotional reactions, such as anger after having one's foot accidentally stepped on, and to "broaden one's comfort zone."[86] Burno also recommended autosuggestion as a means of developing desired attitudes and behaviours and of retaining them as permanent character traits.[87]

The emphasis that Soviet psychotherapists put on will and self-improvement is a reflection of the importance given to the human will and agency in the USSR. The ability to improve and reshape oneself and to overcome both external obstacles and personal weaknesses through the effort of one's will had long been an important quality envisaged for the New Soviet Man, and ascribed to heroes and role models presented to the Soviet people.[88] Although Soviet society tends to be associated with valuing the individual less than the collective, individual self-improvement was not only not dismissed, but also actively encouraged. Raymond Bauer named responsibility and individualism among the main words

[85] Sviadoshch, A.M., "Autogennaia trenirovka", ll. 99-101.
[86] Doktorskii, Ia.R., *Autogennaia trenirovka*, p. 36.
[87] Burno, M.E., "Vnushenie i samovnushenie" in Rozhnov, V.E. (ed.), *Rukovodstvo,* p. 88-90.
[88] Jungen, B., 'Frozen Action: Thoughts on Sport, Discipline and the Arts in Soviet Union of the 1930s' in Katzer, N., Budy, S., Kohring, A., Zeller, M. (eds), *Euphoria and Exhaustion: Modern Sport in Soviet Culture and Society,* (Frankfurt am Main 2010); Kelly, C., "The New Soviet Man and Woman" in Dixon, S. (ed.), *The Oxford Handbook of Modern Russian History,* (Oxford University Press, 2013-).

that came to mind when considering Soviet approach to man, as both were the necessary qualities of the "conscious, purposeful actors" that Soviet people were supposed to be.[89]

Similarly, Oleg Kharkhordin, in an excellent study of the process of individualisation in the USSR, argued that by emphasizing the process of self-perfection the Bolsheviks taught the Party members, and then the rest of the Soviet citizens to see the self as "an object to care about, to reflect upon, to perfect."[90] He also observed that in the post-Stalin decades Soviet citizens were encouraged to perfect their individual selves with the help of numerous publications containing recommendations on self-training. After the Second World War, and particularly in the 1960s and 1970s, the USSR saw an outpouring of literature dedicated to individual self-development. Articles, books, didactic novels and mass media encouraged Soviet citizens to emulate the traits of heroes in everyday life and to cultivate will and courage. The theme of "building oneself" was a popular one in Soviet discourse, which simultaneously with emphasising the importance of the collective, encouraged people to think about the development of their individual selves.[91]

This growth of emphasis on self-training coincided with the increasing popularity of psychotherapy, which presented self-perfection as one of the aims that could be achieved with its methods. While hypnotic suggestion was delivered by a physician and aimed to restore patients' ability to live a productive, well-adjusted life in society, the methods of autosuggestion also had a second goal: mobilising patients to improve themselves by overcoming their harmful habits, anxieties, and flaws. This goal was most clearly manifested in autosuggestion, however, it was not limited to it and can also be observed in use of other psychotherapeutic methods. The arguments and appeals to reason that constituted rational psychotherapy also aimed to help patients improve themselves and overcome their traits that caused problems in their everyday life and work. For example, Miagkov presented a case of R. – a teacher characterised as having "hysterical character traits" such as egoism, emotional instability and a heightened sense of her own importance. She was treated after experiencing emotional breakdown as a result of a confrontation with an impudent pupil. The psychotherapist explained to her that her behaviour was not caused by pupil's impudence as such, but by her own inability to control her emotions and think about her actions. During treatment she began to "train her nervous system" to subject her emotions to reason, and was taught to always take a moment to calm down before responding to an impudent remark from

[89] Bauer, R. A., *The New Man in Soviet Psychology*, (Cambridge, Mass., 1952).

[90] Kharkhordin, O., *The Collective and the Individual in Russia: A Study of Practices,* (Berkeley, 1999), p. 5.

[91] *Ibid.*

a pupil, for example by developing a habit of sliding her tongue along her teeth ten times before reacting.[92] The imago therapy developed by Volpert also aimed to help patients improve themselves by working with them on overcoming their detrimental patterns of behaviour.[93]

Stimulating and guiding the self-improvement of patients was the second goal of Soviet psychotherapy, pursued alongside readjusting them to their everyday life and work environment. However, it would be a mistake to treat these two goals as distinct. They were in fact deeply entwined, and no clear line can be drawn to separate one from another. While psychotherapeutic patients, and all Soviet citizens in general, were encouraged to engage in self-improvement, it was not to be treated as an end in itself. Kharkhordin observed that while in the post-war USSR "working on oneself" was encouraged, dwelling too much on analysis of one's own thoughts, emotions and behaviour was not. The excessive self-analysis was condemned as a feature of "reactionary-idealist psychology" which distracted an individual from the purpose of self-improvement and was ultimately fruitless. Self-analysis was considered valuable only as long as it served a practical purpose of identifying one's flaws and transforming oneself to come closer to an ideal of a strong-willed, courageous and dedicated citizen.[94] Soviet psychotherapists subscribed to that trend and took it even further, clearly indicating that self-improvement was valuable not in and of itself but because it benefited the whole society. The idea of self-improvement for its own sake was condemned as egoistical. The aim of self-perfection should always be to become a better member of society. As Voskresenskii put it in the materials he prepared for teaching psychotherapy: "Self-perfection and self-regulation exercises should not became the sole task in one's life. Such an attitude would be a sign of a high level of egocentrism. (…) A man should engage in self-perfection in order to fully discover and realise his potential. If that happens, he wins, the people around him win, and finally society wins."[95]

The two goals of psychotherapeutic treatment were deeply connected and frequently relied on each other. Improving patients' social adjustment in many cases required motivating them to work on themselves and mobilise their will to overcome their weaknesses. Self-transformation that lay at the core of autosuggestion therapies in the last resort meant to help patients become better adapted to life and work in the society. While removal of patients' symptoms and restoration of their health was undoubtedly the primary task that

[92] Miagkov, I.F., *Psikhoterapiia,* p. 33.
[93] Lauterbach, W., *Soviet Psychotherapy,* (London 1984).
[94] Kharkhordin, O., *The Collective and the Individual*, p. 255.
[95] Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika*, p. 33.

psychotherapists sought to perform, they also aimed to offer Soviet people techniques of transforming themselves, and thus becoming better-adjusted, more resilient and more adaptable individuals.[96]

The healing power of a collective

At the start of the 1980s the TsOLIUV School of Psychotherapy established a new clinical base at the No. 15 Narcological Ward of the No. 3 City Psychiatric Hospital in Moscow. In addition to receiving rational psychotherapy, hypnotic suggestion, autogenic training or emotional-stress psychotherapy developed by the school's head Rozhnov, patients treated at the ward participated in sessions of collective psychotherapy. This form of therapy, preceded by removal of the most acute psychological and somatic symptoms and examination of the patient's personality, was considered one of the core elements in the treatment of addiction, helpful in exerting anti-alcohol therapeutic influence and, unlike most other methods which were used according to the judgement of physicians, was compulsory for all patients.[97]

This emphasis on collective psychotherapy was a manifestation of a belief that patients could be treated not only with therapeutic influence exerted by a psychotherapist, but also, under his supervision and guidance, could exert such influence on each other, reinforcing each other's determination to overcome an illness and helping cultivate each other's desirable traits. The practice of treating patients in groups rather than individually was a popular one among Soviet psychotherapists, as it allowed them to deliver help to a much larger number of people who awaited it and to demonstrate that psychotherapists could fulfil the norms set for other Soviet physicians. However, collective psychotherapy made compulsory for all patients at the narcological ward run by TsOLIUV should not be treated as simply another example of group therapy used to increase the efficiency of psychotherapy. While efficiency was of paramount importance to Soviet psychotherapists and had to be assured by collective psychotherapy in order for Rozhnov and his colleagues to consider it one of the key components of treatment of their alcoholic patients, collective and group psychotherapy were considered distinct psychotherapeutic methods and sought to restore patients' health in different ways.

[96] This aim of Soviet psychotherapists is especially visible in their attempts to venture outside the clinic and to apply their methods as a means of prophylaxis and self-improvement in such areas as training of athletes and various types of industry. See Chapter Five.

[97] TsAGM f. r-1126, op. 1, d. 369, ll. 364-365.

Group psychotherapy is of course a much more diverse phenomenon than its Soviet incarnation. Just like there is no unified approach to psychotherapy, there is no single way of conducting this form of treatment. In Western Europe and North America the group was often simply another setting in which a particular psychotherapeutic treatment was performed. Just like the schools of psychotherapy, approaches to group therapy multiplied rapidly after the Second World War in an "almost chaotic" fashion, postulating different ways in which a group could be used to produce a therapeutic effect. For example, group analysis would pay a lot of attention to exploring interpersonal relationships within a group while cognitive-behavioural one would focus on changing behaviour patterns of participants.[98] Just like in the case of individual therapy, the situation in the USSR stood in a stark contrast to the psychotherapeutic landscape in Western countries. The multitude of competing approaches to group treatment did not emerge and while Soviet psychotherapists produced various types of therapy conduced in a group setting, they all fitted into the general conceptual framework of their discipline.

The principles of Soviet group psychotherapy did not significantly differ from those of individual forms of hypnotic suggestion or sessions instructing patients in techniques of autogenic training. These and other therapies relying on therapeutic influence exerted by a psychotherapist or on the instructions he provided could be both performed individually or delivered to several people at once. The second option was preferred as it increased the number of patients receiving treatment in a day, but the actual treatment did not differ from individual form of therapy. For example, during a group session of hypnotic suggestion the psychotherapist induced hypnosis in all patients and then walked from one to another – or used radio equipment – to deliver personalised therapeutic suggestion formulas. Group psychotherapy was in essence individual therapy delivered to several people during one session. The therapeutic influence came from a psychotherapist and relationships between patients in a group did not have any significant impact on the course of treatment.[99]

In contrast, collective psychotherapy relied on the therapeutic influence that patients exerted on each other. A psychotherapist was still present at each session, however, his role was not to use the power of words and suggestion himself, to induce desired changes in patients, but to use the influence of the collective on each patient for therapeutic purposes.[100] The benefits of interaction with other members of a therapeutic group had of course also been

[98] Scheidlinger, S., "Group Psychotherapy and Related Helping Groups Today: An Overview", *American Journal of Psychotherapy* 5 (2004), p. 266.

[99] Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia".

[100] *Ibid.*

pointed out and were utilised by Western practitioners who tended to highlight the positive impact of the spirit of mutual understanding, interpretation of interpersonal dynamics and improvement of ability to interact with other people.[101] The training of social skills and mutual understanding and reassurance between patients were also seen as important benefits by Soviet psychotherapists, however, collective psychotherapy relied primarily on the power of suggestion that patients exerted on each other and on Soviet educational theory.

The pioneer of this type of therapy in Russia was Bekhterev who, while he did not develop collective psychotherapy as such and relied mostly on suggestion, observed and described the benefits of treating alcoholic and neurotic patients not individually but in groups. He noticed that when they received treatment as a group, they influenced each other in a way that helped their recovery. For example, seeing that therapy had a positive effect on others, a new patient became more confident about the positive outcome of his own treatment. What is more, being able to interact with others who suffered from similar problems reassured patients that their condition was not unusual and did not let them close themselves in an "illness-induced loneliness."[102]

Soviet psychotherapy of the post-Stalin decades offered a much more developed form of collective psychotherapy, however, the basic techniques of using the influence patients exerted on each other for therapeutic purposes were still applied by psychotherapists, and could constitute an important component of treatment. They were incorporated for example into K. P. Dubrovskii's method of treating stuttering. The core of his approach was taking treatment out of the quiet setting of a psychotherapy office and into a lecture hall. New patients were seated in the audience while others were on stage with a psychotherapist who conducted different forms of suggestion therapy to remove their condition, and then set them speech exercises to demonstrate the improvement achieved during the session. Placing new patients in the audience was the crucial elements of this method, which incorporated the autosuggestion mechanism triggered by witnessing successful treatment: observing positive results of treatment in others caused new patients to expect similar results when they were treated on the stage, which increased their suggestibility and contributed to the success of treatment.[103]

Dubrovskii's method was a purely therapeutic application of performance of suggestion on stage. In the nineteenth and early twentieth century, both in Russia and other European

[101] Slavson, S.R. (ed.), *The Fields of Group Psychotherapy,* (New York, 1971); Walton, H. (ed.), *Small Group Psychotherapy*, (Harmondsworth, 1971).
[102] Bul', P.I., *Gipnoz i vnushenie*, pp. 37-38.
[103] Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain,* p. 18-19.

countries sessions of hypnotic suggestion were sometimes performed as a form of entertainment and – to the displeasure of medical doctors – evoked associations with occult and magic.[104] From the last decade of the nineteenth century physicians tried to put an end to such practices by convincing lawmakers that a medical degree should be a prerequisite for performing hypnosis. Such a law, introduced in 1926, was still in effect in the second half of the twentieth century and the principle that hypnosis could only be performed by a medical doctor in a medical institution was defended by psychotherapists who believed that a session of hypnotic suggestion conducted for entertainment in front of the audience could have negative influence on spectators' nervous and mental health.[105] Hypnosis and suggestion were not completely exiled from the stage and their demonstrations continued to be organised at medical institutions for other physicians and for students. Dubrovskii's method continued this tradition – the personnel of the institution was free to attend its sessions[106] – but it also expanded upon it by adding a new therapeutic aspect and making sitting in the audience the first step of treatment.

It is also a good example of how multiple varieties of Soviet psychotherapeutic methods were developed and functioned. It was founded on the basic principles of suggestion therapies followed by psychotherapists in the USSR – Dubrovskii did not seek to challenge them nor improve them. He used the power of words and arrangement of the setting of treatment to produce the desired changes in the organism. However, while he followed the theoretical principles of treatment through suggestion, he was not rigid about its form. He searched for a way of delivering it that would be best suited to the circumstances of his patients, and produced a modification of suggestion therapy which utilised influence exerted by him, positive impact of witnessing successful treatment and nervousness that came from being on stage, which according to him increased suggestibility.[107] Such a search was common among Soviet psychotherapists who – in contrast to their Western colleagues who split into a multitude of competing schools of psychotherapy – proposed a wide variety of modifications of their main methods of treatment without challenging their basic principles or objectives.

Dubrovskii's method incorporated the use of influence that patients could exert on each other, however, it was not collective psychotherapy as such. In its developed form this method of treatment put much more emphasis on establishing relationships with and between patients

[104] Mannherz, J., "Spiritual Experience or Retarded Reflexes? Hypnosis in Russian Popular Cultures, 1914-1922" in Frame, M., Marks, S.G, Stockdale, M., Kolonotskii, B. (eds.), *Cultural History of Russia in the Great War and Revolution, 1914-1922*, (Bloomington, 2014).

[105] Rozhnov, V.E., "Gipnoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo,* p. 83.

[106] Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain,* p. 18-19.

[107] *Ibid.*

which turned them and medical personnel into a proper collective, and then actively using its influence as an element of therapy. It is also another place where Soviet psychotherapy's links to pedagogy are clearly manifested, as principles and practice of collective psychotherapy were partially based on the works of Makarenko.

Makarenko, praised as the most influential Soviet educational theorist, made the collective the central element of his system of upbringing. Working at colonies for orphaned children in the 1920s and 1930s, he came to see it as a framework for enforcing discipline and cultivating characters of the often unruly young people, until the desired qualities became internalised and formed a stable part of his charges' personalities and behaviour.[108] Soviet psychotherapists, who saw re-education as an important element of treatment, drew on Makarenko's approach in their striving to re-form and cultivate the characters of the people in their care. They developed different variations of collective psychotherapy, all of which used the relationships between patients to fulfil two main goals of Soviet psychotherapy: restore their ability to work and function in society, and help them perfect themselves through overcoming flaws of character and developing new, positive traits.

For example, in 1967 S. V. Dneprovskaia described a programme of treatment for people suffering from depression. The programme consisted of four stages. The first one was five sessions long and focused on creating a collective out of a group of patients through conversations about their common experiences caused by their illness, the relationships and regimen in the hospital ward, basic knowledge about depression, and perspectives for recovery. During the second stage patients worked together on transforming their attitudes towards their condition: they talked about their pathological habits and overcoming them, about work therapy and about the progress they made since coming to the ward. The third stage was focused on strengthening the results of treatment and consisted of conversations about leaving the hospital and importance of "working on oneself", elements of autogenic training and information about mental hygiene. The fourth stage was meant to further strengthen the results of treatment.[109]

Dneprovskaia obviously did not intend her collective therapy to be the sole treatment received by patients suffering from depression. She expected them to participate in work therapy and to be given other treatments available at a hospital, such as pharmacological medication or other forms of psychotherapy. The sessions of collective psychotherapy were to help patients cultivate determination to overcome their condition and to offer them a

[108] Bowen, J., *Soviet Education: Anton Makarenko and the Years of Experiment,* (Madison 1965).
[109] Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia", p. 117.

supportive environment in which they could voice their worries, be reassured that what they were experiencing was not unusual nor unprecedented, and encourage each other to work to transform themselves. A particularly interesting element of Dneprovskaia's method is the emphasis put on transforming a group of patients into a collective, reflecting Makarenko's belief that putting people together in one place did not suffice to establish it. It had to be actively built by joint effort, engaging in collective action against one challenge, and establishment of common rules.[110] In a version of collective psychotherapy proposed by Dneprovskaia the challenge facing all patients was depression and their collective action consisted of overcoming it together. While she did not expect patients to come up with their own rules to guide their conduct, they discussed hospital regimen and the need to engage in work therapy and exert effort to overcome own pathological, "hypochondriac habits."[111] Established in this way, Dneprovskaia's collective of patients was to be used to help them cultivate the right attitude towards their condition, just like Makarenko's collective of children was to be used to cultivate their characters.

Other psychotherapists who conducted collective psychotherapy also drew on Makarenko's ideas to create a collective and use it to help their patients. Ia. G. Gal'perin from the narcological department of the Lyublino branch of the No. 4 Gannushkin Psychoneurological Hospital in Moscow saw such therapy as a significant step in treatment of alcoholic patients. After treatment with other types of psychotherapy and medication which reduced the symptoms of alcohol withdrawal, Gal'perin and his co-workers focused on "collective upbringing" of patients, aimed at eliminating their urge to drink. Gal'perin described this stage of treatment as based on Makarenko's system of upbringing, in which educational influence was exerted by a pedagogue – whose role in this case was performed by a psychotherapist – and by patients themselves, who supported each other in struggle to cultivate their characters and kept each other on what a psychotherapist deemed the best route to recovery.[112]

The use of a collective to instil discipline and keep patients dedicated to transforming themselves and overcoming their weaknesses is even more pronounced in S. N. Andreichikov's description of treatment of alcoholic patients at the narcological dispensary in Kus'e-Aleksandrovskii. In addition to facilitating patients' mutual motivation and support in their struggle against addiction, physicians at this institutions obliged them to admit their

[110] Kharkhordin, O., *The Collective and the Individual*.
[111] Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia", p. 117.
[112] TsAGM f. r-533, op. 1, d. 158, l. 4.

flaws and the harm that they caused to others through their drinking in the so called "confession of an alcoholic" made in front of other patients.[113] By engaging in this practice a patient made other members of a therapeutic collective witnesses to flaws of his character and his commitment to transforming himself, overcoming addiction and again becoming a contributing member of his family and society. Thus, a collective not only served the purpose of harnessing influence patients could exert on each other for therapeutic purposes, but also acted as a means of reinforcing their commitment and discipline.[114] The role of a collective as a disciplining body which kept its members committed to self-improvement and to following the regimen set by a doctor is also manifested in certain functions of the institution of patients' councils, set up at certain hospital wards, which according to Libikh could constitute a form of collective psychotherapy.[115] The patients' council was indeed used in this way at the narcological ward run by Rozhnov and his colleagues from the TsOLIUV School of Psychotherapy, where the patients who did not follow the hospital regimen were sent to the meeting of the council, where they were criticised for their behaviour and promptly sent for a session of collective suggestion.[116]

The goals of collective psychotherapy did not differ from those pursued by other forms of Soviet talking cures. Patients who took part in this treatment were expected – with the help of the collective – to use their will to improve themselves and in this way to again become well-adjusted, productive members of the Soviet society. A collective was used to mobilise patients' will in different ways. It could offer support and reassurance that each patient's problems were shared by others and possible to overcome, or it could perform a disciplining function by exerting pressure that kept all its members committed to recovery. It also helped their readjustment to society by offering them an opportunity to practice social activity in the hospital setting and consequently cultivate "socially useful" personality traits.[117] Collective psychotherapy, just like various individual psychotherapeutic treatments in the USSR, was understood as a medical discipline, and just like them existed at an intersection of medicine and pedagogy. The practitioners who used it were first of all interested in restoring their

[113] Andreichikov, S.N., "Opyt organizatsii i raboty narkologicheskogo dispansera", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 6 (1959), p. 762.

[114] This practice brings to mind the self-criticism sessions – a well-known feature of the Soviet system. The connection between these sessions and post-war encouragement of self-improvement was made by Kharkhordin, who saw both these phenomena as steps in the process of individualisation occurring in the USSR, by which its citizens learned to reflect upon and cultivate their selves. The example of "confessions" made by patients shows that both these steps left their mark on Soviet psychotherapy and the way in which it sought to teach patients to perfect themselves. Kharkhordin, O., *The Collective and the Individual*.

[115] Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia".

[116] TsAGM f. r-1126, op. 1, d. 369, l. 366.

[117] Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia", p. 118.

patients' health. The words were their instruments, however, psychotherapists sometimes drew on educational theory to apply them to re-educate their patients, cultivating in them desirable traits, attitudes and behaviours, and with the help of this upbringing restoring them to their lives and work, thus achieving the goal of psychotherapy and all other medical treatments: a recovery.

The methods used by Soviet psychotherapists to treat their patients reveal their understanding of themselves both as physicians like any other, who exerted therapeutic influence to free a human organism from an illness, and as educators who helped patients overcome their flaws and cultivate their characters. While they understood their methods as firmly rooted in physiology, they frequently focused on treating symptoms that affected the psyche, offering a treatment that took a form of re-education or upbringing. Suggestion, persuasion, and influence of the collective were all applied to transform patients' outlook and to help them develop traits that were thought to characterise a healthy, well-adjusted member of society. In some cases psychotherapist's intervention could go beyond transforming an individual and seek to also transform his working and living conditions to make them less likely to re-trigger an illness, however, while such involvement in patient's life was considered an option during treatment, it was not very common and in most cases Soviet psychotherapy aimed to adjust people to their environment, not the other was around. It aimed to re-structure their ways of thinking, reacting and relating to the world around them, in order to eliminate the pathological thoughts and behaviours that accompanied their condition, and to replace them with the ones that reflected self-control, optimism about the future, and social adjustment.

However, Soviet psychotherapy did not focus solely on treating the content of the psyche. It also had a crucial role to play in removing functional disorders which, while being caused by psychical factors, manifested through the disruption of physiological functions of a human organism and while it was not expected to cure organic conditions, suggestion was sometimes used to ease or eliminate pain.[118] What is more, Soviet psychotherapists did not draw a dividing line between the mind and the body, but rather emphasised their interconnectedness and the consequent unified concept of a human organism. Symptoms that manifested by disrupting the functioning of the psyche were treated in the same ways as those that affected physiological processes in the body. The removal of a fatalistic outlook on one's

[118] See for example: Bul', P.I., *Gipnoz i vnushenie*; Gerke, R.P., *O gipnoze i vnushenii*; Michaels, P.A., *Lamaze*; Varshavskii, K.M., *Gipnosuggestivnaia terapiia.*

life through suggestion did not significantly differ from removal of functional blindness. Thus, in some respects Soviet psychotherapy in its practice stayed true to its declaration of commitment to rejection of the mind-body dualism. However, this rejection was not absolute, and while Soviet psychotherapists did not appear to draw a clear line between the mind and the body, they treated them both as subject to human will.

The will, not the entire mind, continued to be treated as distinct from the rest of the organism and capable of controlling and transforming both its physiological and mental processes. This capacity to influence organism through the effort of will was the basis of psychotherapeutic methods which utilised the mechanism of autosuggestion, such as autogenic training. Through mastering its basic techniques, patients learned to exert more control over their thoughts, emotions and bodies, and subsequently used more complex autosuggestion formulas to overcome their symptoms and flaws, and to develop new, positive traits and patterns of behaviour. Self-improvement of patients was another goal of Soviet psychotherapy. Its practitioners not only cultivated desirable traits and attitudes in their patients, but also taught them to do it themselves. Thus, psychotherapists' role as educators was not limited to re-educating their patients. It also involved teaching them how to use their will to work on themselves and motivating them to engage in self-perfection to become more resilient, more confident and well-adjusted members of the Soviet society.

Soviet psychotherapy was envisaged as a primary method of treating functional disorders and neuroses and an important component of treating addictions, however, the physicians who practised and promoted it believed that it was also a highly beneficial auxiliary treatment applicable in virtually every branch of medicine. The transformation of outlook, behaviour and responses achieved through psychotherapeutic methods was not only considered beneficial for neurotic patients. It had a place in caring for patients suffering from all kinds of organic conditions, since a determination to overcome an illness and faith in recovery were believed to contribute to the positive results of treatment. By cultivating a "right" attitude towards illness, psychotherapy was expected to increase the effectiveness of other therapies, making patient's return to health more likely. It also protected their mental health, by helping them keep an optimistic outlook and increasing their resilience. This auxiliary role of psychotherapeutic influence was considered so important that psychotherapists not only delivered it themselves but also argued that elements of their methods should be taught to all physicians in order to allow them help their patients more effectively. Such instruction for medical personnel was advocated alongside striving to establish psychotherapy as a medical speciality, revealing that Soviet psychotherapists saw

their discipline not only as a means of curing certain disorders, but also as a set of techniques that could help any physician increase the effectiveness of his or her treatment.

Chapter 4

Sterility and Suggestion: Psychotherapy in Every Clinical Interaction

"A caring, compassionate word can bring warmth, free a person from their suffering, give them comfort and hope. A bad word brings harm, causes pain, instantly worsens people's mood. One word can be enough to lighten the face of a sad person, to cause heart palpitations, or to bring the tears of joy or the tears of sadness."[1]

– S.N. Astakhov

"Psychotherapy is administered in all branches of therapeutic medicine without exception. There is not a single clinical branch that does not include psychotherapy as a method of direct or indirect influence on the state of the higher nervous activity of the patient and, hence, on the entire course of his disease. (…) Every physician, whatever his speciality, is first of all a psychotherapist."[2]

– K.I. Platonov

The possibility of influencing the human organism through words, and to an extent also through other stimuli, lay at the heart of Soviet approaches to psychotherapy. Its main methods relied on the careful application of verbal and environmental factors in order to elicit a desired change in patients' psyches and through their psyches sometimes also in their bodies. Words were instruments wielded and applied by psychotherapists, just like their colleagues wielded scalpels and prescribed medication, and, just like medication and surgical instruments, they could cause harm if used carelessly. The authors writing about psychotherapy stressed the importance of precision in constructing phrases uttered to patients and the need for careful control over tone of voice, facial expressions, and gestures. Failure to act with appropriate care could weaken the results of psychotherapeutic treatment, altogether prevent the improvement of patient's condition, or even cause further harm.

Such perception of words and their impact logically led to concerns about the influence exerted by verbal stimuli coming from doctors untrained in their use. The words did not stop being instruments when they were wielded by a cardiologist, an oncologist, or a general practitioner. They still influenced patients and, just like a scalpel in untrained hands, could cause harm. The identification of this problem resulted in a curious claim from

[1] Astakhov, S.N., *Lechebnoe deistvie slova*, (Leningrad 1962), p. 3.

[2] Platonov, K.I., *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov*, (Honolulu 2003 [1959]), p. 224, 262.

psychotherapists who until the mid-1980s had striven to have their discipline recognised as a distinct medical speciality: the assertion that all physicians, regardless of their speciality, acted as psychotherapists and needed to possess certain psychotherapeutic knowledge and skills. Such an opinion was expressed by Platonov, in his seminal monograph reprinted in 1957, and in the following years was echoed by many Soviet psychotherapists, including some of the most influential figures in the field. Vel'vovskii – Platonov's student and the first head of the UIUV School of Psychotherapy – continued the thought of his teacher, advocating that since all humans possessed the second signal system, this part of their nature needed to be taken under consideration in every encounter with a doctor, regardless of their illness. In order to ensure such approach, every physician needed to be acquainted with basic psychotherapy.[3] M.S. Lebedinskii, who between 1971 and 1978 headed the VNONiP clinical psychology, psychotherapy and mental hygiene section, also believed that doctors of various specialities should be trained in psychotherapy as a subspecialty.[4] In the *Psychotherapy Textbook* its editor and the head of School of Psychotherapy at TsOLIUV Rozhnov argued that psychotherapy played an important role in ensuring that medical institutions provided an environment that helped patients' recovery.[5]

The argument that psychotherapy was a skill that every doctor should possess might seem counterintuitive coming from people who still sought the full recognition of their discipline. The claim that every doctor was a psychotherapist could easily lead to questions about the point of creating a speciality dedicated to something that all members of medical profession were to learn and to perform. However, the closer examination of this proposition reveals that it was in fact intended to broaden the scope of competencies of psychotherapists, and to further stress the need for specialists trained in this discipline. The psychotherapeutic skills and knowledge advocated as necessary for all doctors (and according to some also for all personnel of medical institutions) were referred to as general or minor psychotherapy. While hypnosis, rational psychotherapy and other methods used to treat specific disorders constituted special or major psychotherapy, minor psychotherapy consisted of principles meant to guide the behaviour towards patients and the creation of an environment that was beneficial for recovery.

[3] Vel'vovskii, I.Z., "Metodicheskie i organizatsionnye osnovy vnedreniia psikhoterapii v sanatorno-kurortnuiu meditsinu" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, (Kiev, 1966).

[4] Lebedinskii, M.S., *Ocherki psikhoterapii*, (Moscow 1971).

[5] Rozhnov, V.E., "Meditsinskaia deontologiia i psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii*, (Moscow 1974).

Providing such guidance was a task that psychotherapists envisaged for themselves in all medical institutions. They frequently stressed the link between their discipline and medical deontology, explaining that: "medical deontology is concerned with the question of what should be done, while psychotherapy teaches the practice of how to do it."[6] Thus, psychotherapy was understood as more than just another form of treatment and people who specialised in it aspired to do more than just to combat their patients' disorders. They strove to fulfil the role of experts on the appropriate behaviour of medical personnel, sharing their knowledge to provide guidance on how to interact with sick, vulnerable people in order not to cause them further harm and to help their recovery.

This chapter is going to examine what the concept of minor psychotherapy reveals about the Soviet understanding of psychotherapy as a whole. After presenting the arguments used to stress the need to educate the personnel of medical institutions about responsible behaviour around patients, and outlining the development of efforts to provide such education, it will examine the content of the guidance offered and the convictions and ethical positions in which it was rooted. The principles and techniques of minor psychotherapy consisted largely of purposeful arrangement of patients' surroundings, various degrees of deception and concealment of truth – all methods likely to be found unacceptable by a majority of Western approaches to psychotherapy which postulated the promotion of patient's autonomy and free choice as one of their goals.[7] The arguments in favour of such elements of minor psychotherapy can be explained as a product of Soviet approach to medical ethics which, despite the talk of the new communist morality, in many ways remained conservative and faithful to the old paternalistic tradition.[8] This chapter is going to analyse the discourse about minor psychotherapy, seeking to understand the concept of an ideal relationship between doctors and their patients postulated by the discipline which positioned itself as an expert on this issue. Looking at examples of behaviours and solutions proposed to the personnel of medical institutions, it will examine how the will to improve the treatment of patients on one hand, and the continued commitment to medical paternalism on the other, shaped Soviet psychotherapy in its efforts to become "a principle of therapeutic-prophylactic work"[9] and a guide on the proper and beneficial ways of interacting with patients.

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[6] *Ibid*., p. 21.

[7] Erwin, E., *Philosophy and Psychotherapy: Razing the Troubles of the Brain,* (London 1997).

[8] De George, R.T., "Biomedical Ethics" in Graham, L.R., *Science and the Soviet Social Order,* (Cambridge, Mass. 1990).

[9] Vasiliev, A.A., "Nekotorye voprosy organizatsii psikhoterapii na kurortakh" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* p. 12.

A double-edged weapon

The distinction between major (or special) and minor (or general) psychotherapy had been present from the very beginning of the renewed growth of this discipline in the mid-1950s, as was the striving to educate all medical personnel about the basic principles of the latter. In 1957 Platonov's revised monograph on psychotherapy was published, drawing attention to the idea that words could evoke physiological changes in human organism and could be used as a therapeutic factor. Next to the explanations of mechanisms behind such processes and their possible applications – all rooted in the theories of Pavlov – Platonov included the following warning: "A word is a double-edged weapon that must be properly used. (…) Not a single psychotherapeutic method, if a competent physician of any branch of medicine has fully mastered it, can harm the patient. At the same time a physician entirely unwittingly inflicts great harm to the patient by negative psychotherapy of which he himself is frequently unaware."[10]

His warning was accompanied by several examples of careless remarks made by physicians that had grave consequences for their patients, such as an offhanded comment made to a patient diagnosed with an ordinary lipoma ("Be careful, these ordinary swellings become malignant.") which pushed him into a depressive state.[11] Another, more drastic example concerned P. – a woman suffering from tuberculosis who despite her illness was generally satisfied with her life. Her optimistic attitude was put to an end by a doctor who, upon being consulted about P.'s ability to take a trip with her husband, told her: "No microbes and your gaining a little weight don't mean anything. Tuberculosis is generally incurable", triggering a severe depression which in the end led P. to suicide.[12] According to Platonov, no interaction between a physician and a patient could be devoid of a psychotherapeutic aspect. A spoken word was a psychotherapeutic instrument, wielded by every physician during a conversation with a sick person. Thus, in a way every physician already acted as a psychotherapist, however, many lacked the necessary knowledge and applied their words carelessly, triggering new, iatrogenic[13] disorders, postponing patients' return to normal life, or even – as in the case of P. – bringing about a premature death.

[10] Platonov, K.I., *The Word*, p. 260, 262.
[11] *Ibid*., p. 264.
[12] *Ibid.*
[13] The conditions described as "iatrogenic" are the ones that develop as a result of medical examination or treatment.

Platonov's opinion was shared by his colleagues in Kharkov and the idea that every clinical encounter included an element of psychotherapy became incorporated in the efforts undertaken by organisers and graduates of at first a course, an then a School of Psychotherapy at UIUV. As introduction of psychotherapy into the practice of sanatoria and health resorts was one of the initial focuses of the school, many of the efforts to instruct all medical personnel in the principles of appropriate behaviour towards patients also concentrated on these institutions. Doctors who completed the UIUV psychotherapy course, in addition to learning how to treat patients with psychotherapeutic methods such as hypnotic suggestion or rational psychotherapy, were instructed in the principles of minor psychotherapy and took their knowledge to health resorts all around the USSR.[14] This aspect of psychotherapy did not escape the attention of the URSUKP which recommended instructing all medical personnel in preventing iatrogenic disorders and in exerting beneficial psychotherapeutic influence on patients, when it voiced its support for the introduction of psychotherapy into the practice of its institutions in 1962.[15] A decade later the same decision was made by the TsSUKP, which, in a resolution recommending continued introduction of psychotherapy into the complex of treatment, listed cultivation of personnel's "deontological habits" and improvement of its behaviour towards patients among the main tasks of psychotherapists working at health resorts.[16]

The chief element of the fight against iatrogenic disorders was maintenance of what Vel'vovskii called the "sterility of words and behaviour"[17] – the provision of an environment in which patients were not exposed to any factors that constituted negative psychotherapeutic influence and could worsen their condition. The personnel of medical institutions, including people in non-medical occupations such as cafeteria workers, was to be taught to avoid careless remarks, facial expressions or gestures that could worry or scare patients and thus become stimuli responsible for the development of a new disorder; to always remain calm, even if the patient was agitated; and to never dismiss patients' worries and fears.[18]

The idea of "sterility of words and behaviour" spread to different sanatoria and health resorts as their doctors studied psychotherapy at UIUV in Kharkov, at its branch at the Berminvody sanatorium, or completed one of its residential courses. Thus, the principles of behaviour towards patients recommended by Kharkov psychotherapists were taken to

[14] Vasiliev, A.A., "Nekotorye voprosy".
[15] GARF f. r-9493, op. 8, d. 380, ll. 155-156.
[16] GARF f. r-9493, op. 8, d. 1506, l. 262.
[17] Vel'vovskii, I.Z., "Metodicheskie i organizatsionnye osnovy", p. 185.
[18] *Ibid.*

Odessa,[19] Sochi,[20] Novosibirsk region,[21] Belarus,[22] Uzbekistan,[23] and many other places around the USSR. What is more, doctors working at these institutions also began to voice their arguments in favour of educating personnel of medical institutions in proper conduct around patients. Already in 1964 M.D. Tantsiura of the 1st May Sanatorium in Kiev expressed a concern that the behaviour of health resort personnel could nullify positive effects of provided psychotherapeutic treatment, and stressed the importance of creating "psychotherapeutic conditions" in the whole institution, and educating doctors, nurses, and non-medical personnel in preventing development of iatrogenic disorders.[24] In 1971 D.A. Bershadskii of the Sochi health resort published his own guide on medical deontology and minor psychotherapy, aimed at doctors and nurses working at similar institutions. Just like Platonov, he reminded his colleagues that words, as stimuli acting upon human organism, could have both positive and negative, or even "fatal," effect, and therefore should always be well thought out before they were spoken. He expressed his outrage at the carelessness and dismissiveness of certain doctors (particularly when dealing with patients suffering from sexual dysfunction), and pointed out that such attitude only worsened patients' condition and prolonged the necessary period of treatment.[25]

The interest of UIUV psychotherapists in health resorts and the support of first Ukrainian, and then Central Council for the Administration of Trade Union Health Resorts facilitated the spread of minor psychotherapy to these institutions. However, the concern about iatrogenic illnesses and the will to present psychotherapy as a solution to this problem were by no means limited to health resorts. The psychotherapists from UIUV strove to present the expertise offered by their discipline on relations between doctors and patients as essential for all Soviet medicine, and their colleagues from other institutes, hospitals, neuropsychiatric dispensaries and polyclinics worked towards the same goal. In 1964 I.Ia. Zavilianskii, a psychiatrist working at the Bogomolets Kiev Medical Institute, published a monograph entitled *Doctor and Patient* in which he postulated a link between medical deontology and psychotherapy, and stressed that every doctor had an obligation to not only avoid exerting

[19] Shtein, F.E., "Opyt psikhoterapevticheskoi raboty v lermontovskom sanatorii" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*.

[20] GARF f. r-9493, op. 8, d. 1913, ll. 7, 202.

[21] GARF f. r-9493, op. 8, d. 1167, ll. 22, 116, 128.

[22] GARF f. r-9493, op. 8, d. 2734, ll. 29-30.

[23] GARF f. r-9493, op. 8, d. 2689, l. 28.

[24] GARF f. r-9493, op. 8, d. 657, ll. 147-148.

[25] Bershadskii, D.A., *Nekotorye osobennosti raboty sotrudnikov sanatorno-kurortnykh uchrezhdenii v svete trebovanii deontologii i maloi psikhoterapii: informatsionno-metodicheskie materialy dlia vrachei i meditsinskikh sester kurorta*, (Sochi 1971).

negative influence on patients through his words, but also to learn how to exert a positive one.[26] A year after its foundation the School of Psychotherapy at TsOLIUV was already offering a course in basic psychotherapy for internists.[27] A similar course was introduced at LOLIUV when it began to teach psychotherapy in the late 1970s.[28] Psychotherapists offered multiple examples of usefulness of psychotherapy for other physicians working at hospitals and polyclinics, stressing that the basic information about the psychotherapeutic approach to patients should be included in the training of all theirs colleagues.

For example, R.S. Shpizel' and E.V. Sviripa argued that all surgeons should also be trained in psychotherapy, as their failure to establish a good relationship with a patient could lead to the patient's refusal of necessary tests or surgery, which in turn, as a result of a delay in treatment, could lead to the illness becoming incurable.[29] L.L. Shvartsman suggested that psychical rehabilitation should be an element of care for patients who had suffered a heart attack, as psychotherapy – possibly combined with psychiatric medication – could prevent the development of subsequent mental health problems such as depression, fears, or psychogenic heart pains.[30] S.S. Libikh, N.A. Mikhailova, and N.A. Medovnikova declared that "psychotherapeutic behaviour" should be obligatory for all medical personnel, and singled out oncology as a branch of medicine that especially needed to be built on its principles, since cancer patients' belief in recovery could significantly increase the effectiveness of treatment.[31]

Thus, doctors who practised and researched psychotherapy clearly believed that their discipline was crucial for proper care for patients in all branches of medicine and should constitute a basis for the behaviour of medical personnel. However, when they argued that every physician should also be a psychotherapist, they did not intend to share their status as experts on influencing human organism through the second signal system, nor did they see such an argument as detrimental to their efforts to establish psychotherapy as a fully-fledged medical speciality. First of all, minor or general psychotherapy was just a small part of the contribution psychotherapists could make to the treatment of patients. As was pointed out by Lebedinskii, the training of other physicians in certain aspects of psychotherapy did not

[26] Zavilianskii, I.Ia., *Vrach i bol'noi: voprosy vrachebnoi deontologii, etiki i psikhoterapii*,(Kiev 1964).
[27] GARF f. r-8009, op. 9, d. 1312, l. 102.
[28] GARF f. r-8009, op. 50, d. 6551, l. 75.
[29] Shipzel', R.S., Sviripa, E.V., "Deontologicheskie aspekty psikhoterapii v khirurgicheskoi praktike" in *Problemy meditsinskoi deontologii: tezisy dokladov Vtoroi Vsesoiuznoi konferentsii,* (Moscow 1977).
[30] TsAGM f. r-533, op. 1, d. 262, ll. 100-101.
[31] Libikh, S.S., Mikhailova, N.A., Medovnikova, N.A., "Printsipial'nye voprosy deontologii" in *Problemy meditsinskoi deontologii.*

eliminate the need for doctors specialising in it, who could use more complex psychotherapeutic methods to treat neuroses and similar disorders, and develop the theory and practice of their discipline.[32]

What is more, the insistence that all physicians be instructed in psychotherapy can be seen as an element of building the discipline's status and convincing both medical community and the healthcare authorities of its usefulness. The Soviet press often pointed to the problem with the way patients were approached by their doctors, publishing stories about neglect, indifference, and cruelty in medical institutions.[33] In 1969 at the First All-Union Conference on Medical Deontology the Soviet Minister of Health Protection B.V. Petrovskii himself openly spoke about the risks and challenges posed by increased specialisation in medicine, which led doctors to ignore the wholeness of the organism and the importance of psyche: "A disease influences the patient's personality, psyche, experiences etc. Narrow specialisation, and especially technicism, in certain conditions can obscure not only the organism, but also the patient's personality, causing some doctors to underestimate the psychotherapeutic issues and to ignore the ethical problems of medicine."[34]

The problem was visible, and psychotherapists were able to show the usefulness of their discipline by claiming that they had the solution. The texts comparing doctor's words to weapons or instruments asserted that trained psychotherapists knew how to handle them and could impart some of this skill to their colleagues. If the personnel of medical institutions was to be taught how to positively influence patients through their words and behaviour, psychotherapists were needed to further develop such knowledge and to provide the instruction.

Vel'vovskii recommended that psychotherapists working full-time at sanatoria or health resorts dedicate at least six hours a week to educating the rest of the personnel about minor psychotherapy and "sterility of words and behaviour."[35] Such education was not to be limited to dispensing information, but should include active effort to ensure that all doctors and nurses observed the principles of minor psychotherapy in their everyday work: "The knowledge that sterility is essential in an operating room is not enough for the personnel to

[32] Lebedinskii, M.S., *Ocherki psikhoterapii*.

[33] Field, M.G., "The Hybrid Profession: Soviet Medicine" in Jones, A. (ed.), *Professions and the State: Expertise and Autonomy in the Soviet Union and Eastern Europe*, (Philadelphia 1991).

[34] Quoted in Kurochkin, V.V., Berdichevskii, M.Ia., "Zadachi i perspektivy razvitiia psikhoterapevticheskoi pomoshchi v lechebnykh uchrezhdeniiakh Krasnodarskogo kraia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.*, (Krasnodar, 1975), p. 36.

[35] Vel'vovskii, I.Z., "Metodicheskie i organizatsionnye osnovy", p. 190.

maintain it. What is needed is the consistent effort to cultivate the right behaviour and habits of medical personnel. Similar work is necessary to cultivate psychotherapeutic 'sterility' in verbal communication with patients and in behaviour around them."[36] Thus, in addition to organising lectures and seminars, Vel'vovskii and Ia. M. Musher, his colleague working at the Berminvody sanatorium, recommended that psychotherapists monitor the behaviour of the personnel and reinforce the right habits by dispensing criticism or praise.[37] Lebedinskii made it clear that while doctors of all specialities should learn some psychotherapy, those specialising primarily in psychotherapy should be employed at medical institutions to advise their colleagues.[38] Such a need was also underlined by Shpizel' and Sviripa who reminded that in addition to training surgeons in psychotherapy, major surgical institutions should have a position of psychotherapist on their staff .[39]

Becoming experts on the interactions between doctors and patients, and guiding the behaviour of the medical personnel was clearly one of the tasks that psychotherapists aspired to perform in the clinic. However, just like the story of Soviet psychotherapy in general, the story of minor psychotherapy was one of far-reaching ideas and aspirations, and much more limited results. The efforts to stress the contribution that psychotherapy could make to improve the standard of care and to prevent iatrogenic disorders did not go unnoticed. Such a role for psychotherapy was endorsed both by the Councils for the Administration of Trade Union Health Resorts and by the Soviet Minzdrav. Few years after Petrovskii's speech at the First All-Union Conference on Medical Deontology indicated health authorities' interest in psychological aspect of treatment, the decision was made to open psychotherapy departments in certain polyclinics in all Soviet republics, giving doctors who received training in this discipline an opportunity to introduce their colleagues to the principles of medical deontology and psychotherapeutic approach to patients.[40] Over the next decade it was observed that the number of complaints about the quality of care decreased in these polyclinics. Consequently, when a position of doctor-psychotherapist was finally added to the list of medical job positions in 1985, the description of its duties included "introducing the principles of medical deontology into the work of the entire therapeutic-prophylactic institution" and "running events that will raise the psychotherapeutic qualifications of the personnel."[41]

[36] *Ibid.*, p. 187.

[37] Vel'vovskii, I.Z., Musher, Ia.M., "Skhema vnedreniia deontologii v sanatorii" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

[38] Lebedinskii, M.S., *Ocherki psikhoterapii*.

[39] Shipzel', R.S., Sviripa, E.V., "Deontologicheskie aspekty psikhoterapii".

[40] GARF f. r-8009, op. 50, d. 4900, ll. 15-19.

[41] GARF f. r-8009, op. 51, d. 1646, ll. 276, 284.

Nevertheless, although psychotherapy managed to achieve the status of a discipline responsible for dictating the proper conduct of medical personnel, evidence suggests that its promoters did not make as much of a difference as they hoped. Even more than the development of psychotherapy as a method of treatment, the introduction of minor psychotherapy was impeded by the shortage of resources and trained personnel, and by limited capacity for educating more specialists. Vel'vovskii did not want the propagation of minor psychotherapy to be limited to seminars and lectures, however, the efforts undertaken to spread psychotherapeutic knowledge in medical institutions tended to take precisely that form.[42] While the precise time spent by doctors practising psychotherapy on specific activities is unknown, given the conditions under which many of them worked, it is unlikely that after treating all patients who required their care they had much time left for educating their colleagues.

In the late 1950s and the 1960s doctors who practised psychotherapy at Soviet medical institutions often did it in their free time, in addition to their normal duties, and consequently focused on treatment rather than on minor psychotherapy.[43] The problem persisted in the 1970s, when more doctors obtained training as psychotherapists at the courses at UIUV or TsOLIUV, however, their workplaces still lacked additional resources or will to employ a full-time psychotherapist. The redistribution of internal resources of individual institutions sufficed only to provide a minimum of psychotherapeutic care. For example, a polyclinic by the Krasnodar Cotton Mill Hospital which managed to organise 1-2 hours of psychotherapy three evenings a week used this time to treat people who lost the ability to work due to neuroses.[44] In other polyclinics that offered psychotherapy educating medical personnel about medical deontology was considered one of psychotherapists' tasks, however, in practice it was often neglected due to lack of time.[45]

Thus, the impact that psychotherapists could exert on the behaviour of medical personnel could be very limited even at the institutions that offered psychotherapy as a

[42] The reports on activity of medical institutions, when they include instruction in minor psychotherapy and medical deontology at all, in most cases just list lectures and seminars that took place in a given year. For example: GARF f. r-9493, op. 8, d. 1167; GARF f. r-9493, op. 8, d. 2734; GARF f. r-9493, op. 8, d. 2689; Khaikin, E.Ia., "Opyt organizatsii psikhoterapevticheskoi raboty v podmoskovnom sanatorii Pravda" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia.*

[43] For example: Tkachenko, V.Ia., Barash, Ia.I., "Opyt raboty po sozdaniiu psikhoterapevticheskoi seti na iuzhnom beregu Kryma" in Vel'vovskii, I.Z., *Psikhoterapiia v kurortologii.;* Kostomarova, A.P., Smirnov, A.N., "Opyt primeneniia psikhoterapii na kurorte Nal'chik" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia.*

[44] Nalivko, V.V., "Opyt psikhoterapii ambulatornykh bol'nykh v poliklinike obshchego profilia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii.*

[45] Berdichevskii, M.Ia., "Ob organizatsii psikhoterapevticheskoi pomoshchi v meditsinskikh uchrezhdeniiakh Krasnodarskogo kraia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii.*

treatment, while even more institutions did not offer psychotherapy at all. It must be remembered that when in 1975 the Minzdrav decided to open 150 psychotherapy departments in polyclinics across the USSR, it made a significant step towards providing psychotherapeutic care.[46] What is more, many physicians who might have had an interest in learning more about psychotherapeutic approach to patients simply did not have access to such education. Psychotherapy was not taught at the medical institutes and the number of places at UIUV, TsOLIUV and LOLIUV was limited. Consequently, in 1977, at the Second All-Union Conference on Medical Deontology, G.A. Makeev lamented the situation in which a number doctors of various specialities wanted to include psychotherapeutic methods in their practice, however, they lacked the necessary knowledge and skills, and did not have easy access to the appropriate training.[47]

Despite the growing recognition of the contribution that psychotherapy could make to interactions between doctors and patients, and the occasional statements calling for more attention to be paid to the psyche coming from the top of Soviet healthcare, the influence of the ideas of minor psychotherapy remained very limited. The growth of psychotherapy was encouraged in speeches, articles and by occasional administrative decisions and decrees, however, it was not a priority. Educating the personnel of medical institutions about the right way to behave around patients was difficult when only few hours a week were available for psychotherapy, and patients who suffered from neuroses, addictions and functional disorders awaited psychotherapeutic treatment. Consequently, although minor psychotherapy indeed reached a number institutions, on the scale of the country it did not make a great change. The calls for paying more attention to medical deontology and psychotherapy, raised in the late 1950s, could still be heard in the 1980s,[48] showing that although healthcare authorities and more doctors became aware of the problem, this awareness was not followed by decisive action to popularise psychotherapy and a psychotherapeutic approach to patients.

Nevertheless, it is worth taking a closer look at the postulated methods of minor psychotherapy. The concept of "sterility of words and behaviour" and the insistence that every worker at a medical institution could and should exert a positive psychotherapeutic influence on patients reveal an understanding of psychotherapy that is much wider, and rooted in different priorities and ethical principles, than the dominant approaches to this form of

[46] GARF f. r-8009, op. 50, d. 4900, ll. 11-12, 15-17.

[47] Makeev, G.A., "Nekotorye spetsial'nye voprosy vrachebnoi deontologii" in *Problemy meditsinskoi deontologii.*

[48] GARF f. r-8009, op. 51, d. 1646, l. 276; Vlasov, N.A., "O rabote pravleniia vserossiiskogo nauchnogo obshchestva nevropatologov i psikhiatrov v 1981 g.", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 8 (1982).

treatment found in Western Europe and North America. The examination of the behaviour towards patients recommended to Soviet doctors can help put Soviet psychotherapy in the context of debates about medical ethics, and the relationship between psychotherapy and placebo.

The sterility of words and behaviour

The most common factors identified as causes of iatrogenic illnesses were the words spoken by a doctor to, or in the presence of, a patient. The harmful influence could come from the tone in which the words were spoken, from their content, or from the facial expression accompanying them, but in most cases the cause of such an illness laid in an element of communication between a doctor and a patient. In order to illustrate this point psychotherapists gave multiple examples of how an interaction in a clinic resulted in the worsening of patient's state, the refusal of treatment, or the development of a new disorder. Platonov provided a whole list of careless or cruel remarks made by physicians to patients, such as: "Your heart is simply horrible, be careful or you may get it paralysed."; "You are a lost woman. Who allowed you to become pregnant?"; "You better always carry your passport and address with you because you may suddenly get a brain haemorrhage in the street."[49] In the later years his colleagues also criticised this lack of sensitivity in talking to vulnerable people about their condition, pointing out ways in which words could exert unintended harmful influence. A particularly interesting example illustrating the necessity of considering patient's level of education and possible associations with individual words that were used was provided by a neuropathologist M.I. Kholodenko. He recalled a Red Army patient who, after hearing his doctors talk about rapport, became convinced that they were going to write a report on him, got angry and left.[50]

Avoiding the situation described by Kholodenko would require a level of reflection and finesse in using words that could be difficult to teach to physicians who did not specialise in psychotherapy. However, in most cases the advice about "sterility of words and behaviour" focused on promoting politeness, sensitivity and understanding towards patients, and on showing that such a change in behaviour could prevent development of iatrogenic disorders. For example, Vel'vovskii stressed that it was crucial that medical personnel cultivated

[49] Platonov, K.I., *The Word*, p. 262.

[50] Kholodenko, M.I., "O nekotorykh voprosakh psikhoterapii v praktike nevropatologa" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii,* p. 153.

patience and never lost temper in front of a patient, even if he exhibited irritability, excitation and aggressive behaviour: "In such cases a doctor absolutely should not show strong emotions, regardless of the situation. The more excited the patient gets and the louder he shouts, the quieter the doctor's speech should become."[51] D.A. Bershadskii, who worked and practised psychotherapy at Sochi health resort, published a set of instructions for the personnel of similar institutions, in which he gave many pieces of practical advice on how to create and maintain the "sterility of words and behaviour." In addition to avoiding remarks that caused patients to worry about their health, like the ones listed by Platonov in his monograph, he advised his colleagues to never argue about the diagnosis with other doctors in front of a patient, as seeing a disagreement, he might start to worry that if doctors could not agree on the nature of his illness, it must be rare or unknown, and therefore dangerous. Such disagreements were also said to undermine trust in doctors and faith in the success of treatment.[52] After observing patients who developed iatrogenic disorders after being told their ECG results, the doctors from Berminvody sanatorium concluded that the problem laid in the way certain results were communicated. They were able to improve the situation by stressing not the slight changes shown by the ECG, but the fact that the results were still within the norm. Similarly they advised their colleagues not to express their thoughts, doubts and worries in front of patients, and to never keep quiet after looking at the test results, but to end the visit on an encouraging note.[53]

The above examples are representative of instructions on maintaining the "sterility of words and behaviour" given to Soviet doctors. While the push to improve the behaviour towards patients by encouraging politeness and sensitivity is by no means uncommon in the twentieth century medicine, the fact that it was considered an element of psychotherapy is more unusual. However, it makes perfect sense in the context of Soviet understanding of this type of treatment, which relied on an assumption that all words spoken to a patient – as well as other elements of his surrounding – were stimuli acting upon his organism. Soviet psychotherapy aimed to carefully use these stimuli to exert beneficial, therapeutic influence, but the stimuli did not become neutral when applied outside of psychotherapist's office. They did not lose their power when spoken by another physician. The influence was still exerted, so a form of psychotherapy still took place, whether the physician performing it was aware of it or not. The principles of "sterility of words and behaviour" were guidelines meant to prevent

[51] Vel'vovskii, I.Z., "Metodicheskie i organizatsionnye osnovy", p. 188.
[52] Bershadskii, D.A., *Nekotorye osobennosti raboty.*
[53] Shpolianskii, G.B., "Elementy psikhoterapii pri obsledovanii bol'nykh v kabinete elektrokardiografii sanatoriia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia.*

the medical personnel from unintentionally distressing or harming the patient during ordinary clinical encounters.

The drive to keep all interactions between medical personnel and patients "sterile" and non-distressing to the latter was not limited to arguing against rudeness and insensitivity. Vel'vovskii's principles of sterility were taken further. Not only careless, unsympathetic remarks could destroy patients' faith in recovery or cause them to develop a neurotic or mental disorder. Sometimes such reactions could be triggered by the truth about one's condition alone. The very act of informing a patient of an unfavourable prognosis or a serious disease like cancer could work as negative psychotherapy, and therefore be detrimental to patient's health. Believing that they should avoid causing distress, Soviet psychotherapists tended to adopt a position according to which, to quote Platonov, "the patient does not have to be told everything."[54]

An unequal relationship between doctors and patients was nothing new in the history of medicine. Due to the obvious imbalance in their knowledge, for centuries the decision-making belonged to the doctor while the patient was supposed to accept his authority and put his trust in him. The paternalism that characterised Western medical profession until the second half of the twentieth century not only allowed for information to sometimes be withheld from patients, but also actively promoted such a course when it was believed to have a beneficial effect or to spare them fear and worry.[55] Such approach was occasionally challenged by practitioners of medicine, for example by Robert Cabot who at the beginning of the twentieth century advocated in favour of telling patients the truth about their diagnosis, prognosis, and treatment,[56] however, a serious change in approach to patients came only in the 1970s. During that decade different ethical principles took hold in medicine, putting more and more emphasis on respect for patient's autonomy and the right to give an informed consent. The paternalism did not disappear from the clinic, but it found itself under sustained attack from the growing number of proponents of patients' autonomy and rights.[57]

No such change in the principles of medical ethics occurred in the Soviet Union. While their colleagues in Western Europe and North America began to question certain aspects of

[54] Platonov, K.I., *The Word*, p. 260.

[55] Bok, S., "Ethical Issues in Use of Placebo in Medical Practice and Clinical Trials" in Guess, H.A., Kleinman, A., Kusek, J.W., Engel, L.W., *The Science of Placebo: Towards an Interdisciplinary Research Agenda*, (London 2002).

[56] Shapiro, A.K., Shapiro, E., *The Powerful Placebo: From Ancient Priest to Modern Physician*, (Baltimore 1997).

[57] Beauchamp, T.L., "The Philosophical Basis of Psychiatric Ethics" in Bloch, S., Green, S.A., *Psychiatric Ethics*, 4th edition, (Oxford 2009).

the Hippocratic tradition – namely, paternalism and focus on benefits and harm over duties and rights, Soviet doctor's continued to refer to the Hippocratic Oath and to embrace the tradition that came with it. At the end of the 1980s paternalism was still described as one of the characteristics of professional ethics in Soviet medicine, and hiding information about their condition from certain patients remained common.[58] What is more, organisations and movements promoting patient's rights, that pushed for a change in doctor-patient relationship in the West, did not emerge in the USSR, leaving the doctor's authority in the clinic generally unchallenged.[59]

The view that a doctor had not only a right but also an obligation not to disclose certain information to patients was shared by Soviet psychotherapists whose guidance on appropriate behaviour around ill people sought to reinforce the paternalist relationships in the clinic. This attitude was tied into their wider view on psychotherapy and patient's emotional state. While many Western psychotherapists – particularly those following the analytic, psychodynamic tradition – believed that discomfort and pain were necessary elements of the psychotherapeutic process, leading to greater self-awareness and autonomy,[60] their Soviet colleagues held an opposite view. For them discomfort and pain were signs that the influence exerted by a doctor was harmful, not therapeutic. An interaction with a psychotherapist – or with any other kind of doctor – should put patient's worries to rest and leave him in a good, optimistic mood.

This position was often justified by referring to the authority of Bekhterev who was said to had remarked that: "If after a meeting with a doctor a patient does not feel better, he is not dealing with a doctor."[61] Such opinion shaped Soviet psychotherapists' thinking on the interactions between doctors and patients, and can be seen as laying at the basis of many instructions and advice given as elements of minor psychotherapy. Any kind of distress caused by doctor's words was conceptualised as a harm and a failure to care properly for patient's emotional state. Sharing unfavourable test results or negative prognosis was not an exception. The patients were believed to sometimes be too fragile to handle potentially distressing information about their condition and therefore had to be shielded from them for their own good. This attitude is well-exemplified by Platonov's praise for the ancient Roman

[58] The new Oath of Soviet Physicians was approved by the Presidium of the Supreme Soviet in 1971, however, in practice Soviet doctors continue to refer to Hippocratic tradition when talking about their professional ethics. Veatch, R.M., "Medical Ethics in the Soviet Union", *Hastings Center Report* 19 (1989).

[59] Field, M.G., "The Hybrid Profession".

[60] Holmes, J., Adshead, G., "Ethical Aspects of the Psychotherapies" in Bloch, S., Green, S.A., *Psychiatric Ethics.*

[61] Quoted in Zavilianskii, I.Ia., *Vrach i bol'noi,* p. 4.

description of medicine as the "art of keeping silent."[62] Following his way of thinking, doctors from the Berminvody sanatorium recommended avoiding using terms myocarditis or inflammation of the heart muscle in front of patients whose test results indicated this condition, in order not to provoke an iatrogenic disorder.[63] Writing about the relations between doctors and patients Zavilianskii also stressed that the former had an obligation to present a diagnosis in a way that did not upset the latter, and to hide the information that was likely to provoke fear.[64]

This is not to say that Soviet psychotherapists were unaware of risks associated with withholding information from their patients and never questioned the favourableness of such course of action. An interesting discussion of this issue can be found in a publication by L. N. Lezhepekova and B. A. Iakubov, written in the second half of the 1970s to introduce physicians to the topics of psychotherapy, mental hygiene, and psychoprophylaxis in the clinic. Focusing on cancer patients, the authors were unusual in admitting that the physician had an obligation to be honest with a patient, even if they immediately added that this obligation was not absolute. Although ultimately they agreed with promoters of minor psychotherapy that benevolence and cultivating faith in recovery should be the leading principle in approaching patients, they recognised that the problem of disclosing potentially distressing information was more complex than a simple dichotomy between benevolent silence and harmful impact of information. On the one hand they expressed views echoing Platonov's or Vel'vovskii's belief that patients had to be protected from psychical trauma. They were very critical of honesty when dealing with terminal patients, calling it "no different from cynicism and thoughtless honesty" and claiming that such patients did not seek truth, but human kindness and hope.[65] They reminded that cancer was surrounded by an "air of hopelessness" in people's imagination and that the very mention of this disease could be enough to cause trauma, however, they expressed their doubts about hiding such diagnosis from patients in whose case the return to health was possible.[66]

They gave two main reasons for these doubts. Firstly, there was the aforementioned belief that physicians had an obligation to tell patients the truth and an accompanying concern that not doing so deprived the sick people of the ability to make decisions regarding their own fate. Secondly, Lezhepekova and Iakubov also worried about the harm that could be caused

[62] Platonov, K.I., *The Word*, p. 260.
[63] Shpolianskii, G.B., "Elementy psikhoterapii", p. 62.
[64] Zavilianskii, I.Ia., *Vrach i bol'noi.*
[65] Lezhepekova, L.N., Iakubov, B.A., *Voprosy psikhogigieny i psikhoprofilaktiki v rabote prakticheskogo vracha*, (Leningrad 1977), p. 95.
[66] *Ibid.*, p. 96.

not by the distressing information but by silence. They were aware that, if discovered, withholding of information could damage the relationship between doctor and patient, resulting in distrust or resentment. To stress their point they recounted the case of a man who had a life-saving lung cancer surgery performed under a pretext of a minor surgical intervention and, upon finding out the truth, felt cheated and came to resent the doctor who had saved his life.[67] Thus, instead of firmly recommending withholding potentially distressing information, Lezhepekova and Iakubov called for a more nuanced approach and a careful consideration of each patient's character and type of reaction to illness, in order to determine what level of honesty would be most beneficial in his case.[68]

Lezhepekova's and Iakubov's concern for patients' ability to decide on their own fate is interesting, as it brings to mind arguments made for patients' autonomy in the West. Nevertheless, it is an exception rather than the rule, and even those two authors mentioned it only in passing, focusing more on the concrete problem of doctor's authority being at risk if patient discovered the withholding of information about diagnosis. This risk, not the ethics of withholding information from patients, was also a concern for others who expressed any kind of doubts about such course of action, for example for M. E. Burno of TsOLIUV who warned that if deception was discovered by the patient, the result could be a disastrous breakdown of trust and a loss of doctor's ability to exert further therapeutic influence.[69]

The view that in some cases certain information could be too traumatic for a sick, vulnerable person was prevalent both in discourse about minor psychotherapy and in Soviet medical practice. This position did not come under scrutiny as it did in the Western countries. In the last years of the USSR many doctors were still unwilling to discuss cancer diagnosis with patients, believing that they needed to provide "protection from the trauma of bad news."[70] However, given the reports of impersonal, unfriendly approach to patients that continued until the end of the USSR and beyond,[71] the prevalence of the belief that certain diagnoses and prognoses should be hidden from patients for their own good should not be interpreted as a success of minor psychotherapy. On the contrary, it seems that minor psychotherapy inherited its paternalistic orientation from the tradition of medical practice and ethics that existed in the USSR before Platonov and Vel'vovskii started calling for educating

[67] *Ibid.*
[68] *Ibid.*
[69] Burno, M.E., "Vnushenie i samovnushenie" in Rozhnov, V.E. (ed.), *Rukovodstvo.*
[70] Barr, D.A., "The Ethics of Soviet Medical Practice: Behaviours and Attitudes of Physicians in Soviet Estonia", *Journal of Medical Ethics* 22 (1996), p. 34; See also: De George, R.T., "Biomedical Ethics".
[71] For example: Field, M.G., "The Hybrid Profession"; Michaels, P.A., *Lamaze: An International History,* (Oxford, 2014); Rivkin-Fish, M., *Women's Health in Post-Soviet Russia,* (Bloomington, 2005).

all physicians in basis of psychotherapy. Minor psychotherapy indeed strove to improve the manners of medical personnel, making the experience of going to see a doctor less stressful, however, it was not a radical force for change that some of its promoters claimed it to be.

While it sought to make the relationship between a doctor and a patient more friendly and respectful, it did not question the nature of the relationship itself, but instead remained deeply rooted it the medical tradition from which it stemmed. Its understanding of what was good for a patient did not include autonomy and individual choice, but continued to mean creating an environment that was believed to be the best for recovery. Thus, while rude or insensitive comments were condemned, withholding information to spare patients additional trauma was not. What is more, the efforts to create an environment that helped in the recovery were not to be limited to keeping it "sterile" from potentially harmful stimuli, but were also to include the purposeful arrangement of stimuli patients were exposed to, in order to maximise the number of elements exerting beneficial influence.

Placebo therapy

On the other side of the Iron Curtain, the second half of the twentieth century was marked by increasingly frequent questions about how exactly psychotherapists helped their clients. What specific factors caused an improvement? Were some forms of psychotherapy more effective than others? Was psychotherapy effective at all? While studies suggested that it was indeed successful in dealing with different kinds of neuroses, they did not show why it was the case, leading to opinions that its success was based on a placebo effect.[72] In 1961 Jerome D. Frank, a psychiatrist from John Hopkins University, published a comparative study of psychotherapy in which he argued that its different forms, as well as certain forms of "primitive" and religious healing, all owed their success to four shared features: the relationship between a patient and a healer, a designated place of healing, a rationale or myth explaining the nature of illness and health, and a procedure prescribed by the theory.[73] The specific form or content of these four elements did not matter much when compared to the persuasive influence of the fact that such elements were present, eliciting an emotional response from the patient, giving him hope, and overcoming demoralising impact of an illness.

[72] Musto, D.F., "A Historical Perspective" in Bloch, S., Green, S.A., *Psychiatric Ethics.*

[73] Frank, J.D., *Persuasion and Healing: A Comparative Study of Psychotherapy*, revised edition, (New York 1974).

According to Frank, psychotherapy indeed relied on placebo effect, nevertheless, it still brought a very real relief to many people. In the decades following the publication of Frank's study, more research showed that all forms of psychotherapy were equally effective[74] and that they were generally not more effective than credible placebos,[75] leading to more questions about the relationship between placebo and psychotherapy, and about the ethics of using this form of treatment if all it had to offer was placebo effect.[76] The questions continued into the twenty-first century and until this day they were not given a definite answer. In the light of these concerns, and resulting protests from a number of psychotherapists unhappy about the association of their discipline with a "placebo stigma,"[77] the approach taken by Soviet doctors seems both striking in its simplicity and pragmatism, and perfectly logical in the context of Soviet understanding of psychotherapy.

Instead of grappling with the question of relationship between the effectiveness of their method of treatment and the placebo effect, Soviet psychotherapists embraced placebo as one of the ways in which they could and should exert therapeutic influence on patients, and recommended it to other physicians as an element of minor psychotherapy. Eugene Raikhel argued that the practice of using disulfiram (a substance that prevents the organism from fully processing alcohol) in treatment of alcoholism in post-Soviet Russia calls into question the distinction between medication and placebo, common in North American clinical practice. During his fieldwork he learned that disulfiram was often replaced with a neutral substance without patient's knowledge, and that a nominally pharmacological treatment between physicians was described as a "placebo therapy," effective due to patients' belief that drinking alcohol would provoke an unpleasant and dangerous disulfiram-ethanol reaction.[78]

Raikhel traced the roots of such application of placebo as treatment to the beginnings of narcology in the USSR and to the dominance of Pavlov's theories in Soviet psychiatry. The approach he encountered in Russia was one of the manifestations of the practice of using suggestion as a legitimate form of treatment. The replacing of disulfiram with a neutral substance was one of many applications of placebo effect by Soviet doctors. Although the term placebo was used much less often than suggestion or psychotherapy, "placebo therapy" and placebo effect were investigated and discussed as therapeutic means in the treatment of a

[74] Moerman, D., *Meaning, Medicine and the 'Placebo Effect',* (Cambridge 2002).

[75] Erwin, E., *Philosophy and Psychotherapy.*

[76] For example: Shapiro, A.K., Shapiro, E., *The Powerful Placebo;* Erwin, E., *Philosophy and Psychotherapy;* Jopling, D.A., *Talking Cures and Placebo Effects,* (Oxford 2008).

[77] Shapiro, A.K., Shapiro, E., *The Powerful Placebo*, p. 107.

[78] Raikhel, E., "Post-Soviet Placebos: Epistemology and Authority in Russian Treatment for Alcoholism", *Culture, Medicine, and Psychiatry* 34 (2010).

variety of disorders.[79] The purposeful influencing of patients through such mechanisms was the second main component of minor psychotherapy, championed together with the principle of "sterility of words and behaviour" as a skill that every physician should possess. It was most commonly referred to as indirect suggestion and was recommended as a technique that could increase the effectiveness of other methods of psychotherapy and of every other kind of treatment.

The power and importance of indirect suggestion was illustrated with the following anecdote:

"A woman came for the second consultation with our prominent national scientist, professor V. M. Bekhterev, in order to thank him for his help. She said that the prescribed medication did wonders and that she was now completely healthy. She also asked for another prescription as she had lost the previous one. As the professor was busy tending to his patients in the clinic, he told a younger doctor to write a prescription, telling him which medication had been prescribed and had helped the woman before. The doctor strictly followed the instructions and politely handed the woman the prescription, saying that he wrote it according to the professor's instructions. Less than five days passed before the woman returned to the clinic with her earlier complaints.

'At first I haven't realised,' she said to a doctor who saw her, 'that the prescription was written by you, not by the professor. It's a different medication, not at all similar to the previous one. Your medication made me feel worse, now I'm completely sick.'

Arguments and explanations did not help. The patient calmed down only when the professor saw her again and himself wrote her a prescription for the same medication. It again helped the woman "miraculously."[80]

This anecdote was used to show that patient's trust in the authority of a doctor and in the effectiveness of the prescribed treatment could be equally or more important than the properties of the treatment itself. If the patient believed that she was dealing with a knowledgeable, respectable doctor, the therapeutic effect of the prescribed medication or procedure could be increased. If such trust was not present, the treatment could prove less successful, therefore, the promoters of minor psychotherapy recommended various means of increasing the authority of the doctor in the eyes of the patient, of raising the belief in the

[79] Shraiber, Ia.L., "Kosvennoe vnushenie i platseboterapiia" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii,* (Kharkov 1968); Kopeikin, V.I., "Opyt ispol'zovaniia platsebo-effekta pri kurortnom lechenii bol'nykh gipertonicheskoi bolezn'iu" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia;* Lapin, I.P., "Psikhologicheskie aspekty priema i naznacheniia lekarstv" in Kabanov, M.M., *Psikhologicheskie problem psikhogigieny, psikhoprofilaktiki i meditsinskoi deontologii,* (Leningrad 1976).

[80] Astakhov, S.N., *Lechebnoe deistvie slova,* p. 78-79; A similar anecdote, in which the doctor in question is not Bekhterev but Botkin, can be found in: Varshavskii, K.M., *Gipnosuggestivnaia terapiia: lechenie vnusheniem v gipnoze* (Leningrad 1973).

effectiveness of treatment, and of cultivating hope for recovery. Since indirect suggestion was seen as potentially more powerful than direct one,[81] these means were meant to influence patients without them knowing that a therapeutic influence was being exerted. Thus, just like the maintenance of "sterility of words and behaviour," the methods of increasing patients' trust in their doctor included an element of subterfuge, and often relied on exposing patients to stimuli that seemed accidental but were in fact carefully arranged.

One such trick, recommended to physicians of all specialities, was the placing of thick medical books and foreign medical journals in doctor's office in order to help convince patients who entered that they were dealing with a highly educated professional.[82] Another, employed in the psychotherapy department of Zvezdochka sanatorium in Sochi, was to have an "opinion book" filled with testimonies of effectiveness of treatment, left to be browsed through by people in the waiting room.[83] The doctors were advised to always speak confidently, to never let patients see their uncertainty,[84] and to practise their facial expressions in front of a mirror,[85] while the nurses were to reinforce their authority and patients' trust in the prescribed treatment by making seemingly off-handed remarks about the high quality of medical equipment, good results of treatment at the institution, and the wonderful effects of the medication given to the patient.[86]

In addition to recommending ways of convincing patients to trust the medical personnel, psychotherapists who strove to introduce minor psychotherapy to medical institutions proposed ways of strengthening the impact of specific treatments. The so called psychotherapeutic mediation (*psikhoterapevticheskoe oposredovanie*) and psychotherapeutic exponentiation (*psikhoterapevticheskoe potentsirovanie*) were to be applied whilst prescribing or performing a therapeutic procedure, and ideally were to be mastered by all personnel responsible for such activities. These forms of exerting therapeutic influence became especially popular in health resorts and sanatoria, where treatment consisted largely of a variety of physical procedures such as electrotherapy, massages, curative baths or inductothermy (application of magnetic field of high frequency), however, they were also introduced into certain hospitals and polyclinics. In his guide on minor psychotherapy

[81] Varshavskii, K.M., *Gipnosuggestivnaia terapiia.*

[82] Burno, M.E., "Vnushenie i samovnushenie", p. 87.

[83] Zhukov, I.A., "Dvadtsatipiatiletnii opyt piskhoterapii na sochinskom kurorte" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy*, p. 90.

[84] Martynenko, A.A., Palamarchuk, V.M., Martynenko, V.K., "Organizatsiia maloi psikhoterapii na kurorte" in Filatov, A.T. (ed.), *Malaia psikhoterapiia na kurorte,* (Kiev 1983).

[85] Bershadskii, D.A., *Nekotorye osobennosti raboty.*

[86] *Ibid.*

Bershadskii included instructions for psychotherapeutic mediation of many physical procedures, as well as for exponentiation of physical exercises. These methods generally consisted of narrating to patients the beneficial impact that a given procedure had on their organisms, and by convincing them that they were being cured, actually increasing the therapeutic effect of the procedure.

For example, the following words could accompany electrotherapy performed on a patient diagnosed with atherosclerosis:

"We are now conducting a combined treatment with electrical energy – you can feel it – and with medication that enters your body with the help of electricity. Under the influence of electric energy the metabolism in your cells and tissues improves. (…) Under the influence of electric energy the organism's sensitivity to medication increases. With its help you are receiving iodine and potassium. You have probably heard that iodine has a beneficial effect on sclerosis, and potassium ions are crucial for the proper functioning of the cardiac muscle. As you can see, we are attacking your disease from multiple positions. This is why you will soon feel mental clarity and freshness, your sleep will normalise, your irritability will decrease."[87]

Similar descriptions of beneficial effects on organism were to accompany other physical procedures performed at medical institutions.[88] However, psychotherapeutic mediation was also recommended in other situations, for example when prescribing medication. Psychotherapists stressed that patient's attitude towards medication could positively or negatively impact its effectiveness, and argued that physicians should take time and use suggestion to ensure positive attitude towards treatment. This was especially important when several medications were prescribed at once, as patients in such a situation were likely to panic that if they had to take so many drugs, it meant that they were seriously ill, but the effectiveness of any treatment could be increased by the positive attitude of a patient.[89] This was considered true both of treatments inducing specific effects, and of therapies that were

[87] *Ibid.,* p. 47-48.

[88] Bershadskii was one of many psychotherapists to recommend the use of psychotherapeutic mediation and exponentiation in sanatoria. Other such recommendations can be found for example in: Filatov, A.T. (ed.), *Malaia psikhoterapiia;* Vel'vovskii, I.Z., "Printsipal'nye osnovaniia k vnedreniiu psikhoterapii v kompleks sanatorno-kurortnoi meditsiny" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii;* Musher, Ia.M., "Polozhitelnoe vliianie vnedreniia psikhoterapii v kompleks kurortnogo lecheniia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia;* Khanin, N.D., "Opyt organizatsii psikhoterapevticheskogo kabineta v poliklinike obshchego profilia" in in *Voprosy psikhoterapii v obshchei meditsinie.*

[89] Lapin, I.P., "Psikhologicheskie aspekty".

expected to work only through placebo effect, such as sugar pills from the containers labelled *Hypertension 1* and *Hypertension 2* used at the Sochi health resort.[90]

Thus, according to minor psychotherapy, medical personnel had to not only be competent, but also to appear competent. Medical procedures and medications had to be presented as beneficial and worthwhile. Patients had to be convinced that they were under the care of knowledgeable professionals, subjected to effective treatments, and on their way to recovery. Indirect suggestion relied on performance and on well thought out arrangement of the "stage" for a clinical encounter, however, it is important to remember that this performative aspect of treatment was in itself conceptualised as a form of therapy. While "sterility of words and behaviour" was championed as a means of preventing iatrogenic disorders and improving patients' experience at medical institutions, this second element of minor psychotherapy consisted of exerting therapeutic influence through the right words and the right arrangement of the patients' environment. If the trust in the doctor's abilities could improve the results of whatever treatment he prescribed, then cultivating such trust was therapeutic, as its presence was likely to contribute to recovery. If electrotherapy was accompanied by psychotherapeutic mediation, then a patient was subjected to two forms of therapy at once: physical procedure and psychotherapy.

The understanding of placebo as a form of treatment, as opposed to contrasting it with "real" therapy, can explain the lack of doubts about its use in Soviet psychotherapeutic literature. The doubts, discussions, and questions regarding the relationship between placebo and psychotherapy that occupied certain therapists and ethicists in the Western countries from mid-twentieth century onwards stemmed largely from the stigma surrounding placebo. Already in the 1950s Western practitioners regarded placebo as poor medicine and an inadequate substitute for actual therapy.[91] As the advocates of autonomy of patients challenged the tradition of paternalism in the clinic, the use of placebo came under further criticism as deceptive and violating the principle of informed consent.[92] Placebo and the mechanism of suggestion on which it relied were not recognised as methods of treatment, therefore, if psychotherapy had turned out not to offer any additional therapeutic value, it would have raised serious questions about its usefulness and justifiability.

The thinking of Soviet psychotherapists, however, was very different. They not only did not reject methods based on suggestion, but embraced them wholeheartedly and strove to

[90] Kopeikin, V.I., "Opyt ispol'zovaniia platsebo-effekta".
[91] Shapiro, A.K., Shapiro, E., *The Powerful Placebo.*
[92] *Ibid.;* Bok, S., "The Ethics of Giving Placebo" in Miller, F.G., Colloca, L., Crouch, R.A., Kaptchuk, T.J. (eds), *The Placebo: A Reader",* (Baltimore 2013).

popularise and perfect them. Suggestion was one of many means of acting upon human organism available to physicians and, just like medication, it was to be dispensed whenever it could help patients. Just like hiding certain information from patients in order to spare them fear or worry, engaging in deception to increase the effectiveness of treatment, or to eliminate functional disorders through placebo effect was not only acceptable, but actually recommended since "everything that could help a patient, should be used."[93] Soviet psychotherapists sought to improve the patient's experience in medical institutions, but they were after providing the most effective treatment, not transferring power away from the hands of physicians. Despite raising criticism against rude, inhumane behaviour of many of their colleagues, they remained faithful to the paternalist outlook that characterised Soviet medicine. The advice that they gave whilst popularising minor psychotherapy did not aim to change the power relations in the clinic but to teach other physicians to wield their power more efficiently, and whenever possible employ it to exert positive psychotherapeutic influence on patients, thus increasing their chances of quickly returning to normal life and work.

Minor psychotherapy is a phenomenon that both reveals certain unusual features of Soviet psychotherapy, and serves as an example of this discipline's fate within the Soviet healthcare system. It constituted an attempt to extend the competencies of psychotherapists to encompass instructing all medical personnel on the proper conduct around patients. Every interaction between medical personnel and a patient was conceptualised as a form of psychotherapy, and a doctor-psychotherapist was to teach his colleagues how to conduct it to avoid exerting negative influence, and to increase the number of beneficial stimuli acting upon patients in a medical institution from the very moment of their arrival at the registration desk.[94] Whether the personnel of medical institutions wanted it or not, psychotherapy permeated every interaction with patients, helping or hindering their recovery.

This position reveals an unusually broad understanding not only of psychotherapy, but also of therapy or treatment in general. Kind words that eased patient's anxiety about his condition, a trick that increased his belief in the competencies of his doctors, politeness that put him in a good emotional state – all were seen as factors that influenced the human organism, and therefore as a form of psychotherapeutic treatment. Consequently, the boundary between treatment and other activities in a clinic was blurred, if not sometimes

[93] Shraiber, Ia.L., "Kosvennoe vnushenie", p. 131.
[94] Bershadskii, D.A., *Nekotorye osobennosti raboty*; Vasiliev, A.A., "Nekotorye voprosy".

erased. The view promoted by Soviet psychotherapists stated that therapeutic influence could and should be exerted through objects placed in doctor's offices and through facial expressions, during every conversation, and as an addition to prescribing medication or performing medical procedure. The results produced by suggestion or placebo effect were as true as those produced by medication, therefore, both ways of influencing the organism deserved to be considered therapeutic and applied whenever they could help, with or without the patient's knowledge. Soviet psychotherapists remained faithful to the paternalist tradition in approaching the patient, and consequently not only did not argue against a degree of subterfuge on the part of a doctor, but also actively encouraged its use for what they believed to be the good of the patient. Not using the available means to help a patient was considered a worse choice than tricking him.

The propositions made by the promoters of minor psychotherapy did not come into conflict with traditional beliefs about the relationship between the doctor and the patient. Nevertheless, just like major psychotherapy, it encountered obstacles when it came to time and resources. Although over the post-war decades major and minor psychotherapy were gradually gaining more recognition for the positive role they could play in the treatment of patients, they were never a priority for the healthcare authorities. The occasional attention paid to them by Minzdrav or health resort authorities did not translate into resources for widespread introduction of psychotherapy to Soviet medical institutions. Doctors who were passionate about this method often had to practise it in their free time, or shift the internal resources to find few paid hours for psychotherapy. In such circumstances it is not a surprise that treatment of patients who needed psychotherapeutic help (major psychotherapy) took priority over educating personnel of medical institutions about a more beneficial approach to people in their care (minor psychotherapy).

The resources available in the Soviet healthcare were not enough to realise the ambitious dreams of Soviet psychotherapists, however, this did not mean that such dreams were abandoned. The doctors who enthusiastically championed psychotherapy continued to argue for its usefulness, both in its major and minor form, and to the extent to which it was possible, introduced their ideas and methods to a variety of medical institutions. The stress put on many far-reaching potential benefits of psychotherapy, of which the promotion of minor psychotherapy was an example, allowed Soviet psychotherapists to drew attention to their discipline and secure some support for its development, but it also resulted in a high discrepancy between what they said they offered and what they were actually able to accomplish within the underfunded Soviet healthcare system. While they were eventually

successful in getting their discipline added to the list of medical specialities and in ensuring some psychotherapeutic coverage in all Soviet republics, their success in promoting minor psychotherapy was more limited, as the treatments of patients with methods of major psychotherapy took priority over education other physicians in observing the “sterility of words and behaviour” and using indirect suggestion. Nevertheless, the promoters of psychotherapy extended its proposed applications even further, beyond organising regimen and behaviour in the clinic, and towards minimising negative stimuli acting upon Soviet citizens in everyday life, thereby strengthening the mental health and resilience of the population.

Chapter 5

Prophylaxis and Self-Perfection: Psychotherapy Outside the Clinic

"The fast pace of scientific and technical development in the modern society is a source of exceptional demands on the human psyche. (…) Humans are expanding their activity into unusual conditions (space-travel velocity, long isolation). The work on ships and submarines is just one example of a situation in which humans have to exist in conditions to which they did not adapt during their evolutionary development. The problem of human psychological reliability and the creation of optimal living regimens in such new conditions are serious challenges standing before mental hygiene. Their importance cannot be overestimated. Further scientific and technical development and prevention of mental disorders depends on us meeting these challenges."[1]

– A.A. Portnov, D.D. Fedotov

"According to the predictions of N.I. Pirogov and I.P. Pavlov, hygiene and prophylaxis are the future of medicine."[2]

– L.N. Lezhepekova, B.A. Iakubov

Soviet psychotherapists did not intend their discipline to stay solely within the walls of medical institutions. While the people afflicted by mental or physical illnesses were undoubtedly the main target of psychotherapeutic intervention and care, they were not the only ones. Psychotherapy was supposed to be more than just a treatment, and alleviation of symptoms was only one of its goals. A number of psychotherapists also turned their attention to the healthy, seeking to apply their methods to prevent the development of mental health problems in the first place and to improve performance in various areas of human activity.

In the 1970s the UIUV School of Psychotherapy, Psychoprophylaxis and Mental Hygiene conducted research on the application of suggestion, self-regulation and similar techniques to minimise work-related stress and to protect the mental health of workers in coal mining, transport, energy sector and a number of other industries.[3] A few years later, in the

[1] Portnov, A.A., Fedotov, D.D., *Psikhiatriia,* (Moscow, 1971), p. 8.

[2] Lezhepekova, L.N., Iakubov, B.A., *Voprosy psikhogigieny i psikhoprofilaktiki v rabote prakticheskogo vracha,* (Leningrad, 1977), p. 43.

[3] Filatov, A.T., Palamarchuk, V.M., Mirovskii, K.I., Tabachnikov, S.I., Sokhranich, V.A., "Aktual'nye problemy psikhoprofilaktiki i psikhogigieny na proizvodstve" in Kabanov, M.M. (ed.), *Psikhologicheskie problem psikhogigieny, psikhoprofilaktiki i meditsinskoi deontologii (mediko-psikhologicheskie issledovaniia: sbornik nauchnykh rabot,* (Leningrad, 1976).

early 1980s the researchers from the Bekhterev Institute in Leningrad looked for ways to tackle examination stress, pressure to choose the right profession and other problems facing young people.[4] Many psychotherapists tried applying their methods in the training of athletes. N. V. Kantorovich postulated the creation of special houses for the elderly where they would find themselves under the care of a psychotherapist who would help them develop new interests to fill their free time, accept the fact that they had aged and find new ways of enjoying life.[5] A group of doctors and researchers from Leningrad, including Miasishchev and B. D. Karvasarskii, wrote about the need to raise to the challenges posed by the exploration of space and even speculated about the necessity of protecting the mental health of cosmonauts during long interplanetary flights.[6]

Some of these examples included practical attempts to apply psychotherapeutic methods outside the clinical setting. Others were just ideas for how and where psychotherapy could be used to improve the lives of Soviet citizens. Some sought solutions to current problems, others looked far into the future. However, all were based around two common goals: the prevention of mental health problems and the transformation of human beings. At the first glance, these goals might not be evident in all examples of theory and practice of psychotherapeutic work with the healthy, however, they permeated the discourse about it and in many cases were closely linked with each other. Both can also be traced back to attitudes and aspirations that had been present in the Soviet Union since its early years.

During the first decade after the October Revolution the state was very receptive to the idea that psychiatry should be reoriented towards prophylaxis and, in an attempt to bring about such a change, it offered assistance to the promoters of mental hygiene.[7] As the political tides turned, the treatment of the currently mentally ill was identified as a more pressing problem and the project of creating a prophylactically-oriented psychiatry was abandoned. However, interest in mental hygiene and preventive psychiatry resurfaced again in the post-war Soviet Union. Its resurgence coincided with the growth of interest in psychotherapy, and three disciplines – psychotherapy, psychoprophylaxis, and mental hygiene – were often seen as linked and considered together in various contexts. The name of the UIUV school is just one example. At the same institute in Kharkov psychotherapy and prophylaxis came together

[4] Miager, V.K., "Aktual'nye problem psikhogigieny i psikhoprofilaktiki" in Miager, V.K. (ed.), *Psikhogigiena i psikhoprofilaktika: sbornik nauchnykh trudov,* (Leningrad, 1983).

[5] Kantorovich, N.V., *Meditsinskaia psikhologiia,* (Tashkent, 1971).

[6] Miasishchev, V.N., Karvasarskii, B.D., Libikh, S.S., Tonkonogii, I.M., *Osnovy obshchei i meditsinskoi psikhologii*, (Leningrad, 1975).

[7] Sirotkina, I., *Diagnosing Literary Genius: A Cultural History of Psychiatry in Russia, 1880-1930,* (Baltimore, 2002).

already in the late 1940s in Vel'vovskii's research on psychoprophylaxis of pain during childbirth.[8] In 1962 the VNONiP created a section tasked with working on the issues of psychotherapy and mental hygiene, while the writing on psychotherapy as such often named prevention of mental and neurotic disorders as one of its objectives.

The desire to reshape human nature had been a recurrent theme in the Soviet discourse since the Bolsheviks came to power. The early Soviet years were characterised by the belief that both society and the nature of human beings could be moulded as desired, using scientific measures, a bulk of which was to be provided by the disciplines studying human organism, mind and behaviour.[9] Over the years Soviet art and literature produced multiple images of the New Soviet Man and Woman: figures embodying the characteristic of an ideal Soviet citizen and models that all citizens should strive to follow. The reaffirmation of the goal of forging the New Man was brought by the 22nd Congress of the CPSU, just as psychotherapy was beginning to gain more popularity.[10] Although psychotherapists of this era did not explicitly talk about the New Soviet Man and Woman, their attempts to implement psychotherapeutic measures outside the clinical setting reveal a clear belief in the possibility of solving a number of problems by reshaping and improving human beings.

This chapter examines the role that psychotherapists envisaged for themselves in the psychoprophylactic and mental hygienic efforts, their attempts to use their methods of treatment in their work with the population outside hospitals, polyclinics, and sanatoria, and the goals that they hoped to accomplish. Explaining the Soviet understanding of the term 'prophylaxis', Anna Geltzer described it as a striving to reorganise public life in a way that would maximise the health and wellbeing of the population.[11] While propositions of such solutions were certainly not absent from the writing of psychotherapists who decided to engage in prophylactic work, a significant part of their efforts was directed towards changing not only the organisation of life but also the people who lived it. In order to work in conditions that put an unusual strain on human organism and to achieve better and better results, people had to become more resilient, more adaptable, and more in control of their

[8] Michaels, P.A., *Lamaze: An International History*, (Oxford, 2014).

[9] These ideas had naturally been present among the Russian intelligentsia before the October Revolution, but rose to prominence under the new Bolshevik regime that shared the belief in the power of science to transform the world. See: Kozulin, A., *Psychology in Utopia: Towards a Social History of Soviet Psychology*, (Cambridge, Mass. 1984); Sirotkina, I., *Diagnosing Literary Genius;* Beer, D., *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930*, (Ithaca, 2008).

[10] Gerovitch, S., ""New Soviet Man" Inside Machine: Human Engineering, Spacecraft Design, and the Construction of Communism", *Osiris* 22 (2007).

[11] Geltzer, A., "Stagnant Science? The Planning and Coordination of Biomedical Research in the Brezhnev Era" in Fainberg, D., Kalinovsky, A., *Reconsidering Stagnation in the Brezhnev Era: Ideology and Exchange*, (London, 2016).

body and mind. This chapter will look at how the goal of preventing mental and neurotic disorders intertwined with the Soviet psychotherapists' emphasis on the power of will over the mind and the body as well as with aspirations to improve the organisation of labour and to transform human beings.

Psychotherapy, psychoprophylaxis and mental hygiene

The ideas of mental hygiene appeared in Russia already in the second half of the nineteenth century, finding supporters in such figures as Sikorskii, a psychiatrist teaching at the St. Vladimir University in Kiev, and Rybakov, whose other professional interests included psychotherapy and hypnosis. Their views on what exactly was meant by the term differed. The former conceptualised mental hygiene as an extremely wide area that should encompass such diverse topics as children's education, degeneration, and psychic epidemics. The latter saw it as an exercise in strengthening reason and overcoming the irrational in the human mind.[12] However, they agreed that mental illness could be prevented and searched for the best ways to pursue this goal. For many of those who embraced it, mental hygiene represented the hope of increasing health and wellbeing of the population, even under the oppressive tsarist regime. Other, radical psychiatrists argued that "an oppressed nation could never be healthy" and that the best way to improving mental health of the people was through political change, however, they did not reject mental hygiene as such. Instead, they believed that in a healthy society such prophylactic measures would replace traditional psychiatry.[13]

The political change indeed came, bringing the chance to put some of the ideas for preventing mental illness into practice. During the first years of the Bolshevik rule, The People's Commissariat of Public Health (Narkomzdrav) proved responsive to the idea of a more prophylactically-oriented medicine. Its head, N.A. Semashko, gave his support to the fields of mental and social hygiene, allowing them to attempt to implement their ambitious plans. In the 1920s social hygienists studied the influence of environmental, economic and social conditions on human health, searching for the ways to not only prevent disease but also to actively strengthen and promote wellbeing.[14] At the same time their colleagues in the field of mental hygiene championed the transition towards a more preventive focus of psychiatry. One effect of these efforts was the creation of psychoneurological dispensaries – a new type

[12] Sirotkina, I., *Diagnosing Literary Genius.*

[13] *Ibid.*, p. 142, 150.

[14] Solomon, S. Gross, "Social Hygiene and Soviet Public Health, 1921-1930" in Solomon, S. Gross, Hutchinson, J.F., *Health and Society in Revolutionary Russia,* (Bloomington, 1990).

of institution, modelled on similar facilities for tuberculosis and alcoholic patients, that was to become an important feature of Soviet mental health care. These institutions were supposed to fulfil a number of functions, including regulating admission to hospitals and sanatoria, supervising patients after discharge, providing outpatient services and treating neurotic patients with suggestion and other methods "borrowed from psychotherapy."[15] The 1920s were also a period of growth of the fields of industrial hygiene and psychotechnics that strove to understand the effects of physical labour on human organism and to determine the optimal conditions for maximising safety and efficiency in industry.[16]

However, the enthusiasm for prophylaxis was not universal and as the political tides turned, the support for the preventive focus in health care ended. In 1930 Semashko lost his position as the head of Narkomzdrav. Faced with the lack of funds, supplies and understaffing of mental hospitals, his successor withdrew support for preventive psychiatry and focused on matching the current demand for psychiatric treatment. The creation of psychoneurological dispensaries was not abandoned, but it slowed down, and in 1931 the decision was made that no new institutes of preventive psychiatry were to be created.[17] Social and industrial hygiene did not fare any better. Without the support of Semashko, social hygiene withered away. Psychotechnics and industrial hygiene were deemed incompatible with the project of socialist reconstruction, came under heavy criticism and virtually disappeared by the end of the 1930s.[18]

The 1950s brought a revival of interest in prophylaxis and mental hygiene. The importance of these disciplines was stressed at the extended meeting of the Presidium of the Scientific Medical Council of the Soviet Minzdrav that took place on 23-24 April 1956. In his speech Miasishchev stressed that they both needed more attention from medical practitioners and researchers. He praised the achievements made in the psychoprophylaxis of childbirth, however, he also reminded that recently not enough had been done even on this front, while the most important issues of mental hygiene – protection of the mental condition of children, students and workers – had been entirely or nearly entirely ignored.[19] A similar sentiment was expressed by Lebedinskii who called for paying more attention to psychoprophylaxis and mental hygiene of labour.[20] Psychoprophylaxis and mental hygiene were remembered in the

[15] Sirotkina, I., *Diagnosing Literary Genius*, p. 156.

[16] Siegelbaum, L.H., "Okhrana Truda: Industrial Hygiene, Psychotechnics, and Industrialisation in the USSR" in Solomon, S. Gross, Hutchinson, J.F., *Health and Society in Revolutionary Russia.*

[17] Sirotkina, I., *Diagnosing Literary Genius.*

[18] Siegelbaum, L.H., "Okhrana Truda".

[19] GARF f. r-8009, op. 2, d. 2233, ll. 93-94.

[20] GARF f. r-8009, op. 2, d. 2234, l. 95.

final decision of the extended meeting, which called for more psychological and physiological research that could help their development.[21]

In the following years the interest in preventing mental disorders gradually became more visible. In 1960 at the initiative of the RSFSR Minzdrav Institute of Psychiatry and the Riazan' Regional Psychiatric Hospital and Dispensary brigades of psychiatrists conducted psychoprophylactic work in five major Riazan' factories. They examined the labour conditions, identified potentially harmful factors and investigated the rate of mental illness among workers. When necessary, they were expected to take measures to combat developing neurotic symptoms and to give recommendations to ensure that the workers in question regained and retained health and ability to work. These included transferring them to a different type of work or to a different shift, or sending them to a health resort. It was reported that the recommendations were generally followed and that further development of psychoprophylaxis would allow to apply similar preventive measures to people at the initial stages of alcoholism.[22] In 1962 an article by the editorial board of the *Korsakov Journal of Neurology and Psychiatry*, written in response to the programme adopted at the 22nd Congress of the CPSU, outlined the vision of the tasks standing before mental hygiene and psychoprophylaxis as the Soviet Union moved towards communism. The authors anticipated that the importance of mental hygiene would grow as the Soviet society moved closer to this final goal, and advised psychiatric and psychological institutes to conduct research contributing to prevention of nervous and mental disorders, and to the development of industrial, educational, and general hygienic norms.[23]

In the same year the UIUV opened its School of Psychotherapy, Psychoprophylaxis and Mental Hygiene and the VNONiP created a section dedicated to these disciplines. Over the next two decades, and especially from the start of the 1970s, psychoprophylaxis and mental hygiene became the subject of a number of publications and research projects. The UIUV offered a 2,5 months long course on this topic for neuropathologists, neurologists and psychiatrists, while its faculty conducted research on psychoprophylaxis in various sport disciplines and industries.[24] In 1973 the Bekhterev Institute opened its own

[21] *Ibid.*, l. 2.

[22] Simonov, P.K., Krasik, E.D., "Ob uluchshenii psikhiatricheskoi pomoshchi i organizatsii psikhoprofilakticheskoi raboty v Riazanskoi oblasti", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 12 (1960).

[23] "O zadachakh nevropatologii i psikhiatrii", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova*, 1 (1962).

[24] GARF, f. r-8009, op. 50, d. 3191, ll. 18, 32; f. r-8009, op. 50, d. 4492, ll. 25-26, 40; f. r-8009, op. 50, d. 5166, ll. 25, 44, 65; f. r-8009, op. 50, d. 7947, ll. 114-115.; f. r-8009, op. 51, d. 1480, l. 51.

Psychoprophylaxis Department. In 1976 Rozhnov, the head of the School of Psychotherapy at TsOLIUV, together with his colleague A. A. Repin participated in an expedition investigating the application of psychoprophylaxis and psychotherapy in the fishing fleet.[25] In 1982 the resolution of the Central Committee of the CPSU and the Council of Ministers of the USSR "On additional means of improving health protection of the population" urged the health practitioners to focus attention on preventing illness, improving the work and living conditions of the Soviet people, and teaching them to take care of their health.[26]

Mental hygiene and prophylactically-oriented psychiatry might not have regained the influence they enjoyed under Semashko, however, from the 1950s onwards they were definitely back on the agenda, reasserting themselves in medical discourse, research and practice. But how exactly were they understood and what tasks was each of them supposed to perform? The *Psychotherapy Handbook* presented the following definitions:

"Psychoprophylaxis is a branch of general prophylaxis that encompasses all measures for protection of mental health and prevention of occurrence and spread of mental illness."

"Mental hygiene – a branch of general hygiene that encompasses all measures for protection and strengthening of mental health and is dedicated to providing the best conditions for the human mental activity. These measures are based on the studies of the influence of various environmental factors of human health. One of the main tasks of mental hygiene is the study of the influence of socially useful work on human health and harmonious development of personality."[27]

Identical or very similar definitions could be found in other textbooks and scientific publications. Mental hygiene and psychoprophylaxis were thus envisaged as entwined and complementary, but nevertheless subtly different. While the former focused on the study and design of the environment and its impact on mental health, the latter concentrated specifically on measures for preventing mental illness. Nevertheless, it should be noted that the boundary between mental hygiene and psychoprophylaxis was not always clearly indicated and some authors called for its clarification,[28] while extended descriptions of psychoprophylaxis included mental hygiene as one of its elements.

[25] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika truda plavsostava*, (Moscow, 1979).
[26] Miager, V.K., "Aktual'nye problem psikhogigieny i psikhoprofilaktiki", p. 5.
[27] Rozhnov, V.E., Chergeishvili, Iu.P., "Psikhoterapiia, psikhoprofilaktika, psikhogigiena" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii*, (Moscow, 1974), p. 34-35.
[28] Filatov, A.T., Palamarchuk, V.M., Mirovskii, K.I., Tabachnikov, S.I., Sokhranich, V.A., "Aktual'nye problemy psikhoprofilaktiki".

Psychiatrists and psychologists named many types of mental hygiene, focusing on different environments and different stages of human life. There was, to name just a few, mental hygiene of childhood, education, labour, sport, old age or marital life. Already such factors as a good regimen of breastfeeding and a "loving atmosphere" within the family were identified as elements of mental hygiene[29], and in the following years of their lives Soviet citizens were to be protected from harmful influences by the application of mental hygienic rules to nearly all aspects of everyday existence. The authors of publications on this topic were the first to admit that the actual conditions of life in Soviet society were very far from this ideal and that even specialists on mental health had so far failed to pay enough attention to mental hygiene. Implementing a mental hygienic regimen in every aspect of human life was a dream for the future. At the moment specialists in this area were in the process of researching what organisational solutions had a positive impact on the human psyche and how best to introduce positive changes. This process included a number of practical attempts to apply mental hygiene in various environments, however, it also consisted of a lot of theoretical reflection and "brainstorming", producing ideas for solutions that at the moment were impossible to implement on any significant scale, as they required a major reorganisation of everyday life, profound changes in people's habits and an involvement of a large number of specialists in psychiatry or psychology.

For example, a group of researchers from Leningrad suggested a range of measures that could and should eventually be applied to protect mental health and increase wellbeing: taking into the consideration character and personality when advising young people on the choice of profession; providing similar advice for those considering marriage or divorce; limiting noise at home and at work; restricting daily use of television; organising intellectual work so that it did not last longer than 3-4 hours at a time and was not impeded by the intake of such substances as tobacco, coffee, strong tea or magnolia berries.[30] Similar tendency to consider solutions that laid far beyond the capabilities of any psychiatrist, psychotherapist or psychologist could be found in the discussion of goals and methods of psychoprophylaxis which, according to Rozhnov and Iu. P. Chergeishvili, included dispelling the fear of nuclear war and working to achieve and maintain world peace.[31] Prevention of mental illness was not supposed to remain the domain of health professionals. In its final, future form it was to be a

[29] Miasishchev, V.N., Karvasarskii, B.D., Libikh, S.S., Tonkonogii, I.M., *Osnovy obshchei i meditsinskoi psikhologii*.

[30] *Ibid.*

[31] Rozhnov, V.E., Chergeishvili, Iu.P., "Psikhoterapiia, psikhoprofilaktika, psikhogigiena", p. 36.

goal of a number of political, social and economic institutions, all working together to organise life and work in the way that maximised the wellbeing.

Psychoprophylaxis was generally understood as focused specifically on preventing the occurrence of mental and neurotic disorders. It was described as divided into primary, secondary and tertiary prophylaxis, according to the terminology used by the World Health Organisation. Primary psychoprophylaxis referred to preventing disorders from occurring and included creation of dispensaries as well as mental hygienic approaches. Secondary focused on early detection and treatment of disorders in their initial stages. Finally, tertiary psychoprophylaxis comprised methods preventing the long-lasting, debilitating effects of illnesses and their recurrence.[32] However, these three stages were only named in textbooks and introductory sections of scientific publications, not in the discussion of psychoprophylactic measures that were actually proposed. These were commonly described simply as psychoprophylaxis, without any reference to its specific type. A lot of these measures were supposed to be used in a hospital, in order to lessen the pain of childbirth, help recovery, or prevent the development of mental illness in patients suffering from heart conditions or other serious diseases.[33] However, others were to be applied outside the clinic and were directed at the healthy, aiming for example to help cosmonauts, pilots or athletes cope with the work-related stress.[34]

Since its beginnings Russian mental hygiene had been entangled with psychotherapy. Already its nineteenth century promoters were interested in psychotherapeutic methods of treatment, and the first mental hygiene department and dispensary, opened in 1921 at the Moscow Psychoneurological Institute, was prepared for using psychotherapy and psychoanalysis.[35] When their popularity began to grow again in the 1950s, mental hygiene, psychoprophylaxis and psychotherapy were regularly considered together, as a triad of distinguishable but inextricably entwined disciplines. Schools of psychotherapy in Kharkov and Moscow, as well as psychotherapists from Bekhterev Institute, conducted research on mental hygiene and psychoprophylaxis and ran classes on this subject. Psychotherapeutic methods were regularly used in mental hygiene and psychoprophylaxis of various aspects of life. In 1981 on the pages of the *Korsakov Journal of Neurology and Psychiatry* both

[32] *Ibid.,* p. 37.

[33] See for example: Vel'vovskii, I.Z. (ed.), *Psikhoprofilaktika v akusherstve i ginekologii: materialy plenumov i konferentsii KhNMO za 1963 god.,* (Kiev, 1967), Filatov, AT., Skumin, V.A., *Psikhoprofilaktika i psikhoterapiia v kardiokhirurgii,* (Kiev, 1985); Michaels, P.A., *Lamaze.*

[34] Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika na sluzhbe zdorov'ia cheloveka,* (Krasnodar, 1977), p. 21.

[35] Sirotkina, I., *Diagnosing Literary Genius.*

prophylactically-oriented disciplines were described as belonging to "the field of psychotherapy."[36] The 1985 Minzdrav decree "On the further development of psychotherapeutic care of the population" also saw them as such, calling for the organisation of psychotherapy departments in city polyclinics in order to "improve the quality of mental hygienic and psychoprophylactic work among the population."[37]

Psychotherapeutic techniques, such as suggestion and various forms of autogenic training, were used to help people cope with difficult circumstances, stress and unusual environments and work routines. The most obvious aim of such intervention was to prevent or to quickly overcome neurotic and mental disorders. However, the aspirations of mental hygiene and psychoprophylaxis were much higher than just prevention of disease. Just like certain psychotherapeutic treatments employed in the Soviet clinic, they aimed to transform people and to increase their control over their bodies and minds. The "medicine of the future", and especially its branches dealing with mental and neurotic disorders, was conceived of as engaged not only in healing and removal of factors detrimental to human health, but also in active work to change healthy human beings, thus making them more resistant to illnesses.[38] Many psychotherapists attempted to rise to the challenge and to incorporate this goal into their mental hygienic and psychoprophylactic work. Some openly wrote about their wish to change and re-educate healthy people. Others refrained from it but – just like in case of psychotherapeutic treatments – revealed such a desire through their activities.

The mechanism behind their efforts remained the same as those employed to heal the sick. Words and other external factors were viewed as stimuli acting upon the human organism. While in the clinical setting this stimuli were most commonly used to nudge patients towards recovery, in work with the healthy population they were to be used to push people further into health, away from the susceptibility to disease, and towards greater resilience, greater adaptability, greater control over mind and body, and a firmer, ever-present desire for self-perfection. Such attempts were made with people in multiple types of occupations, from common activities such as education to space exploration. The remaining part of this chapter will explore psychotherapists' attempts to apply their methods as the means of mental hygiene and psychoprophylaxis in two occupations: seafaring and sport.

[36] Morozov, G.V., "Navstrechu VII vsesoiuznomu s''ezdu nevropatologov i psikhiatrov", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova,* 5 (1981), p. 646.

[37] GARF f. r-8009, op. 51, d. 1646, l. 277.

[38] Miager, V.K., "Aktual'nye problem psikhogigieny i psikhoprofilaktiki", p. 5.

Psychotherapy at sea

From the resurgence of psychotherapy in the mid-1950s until its official recognition as a medical speciality in 1985 its practitioners and promoters stressed the benefits that could be brought by its popularisation and growth. In order to gain support and funds for the development of their discipline they strove to demonstrate multiple ways in which it could make a positive contribution to Soviet medicine, productivity of labour and society. Psychoprophylaxis and mental hygiene in industry was another area in which the value and benefits of psychotherapy could be shown. Throughout the post-Stalin decades Soviet psychotherapists tried to apply their methods to prevent mental health problems and to increase self-control and resilience of workers in a variety of industries including for example shipbuilding[39], coal mining[40], the transport and energy sector[41], in order to demonstrate that their discipline offered a means of not only effectively restoring people to health and work, but also of preventing workers from developing certain disorders in the first place.

This section of this chapter discusses the attempts to conduct such psychotherapeutic work in the Soviet fishing fleet. Just like other psychotherapists' endeavours in psychoprophylaxis of industry, these attempts were conducted on a very limited scale and largely remained in an experimental phase. Nevertheless, the involvement in psychoprophylaxis and mental hygiene was clearly considered an intrinsic part of Soviet psychotherapy and as such deserves consideration. Thus, while the below discussion does not present a practice that was typical in Soviet seafaring, it constitutes a case study of an important aspect of Soviet psychotherapy: its practitioners' desire to apply it outside of the clinic and use its methods not only in treatment of various conditions but also in the strengthening the health of the population and prevention of mental health problems.

One of the captains quoted in A. A. Repin's description of his research into psychoprophylaxis of sailors described the profession of a sailor-fisherman as "romantic but tough."[42] The romanticism of work at sea was not a new or unknown notion, however, in the 1970s among the doctors and researchers there was a growing concern that its rewards were in themselves not enough to counterbalance the impact that a prolonged work on board a ship had on mental health. The Soviet fishing fleet, nearly completely destroyed during the Second

[39] GARF f. r-8009, op. 50, d. 7947, l. 114.
[40] GARF f. r-8009, op. 51, d. 1480, l. 51.
[41] Filatov, A.T., Palamarchuk, V.M., Mirovskii, K.I., Tabachnikov, S.I., Sokhranich, V.A., "Aktual'nye problemy psikhoprofilaktiki".
[42] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika,* p. 125.

World War, expanded rapidly over the next two decades. It became the largest such fleet in the world, boasting a total of 3741 vessels in the early 1970s.[43] As more and more people found employment in the sector, a number of psychotherapists became interested in countering the risk of neurotic and mental disorders in the crewmembers.

One of the institutions conducting such research was the Industrial Medical-Psychological Laboratory (OMPL) run by the Soviet Ministry of Fishing Industry (Minrybkhoz). Its presentation at the exhibition "Labour Protection-75" in VDNKh in Moscow was awarded a bronze medal, and three years later, at "Labour Protection-78", its model of a hypnotherapy room won it further prestige.[44] The tasks of the OMPL included: investigation of factors that negatively affected mental health of fishing industry workers, analysis of patterns of mental illness occurrence in the fleet, preparation of therapeutic and psychoprophylactic recommendations for ship's doctors, organisation of seminars on psychology, sexual hygiene, psychoprophylaxis and psychotherapy for various employees of the fishing industry, from doctors to bureaucrats, and creating psychological criteria for selecting new crew members for fishing vessels.[45] The laboratory was also actively engaged in psychotherapeutic work and in searching for ever more effective methods of psycho-emotional relaxation and psychotherapeutic intervention at sea. Two times a week it ran classes on autogenic training for sailors and, together with Rozhnov of the TsOLIUV, it developed and promoted its own approach to psychotherapeutic, psychoprophylactic and mental hygienic intervention: the system of industrial psychological training (SPPT).[46] The system consisted of a combination of different measures designed to protect mental health: distribution of educational materials, film screenings, psychological self-regulation, autogenic training or short "training-pauses" for relaxation during work. In order to popularise its methods and reach as many sailors as possible, in 1976 the OMPL recorded a gramophone record with two variation of autogenic training read by psychotherapists to specially chosen music. 10,000 copies were produced and distributed to vessels and industrial plants managed by the Minrybkhoz, to be used in absence of a trained psychotherapist.[47]

The OMPL was not alone in researching ways of preventing mental disorders among sailors. Cooperating with the TsOLIUV School of Psychotherapy, psychotherapist Repin participated in two expeditions to fishing vessels (in 1973-1974 and in 1976), teaching

[43] Sealy, T.S., "Soviet Fisheries: A Review", *Marine Fisheries Review* 36 (1974).
[44] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika*, p. 4, 89.
[45] *Ibid.*, p. 88-91.
[46] *Ibid.*
[47] *Ibid.*, p. 91.

autogenic training to sailors and workers and studying the possibility of using this and other psychotherapeutic methods to optimise the psychological environment on board, increase the efficiency of labour and prevent neurotic disorders.[48] A. I. Eremeeva of the Bekhterev Institute investigated the factors that put mental health of sailors at risk and attempted to identify the characteristics most suitable for workers in the maritime professions.[49] A physician Iu. G. Zubarev edited two sets of mental hygienic and psychoprophylactic recommendations (for captains and first mates, and for ship's doctors) published by the North-West Maritime Section of Health Protection of the RSFSR Minzdrav in mid-1970s.[50]

The researchers largely agreed on what constituted a threat to mental health of ship crews. They identified a number of factors that could have a negative impact on the psyches of people working at sea: high responsibility and stress, monotony, long separation from family, a continuous work regimen, lack of boundary between the workplace and the place of rest, noise and vibrations, need to adapt to changing and harsh atmospheric conditions, lack of access to culture and entertainment, and finally a belief that working on board a vessel was harmful to health. In addition, in his recommendations for ship's doctors, Zubarev paid a significant amount of attention to the importance of good interpersonal relationships among the crew, reminding that conflicts and rudeness – often directed by the more experienced sailors at the new crewmembers – could become a stimulus for the development of neurosis.[51] Repin pointed out that different occupations and positions in the chain of command came with their own risks to mental health, and focused on identifying what made different jobs on a fishing vessel difficult. For example, while boat-masters bore the weight of responsibility for safety of the ship and the crew, as well as for fulfilling the fishing plan, mechanics were subject to high level of noise, vibration and heat, and fish processing workers worked long and irregular hours performing monotonous tasks.[52]

All these factors, combined with personal issues and predispositions of individual workers, could put enough strain on a psyche to trigger a neurosis or a more serious mental disorders. For psychotherapists who took it upon themselves to tackle the issue of mental health of ship crews, identifying such factors was just a prelude to their real work –

[48] Rozhnov, V.E., Chergeishvili, Iu.P., "Psikhoterapiia, psikhoprofilaktika, psikhogigiena".

[49] Eremeeva, A.I., "Izuchenie individual'no-psikhologicheskikh osobennostei sudovoditelei v aspekte psikhoprofilakticheskikh i psikhogigienicheskikh zadach" in Miager, V.K. (ed.), *Psikhogigiena i psikhoprofilaktika.*

[50] Zubarev, Iu.G. (ed.), *Instruktsiia po psikhogigiene dlia starshikh pomoshchnikov i kapitanov sudov morskogo flota,* (Leningrad, 1974), Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika: metodicheskie rekomendatsii sudovym vracham,* (Leningrad, 1975).

[51] Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika*.

[52] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika.*

strengthening mental health and preventing disorders. Pursuing this goal, they tried and proposed a number of changes and additions to life and work at sea. Those changes were to be introduced already at the stage of selection of candidates for maritime occupations. Following the line of thinking of other psychotherapists interested in mental hygiene and psychoprophylaxis, Repin and Eremeeva called for more attention to be paid to the personalities of prospective workers in the fishing industry and in other maritime occupations. Writing about difficulties that could arise between crewmen during a six month long fishing expedition, Repin lamented the fact that certain people who found themselves on board displayed "psychopathic characteristics" and were very likely to disrupt the psychological climate. Stressing the need for inclusion of psychiatrists and psychologists in commissions evaluating prospective crewmen, in order to screen out such individuals, he wrote:

"They do not like their job, and do not like the sea. Their main goal is to make money. When the work is not going well, these people become epicentres of discontent. They question judgement of well-qualified navigators who lead the search for the fish. These people heighten the atmosphere of disappointment and tension on board. The romanticism of the sea is alien to them."[53]

It is interesting that while Repin wrote that such disruptive individuals exhibited "psychopathic characteristics," many of his specific complaints about them focused on the fact that they were not happy with their job, did not romanticise it, and were in it primarily for the money. It is difficult to believe that all people who chose to work at sea out of pragmatic reasons should be characterised as to some extent "psychopathic," especially since as the fishing industry rapidly expanded in the decades following the Second World War, it became an attractive and accessible sector of employment for Soviet citizens.[54] However, Repin's complaint came close to pathologising such motivation and implying that people who found employment in the fishing fleet should all be somehow enamoured of the sea. Thus, while his warning about the impact of "psychopathic" or otherwise unhealthy individuals on the rest of the crew was not misplaced, his wide definition of their behaviour revealed his concern not only about the behaviour of crewmen but also about their motivations and attitudes.

Eremeeva also called for specialists on the human psyche to be involved in the selection of workers for the maritime professions, however, she arrived at this conclusion by a different route. Her research investigated mental characteristics of successful and unsuccessful

[53] *Ibid.*, p. 80.
[54] Sealy, T.S., "Soviet Fisheries".

captains, first mates and other mates, aiming to identify what kind of personality traits were the most and the least desirable for these positions.[55] In order to make sure that only people with suitable characteristics were selected, she recommended that psychoprophylactic work be conducted with prospective sailors during their education. Those who did not possess the appropriate personalities could then be transferred to study for other specialties or – if their flaws were only minor – could undergo a correction of unsuitable traits through psychotherapeutic methods.[56]

The proposals to introduce thorough psychological evaluation of candidates for the maritime professions were ambitious but – just like many other solutions proposed by promoters of psychotherapy, mental hygiene and psychoprophylaxis – difficult to implement on a significant scale given the small numbers of necessary specialists. What is more, many people who did not undergo such evaluation and inevitably possessed some of the "problematic" traits were already working on board the Soviet vessels or joining the crews as Repin and Eremeeva conducted their research. These people, and their crewmates who could be affected by their behaviour, needed measures that would protect them from neurotic and mental disorders and help them continue to perform their jobs successfully and efficiently. Psychotherapists investigating psychoprophylaxis of sailors were well aware of it and recommended several methods of making the working environment on board a vessel less likely to negatively affect the human psyche, and of making people who worked in this environment better adapted to it.

Psychotherapeutic intervention through transforming living or working conditions was considered an option also in clinical applications of psychotherapy, however, while it was seldom used in treatment, it featured prominently in psychotherapists' involvement in psychoprophylaxis and mental hygiene. While time constraints prevented them from intervening in such a way in their normal practice, they were not so restricted when giving advice and consequently made bold, far-reaching recommendations. In his recommendations for boat-masters and ship's doctors, Zubarev proposed several solutions that, if implemented correctly, could improve working and living conditions on a ship. He reminded the boat-masters of the importance of maintaining the balance between work and relaxation throughout the six months spent on board. Although he refrained from giving any specific advice

[55] The study showed that successful captains displayed for example leadership ability, stable self-esteem, perseverance; first mates – good self-esteem, self-sufficiency, approachability, perseverance; other mates – maturity, stable self-esteem, the makings of a leader. The unsuccessful sailors at all those positions showed lack of self-confidence, unstable self-esteem, lack of self-sufficiency. See: Eremeeva, A.I., "Izuchenie individual'no-psikhologicheskikh osobennostei sudovoditelei".

[56] *Ibid.*

regarding the working hours, he stressed that the commanding officers needed to take care to organise labour in such a way as to distribute the physical and mental load equally between crewmembers, and should always consider their need for rest and nutrition. He recommended that sport and physical culture events be organised on board, and that advice on mental hygiene and healthy lifestyle be provided throughout the time spent at sea, and identified the final two or three months of continuous sailing as the most dangerous period, when the burden on the sailors' psyches was the highest.[57]

Providing accurate information about this unusual living and working environment and its impact on human organism was seen as an important way on mitigating the strain that it put on mental health. During his work on psychoprophylaxis of the fishing fleet, Repin observed that sailors often overestimated the negative impact of their job, especially when it came to sexual health. Due to the widespread belief that prolonged lack of sexual activity was detrimental to male potency, many sailors developed psychogenic impotency that only became more fixated after a "fiasco in an intimate situation" and "unfounded suspicions and complaints from their wives."[58] After witnessing multiple successes of psychotherapeutic treatment of sailors suffering from erectile dysfunction, Repin came to see most of its cases in the fishing fleet as rooted in psychological factors. In order to prevent it he prepared a lecture on the issues of sexual hygiene which he delivered together with Rozhnov during their expedition on a fishing vessel in 1976. It was a part of a series of lectures on various psychoprophylactic and psychotherapeutic topics, designed to provide sailors with beneficial knowledge about physiological and psychological processes in the human organism. Repin reported that sailors who attended these lectures (about 40 people on average) afterwards expressed gratitude for the information provided.[59] Research on other vessels also showed that a lecture on sexual hygiene tended to have a positive impact on the crew, decreasing its members' fears about their ability to perform sexually when they return home. Encouraged by these results, Repin recommended that, in the absence of a psychotherapist, such a lecture be given by the ship's doctor, and included a summary of his talk in his book, in order to help his colleagues familiarise themselves with the psychotherapeutic approach to the topic.[60]

Zubarev also advised ship's doctors to actively engage in educating sailors about mental health and hygiene, and in dispelling theirs unfounded beliefs and fears. He recommended a

[57] Zubarev, Iu.G. (ed.), *Instruktsiia po psikhogigiene.*
[58] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika,* p. 78.
[59] *Ibid.,* p. 108.
[60] *Ibid.,* p. 79.

number of topics for a "Health Time" lectures series, inspired by the "School of Health" organised on the vessels belonging to the Baltic Sea Shipping Agency:

Examples of topics in mental hygiene

1. The higher nervous activity and its influence on education and upbringing.
2. Psychical traits and basic psychical processes.
3. On characters and temperaments.
4. The hygiene of intellectual work.
5. The possibility and methods of training psychical processes.
6. Strengthen your nervous system. Cultivating will and character during a long sea voyage.
7. Active rest, the hygiene of sleep.
8. A healthy spirit in a healthy body.
9. The mental hygiene of sexual relations.
10. The impact of the state of health on marriage and offspring.
11. The psychological foundations of getting to know and bringing up the crew, and the psychoprophylaxis of nervous and mental disorders.

Examples of topics in psychoprophylaxis

1. Preventing neuroses.
2. Emotional stress – the cause of the weakened nervous system.
3. Psychophysiological aspects of sailors' work.
4. Psychological states of sailors and their manifestations during a sea voyage.
5. The causes and prevention of exhaustion.
6. Alcohol and the psyche.
7. Alcohol and the effects of its abuse. (…)
8. Preventing sexual disorders.
9. The causes of asthenic and neurotic states in sailors.
10. The most common conflicts leading to nervous and mental disorders, and their prevention.[61]

[61] Several topics relating to alcohol and to sexual activity were omitted here. Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika,* pp. 49-50.

The purpose of such education was to help sailors better understand their organisms, to inculcate them with habits necessary for protecting mental health, and to cultivate the right attitude towards health during exposure to potentially harmful environmental factors. The topics of lectures proposed by Zubarev were well-thought-out to cover these aims and to provide sailors with basis for further psychoprophylactic actions. First of all, they offered information about the workings of the human organism, especially its nervous system, and about how these workings were affected by a long sea voyage. They familiarised sailors with changes and symptoms they might experience, seeking to replace the unfounded theories and superstitions circulating among the crews with proper scientific knowledge that, instead of provoking a psychogenic disorder, would lead to a purposeful action to protect health.

Secondly, the lectures were to provide instructions on how to maintain and improve one's health, both at sea and in everyday life. The sailors were supposed to learn about the effects of alcohol on the human organism, and about the importance of physical exercise and proper rest. Zubarev recommended that ship's doctors follow these lectures with individual consultations, as such an in-depth conversation was likely to strengthen the impact of the talk and make sailors more likely to remember its content and to accept given recommendations.[62] This last aim was crucial, as the role of Zubarev's lectures was not limited to dispensing information about human organism and healthy lifestyle. Some of their topics were clearly intended as a preparation and encouragement for further psychoprophylactic work, which went beyond learning about psychological processes, character traits and personalities, and instead focused on controlling and reshaping them.

Just like the patients treated with psychotherapy, during the psychoprophylactic work sailors were to be not only educated, but also guided and "brought up." This task could be performed by different people. Psychotherapists took it upon themselves when they worked on board a vessel or saw the crewmembers back on land. However, since most of the time the vast majority of ships had to cope without a psychotherapist, the responsibility for cultivating the right attitudes and encouraging personal development of crewmembers was delegated to ship's doctors and, in some cases, also to captains and first mates.[63] Zubarev offered instructions for providing such guidance, hoping to help the ship's personnel exert psychotherapeutic influence on board, just like many psychotherapists aspired to help all

[62] *Ibid.*, p. 49.

[63] The active involvement of the commanding officers in psychoprophylaxis and mental hygiene was especially important on vessels that did not even have a ship's doctor. Zubarev, Iu.G. (ed.), *Instruktsiia po psikhogigiene.*, p. 3.

physicians learn how to interact with patients in the manner most beneficial to their recovery. Echoing the advice given to physicians, Zubarev told captains and first mates that a word is "a powerful stimulus which can both give wings to people and traumatise them."[64] However, he did not just urge them to be careful about what they said to other sailors, but instructed them to pay attention to the relations between the crewmembers and to actively work to create a good, comradely atmosphere on board. The ship's doctors were also advised to intervene to resolve conflicts that arose between sailors and to "strive to consolidate the collective."[65]

The collective was a common feature of Soviet society. Defined in the dictionary as a "group of people united by a common goal, by common activity", it was spoken of in schools and workplaces, and gradually became a rather mundane element of life in the Soviet Union.[66] However, it was also an important concept in the Soviet approach to education, seen as a means to the final end of upbringing – the formation of individual's character and the realisation of their potential, which in turned strengthened and enriched the collective itself.[67] As such it constituted a cornerstone of collective psychotherapy which sought to employ its influence to instil discipline and keep patients firmly on what the doctors deemed to be the way to recovery.

In the psychoprophylaxis of sailors the role of the collective was seen as more nuanced. Instilling a sense of duty and discipline was not considered as crucial in this context as it was in the upbringing and re-education of children or neurotic patients. The assumption was that healthy sailors did not have to be psychotherapeutically encouraged to perform their jobs. However, they needed intervention and guidance in the area of interpersonal relations. The creation of a collective on board was to ensure, and at the same time to happen through, a change in the way in which the crewmembers interacted with each other. Zubarev advised ship's doctors that in order to successfully improve the mental hygienic conditions on their vessels they had to engage in "the struggle against rudeness, the cultivation of such traits as self-control, patience, sensitivity towards others and understanding for each other's flaws, the improvement of manners, and the creation of climate of mutual friendliness and attention."[68] The collective was to consolidate the practice of friendliness and mutual support, as once its members were "brought up" to abandon rudeness and saw the benefits of the climate of kindliness and politeness, they could be expected to want to maintain it and to exert a positive

[64] *Ibid.,* p. 6.
[65] Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika,* p. 31.
[66] Quoted in Kkarkhordin, O., *The Collective and the Individual in Russia: A Study of Practices,* (Berkeley, 1999), p. 75.
[67] Zajda, J.I., *Education in the USSR,* (Oxford, 1980).
[68] Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika,* p. 17.

influence on their comrades. The establishment of such relations between the crewmembers was an important element of mental hygiene, as it allowed for the better resolutions of conflicts and consequently reduced tensions and stress – two important factors contributing to neurotic and mental disorders in sailors.[69] The creation of a collective helped people who formed it remember to behave in a friendly way towards one another, thus improving the working and living environment on board the vessel, and reducing its negative impact on mental health.

Nevertheless, the establishment of such a collective was only a part of the transformative psychoprophylactic work that the psychotherapists wanted to see in the fleet. The change in interpersonal relations and climate on board was to be accompanied by pursuing a change in the individual crewmembers. The establishment of a collective could help in this task and strengthen its results, however, it was not sufficient in itself. Transforming patients and encouraging them to work to better themselves was an important component of Soviet psychotherapy, therefore, when it was applied to psychoprophylaxis of sailors, it continued to put an emphasis on cultivating the right traits and attitudes in individual human beings.

Consequently, the crucial element of psychoprophylaxis was the psychotherapeutic method that played the key role in teaching patients to control and transform their bodies and minds: autogenic training. It was taught to the fishing fleet workers both at the OMPL and on board the vessels during Repin's and Rozhnov's expeditions. They also published instructions on how to begin using this psychotherapeutic method in the absence of a psychotherapist and produced a gramophone record to facilitate it.[70] Zubarev also recommended teaching sailors autogenic training, pointing out what he saw as its two important uses. First of all, it was supposed to help them ease the negative impact of stress, to relax and to rest more effectively. Secondly, as a method of autosuggestion, it was to encourage and facilitate personal growth and "train the human psyche for the extraordinary conditions."[71]

The basic outline of autogenic training recommended by the TsOLIUV and the OMPL for use on the fishing vessels did not significantly differ from other variants of this method practised in the Soviet Union. It comprised of a series of techniques for relaxation of muscles, dilation of blood vessels and exercising control over breath and heartbeat, imagining nature to consolidate the state of relaxation, therapeutic autosuggestion phase and a concluding phase

[69] *Ibid.*
[70] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika,* p. 91.
[71] Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika*, p. 35.

focused on relaxation or stimulation, depending on the time of day when autogenic training was performed.[72] A distinct feature of this form of autogenic training was musical accompaniment. In an attempt to harness the effects that music was believed to have on human emotions, Repin used the "even, melodic, classical repertoire" as a background for his voice when he conducted psychotherapeutic suggestion.[73] Such a musical background was also included on the autogenic training recording released and distributed around the fishing fleet by the OMPL in 1976.[74] The instruction in autogenic training was also supposed to be supplemented by the teaching of the so called 'microtraining' – a quick relaxation technique that could be performed during a short break from work or in an emergency situation such as the onset of a panic attack. Interestingly, both additions seemed to find the approval of the fishing fleet workers who learned autogenic training during Repin's and Rozhnov's expeditions. In the comments collected afterwards both a sailor Iu. and a fish processing worker F. singled out music as the factor that most helped them immerse themselves in the procedure[75]. A fish processing worker Z. found "microtraining" especially useful and disclosed that she began to use it during her shift to get rid of the tiredness in her hands and a "tingling sensation" around her heart.[76]

Most of those who attended Repin's and Rozhnov's lessons used autogenic training to help them fall asleep, get rid of tiredness and reduce stress. This was also the chief aim that both psychotherapists hoped to accomplish through introducing workers in the fishing fleet to this method of autosuggestion. Lack of proper sleep and stress were among the main causes of neurotic disorders on board and needed to be eliminated to protect both health and productivity. Consequently, the gramophone record released by the OMPL and the TsOLIUV included suggestion formulas prepared specifically for this purpose:

"Every [autogenic training] session puts me in a good mood and brings me a deep sleep. My nervous system, my organism gather energy, strength. Inner peace brought by autogenic training is becoming my faithful companion. I am completely calm. I am completely calm."

"My organism in a state of deep rest…The sounds are all coming from afar. Drowsiness becomes deeper and deeper. Overwhelming wish to fall deeply, soundly, pleasantly asleep. I

[72] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika.*
[73] *Ibid.*, p. 97.
[74] *Ibid.* p., 91.
[75] *Ibid.*, pp. 121-122.
[76] *Ibid.*, p. 121.

don't want to think about anything. I completely separate myself from the outside world. I fall pleasantly, deeply asleep."[77]

These words read like a description of mental states and processes occurring in the organism, however, just like in the clinical applications of autosuggestion, they were much more than that. They functioned as commands. They were supposed to assert the dominance of will over physiological functions and to induce the described feelings and sensations, helping people let go of stress and worries, find calmness, and get some restful sleep. And just like during psychotherapeutic treatment, sailors' emotions, character traits and habits were to be subjected to the same control by the will as their bodies. For example, Zubarev wrote that, in order to prevent conflicts on board and facilitate friendly relations among the crew, autogenic training should be used to help sailors "exert influence on the character of their emotional reactions" and to "correct certain forms of behaviour and character traits."[78] With the exception of rudeness of the more experienced sailors towards the new crewmembers Zubarev did not list the behaviours and traits that he believed should be eliminated. Nevertheless, his repeated insistence on cultivating patience, politeness and mutual understanding allows to assume that he had in mind various attitudes and practices that were likely to distress other sailors and posed a threat to the friendly climate that he wanted to establish on board.

Repin, who argued for psychological assessment of prospective workers in the fishing fleet, was more explicit about the traits and behaviours that should be limited or eliminated with the help of autosuggestion. He listed fearfulness, irritability and lack of emotional balance, as well as "harmful habits" such as smoking or drinking.[79] Sailors were to be instructed in autogenic training in order to be able to make themselves better suited for their work and in some ways also become all-around better, healthier and more well-balanced people. The commitment to motivating people to perfect themselves did not disappear from Soviet psychotherapy when it ventured beyond the clinical setting. Psychotherapists working on mental hygiene and psychoprophylaxis of seafaring continued to follow an ambitious aim of not only reducing sailors' vulnerability to the negative impact of the environment, but also of changing them for the better. The prevention of neurotic and mental disorders was to be accomplished by improving people.

[77] *Ibid.,* p. 120.
[78] Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika,* p. 35-36.
[79] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika,* p. 103.

The ambitions of psychotherapists involved in psychoprophylaxis of seafaring were far-reaching, however, it must again be noted that the real impact of these efforts was nowhere near as significant. Autogenic training was taught to 106 people during Repin's 1972-73 expedition, and to 50 further people in 1976.[80] These numbers were only a drop in the fishing fleet of 3741 vessels, and although steps were taken to teach this autosuggestion method via a gramophone record or in the facilities on land, as well as to advise ship's doctors and captains on how to protect the mental health of crewmembers, it should not be taken for granted that such recommendations were followed. It would be naïve to assume that psychotherapy was received by sailors and ship's doctors with any less dismissal and scepticism than it encountered in the clinic. What is more, given the low level of knowledge about psychotherapy in medical profession in general, it is very likely that not many ship's doctors possessed the necessary qualifications to properly implement psychotherapeutic methods recommended by their colleagues. To make matters worse, some vessels had to cope without a ship's doctor,[81] while several cases of people who benefited from the autogenic training showed that sailors tended to hide their mental problems until they finally encountered a psychotherapist who prompted them to try autosuggestion.[82]

Psychoprophylaxis and mental hygiene of seafaring, just like other applications of psychotherapy in industry, were still in the phase of development and research. The above recommendations about protecting mental health of crewmembers should be treated more as an illustration of thinking, endeavours and ambitions of psychotherapists who sought to apply their methods outside the clinic, than as a reflection of the state of health protection on Soviet vessels in general. The applications of psychotherapy outside the clinic are thus another area in which the reality of what its practitioners were able to accomplish did not live up to their ambitious plans. By engaging in such a project as psychoprophylaxis in the fishing fleet, Soviet psychotherapists sought to demonstrate the broad usefulness of their discipline, however, while they collected some data on its applicability in various areas of human activity, they also increased the gulf between their aims and their actual accomplishments. Nevertheless, they continued to promote prophylactic applications of psychotherapy, and although these efforts were less extensive and far less successful than its introduction into medical institutions, they were not abandoned. Throughout the post-Stalin decades Soviet psychotherapists continued to attempt introducing their methods into various areas of life,

[80] *Ibid.*, p. 107, 109.
[81] Zubarev, Iu.G. (ed.), *Instruktsiia po psikhogigiene*, p. 3.
[82] Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika*, p. 82-83.

seeking to prevent mental and neurotic disorders and to transform the workers they worked with into more resilient and all-around better people. This desire to transform and improve human beings, visible in both clinical and non-clinical applications of psychotherapy, was particularly explicit in the attempts to apply psychotherapeutic methods in the training of athletes – an area which from the 1950s onwards attracted the growing interest of psychotherapists seeking to demonstrate broad applicability of their discipline.

Psychotherapy for champions

In 1983, at three training camps held in Dushanbe, Groznyi and Ufa, highly-qualified parachutists belonging to the Soviet national and the Russian republican team were instructed in the methods of psychological self-regulation. In addition to their standard training programme, these athletes spent time learning and performing autosuggestion techniques designed to help them control their bodily processes and sensations, to develop or strengthen the characteristics believed to be indispensable for success in parachuting, to overcome psychological barriers, and ultimately to improve their performance.[83] The results were encouraging. One participant managed to master the acrobatic manoeuvre he had been struggling with for some time. Another fulfilled the requirements for the title of the master of sport (*master sporta*)[84] much earlier than expected. All athletes learned to raise their self-confidence and self-control under stress and to regenerate their strength more effectively after long training. Many performed very well at the subsequent competitions.[85]

These lessons were a part of a research project led by M. Ia. Bondarchik, a senior researcher at the Laboratory for Medical and Biological Scientific Research into Technical and Military-Applied Sports, which sought to investigate the application of emotional-volitional training (EVT) to these disciplines. It constituted yet another step in the development and growing popularity of application of psychotherapeutic methods and psychological self-regulation techniques in the training of Soviet athletes – a trend that had been growing in the USSR since its entry into the arena of international sports competitions in the 1950s.

[83] GARF f. r-9552, op. 15, d. 14, l. 77.

[84] Master of sport was one of the four highest honorific titles awarded to athletes according to the 1935 All-Union Sports Classification System. Phillis, K., "Spartacus and Sports in the Soviet Union and Eastern Europe", *The Interantional Journal of Sport and Society* 3 (2013).

[85] GARF f. r-9552, op. 15, d. 14, ll. 34-35.

Soon after the war the USSR became a member of a number of international sporting organisations, most notably the International Olympic Committee, which it joined in 1951. The decision to compete against the Western countries marked a change in the Soviet approach to the role and significance of sport. While in the early Soviet years sport and physical culture were presented as activities for the masses, meant to strengthen the bodies and minds of the population,[86] after the onset of the Cold War sporting competitions emerged as a microcosm of the clash between socialism and the capitalist West. To achieve better results and to bring home more medals than the opponents was to prove the superiority of the socialist system. To fail was to discredit the entire Soviet project.[87] Since the performance of Soviet athletes was seen as tied to the performance of socialism, the securing of sporting victories became crucial. In 1949 a Party resolution called for the sports committees to prepare Soviet athletes for achieving "world supremacy in major sports in the immediate future."[88] Aiming for high number of prestigious victories continued to be the Soviet policy on sport in the following decades, leading to more emphasis being put on effective training, and to a number of questionable practices such as the extensive use of performance-enhancing drugs, falsifying athletes' age or presenting professionally trained athletes as amateurs is order to have them compete at the Olympics.[89]

This dominant attitude towards sport had a clear impact on the priorities of psychotherapists who sought to use their methods in the training of athletes. The prevention of neurotic and mental disorders among the participants of sporting competitions was studied and discussed, however, the stress on improving their strength, resilience, and results was pronounced much more clearly than in similar work with sailors or other workers. The Soviet state wanted to turn its athletes into champions who would serve as symbols of vitality and strength of socialism in the international sporting arena. Contributing to the fulfilment of this goal could be expected to increase the status and support for psychotherapy. Consequently, its practitioners who chose to work on applying their discipline in training of athletes continued to propose new ways in which it could be used to help achieve sporting victories.

[86] Grant, S., "Bolsheviks, Revolution and Physical Culture", *The International Journal of the History of Sport*, 31 (2014).

[87] Riordan, J., "Rewriting Soviet Sports History", *Journal of Sports History*, 3 (1993); O'Mahony, M., *Sport in the USSR: Physical Culture – Visual Culture*, (London, 2006); Redihan, E.E., *The Olympics and the Cold War, 1948–1968: Sport as Battleground in the U.S.–Soviet Rivalry*, (Jefferson, NC, 2017).

[88] Quoted in Riordan, J., "The Rise and Fall of Soviet Olympic Champions", *The International Journal of Olympic Studies* vol. II (1993), p. 26.

[89] *Ibid.*; Riordan, J., "Rewriting Soviet Sports History"; Phillis, K., "Spartacus and Sports".

One of the methods used for this purpose was hypnosis. In 1958 V. V. Kuz'min presented the results of his research to the Presidium of the Scientific-Methodical Council of the USSR Council of Ministers Committee on Physical Culture and Sport. He talked about his attempts to use hypnosis in the training of various athletes in order to dispel excessive anxiety and to put their minds in an appropriate "combative state."[90] Although his methods came under some criticism for subjecting athletes to too many hypnotic sessions, the Presidium agreed that Kuz'min's efforts were commendable and that the possibility of using hypnosis or other psychotherapeutic methods in preparation of athletes for competitions should be investigated further.[91] Another attempt to use hypnosis in the field of sport was mentioned by Beliakov, who had observed and participated in research into the influence of hypnosis on fencers. He reported that when hypnotic sessions were organised at a two weeks long training camp, with eight hours of training per day, they noticeably reduced the exhaustion of participants and improved their performance. In addition, hypnosis helped several athletes overcome their personal difficulties. For example, the fencer Kuznetsov used to be afraid of fights and tried to train only with his less qualified colleagues, but under hypnosis he was taught to approach fights calmly. Another, less experienced participant struggled with insufficient physical preparation and quickly became exhausted, however, his condition improved after he started receiving hypnotic sleep.[92]

Beliakov admitted that the question of whether hypnosis was at all suitable for use in training emerged during the work with fencers, but he concluded that it was useful when combined with other educational and training methods.[93] Nevertheless, hypnosis did not fare very well as a means of helping athletes prepare for competitions. Already at the 1958 meeting several participants – most notably Lebedinskii – raised concerns about its application for that purpose. The objections mostly focused on the fact that hypnosis was considered a medical procedure and as such was unsuitable for the task of educating and "bringing up" athletes. This stance demonstrates that while many psychotherapists sought to demonstrate that their discipline had a lot to offer also outside the clinic, they did not always agree on how and where to apply which method. Lebedinskii reminded the meeting that according to Soviet law hypnosis could only be administered by a trained physician and urged the Committee not to seek the relaxation of this regulations to make the widespread use of hypnosis easier. He argued that in order to administer hypnotic suggestion properly, one had

[90] GARF f. r-7576, op. 7, d. 223, ll. 3-4.
[91] GARF f. r-7576, op. 7, d. 223, ll. 10, 15-17.
[92] GARF f. r-7576, op. 7, d. 223, ll. 4-6.
[93] GARF f. r-7576, op. 7, d. 223, l. 6.

to have a deep understanding of the workings of human nervous system and psyche, and made it clear that he did not think that hypnosis should be widely used on healthy athletes: "The sick need to be cured, and if such intervention is not necessary, we do not start, do not use hypnosis. We use suggestion in an awake state."[94] He also criticised Kuz'min for subjecting athletes to too many hypnotic sessions: "If a man is hypnotised seventy times, he becomes accustomed to it. He starts to rely on help provided by hypnosis and hypnotiser and does not believe in himself. (…) You will not find a psychotherapist who would conduct seventy hypnotic sessions with a sick patient. We do not agree to it, it is too much and it is harmful."[95]

Lebedinskii was not the only person at the 1958 meeting who expressed concerns about the prospect of widespread use of hypnosis in the training of athletes. Professor Ivanitskii warned against treating it as a panacea and not differentiating between situations in which its use was and was not appropriate, while Baichenko expressed a view that focus on pedagogical approaches to athletes might be more productive than hypnotic intervention.[96] The Committee did not rule out endorsing hypnosis as an element of the athletes' training in the future and recommended more research, however, in the following years this method, which dominated psychotherapeutic treatment, did not achieve popularity outside the clinic. Kuz'min continued his research in 1960s and 1970s, using hypnosis to quicken the regenerative processes in human organism and to improve athletes' results during his work with various Soviet teams, including weightlifters, swimmers and pentathlon competitors.[97] K.I. Karpman used hypnosis, together with other psychotherapeutic methods, in 1969, when he spent four months working with a Belorussian State University of Physical Culture football team, helping its players prepare for competitions and improve on their last year's results.[98] Nevertheless, in the field of psychoprophylaxis, mental hygiene and improvement of athletes' results, hypnosis was pushed aside by various forms of autosuggestion and suggestion in an awake state.

These methods had a significant advantage over hypnosis. First of all, their use was not restricted to physicians, and although a specialist was needed to teach athletes and coaches about autosuggestion, to provide appropriate formulas and to exert additional

[94] GARF f. r-7576, op. 7, d. 223, ll. 8-9.
[95] GARF f. r-7576, op. 7, d. 223, l. 10.
[96] GARF f. r-7576, op. 7, d. 223, ll. 7, 15.
[97] Kuz'min, V.V., "Povyshenie rabotosposobnosti sportsmenov pod vliianiem vnushennogo sna" in *Psikhoprofilaktika v sporte: tezisy doklaov oblastnoi nauchno-prakticheskoi konferentsii s 27-28 maia 1971 g.,* (Ivanovo, 1971); Kuz'min, V.V., "Upravlenie psikhicheskim sostoianiem plovtsov pered startom i povyshenie rabotosposobnosti s pomoshch'iu gipnosuggestii" in Romen, A.S. (ed.), *Psikhoprofilaktika i psikhogigiena v sporte*, (Alma-Ata, 1976).
[98] Karpman, K.I., "Nekotorye voprosy primeneniia vnusheniia i psikhoreguliruiushchei trenirovki v psikhologicheskoi podgotovke futbol'nogo kollektiva k sorevnovaniiam" in *Psikhoprofilaktika v sporte.*

psychotherapeutic influence, this task could be and was performed by other specialists familiar with the human psyche and nervous system, such as psychologists.[99] Furthermore, after learning formulas and techniques of influencing own mind and body, athletes could – and indeed were expected to – perform autosuggestion themselves, ideally several times a day: in the morning, after trainings, and just before falling asleep.[100] This allowed for the intensive psychotherapeutic influence to be exerted without increasing the demand on the psychotherapists, which was especially important considering the small numbers of these specialists in the Soviet Union. What is more, while warnings against using hypnosis over a long period of time and about the possibility of people becoming too reliant on the procedure could normally be found in psychotherapeutic publications and textbooks, no similar concerns were raised about autosuggestion occasionally accompanied by suggestion in an awake state. On the contrary, autogenic training, EVT and other similar methods were meant to be used extensively and to become everyday habits through which athletes learned to exercise greater and greater control over their minds and bodies.

The use of such methods in the training of athletes had been growing in popularity since the 1950s. At first this growth was due to the efforts of sport psychologists. Sport psychology had been officially recognised as a distinct discipline at the beginning of the 1950s and significantly developed over the rest of the decade. As physical culture institutes throughout the USSR began to open psychology departments, more and more people all over the country were trained and conducted research in sport psychology. They investigated mental and emotional states experienced by athletes during competitions and training, and worked on the ways of helping them overcome psychological difficulties associated with competing at the elite level, such as excessive stress, listlessness and low motivation, or diminished confidence after an unsatisfactory performance. Among the most prominent Soviet sport psychologists was Avksenty Tsezarevich Puni who developed and in 1963 published his own model of

[99] While the delivery of psychotherapeutic treatments by psychologists met with opposition from physicians who saw psychotherapy as their domain, no such protest was raised about their involvement in psychoprophylaxis and training of athletes. Psychotherapists who defended their jurisdiction over delivery of "talking cures" in the clinic, were prepared to share it with other professionals in the area of psychoprophylaxis and improvement of atheletes' performance. Although 1970s and 1980s saw an ongoing debate on whether sport psychologists should focus on being researchers or perform an educational, counselling role, it was waged by psychologists themselves, not by psychotherapists anxious about the competition from other profession. Ryba, T.V., Stambulova, N.B., "Russia" in Schinke, R.J., McGannon, K.R., Smith, B. (eds), *Routledge International Handbook of Sport Psychology*, (Abingdon, 2016).

[100] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov*, (Kiev, 1975).

Psychological Preparation for a Competition, aiming to increase athletes' capacity for self-regulation and to help them achieve the state of optimal readiness for competitions. [101]

Sport psychologists continued to work with Soviet athletes over the following decades, employing relaxation, positive self-suggestion and focusing techniques to help prepare them for national and international competitions, and collecting data that could provide the basis for improvement in coaching and training process.[102] They were increasingly joined by medically trained psychotherapists who already in the 1960s began to show growing interest in using their methods to protect mental health of athletes and to help them achieve better results. They combined the experience of sport psychologists – particularly the works of Puni – with their own expertise and therapeutic methods and set out to show that helping to train Soviet sporting champions was one of many areas in which they could make a positive difference. Much of the psychotherapeutic research into the training of athletes was conducted at the UIUV School of Psychotherapy, Psychoprophylaxis and Mental Hygiene, which in 1973 started offering courses on application of psychotherapeutic methods in work with sporting themes. The courses were intended for physicians interested in or already engaged in safeguarding the health of athletes and in the following years UIUV continued to be the leading institution providing instruction in this field.[103]

From 1971 the school was headed by Arkadii Timofeevich Filatov, who replaced Vel'vovskii and whose own work and interests focused largely on the psychological preparation of athletes. In 1972 he completed a research project on the neurotic reactions in cyclists during which he instructed a number of doctors and coaches on how to assess the psychological state of athletes.[104] In the following years he continued to work with cyclists, investigating their suggestibility, psychoprophylaxis, and the possibility of improving their results with psychotherapeutic methods.[105] He introduced psychotherapeutic methods to various teams and organisations, such as the Kharkov Voluntary Sport Society *Avangard*[106] or a group of Lithuanian athletes in Trakai,[107] and by 1980 his work gained enough prominence

[101] For more on development of Soviet sport psychology see: Ryba, T.V., Stambulova, N.B., Wrisberg, C.A., "The Russian Origins of Sport Psychology: A Translation of Early Works of A.C. Puni", *Journal of Applied Sport Psychology* 17 (2005); Stambulova, N.B., Wrisberg, C.A., Ryba, T.V., "A Tale of Two Traditions in Applied Sport Psychology: The Heyday of Soviet Sport and Wake-Up Calls for North America", *Journal of Applied Sport Psychology* 18 (2006).

[102] Ryba, T.V., Stambulova, N.B., "Russia".

[103] Filatov, A.T., Mikhailov, B.V., Bish, I.M., Mikhailova, K.V., Demetr, R.S., "Obshchaia chast'" in Filatov, A.T., (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* (Kiev, 1982).

[104] GARF f. r-8009, op. 50, d. 3191, l. 32.

[105] GARF f. r-8009, op. 50, d. 5166, l. 44.

[106] GARF f. r-8009, op. 50, d. 6554, l. 54.

[107] GARF f. r-8009, op. 50, d. 7947, l. 114.

for him to be invited to travel to Moscow in order to participate in the preparation of athletes due to compete in the upcoming Olympic Games.[108]

During his research Filatov developed his own version of autogenic training – the emotional–volitional training (EVT), referred to also as the emotional–volitional preparation. Originally intended for cyclists, this technique was quickly adapted for other disciplines and used by other psychotherapists in the training of various athletes. Its basic elements did not deviate much from the forms of autogenic training used in the clinic. The athletes were taught to increase their control over their organisms by gradually learning to relax muscles, calm their breath and heartbeat, and induce certain sensations in different parts of their bodies: warmth, coolness, lightness. Nevertheless, certain modifications were made to account for the fact that this technique was to be used by athletes, not by patients. In addition to lying on their back, cyclists could also perform autosuggestion whilst sitting in a manner resembling sitting on a bicycle. Filatov also warned his colleagues to be cautious about beginning EVT by inducing the feeling of heaviness of limbs, as was common in the clinical versions of autogenic training, as such exercise could slow down the athletes' movements. He recommended not including this step if EVT was performed in the morning, before training, or before a competition.[109]

EVT had two basic variations: relaxation, intended for the evenings or for after a competition, and mobilisation, to be performed in the morning and before a start. In addition the method could include suggestion formulas designed to tackle specific problems faced by athletes, for example: increasing their confidence, helping them feel at ease in a new city or at an unknown track or stadium, improving their sleep, quickening the regeneration of strength between races, and reducing stress just before the start. All was to be accomplished through the power of verbal suggestion – performed either by the athletes themselves or by a psychotherapist accompanying the team – sometimes combined with imagining particular scenarios such as encountering negative reaction from other competitors or spectators and remaining focused and calm despite it.[110]

EVT and other forms of suggestion pursued by psychotherapists in their work with sporting teams were designed to fulfil two main tasks at once: strengthen the mental health of athletes and help them improve their results. The importance of the right psychological preparation had been emphasised by sport psychologists since the 1950s, but at the beginning

[108] GARF f. r-8009 op. 50, d. 8665, l. 109.
[109] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov.*
[110] *Ibid.*

of the 1970s certain physicians involved in its delivery, as well as some athletes themselves, began to express a view that due to the nature of modern sport it had become even more significant. Speaking at the conference on "Psychoprophlyaxis in Sport" organised in Ivanovo in May 1971, one such athlete, a wrestler V.A. Morozov, stated that since nowadays "a mass" of athletes received an equally good technical and tactical preparation, the ability to control one's mental state became "the basis of success and victory."[111] A similar view was expressed by a physician T.I. Kovaleva: "As sport gained more social importance, the number of equally good opponents grew and the burden on the nervous and mental spheres of an athlete increased, especially during competitions. Consequently, athletes' psychological readiness for competitions also became more important."[112] The lack of such readiness and resulting doubts, anxiety or psychological barriers could impede the performance at important competitions, preventing Soviet athletes from victory. Such views were reported by psychotherapists in their publication in order to emphasise the need for their methods and knowledge. By helping athletes achieve the optimal psychological state for competing, EVT and similar techniques were said to increase their chances of becoming champions, and thus also increasing the Soviet chances for triumphing over their opponents at international competitions.

Filatov saw elimination of psychological barriers and increasing confidence as necessary steps in the training of athletes.[113] The importance of such preparation was also well understood by I. I. Mstibovskaia who in 1973 conducted mental hygienic work with the track and field athletics competitors from the Kharkov Voluntary Sport Society "Spartak." She observed that most of the athletes she worked with were unable to control pre-start anxiety, and she endeavoured to teach them autosuggestion and relaxation techniques in order to ease their stress and improve their ability to regenerate strength. She reported that most participants responded positively to the techniques and found them useful in dealing with the difficulty and pressure of trainings.[114] In her subsequent publication she also stressed the importance of helping athletes control their psychological states and overcome barriers, providing the examples of sprinters who slowed down as they were not psychologically ready for reaching higher speed and of high jumpers in whose discipline success depended on the

[111] Morozov, V.A., "Opyt ispol'zovaniia autogennoi trenirovki i vunshennogo sna dlia povysheniia effektyvnosti uchebno-trenirovochnogo protsessa v sportivnoi bor'be" in *Psikhoprofilaktika v sporte*, p. 33.

[112] Kovaleva, T.I., "O rabote v oblasti psikhogigieny sporta na nachal'nom etape v usloviiakh oblastnogo vrachebno-fizkul'turnogo dispansera" in *Psikhoprofilaktika v sporte,* p. 49.

[113] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov,* p. 66.

[114] Mstibovskaia, I.I., "Primenenie metodov psikhogigieny dlia vosstanovleniia sportsmenov-legkoatletov na predsezonnom sbore" in Romen, A.S. (ed.), *Psikhoprofilaktika i psikhogigiena,* p. 46-50.

ability to pace one's emotions in order to arrive at the peak readiness precisely at the moment of the jump.[115]

By easing anxiety and removing psychological barriers EVT and similar techniques not only eliminated psychological factors that could constitute and obstacle to victory, but also reduced the risk of neurotic and mental disorders that could develop due to prolonged stress. This prophylactic effect was also supposed to be achieved by a deeper, more permanent transformation of athletes that not only turned them into better competitors but also into better people. Already Puni envisaged moral upbringing as a part of psychological preparation of an athlete.[116] Filatov also expressed a belief that psychotherapist should aim to stimulate a harmonious personality development and to encourage athletes to work to perfect themselves, arguing that it was his professional duty to "use all the means available to him in order to stimulate this self-perfection."[117] The most available means of accomplishing this goal was the content of autosuggestion and supplementary suggestion formulas, devised and presented to the athletes by psychotherapists. The pedagogical aspect of psychotherapy and its emphasis on self-perfection were especially pronounced in this application of its techniques. By devising appropriate suggestion and autosuggestion formulas Filatov, Mstibovskaia and their colleagues hoped to correct the flaws in athletes' personalities and attitudes, and thus make them more resistant to mental illness, better adapted for competing at the elite level, and overall closer to the ideal of a disciplined, healthy and successful human being.

Evelyn Mertin argued that as the Soviet Union began to participate in the Olympic Games and other international championships, the athletes who competed and triumphed on the elite level became important figures for Soviet propaganda. They were presented as heroes, role models and examples of behaviour and attitude of the new Soviet person that others should strive to follow. However, since many athletes did not live up to the ideals they were supposed to represent, their biographies had to be corrected to fit into the hero scheme.[118] The psychotherapists who worked with sporting teams were not responsible for propaganda, nor even talked about the New Soviet Man. Nevertheless, their approach to their work and the suggestion formulas they proposed reveal certain similarity with the media efforts presented by Mertin – both sought to transform Soviet athletes, but while the propagandists could stop at editing their biographies, the psychotherapists aimed to change

[115] Mstibovskaia, I.I., "Legkaia atletika" in Filatov, A.T. (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* p. 93.

[116] Ryba, T.V., Stambulova, N.B., Wrisberg, C.A., 'The Russian Origins of Sport Psychology'.

[117] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov,* p. 82.

[118] Mertin, E., "Presenting Heroes: Athletes as Role Models for the New Soviet Person", *The International Journal of the History of Sport,* 26 (2009).

their attitudes, personalities and lifestyles and to instil in them the habit of self-perfection. The aims and techniques of psychotherapy applied in the training of athletes again reveal its emphasis on the unity of the mind and the body, and at the same time tendency to treat the will as a separate entity capable of transforming mental and physiological processes.

Since the athletes' bodies were the instruments through which they achieved their victories, the suggestion and autosuggestion formulas recommended during their training were heavily focused on bodily sensations and physiological processes. Although their stated aims included putting athletes in an optimal psychological state for competition, helping them mobilise before a performance and relax afterwards, and improving their character and personality, the authors of these formulas paid a lot more attention to the body than when they worked with psychotherapeutic patients in the clinic.

Filatov recommended the following suggestion formula to help athletes' relax after a competition or intensive training:

"You are feeling calm. You relax your muscles. Calmness and relaxation spread to the nervous system. (…) Every nerve cell and every nerve in your body relaxes and rests. You feel pleasant warmth and heaviness in all your body. (…) The feeling of heaviness is brought about by the widening of blood vessels in your body. The blood vessels in your muscles and in all other parts of your body had widened. The blood washes away from the muscles the substances produced during intensive work. It brings the nutrients. (…) You are resting. You are feeling calm. The blood brings nutrients to every muscle cell of your heart. Your heart is getting stronger, its endurance increases. You feel pleasant warmth in your chest. It spreads to the whole body. (…) Thanks to the widening of blood vessels, the nutrients are quickly absorbed into the blood stream and carried around the body. (…) Your muscles are resting and getting stronger. Their strength and endurance increase."[119]

Just like all similar suggestion and autosuggestion formulas this was not simply a description of physiological processes but a command. The repetition and visualisation of such formulas was supposed to induce or to quicken the described processes and to increase athletes' awareness and mastery over their bodies.

Bettina Jungen observed that in the Soviet art of the 1930s athletes served as examples of strong will and self-discipline through which the New Soviet Person achieved such a perfect control over their body that they could perform demanding physical tasks without

[119] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov,* p. 43-44.

experiencing (or seeming to experience) pain or fatigue.[120] In the post-war period similar control over the body became the goal of regimen of psychological regulation and autosuggestion proposed to athletes by psychotherapists. While fatigue was never denied as a necessary part of training and performance at sporting competitions – on the contrary, suggestion formulas encouraged athletes to embrace fatigue as a necessary process through which the organism became stronger[121] – quickening the regeneration and reducing the time in which fatigue was experienced were among the main goals of sutosuggestion techniques. Fatigue was necessary but it was not supposed to get in the way of athletic performance. The athletes were encouraged and taught to strive to achieve greater and greater mastery over the physiological processes in their bodies and in the same suggestion formulas they were reminded that there were no limits to human self-perfection: "The greater the effort, the greater man's abilities become. What used to be the world record, today is just the beginner's level of many sports. Human abilities are limitless here."[122]

The message about the limitlessness of capacity for development was occasionally supplemented by attempts to improve the abilities of the human body through autosuggestion. They were especially popular when working with competitors in motorcycle sport. For example, A. A. Martynenko used autogenic training to cultivate quick reflexes. His version of the training was supplemented by visualisation of a race from start to finish at the speed dictated by the metronome. It included the following autosuggestion formula:

"My self-confidence is unwavering. I make decisions quickly, without hesitation. My movements are confident and well-coordinated. I assess all situations in an instant. (…) I am confident, composed, careful. I am in harmony and ready for action. My muscles obey my will."[123]

This formula was meant to build confidence about one's ability to control one's reactions and to perform well during a race, which in turn was expected to translate into an actual improvement in one's results. Thus, athlete's reflexes would be improved by his effort to transform his perception of his abilities and his actual abilities with his will. Experiments in improving reaction time through autosuggestion were also conducted by the research team of

[120] Jungen, B., 'Frozen Action: Thoughts on Sport, Discipline and the Arts in Soviet Union of the 1930s' in Katzer, N., Budy, S., Kohring, A., Zeller, M. (eds), *Euphoria and Exhaustion: Modern Sport in Soviet Culture and Society*, (Frankfurt am Main, 2010).

[121] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov*, p. 34.

[122] *Ibid.*, p. 45.

[123] Martynenko, A.A., "Mototsikletnyi sport" in Filatov, A.T. (ed.), *Emotsional'no-volevaia podgotovka sportsmenov*, p. 289.

Bondarchik during their study of application of EVT to technical and military-applied sports. By employing autosuggestion formulas focused on inducing heightened sensitivity to stimuli and better concentration, they succeeded in quickening athletes' reactions to visual stimuli by 9,4% on average and in some cases even by 18%.[124]

Improving athletes' control over their bodies and increasing their physical capabilities was one of the main focuses of autogenic training, EVT and other forms of suggestion and autosuggestion applied in sport. However, what psychotherapists were aiming for was not simply a case of mind overcoming the limitations of the body. Psychotherapeutic techniques such as EVT sought to subject athletes' characters and psychological states to the same discipline as their bodies. Filatov recommended that athletes repeat the phrase "I can be unwaveringly self-confident" during their autosuggestion sessions, while the psychotherapists working with them strengthen the effect with the following suggestion:

"Self-confidence is not a characteristic people are born with. They work on it and develop it. The level of self-confidence depends on whether it was nurtured. Human abilities are limitless here. People who are born shy, if they systematically work on themselves, can become confident, decisive and resilient."[125]

The formula also contained a description of how athletes' work and commitment to autosuggestion was bearing fruit and indeed making them more confident.[126] Just like formulas describing physiological processes, it was not simply a description, but a an instruction meant to direct changes in the athlete's attitudes and emotions. In both cases human capacities for change and growth were said to be limitless. Since human will was conceptualised as an entity distinct from both body and mind, it could reshape them both, and it was psychotherapist's task to encourage athletes to exercise this will and to direct their efforts towards self-perfection.

With assistance and guidance of a psychotherapist, discipline and will could govern physiological and psychological processes, increase resilience, improve character and even change unhelpful attitudes and habits, such as smoking or drinking. Athletes were encouraged not only to conform to a healthy diet, but also to change their beliefs about it. The following autosuggestion formula was recommended before a meal to train them to see the recommended food as beneficial and to experience it as tasty:

[124] GARF f. r-9552, op. 15, d. 14, ll. 45-46.
[125] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov,* p. 29.
[126] *Ibid.*

"The food looks nice and I have a positive attitude towards it. It is tasty, easily digested, nourishing. I replenish my energy easily. I feel how the food is easily absorbed by my body. (…) My strength regenerates with every bite."[127]

Another formula was created to inculcate athletes with the positive attitude towards drinking water:

"Water is tasty, and easy and nice to swallow. Every sip of water washes the mucus membranes of all internal organs, improving their work. Water is a vital element of my organism. It helps it regenerate strength and energy, maintain its ability to work. It helps me be alert and observant. I drank enough water. I am alert, ready, confident of my strength."[128]

The aim of the ETV and similar techniques was to "bring up" athletes who constantly strove for the greater mastery over their bodies, emotions and attitudes, and through this striving became more likely to achieve victory.

Bondarchik's research team ended their description of their work with parachutists by listing the achievements of those who used EVT or other form of autosuggestion in their training. The list included victory at a Spartakiad, many medals and one world championship.[129] Many other psychotherapists also took care to mention the subsequent victories of athletes who underwent the training in autosuggestion under their supervision. These lists are a reminder of two things. First of all, Soviet athletes were supposed to be champions at international competitions and the chief aim of psychotherapeutic elements in the training of athletes was to help them improve their performance. Secondly, psychotherapists took a great care to stress the positive results of their involvement in this training and thus to underline the usefulness and effectiveness of their discipline.

Convincing athletes to engage with autosuggestion techniques was not always easy. Just like in the clinic, psychotherapists had to face distrust and doubts towards their methods. Neither athletes not their coaches possessed the psychological and psychoprophylactic knowledge necessary to understand them and frequently preferred their own "primitive" methods of autosuggestion, often verging on superstition.[130] I. P. Ivanov observed that many

[127] Koleshao, A.A., "Boks" in Filatov, A.T. (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* p. 115.

[128] *Ibid.,* p. 115.

[129] L.L. Korycheva in 1983. GARF f. r-9552, op. 15, d. 14, l. 35.

[130] Ivanov, I.P., "O znachenii samovnusheniia v podgotovke sportsmenov" in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia,* (Alma-Ata, 1972), p. 184.

athletes harboured a belief that their good performance depended on performing a certain "ritual" or on possessing a "talisman." He disapproved of these beliefs because of their unscientific nature and also warned that they could impede athletes' performance as losing one's "talisman" or competing on an "unlucky" date could convince them that they had no chance of victory, and consequently lower their motivation and determination. He recommended using the presence of such beliefs to provide athletes with familiar examples illustrating the power of autosuggestion, however, he insisted that they should gradually be replaced with scientific methods of exerting psychological influence on one's performance, such as the autogenic training.[131]

Other psychotherapists were also aware that establishing contact with coaches and athletes could be more difficult than the psychotherapeutic work itself. In his monograph on EVT Filatov recommended taking special care to convince the athlete with the most authority in the team of the usefulness of autosuggestion techniques. The enthusiasm and engagement of such a leader, who wielded influence over his team members, were then likely to spread to other athletes, convincing them to learn and use EVT.[132] Several years later, in another publication he and his colleagues recommended securing the assistance of successful athletes already using an autosuggestion method, and bringing them to share their positive experience at the first meeting with a new team.[133] Just like in other settings in which they tried to popularise their methods, psychotherapists were aware that their medical degrees were not enough to convince people to trust the techniques based on verbal suggestion. It was necessary to explain their scientific mechanisms and in one way or another prove their effectiveness, in order to command enough authority to successfully perform psychotherapeutic work.

Nevertheless, despite doubts encountered from coaches and athletes, application of autosuggestion in sport was a growing and vibrant field, which received much more support from the state than similar efforts in industry. Although sport teams were not required to be accompanied by a psychotherapist or a psychologist, many were, and psychotherapeutic assistance was ensured for the Soviet team preparing for the Moscow Olympic Games.[134] The UIUV continued to organise its courses on psychotherapy in sport medicine throughout 1970s and in the 1980s, training the physicians working in medical physical culture or with Voluntary Sport Societies in sport psychology, psychotherapeutic methods and mental

[131] *Ibid.*, p. 185.
[132] Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov*, p. 28.
[133] Filatov, A.T., Mikhailov, B.V., Bish, I.M., Mikhailova, K.V., Demetr, R.S., "Obshchaia chast'".
[134] GARF f. r-8009 op. 50, d. 8665, l. 109.

hygiene.[135] The Soviet efforts in practical use of autosuggestion and self-regulation also found recognition abroad. At the Applied Sciences Symposium in Canada an American participant Rainer Martens admitted that the Soviet Union was more advanced in applying its knowledge of psychological preparation of athletes, and lamented the relative lack of practical approaches in the USA.[136]

Although Soviet psychotherapists did not manage to realise many of their ideas about the applications their discipline could have outside the clinic, and by proliferating such ideas increased the gulf between their plans and their actual accomplishments, they had some identifiable successes in establishing their methods as an available element of sporting training. The EVT and other psychotherapeutic methods were applied to a broad range of disciplines. Psychotherapists worked with both local and national teams, including the Olympic team, achieving enough of a presence for their efforts to be noticed by observers from other countries. While their efforts to promote psychotherapeutic methods as prophylactic measures outside the clinic usually did not go beyond experimentation and research projects, they had some success in introducing them into the area of sport and establishing them as maybe not indispensable, but nevertheless reasonably popular and visible element of training.

In 1983 researchers from the Laboratory for Medical and Biological Scientific Research into Technical and Military-Applied Sports wrote: "Today it is difficult to find an area of human activity that did not see research into the application of various forms of autogenic training."[137] Although, with the possible exception of participation in the training of athletes, psychotherapists did not succeed in establishing their methods as means of prophylaxis, mental hygiene and self-improvement outside the clinic, their attempts to do so were neither isolated not exceptional. On the contrary, they were an intrinsic part of how Soviet psychotherapy was envisioned and understood. It was not only seen as a treatment of more than just psyche. It was also more than just a treatment. The renewed growth of psychotherapy in the 1950s coincided with resurgence of interest in psychoprophylaxis and, since both were promoted by physicians and researchers working on the human mind, they became closely intertwined, just like they used to be in the nineteenth and early twentieth

[135] GARF f. r-8009, op. 50, d. 7947, ll. 54-55; f. r-8009, op. 50, d. 1855, l. 27; Filatov, A.T, Palamarchuk, V.M., "Pervyi opyt tematicheskogo usovershenstvovaniia vrachei sportivnykh komand po psikhoprofilaktikie i psikhogigiene" in Romen, A.S. (ed.), *Psikhoprofilaktika i psikhogigiena.*

[136] Stambulova, N.B., Wrisberg, C.A., Ryba, T.V., "A Tale of Two Traditions".

[137] GARF f. r-9552, op. 15, d. 14, l. 56.

century. Psychoprophylaxis was to use psychotherapeutic methods such as autosuggestion. Psychotherapy's role was to be not only treatment, but also prevention of neurotic and mental disorders.

The research on the use of psychotherapeutic methods as a means of prophylaxis and mental hygiene was conducted in all three main centres for psychotherapy in the USSR. Psychotherapists from Kharkov, Moscow and Leningrad – as well as their colleagues working in other cities – engaged in a multitude of projects which tried to apply psychotherapeutic methods to protect mental health of the Soviet people in various occupations, from schoolchildren to cosmonauts. On top of that they proposed far-reaching measures that at the time could not be tried in practice as they required a far more extensive reorganisation of life and work. All these projects and proposals were presented as self-evident applications of psychotherapeutic knowledge and skills and were intended to show the positive contribution that psychotherapy could make to Soviet society, if only its development was properly supported. They were meant to demonstrate vast usefulness of psychotherapy, however, they should not be understood as a move calculated simply to attract attention to the potential that it offered. Soviet psychotherapists were enthusiasts who dedicated their lives and careers to promoting a discipline that in the 1950s existed only on the margins of medicine. The insistence on the wide range of its possible uses, while undoubtedly partially rooted in a striving to show the benefits of supporting its development, should also be interpreted as emerging from the enthusiasm which its promoters had for healing through words and desire to explore – if not in practice than at least in theory – various possibilities that it offered.

The recommendations and actions of psychotherapists involved in work with athletes and fishing fleet workers show that this psychotherapy for the healthy was not very different from Soviet psychotherapy as a treatment. It used a narrower range of methods, but the important characteristics of psychotherapy as it was used in the clinic were still there. Psychotherapists were much more inclined to give recommendations regarding the reorganisation of life and work when they were involved in prophylaxis and mental hygiene than in their interactions with patients, however, they also remained faithful to the pedagogical aspect of psychotherapy and to the emphasis on self-improvement. Thus, while their understanding of prophylaxis certainly included the element of striving to re-organise public life identified by Geltzer,[138] it was in fact much broader and in addition to improving conditions in which people had to function included efforts to improve the people themselves.

[138] Geltzer, A., "Stagnant Science?".

With the help of psychotherapists and their methods the Soviet people were to become more resilient, confident, adaptable and disciplined, and thus more likely to retain mental health even under the difficult and stressful conditions in which human activity increasingly took place. After learning to control their bodies and minds through autosuggestion, they were to work on themselves to improve and expend their physical and mental traits and abilities, becoming better-adjusted, more productive and healthier individuals, and constantly seeking to approach the ideal of what human beings could accomplish.

Conclusion

In 2007 Rashit Tukaev published a monograph on psychotherapy, describing its different methods and mechanisms and explaining the structure of psychotherapeutic treatment as found in Russia in the early twenty-first century.[1] In his book the therapies that had been excluded from Soviet psychotherapeutic practice – such as dynamic therapies or cognitive-behavioural therapy – were featured alongside the methods developed and practised in the USSR: personality-oriented psychotherapy, emotional-stress psychotherapy and most importantly hypnotherapy. People whose works were the object of criticism during the Soviet decades such as Freud, Jung, Carl Rogers or Albert Ellis were referenced alongside Pavlov and Soviet practitioners such as Rozhnov, Miasishchev, Lebiedinskii or Slobodianik.[2] The Russian psychotherapeutic landscape revealed by Tukaev's book was different and more diverse than the one existing in the USSR in the second half of the twentieth century, however, it still bore a clear mark of the thought and experience of the Soviet practitioners.

This landscape began to change not long after the 1985 Minzdrav decree adding psychotherapy to the list of medical specialities, thus marking the official recognition of its effectiveness and scientific nature for which Soviet psychotherapists had been striving the last three decades. At the end of the decade, during the multiple changes occurring in the country under Gorbachev, Western methods of psychotherapy began to enter the USSR, broadening the scope of talking cures available to patients. This change was soon followed by the loss of the "monopoly on psychotherapy" by the physicians.[3] Just like in the USA three decades earlier, in Russia of the early post-Soviet years psychologists began to offer psychotherapeutic treatment of various kinds, increasing the availability of such help and taking it out of the state-owned healthcare system and into the private sector.

With the expansion of the psychological help services through the free market, the stress put on the physiological, scientific nature of psychotherapeutic influence by Soviet psychotherapists became less important. While medical practitioners trained in "clinical psychotherapy" continued to emphasis the physiological side of this treatment – Tukaev's book contains three chapters on the biological mechanisms of psychotherapy[4] – many others

[1] Tukaev, R.D., *Psikhoterapiia: teorii, struktury, mekhanizmy,* (Moscow, 2007).
[2] *Ibid.*
[3] Tukaev, R.D., "Na puti k vrachebnoi psikhoterapii", *FGU "Moskovskii NII psikhiatrii Roszdrava* (2008), p. 68; Makarov, V.V., "Psikhoterapiia v Rossiiskoi imperii, Sovetskom Soiuze, Rossiiskoi Federatsii" in Makarov, V.V., Burno, M.E. (eds.), *Rossiia psikhoterapevticheskaia: khrestomatiia metodov psikhoterapii i psikhologicheskogo konsul'tirovaniia, priniatykh v Rossiiskoi Federatsii,* (Moscow, 2011).
[4] Tukaev, R.D., *Psikhoterapiia.*

used methods that lacked any theoretical and methodological basis[5] and advertised such services as counselling and "psychocorrection" for people who were not diagnosed with any mental or neurotic disorder.[6] Thus, in post-Soviet Russia the methods of psychotherapy promoted and developed by Soviet physicians began to coexist with a variety of psychological interventions of the kind that in the USSR had been criticised and dismissed as idealist or reactionary and an obstacle to the development of psychotherapy.

The late-1980s and 1990s also saw an increase in other types of practices from which Soviet psychotherapists sought to distance themselves and which they hoped to eliminate: various kinds of faith or magical healing and application of their psychotherapeutic methods by "mystics" and charlatans. One of the names that came to be commonly associated with hypnosis in the Soviet Union is Anatoly Kashpirovsky who at the end of the 1980s, in the middle of the upheaval of perestroika, became a celebrity by conducting séances on national television, first as a guest on a current affairs programme, and later in his own TV show. Kashpirovsky was in fact a psychiatrist trained in psychotherapy who earlier in his career had served as an adviser to the Russian weightlifting team[7], however, his TV séances stood in sharp contrast to the approach of his colleagues who saw hypnosis as a medical procedure that should be delivered with appropriate finesse and care, and resembled rather the demonstrations of hypnosis that were popular in the early twentieth century. What is more, he did not limit himself to conducting hypnosis through television but also advocated such practices as placing vessels of water in front of the television screens in order to have them "charged with his energy" during the broadcast and transmitting his "healing energy" to family members by focusing thoughts on them and their disease.[8] Thus, Kashpirovsky's popularity worked to reaffirm the association between hypnosis and mysticism that Soviet psychotherapists sought to eliminate.

He was also only one of many "TV mystics" (*ekstrasensy*) who gained fame during the perestroika by claiming to possess genuine psychic abilities. Although they were a relatively short-lived phenomenon and disappeared from the screens in the 1990s[9], the interest in psychic abilities and magical healing continued in post-Soviet Russia throughout this decade and into the twenty-first century, giving rise to a stable, visible market providing such

[5] Vasileva, A.V., *Stanovlenie otechestvennoi psikhoterapii v kachestve samostoiatel'noi meditsinskoi distsipliny vo vtoroi polovine XX v*, (Saint Petersburg, 2004).

[6] Tukaev, R.D., "Na puti k vrachebnoi psikhoterapii".

[7] Huxtable, S., "Remembering a Problematic Past: TV mystics, Perestroika and the 1990s in post-Soviet Media and Memory", *European Journal of Cultural Studies* 20 (2017).

[8] Lindquist, G., *Conjuring Hope: Healing and Magic in Contemporary Russia*, (New York, 2006), p. 36.

[9] Huxtable, S., "Remembering a Problematic Past".

services. Their providers offer a great variety of healing methods such as bone-setting, hand-healing, homeopathy or metaphysical healing, at times using them alongside psychotherapy[10], thus reinforcing the link between this type of treatment and non-medical, mystical practices.

The years of perestroika and the post-Soviet decades in some ways undid the efforts of Soviet psychotherapists to establish their discipline as a part of medicine, firmly grounded in science and free from links to idealism and magic. They had stressed their similarity to other medical disciplines and built their professional status by distancing themselves from mysticism and Western psychotherapeutic schools, only to see these schools and mysticism resurge and grow in popularity in the late-1980s and 1990s. However, although the changes occurring first in the USSR and then in the Russian Federation in the last fifteen years of the twentieth century put a definitive end to the vision of psychotherapy as a purely medical procedure performed only by physicians, the theories, methods and experience of its Soviet practitioners were not forgotten and continue to exert influence on the Russian psychotherapeutic practice.

The "clinical psychotherapy" that emerged in the USSR has to coexist and compete with a multitude of other psychotherapeutic schools, founded on different understandings of human organism and its treatment, but it was not abandoned. Its methods, such as hypnotic suggestion, relaxation techniques similar to autogenic training or psychotherapy through artistic self-expression developed by Burno at TsOLIUV, continue to be taught, developed and practised today in Russia both in sanatoria[11] and other medical institutions as well as by psychotherapists in their private practice.[12] What is more, as shown by Raikhel in his study of alcoholism treatment, ideas and methods of Soviet psychotherapists continue to exert influence on therapies used in the Russian clinic.[13] Clinical psychotherapy established in the second half of the twentieth century through the efforts of passionate, committed physicians did not end with the USSR but survived the changes brought by its collapse, left its mark on Russian medical practice and, as a "national achievement"[14], continues to shape treatment of neuroses, alcoholism and mental or personality disorders.

[10] Lindquist, G., *Conjuring Hope*.

[11] Sukhovershin, A.V., Zalevskii, G.V., "Kurortnaia psikhoterapiia: istoriia, problem i perspektivy razvitiia (na material kurorta Belokurikha), *Sibirskii psikhologicheskii zhurnal* 26 (2007).

[12] Makarov, V.V., Burno, M.E. (eds.), *Rossiia psikhoterapevticheskaia: khrestomatiia metodov psikhoterapii i psikhologicheskogo konsul'tirovaniia, priniatykh v Rossiiskoi Federatsii,* (Moscow, 2011); Tukaev, R.D., *Psikhoterapiia;* Tukaev, R.D., "Na puti k vrachebnoi psikhoterapii".

[13] Raikhel, E., *Governing Habits: Treating Alcoholism in the Post-Soviet Clinic*, (Ithaca, 2016).

[14] Makarov, V.V., "Psikhoterapiia v Rossiiskoi imperii, Sovetskom Soiuze, Rossiiskoi Federatsii" in Makarov, V.V., Burno, M.E. (eds.), *Rossiia psikhoterapevticheskaia*, p. 8.

The clinical psychotherapy that emerged in the post-Stalin USSR was a unique phenomenon that followed a different course of development and assumed a different form than psychotherapy in other places. Due to the specific political and ideological climate the schools that came to exert significant influence on the psychotherapeutic landscape in Western Europe and North America – such as psychoanalysis or behaviourism – were thwarted or did not take root in the USSR. Other forms of psychotherapy, which in the West lost or failed to gain popularity, continued to be practised and developed instead, backed up by Pavlovian theories which gave them physiological grounding necessary for them to be recognised as medical procedures and protected from accusations of idealism or other philosophical or psychological trend that remained out of favour.

The renewed growth of psychotherapy from the mid-1950s onwards likely would not have been possible – or at least would have been much more difficult – were it not for the death of Stalin and the relaxation of the pressure put on psychiatry and psychology at the start of the decade. Nevertheless, the introduction of psychotherapeutic methods into the practice of Soviet medical institutions did not happen automatically nor easily once psychiatrists and psychologists began to express criticism of "vulgarisation, simplification and dogmatisation"[15] of Pavlov's ideas that occurred after the Pavlovian sessions at the start of the 1950s. Physicians who wanted to practice psychotherapy faced prejudice and suspicion from their colleagues and had to convince them that its methods were both scientifically-substantiated and useful in treatment of patients. Moreover, due to the nature of the Soviet healthcare system, in order to secure the resources necessary for the growth of psychotherapy, they needed to convince the authorities that it was an effective and economically viable treatment.

The visible growth of popularity of psychotherapy in the post-Stalin decades, first in the health resorts and later also in hospitals and polyclinics, as well as the support eventually granted by the Soviet state to its development was a direct result of the efforts of Soviet psychotherapists who tirelessly championed their chosen discipline, advocating for the acknowledgement of its scientific nature, practising it in their free time and pressuring both their colleagues and healthcare authorities to recognise it as a legitimate part of medicine that could and should become a standard feature in the Soviet clinic. They did not manage to accomplish all or even most of their goals. In mid-1980s psychotherapy was still far from being a standard therapy offered by Soviet medical institutions. There were not enough

[15] "Postanovlenie IV vsesoiuznogo s''ezda nevropatologov i psikhiatrov (Iiul' 1963 g.)", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova*, 1 (1964), p. 149.

psychotherapists to cover a country as vast as the USSR and the three institutes that offered courses in psychotherapy had a limited ability to train more. The institutions that offered some psychotherapeutic treatment often lacked resources to provide the necessary space and equipment, leaving its staff to make do with what was available, sometimes in just few hours during which psychotherapy office was open. The Soviet healthcare system was severely underfunded and even when the Minzdrav made a decision to support introduction of psychotherapy into polyclinics in all republics, it was not its priority. The psychotherapeutic network was under construction, but it still had many gaps and was more extensive in Russia and Ukraine than in other republics, more concentrated in cities – particularly Moscow, Leningrad or Kharkov – and sparse in the countryside.

Nevertheless, psychotherapy undoubtedly became a feature of Soviet medical care and was put on the agenda of healthcare authorities. The change in its popularity and status that took place during the three decades under examination in this thesis is a testament to the Soviet physicians' agency and ability to influence the allocation of resources by the healthcare authorities. The effects were not immediate nor completely satisfactory, however, by drawing attention to psychotherapy and working to demonstrate its benefits, its Soviet practitioners were able to transform a largely neglected discipline that still evoked associations with occultism and unfounded, non-scientific claims into a fully-fledged medical speciality recognised and supported by Minzdrav. The closer look at its development also reveals that – despite largely sticking to several main methods and remaining faithful to certain theoretical positions – Soviet psychotherapy was not a stagnant but a vibrant and diverse field. It did not produce a large number of competing schools that formed the psychotherapeutic landscape in the West but it was certainly not monolithic. Driven by a desire to improve their discipline, Soviet psychotherapists developed a large variety of modifications of suggestion therapies, rational psychotherapy or autogenic training, adapting them to different conditions in which they were to be used, and in the process demonstrating own flexibility and innovativeness.

The specific form that psychotherapy took in the post-Stalin USSR is worth attention because its theory and practice raise questions about the suitability of both "psycho" and "therapy" part of its name. Although just like in other places it was most commonly applied to treat neuroses, addictions and effects of psychological trauma, it was not conceptualised as treatment of the psyche. The Soviet ideological commitment to materialism and resulting condemnation of mind-body dualism as anti-scientific and reactionary exerted a profound influence on how Soviet psychotherapists wrote about their discipline. With the help of theories of Pavlov, it was consistently presented as firmly grounded in physiology. The

Western approaches to psychotherapy associated with accusations of idealism – particularly Freudian psychoanalysis – were routinely condemned as shameful past of the discipline that Soviet psychotherapists had overcome through their commitment to science. Although their methods were said to act through what was commonly conceptualised as the psyche, all that constituted it was described as physiological in origin and explanations of and research into this physiological basis were considered much more important than developing a theory of personality to accompany Soviet approach to psychotherapy. The words and actions of a psychotherapist were said to act not upon patient's thoughts and emotions but first of all on his nervous system, affecting its processes and producing a variety of mental and physical responses. Words, as stated in the title of Platonov's seminal monograph, were physiological factors[16] and the task of a psychotherapist was to use these factors in order to provoke the desired responses in the patient's organism. The healing power of words was understood as nothing more and nothing less than application of appropriate stimuli in order to restore an organism to health. In the eyes of Soviet psychotherapist in its essence the treatment that they offered was not different from the use of medication or surgery.

The emphasis on physiology and rejection of Western schools of psychotherapy associated with idealism was a legitimising strategy used by Soviet psychotherapists to establish their discipline as a part of medicine and gain support for its popularisation from other physicians and the authorities. However, while it was an element of their rhetoric, it also lay at the foundations of the Soviet concept of psychotherapy – a concept that espoused a materialistic worldview and did not claim to treat the psyche but the entire organism. The rejection of mind-body dualism resulted in Soviet psychotherapists' great interest in functional disorders and research into possibilities of influencing the human body through words. The existence of such an approach demonstrates that the focus on human inner life and behaviour frequently associated with the talking cures is not their essential component, and that healing through words can attach more importance to physiological processes behind human thoughts, emotions and actions than to mental and emotional states.

Nevertheless, the analysis of theory and practice of Soviet psychotherapy also reveals that despite their commitment to its physiological underpinnings, its practitioners were not able to completely overcome mind-body dualism and subscribed to its peculiar version which positioned "will" as distinct from the rest of the organism and capable of governing both body and psyche. Such role of will was never explicitly stated, however, it was implicit in the

[16] Platonov, K.I., *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov*, (Honolulu, 2003 [1959]).

discussions of patients' role in their own treatment and of psychotherapeutic methods relying on autosuggestion. This continued presence of a form of mind-body dualism reveals the difficulty of rejecting it completely in practice, even when the contents of the human mind are commonly explained as nothing more than products of physiological processes. It is also a reflection of a different trend that shaped Soviet psychotherapy – the Soviet emphasis on human ability to refashion the world and oneself and the resulting encouragement of self-perfection. The belief in the power of human will and the emphasis on the purely physiological nature of the healing effect of words together influenced the theory and practice of psychotherapeutic methods which originated in Western Europe, giving them a specifically Soviet flavour and in result creating an unique form of psychotherapy which continues to influence the psychotherapeutic practice in Russia today.

Another unusual aspect of this form of psychotherapy is the fact that while it was certainly first of all a treatment, it was not conceived of as solely a therapy but was seen as applicable to the healthy population as a means of prophylaxis or self-perfection. What is more, its therapeutic applications were understood much more broadly than in the Western clinic, encompassing the wide use of placebo effect and patients' interactions with all personnel of medical institutions. Such a broad definition of psychotherapeutic influence made sense in the context of emphasis on the power of words to influence organism, and thus stemmed from Soviet psychotherapeutic theory, but it was also applied to demonstrate the usefulness of psychotherapy and to build its status as a discipline. Striving to show the contribution they could make to Soviet healthcare and society, psychotherapists claimed to offer expertise on interactions with patients, organisation of life in medical institutions and techniques that could strengthen mental health of the healthy population or even help them expand their abilities.

These efforts were less successful than the attempts to establish psychotherapy as a medical speciality and a form of treatment. While psychotherapists indeed were eventually acknowledged as experts on patient interactions and psychoprophylaxis, in practice they were frequently unable to perform these tasks. Their efforts to demonstrate the broad usefulness of psychotherapy resulted in a gulf between what they envisioned for their discipline and what they were actually able to accomplish in the realities of the Soviet healthcare system. Nevertheless, arguing that these efforts were fruitless would be an exaggeration. The will to find multiple clinical and non-clinical applications for the power of words resulted in an unique concept of psychotherapy which blurred the distinction between therapy, prophylaxis and conversation with a vulnerable person, postulating that every interaction with patients was

a form of treatment and many aspects of everyday life could contain elements of prophylaxis. The emergence of such an understanding of nature and possibilities offered by the talking cures demonstrates that the post-war USSR was neither devoid of psychotherapy nor simply replicating its methods that were abandoned in the West, but in fact had a dedicated group of psychotherapists who, whilst striving to popularise their discipline, conceptualised it in their own way, developing their own approach to its theory and practice and creating their own type of psychotherapy which continues to be practised and taught in Russia.

Bibliography

Archival sources

Gosudarstvennyi Arkhiv Rossiiskoi Federatsii (State Archive of the Russian Federation, GARF)

fond r-7576 – Komitet fizicheskoi kul'tury i sporta SSSR (USSR Committee of Physical Culture and Sport)

opis' 7 – Nauchno-metodicheskii sovet, 1940-1960 gg. (Scientific-Methodical Council)

fond r-8009 – Ministerstvo Zdravookhraneniia SSSR (The Soviet Ministry of Health Protection)

opis' 2 – Uchenyi meditsinskii sovet, 1936-1967 gg. (Scientific Medical Council)
opis' 9 – Glavnoe upravlenie uchebnykh meditsinskikh zavedenii, 1936-1951 gg., 1966-1967 gg. (Main Directorate of Medical Education Institutions)
opis' 50 – 1968-1981 gg.
opis' 51 – 1982-1992 gg.

fond r-9493 – Tsentral'nyi sovet po upravleniiu kurortami professional'nykh soiuzov (Central Council for the Administration of Trade Union Health Resorts)

opis' 8 – Tsentral'noe kurortnoe upravlenie profsoiuzov 1960-1983 gg. (Central Trade Union Health Resort Administration)

fond r-9552 – Tsentral'nyi komitet i organizatsii tsentral'nogo podchineniia vsesoiuznogo dobrovol'nogo obshchestva sodeistviia armii, aviatsii i floty SSSR (DOSAAF Central Committee and Central Subsidiary Organisations)

opis' 15 – Problemnaia nauchno-issledovatel'skaia mediko-biologicheskaia laboratoriia voenno-tekhnicheskikh vidov sporta za 1981-1984 gg. (Laboratory for Medical and Biological Scientific Research into Technical and Military-Applied Sports)

Tsentral'nyi arkhiv goroda Moskvy (Central Archive of the City of Moscow, TsAGM)

fond r-248, *opis'* 1 – Psikhonevrologicheskaia gorodskaia klinicheskaia bol'nitsa No. 8 im. Solov'eva (Solov'ev Psychoneurological City Clinical Hospital No. 8)

fond r-533, *opis'* 1 – Psikhiatricheskaia bol'nitsa No. 4 im. P. B. Ganushkina (Gannushkin Psychiatric Hospital Np. 4)

fond r-1126, *opis'* 1 – Psikhiatricheskaia gorodskaia bol'nitsa No. 3 (City Psychiatric Hospital No. 3)

Primary sources

"O zadachakh nevropatologii i psikhiatrii", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova,* 1 (1962).

"Postanovlenie IV vsesoiuznogo s''ezda nevropatologov i psikhiatrov (Iiul' 1963 g.)", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova,* 1 (1964).

Andreichikov, S.N., "Opyt organizatsii i raboty narkologicheskogo dispansera", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 6 (1959).

Astakhov, S.N., *Lechebnoe deistvie slova,* (Leningrad, 1962).

Avrutskii, G.Ia., Neduva, A.A., *Lechenie psikhicheski bol'nykh: rudovodstvo dlia vrachei,* (Moscow, 1981).

Barannik, M.M., "Sovremennye problem deontologii i psikhoterapii" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Barash, Ia.I., “Iz praktiki primeneniia psikhoterapii v usloviiakh kurortnoi polikliniki i sanatoria” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Bektaeva, S.N., “Ispol’zovanie metoda aktivnogo samovnusheniia (AS) w sanatorno-kurortnykh usloviiakh” in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia,* (Alma-Ata, 1972).

Bektaeva, S.N., “K voprosu o readaptatsii i reabilitatsii lits, proshedshikh lechenie aktivnym samovnushenem v sanatorno-kurortnykh usloviiakh” in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia,* (Alma-Ata, 1972).

Bektaeva, S.N., “Nekotorye aspekty ispol’zovaniia aktivnogo samovnusheniia pri psikhoterapii lits korennoi natsional’nosi Kazakhstana” in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia,* (Alma-Ata, 1972).

Beliavskaia, T.S., “Po powodu pis’ma S. Ia. Rubinshtein, opublikovannogo v aprel’skom nomere zhurnala za 1980 g.”, *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 3 (1982).

Berdichevskii, M.Ia., “Ob organizatsii psikhoterapevticheskoi pomoshchi v meditsinskikh uchrezhdeniiakh Krasnodarskogo kraia” in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual’nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Bershadskii, D.A., *Nekotorye osobennosti raboty sotrudnikov sanatorno-kurortnykh uchrezhdenii v svete trebovanii deontologii i maloi psikhoterapii: informatsionno-metodicheskie materialy dlia vrachei i meditsinskikh sester kurorta,* (Sochi 1971).

Bokii, I.V., Rybakova, T.G., “Semeinaia psikhoterapiia v profilaktike retsidivov alkogolizma” in Miager, V.K. (ed.), *Psikhogigiena i psikhoprofilaktika: sbornik nauchnykh trudov,* (Leningrad 1983).

Bul’, P.I., *Gipnoz i vnushenie,* (Leningrad, 1975).

Burno, M.E., “Vnushenie i samovnushenie” in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Derfel’, D.D., “Opyt primenieniia psikhoterapii na kurorte Alushta” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Didenko, O.S., Novikov, A.P., Vinetskaia, I.L., “Opyt organizatsii i pervye shagi vnedreniia psikhoterapii v bal’neo-fizioterapevticheskoi lechebnitse Slavianskogo kurorta” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Dmitrieva, I.V., “Mesto psikhoterapii v komplekse meropriiatii po readaptatsii bol’nykh maniakal’no-depressivnym psikhozom” in *Reabilitatsiia bol’nykh nervnymi i psikhicheskimi zabolevaniiami: materialy plenuma pravleniia vsesoiuznogo obshchestva nevropatologov i psikhiatrov, 11-13 dekabria 1973 g.,* (Leningrad 1973).

Doktorskii, Ia.R., *Autogennaia trenirovka,* (Stavropol, 1978).

Eremeeva, A.I., "Izuchenie individual'no-psikhologicheskikh osobennostei sudovoditelei v aspekte psikhoprofilakticheskikh i psikhogigienicheskikh zadach" in Miager, V.K. (ed.), *Psikhogigiena i psikhoprofilaktika: sbornik nauchnykh trudov,* (Leningrad, 1983).

Filatov, A.T., *Emotsional'no-volevaia podgotovka velosipedistov,* (Kiev, 1975).

Filatov, A.T. (ed.), *Malaia psikhoterapiia na kurorte,* (Kiev 1983).

Filatov, A.T, Palamarchuk, V.M., "Pervyi opyt tematicheskogo usovershenstvovaniia vrachei sportivnykh komand po psikhoprofilaktikie i psikhogigiene" in Romen, A.S. (ed.), *Psikhoprofilaktika i psikhogigiena v sporte,* (Alma-Ata, 1976).

Filatov, A.T., Palamarchuk, V.M., Mirovskii, K.I., Tabachnikov, S.I., Sokhranich, V.A., "Aktual'nye problemy psikhoprofilaktiki i psikhogigieny na proizvodstve" in Kabanov, M.M. (ed.), *Psikhologicheskie problem psikhogigieny, psikhoprofilaktiki i meditsinskoi deontologii (mediko-psikhologicheskie issledovaniia: sbornik nauchnykh rabot,* (Leningrad, 1976).

Filatov, A.T., Mikhailov, B.V., Bish, I.M., Mikhailova, K.V., Demetr, R.S., "Obshchaia chast'" in Filatov, A.T., (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* (Kiev, 1982).

Filatov, A.T., Martynenko, A.A., Palamarchuk, V.M., Martynenko, V.K., Kravtsov, V.G., "Metody maloi psikhoterapii" in Filatov, A.T. (ed.), *Malaia psikhoterapiia na kurorte,* (Kiev 1983).

Filatov, AT., Skumin, V.A., *Psikhoprofilaktika i psikhoterapiia v kardiokhirurgii,* (Kiev, 1985).

Gerke, R.P., *O gipnoze i vnushenii,* (Riga, 1966).

Ivanov, I.P., "O znachenii samovnusheniia v podgotovke sportsmenov" in Romen, A.S. (ed.), *Psikhonevrologiia, psikhoterapiia, psikhologiia,* (Alma-Ata, 1972).

Kagan, V.E., " Po powodu stat'i S. A. Rubinshtein <O roli psikhologa v psikhoterapii>", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 3 (1981).

Kantorovich, N.V., *Meditsinskaia psikhologiia,* (Tashkent, 1971).

Karpman, K.I., "Nekotorye voprosy primeneniia vnusheniia i psikhoreguliruiushchei trenirovki v psikhologicheskoi podgotovke futbol'nogo kollektiva k sorevnovaniiam" in *Psikhoprofilaktika v sporte: tezisy doklaov oblastnoi nauchno-prakticheskoi konferentsii s 27-28 maia 1971 g.,* (Ivanovo, 1971).

Katkov, E.S., Filatov, A.T., Lipgart, N.K., "Khar'kovskaia sovetskaia shkola psikhoterapii" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii,* (Kharkov 1968).

Khaikin, E.Ia., "Opyt organizatsii psikhoterapevticheskoi raboty v podmoskovnom sanatorii Pravda" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Khanin, N.D., "Opyt organizatsii psikhoterapevticheskogo kabineta v poliklinike obshchego profilia" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii*, (Kharkov 1968).

Kholodenko, M.I., "O nekotorykh voprosakh psikhoterapii v praktike nevropatologa" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Kibzyn, V.A., Bershadskii, D.A, "Vnedrenie psikhoterapii v praktyku raboty zdravnits kurorta Sochi" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Kintsurashvili, T.V., "Psikhoterapiia v kompleksnom lechenii nevrozov na kurorte Tskhaltubo" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Koleshao, A.A., "Boks" in Filatov, A.T., (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* (Kiev, 1982).

Kopeikin, V.I., "Opyt ispol'zovaniia platsebo-effekta pri kurortnom lechenii bol'nykh gipertonicheskoi bolezn'iu" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Kostomarova, A.P., Smirnov, A.N., "Opyt primeneniia psikhoterapii na kurorte Nal'chik" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Kovaleva, T.I., "O rabote v oblasti psikhogigieny sporta na nachal'nom etape v usloviiakh oblastnogo vrachebno-fizkul'turnogo dispansera" in *Psikhoprofilaktika v sporte: tezisy doklaov oblastnoi nauchno-prakticheskoi konferentsii s 27-28 maia 1971 g.*, (Ivanovo, 1971).

Krinichanskii, A.V., "Kliniko-psikhologicheskoe obosnovanie psikhoterapii bol'nykh posle amputatsii nizhnei konechnosti" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Kutanin, M.P., "Znachenie psikhoterapii i psikhogigieny na kurorte" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii*, (Kiev 1966).

Kurochkin, V.S., Berdichevskii, M.Ia., "Zadachi i perspektivy razvitiia psikhoterapevticheskoi pomoshchi v lechebnykh uchrezhdeniiakh krasnodarskogo kraia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Kuz'min, V.V., "Povyshenie rabotosposobnosti sportsmenov pod vliianiem vnushennogo sna" in *Psikhoprofilaktika v sporte: tezisy doklaov oblastnoi nauchno-prakticheskoi konferentsii s 27-28 maia 1971 g.*, (Ivanovo, 1971).

Kuz'min, V.V., "Upravlenie psikhicheskim sostoianiem plovtsov pered startom i povyshenie rabotosposobnosti s pomoshch'iu gipnosuggestii" in Romen, A.S. (ed.), *Psikhoprofilaktika i psikhogigiena v sporte,* (Alma-Ata, 1976).

Lapin, I.P., "Psikhologicheskie aspekty priema i naznacheniia lekarstv" in Kabanov, M.M., *Psikhologicheskie problem psikhogigieny, psikhoprofilaktiki i meditsinskoi deontologii,* (Leningrad 1976).

Lebedinskii, M.S., "General Methodological Problems of Psychotherapy" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961).

Lebedinskii, M.S., *Ocherki psikhoterapii,* (Moscow, 1971).

Leont'ev, A.N., *Activity, Consciousness and Personality,* (Englewood Cliffs, 1978).

Lezhepekova, L.N., Iakubov, B.A., *Voprosy psikhogigieny i psikhoprofilaktiki v rabote prakticheskogo vracha,* (Leningrad, 1977).

Libikh, S.S., "Kollektivnaia i gruppovaia psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Libikh, S.S., Mikhailova, N.A., Medovnikova, N.A., "Printsipial'nye voprosy deontologii" in *Problemy meditsinskoi deontologii: tezisy dokladov Vtoroi Vsesoiuznoi konferentsii,* (Moscow 1977).

Lichtenstein, L.I., "The Record of Psychotherapeutic Work in Mental Hospital" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961).

Makeev, G.A., "Nekotorye spetsial'nye voprosy vrachebnoi deontologii" in *Problemy meditsinskoi deontologii: tezisy dokladov Vtoroi Vsesoiuznoi konferentsii,* (Moscow 1977).

Martynenko, A.A., "Mototsikletnyi sport" in Filatov, A.T., (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* (Kiev, 1982).

Martynenko, A.A., Palamarchuk, V.M., Martynenko, V.K., "Organizatsiia maloi psikhoterapii na kurorte" in Filatov, A.T. (ed.), *Malaia psikhoterapiia na kurorte,* (Kiev 1983).

Mer, N.N., "Opyt primeneniia psikhoterapii v tsentral'noi kurortnoi poliklinike Odessy" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Merzliakov, Iu.A., " Opyt raboty kabineta psikhoterapii v sanatorii "Belorussiia" (nekotorye elementy muzykopsikhoterapii)" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Miager, V.K., "Aktual'nye problem psikhogigieny i psikhoprofilaktiki" in Miager, V.K. (ed.), *Psikhogigiena i psikhoprofilaktika: sbornik nauchnykh trudov,* (Leningrad, 1983).

Miagkov, I.F., *Psikhoterapiia: Rukovodstvo dlia studentov meditsinskikh institutov i vrachei,* (Moscow, 1967).

Miasishchev, V.N., *Lichnost' i nevrozy,* (Leningrad, 1960).

Miasishchev, V.N., "Certain Theoretical Questions of Psychotherapy" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961).

Miasishchev, V.N, "Psikhoterapiia na kurorte" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Miasishchev, V.N., Karvasarskii, B.D., Libikh, S.S., Tonkonogii, I.M., *Osnovy obshchei i meditsinskoi psikhologii,* (Leningrad 1975).

Miller, A.M., "Printsipy otbora knig dlia lechebnogo chteniia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Morozov, G.V., "Navstrechu VII vsesoiuznomu s''ezdu nevropatologov i psikhiatrov", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova,* 5 (1981).

Morozov, V.A., "Opyt ispol'zovaniia autogennoi trenirovki i vunshennogo sna dlia povysheniia effektyvnosti uchebno-trenirovochnogo protsessa v sportivnoi bor'be" in *Psikhoprofilaktika v sporte: tezisy doklaov oblastnoi nauchno-prakticheskoi konferentsii s 27-28 maia 1971 g.,* (Ivanovo, 1971).

Mstibovskaia, I.I., "Primenenie metodov psikhogigieny dlia vosstanovleniia sportsmenov-legkoatletov na predsezonnom sbore" in Romen, A.S. (ed.), *Psikhoprofilaktika i psikhogigiena v sporte,* (Alma-Ata, 1976).

Mstibovskaia, I.I., "Legkaia atletika" in Filatov, A.T., (ed.), *Emotsional'no-volevaia podgotovka sportsmenov,* (Kiev, 1982).

Musher, Ia.M., "Polozhitelnoe vliianie vnedreniia psikhoterapii v kompleks kurortnogo lecheniia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Nabzharov, R.A., "Razvitie psikhiatricheskoi pomoshchi v nashei strane za gody sovetskoi vlasti", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 12 (1972).

Nalivko, V.V., "Opyt psikhoterapii ambulatornykh bol'nykh v poliklinike obshchego profilia" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Napadov, M.A., "Psikhoterapiia v stomatologii detskogo vozrasta" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii,* (Kharkov, 1968).

Narbutovich, I.O., "A Study of Selective Rapport in Hypnosis" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961).

Pankov, D.V., "Ratsional'naia psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Perekresov, I.M., "Modifikatsiia metoda autogennoi trenirovki primenitel'no k sanatorno-kurortnym uchrezhdeniiam" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Platonov, K.I., "Speech Therapy" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961).

Platonov, K.I., "Ot stareishego psikhoterapevta SSSR – vracham kurortologam" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Platonov, K.I., *The Word as a Physiological and Therapeutic Factor: The Theory and Practice of Psychotherapy According to I.P. Pavlov,* (Honolulu, 2003 [1959]).

Portnov, A.A., Fedotov, D.D., *Psikhiatriia,* (Moscow, 1971).

Repin, A.A., *Psikhologiia, psikhogigiena i psikhoprofilaktika truda plavsostava*, (Moscow, 1979).

Rosin, O.P., "Meditsinskaia psikhologiia, psikhoterapiia i praktika", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 12 (1981).

Rozhnov, V.E., "Vvedenie" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Rozhnov, V.E., "Gipnoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Rozhnov, V.E., "Meditsinskaia deontologiia i psikhoterapiia" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Rozhnov, V.E., Chergeishvili, Iu.P., "Psikhoterapiia, psikhoprofilaktika, psikhogigiena" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974)

Rozhnova, M.A., Rozhnov, V.E., *Gipnoz i chudesnye istseleniia,* (Moscow, 1965).

Rubinshtein, S.Ia., "O roli psikhologa v psikhoterapii (v poriadke obsuzhdeniia)", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 4 (1980).

Shaforostov, P.U., "Organizatsiia psikhoterapevticheskoi pomoshchi v raionnom narkologicheskom kabinete" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Shipzel', R.S., Sviripa, E.V., "Deontologicheskie aspekty psikhoterapii v khirurgicheskoi praktike" in *Problemy meditsinskoi deontologii: tezisy dokladov Vtoroi Vsesoiuznoi konferentsii,* (Moscow 1977).

Shpolianskii, G.B., “Elementy psikhoterapii pri obsledovanii bol’nykh v kabinete elektrokardiografii sanatoriia” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol’nykh na kurorte,* (Kharkov 1972).

Shraiber, Ia.L., “Kosvennoe vnushenie i platseboterapiia” in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii,* (Kharkov 1968).

Shtein, F.E., “Opyt psikhoterapevticheskoi raboty v lermontovskom sanatorii” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev, 1966).

Simonov, P.K., Krasik, E.D., “Ob uluchshenii psikhiatricheskoi pomoshchi i organizatsii psikhoprofilakticheskoi raboty v Riazanskoi oblasti”, *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 12 (1960).

Slobodianik, A.P., *Psikhoterapiia, vnushenie, gipnoz,*(Kiev, 1983).

Smaglii, E.I., Shcherbakov, E.P., “Tiazhelaia atletika” in Filatov, A.T., (ed.), *Emotsional’no-volevaia podgotovka sportsmenov,* (Kiev 1982).

Smirnov, A.A., “The Development of Soviet Psychology” in *Soviet Psychology: A Symposium,* (Westport, 1973).

Spiridonov, N., Doktorskii, Ia., *Gipnoz bez tain: vnushenie, gipnoz, autogennaia trenirovka,* (Stavropol, 1974).

Sviadoshch, A.M., “Autogennaia trenirovka” in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Tantsiura, M.D., “K psikhoterapii v sanatornykh usloviiakh” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Tkachenko, V.Ia., Barash, Ia.I., “Opyt raboty po sozdaniiu psikhoterapevticheskoi seti na iuzhnom beregu Kryma” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev, 1966).

Tsygankova, V.S., “Organizatsiia psikhoterapevticheskogo kabineta v sanatorii Mitino” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol’nykh na kurorte,* (Kharkov 1972).

Varshavskii, K.M., *Gipnosuggestivnaia terapiia: lechenie vnusheniem v gipnoze,* (Leningrad, 1973).

Vasiliev, A.A., “Nekotorye voprosy organizatsii psikhoterapii na kurortakh” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Vel’vovskii, I.Z., *Sistema psikhoprofilaktiki bolei v rodakh,* (Kharkov, 1957).

Vel’vovskii, I.Z., “Ot redaktora” in Vel’vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Vel'vovskii, I.Z., "Metodicheskie i organizatsionnye osnovy vnedreniia psikhoterapii v sanatorno-kurortnuiu meditsinu" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Vel'vovskii, I.Z., "Printsipal'nye osnovaniia k vnedreniiu psikhoterapii v kompleks sanatorno-kurortnoi meditsiny" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Vel'vovskii, I.Z. (ed.), *Psikhoprofilaktika v akusherstve i ginekologii: materialy plenumov i konferentsii KhNMO za 1963 god.,* (Kiev, 1967).

Vel'vovskii, I.Z., "Moi obiazatel'stva" in *Voprosy psikhoterapii v obshchei meditsinie i psikhonevrologii,* (Kharkov 1968).

Vel'vovskii, I.Z., "Esli "shaliat" nervy", *Pravda,* 09 September 1973.

Vel'vovskii, I.Z., "Voprosy organizatsii psikhoterapevticheskoi pomoshchi" in Rozhnov, V.E. (ed.), *Rukovodstvo po psikhoterapii,* (Moscow, 1974).

Vel'vovskii, I.Z., Musher, Ia.M., "Skhema vnedreniia deontologii v sanatorii" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia i deontologiia v komplekse lecheniia i reabilitatsii bol'nykh na kurorte,* (Kharkov 1972).

Vel'vovskii, I.Z., Musher, Ia.M., Didenko, O.S., "Opyt postroeniia primernoi struktury psikhoterapevticheskogo otdeleniia" in Vel'vovskii, I.Z. (ed.), *Psikhoterapiia v kurortologii,* (Kiev 1966).

Vlasov, N.A., "O rabote pravleniia vserossiiskogo nauchnogo obshchestva nevropatologov i psikhiatrov v 1981 g.", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 8 (1982).

Voskresenskii, V.V. (ed.), *Psikhoterapiia i psikhoprofilaktika na sluzhbe zdorov'ia cheloveka,* (Krasnodar, 1977).

Zachepitskii, R.A., "Po powodu stat'i S. A. Rubinshtein <O roli psikhologa v psikhoterapii>", *Zhurnal nevropatologii i psikhiatrii imieni S.S. Korsakova* 3 (1981).

Zavilianskii, I.Ia., *Vrach i bol'noi: voprosy vrachebnoi deontologii, etiki i psikhoterapii,* (Kiev 1964).

Zhelatkov, M.M., "The Use of Hypnosis and Conditioned-Reflex Therapy in Dermatology" in Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York, 1961).

Zhukov, I.A., "Dvadtsatipiatiletnii opyt piskhoterapii na sochinskom kurorte" in Banshchikov, V.M., Berdichevskii, M.Ia., Kholodenko, M.I. (eds), *Aktual'nye voprosy psikhoterapii: Tezisy Krasnodarskoi kraievoi nauchno-prakticheskoi konferentsii nevropatologov i psikhiatrov 19-21 maia 1975 g.,* (Krasnodar, 1975).

Zubarev, Iu.G. (ed.), *Instruktsiia po psikhogigiene dlia starshikh pomoshchnikov i kapitanov sudov morskogo flota,* (Leningrad, 1974).

Zubarev, Iu.G. (ed.), *Psikhogigiena i psikhoprofilaktika: metodicheskie rekomendatsii sudovym vracham,* (Leningrad, 1975).

Secondary sources

Abbott, A., *The System of Professions: An Essay on the Division of Expert Labour,* (Chicago, 1988).

Aleksandrowicz, J.W., "The History of Polish Psychotherapy During the Socialist Dictatorship", *European Journal of Mental Health* 4 (2009).

Alexander, F.G., Selesnick, S.T., *The History of Psychiatry: An Evolution of Psychiatric Thought and Practice From Prehistoric Times to the Present,* (London, 1966).

Angelini, A., "History of the Unconscious in the Soviet Russia: From its Origins to the Fall of the Soviet Union", *International Journal of Psychoanalysis* 89 (2008).

Antic, A., "Therapeutic Violence: Psychoanalysis and the 'Re-Education' of Political Prisoners in Cold War Yugoslavia and Eastern Europe" in M. Ffytche, D. Pick (eds), *Psychoanalysis in the Age of Totalitarianism,* (Abingdon, 2016).

Balint, M., "Soviet Psychiatry", *International Journal of Psycho-Analysis,* 33 (1952).

Bankart, C.P., *Talking Cures: A History of Western and Eastern Psychotherapies,* (Pacific Grove, 1997).

Barr, D.A., "The Ethics of Soviet Medical Practice: Behaviours and Attitudes of Physicians in Soviet Estonia", *Journal of Medical Ethics* 22 (1996).

Bauer, R. A., *The New Man in Soviet Psychology,* (Cambridge, Mass., 1952).

Beauchamp, T.L., "The Philosophical Basis of Psychiatric Ethics" in Bloch, S., Green, S.A., *Psychiatric Ethics,* 4th edition, (Oxford 2009).

Beer, D., *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930,* (Ithaca, 2008).

Bernstein, F.L., "Behind the Closed Doors: VD and Medical Secrecy in Early Soviet Medicine" in Bernstein, F.L., Burton, C., Healey, D. (eds), *Soviet Medicine: Culture, Practice and Science,* (DeKalb, 2010).

Bernstein, J.H., "Emigrant Physicians Evaluate the Health Care System of the Former Soviet Union", *Medical Care* 32 (1994).

Bloch, S. and Reddaway, P., *Russia's Political Hospitals: The Abuse of Psychiatry in the Soviet Union,* (London, 1977).

Bloch, S. and Reddaway, P., *Soviet Psychiatric Abuse: The Shadow over World Psychiatry* (London, 1984).

Bok, S., "Ethical Issues in Use of Placebo in Medical Practice and Clinical Trials" in Guess, H.A., Kleinman, A., Kusek, J.W., Engel, L.W., *The Science of Placebo: Towards an Interdisciplinary Research Agenda,* (London 2002).

Bok, S., "The Ethics of Giving Placebo" in Miller, F.G., Colloca, L., Crouch, R.A., Kaptchuk, T.J. (eds), *The Placebo: A Reader",* (Baltimore 2013).

Bowen, J., *Soviet Education: Anton Makarenko and the Years of Experiment,* (Madison 1965).

Buda, B., Tomcsanyi, T., Harmatta, J., Csaky-Pallavicini, R., Paneth, G., "Psychotherapy in Hungary During the Socialist Era and the Socialist Dictatorship", *European Journal of Mental Health* 4 (2009).

Bukovsky V., *To Build a Castle: My Life as a Dissenter,* (London, 1978).

Carpenter, P.J., Range, L.M., "The Effects of Patients' Fee Payment Source on the Duration of Outpatient Psychotherapy", *Journal of Clinical Psychology* 39 (1983).

Conterio, J., "Places of Plenty: Patient Perspectives on Nutrition and Health in the Health Resorts of the USSR, 1917-1953", *Food and History* 14 (2016).

Corson, S.A. and O'Leary Corson, E., "Philosophical and Historical Roots of the Pavlovian Psychology" in Corson, S.A. and O'Leary Corson, E. (eds), *Psychiatry and Psychology in the USSR,* (New York, 1976).

Davies, W., "The Political Economy of Unhappiness", *New Left Review* 71 (2011).

De George, R.T., "Biomedical Ethics" in Graham, L.R., *Science and the Soviet Social Order,* (Cambridge, Mass. 1990).

Digby, A., *Madness, Morality, and Medicine: A Study of the York Retreat, 1798-1914,* (Cambridge, 1985).

Dryden, W., *Developments in Psychotherapy: Historical Perspectives,* (London, 1996).

Edmundson, M., *Towards Reading Freud: Self-Creation in Milton, Wordsworth, Emerson, and Sigmund Freud,* (Princeton, 1990).

Ellenberger, H.F., *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry,* (London, 1970).

Erwin, E., *Philosophy and Psychotherapy: Razing the Troubles of the Brain,* (London 1997).

Etkind, A., *Eros of the Impossible: The History of Psychoanalysis in Russia,* (Boulder, Colo, 1997).

Fabrega, H., "Culture and Psychiatric Illness: Biomedical and Ethnomedical Aspects" in White, G. M. and Marsella, A. J. (eds.), *Cultural Conceptions of Mental Health and Therapy,* (Dordrecht, 1982).

Field, M.G., *Doctor and Patient in Soviet Russia,* (Cambridge, Mass., 1957).

Field, M.G., "Approaches to Mental Illness in Soviet Society: Some Comparisons and Conjectures", *Social Problems* 7 (1960).

Field, M.G., "Soviet Psychiatry and Social Structure, Culture and Ideology: A Preliminary Assessment", *Journal of American Psychotherapy* 21 (1967).

Field, M.G., "Psychiatry and Ideology: The Official Soviet View of Western Theories and Practices", *American Journal of Psychotherapy* 22 (1968).

Field, M.G., "The Hybrid Profession: Soviet Medicine" in Jones, A. (ed.), *Professions and the State: Expertise and Autonomy in the Soviet Union and Eastern Europe,* (Philadelphia 1991).

Fireside, H., *Soviet Psychoprisons,* (New York, 1979).

Forrest, D., *Hypnotism: A History,* (London, 1999).

Frank, J.D., *Persuasion and Healing: A Comparative Study of Psychotherapy,* revised edition, (New York 1974).

Freis, D. "Subordination, Authority, Psychotherapy: Psychotherapy and Politics in Inter-War Vienna", *History of Human Sciences* 30 (2017).

Friedlander, J.L., "Psychiatrists and Crisis in Russia, 1880-1971" (PhD, University of California, Berkeley, 2007).

Furedi, F., *Therapy Culture: Cultivating Vulnerability in an Uncertain Age,* (London, 2004).

Gabbard, G., "Psychotherapy in Hollywood Cinema", *Australasian Psychiatry* 9 (2001).

Gaidamakina, E.V., *Razvitie psikhoterapii v Rossii: po materialam meditsinskikh, psikhiatricheskikh i psikhoterapevticheskikh s''ezdov,* (Saint Petersburg, 2011).

Gauld, A., *A History of Hipnotism,* (Cambridge, 1992).

Geltzer, A., "Stagnant Science? The Planning and Coordination of Biomedical Research in the Brezhnev Era" in Fainberg, D., Kalinovsky, A., *Reconsidering Stagnation in the Brezhnev Era: Ideology and Exchange,* (London, 2016).

Gerovitch, S., ""New Soviet Man" Inside Machine: Human Engineering, Spacecraft Design, and the Construction of Communism", *Osiris* 22 (2007).

Gezundhajt, H., "An Evolution of the Historical Origins of Hypnotism Prior to the Twentieth Century: Between Spirituality and Subconscious", *Contemporary Hypnosis* 24 (2007).

Graham, L.R., *Science, Philosophy, and Human Behaviour in the Soviet Union,* (New York, 1987).

Grant, S., "Bolsheviks, Revolution and Physical Culture", *The International Journal of the History of Sport,* 31 (2014).

Gray, J.A., "Attention, Consciousness and Voluntary Control of Behaviour in Soviet Psychology: Philosophical Roots and Research Branches" in O'Connor, N. (ed.), *Present-Day Russian Psychology: A Symposium by Seven Authors",* (Oxford 1966).

Grigorenko, P.G., *The Grigorenko Papers,* (Boulder, 1976).

Haber, M., "The Evil Eye and the Psychoprophylactic Method of Painless Childbirth in Soviet Russia", *Kritika,* 14 (2013).

Halling, S., Nill, J.D., "A Brief History of Existential-Phenomenological Psychiatry and Psychotherapy", *Journal of Phenomenological Psychology* 26 (1995).

Healey, D., *Homosexual Desire in Revolutionary Russia: The Regulation of Sexual and Gender Dissent,* (Chicago, 2001).

Herron, V.G., Sitkowski, S., "Effect of Fees on Psychotherapy: What is the Evidence", *Professional Psychology: Research and Practice* 17 (1986).

Holmes, J., Adshead, G., "Ethical Aspects of the Psychotherapies" in Bloch, S., Green, S.A., *Psychiatric Ethics,* 4th edition, (Oxford 2009).

Huxtable, S., "Remembering a Problematic Past: TV mystics, Perestroika and the 1990s in post-Soviet Media and Memory", *European Journal of Cultural Studies* 20 (2017).

Jabłoński, M.J. et al., "Financialization May Affect the Therapeutic Relationship in Psychotherapy", *Psychiatria i Psychologia Kliniczna* 15 (2015).

Jackson, S.W., *Care of the Psyche: A History of Psychological Healing,* (New Haven, 1999).

Janousek, J., Sirotkina, I., "Psychology in Russia and Central and Eastern Europe" in Porter, T.M., Ross, D., *The Cambridge History of Science,* vol. 7, (Cambridge, 2003).

Johnson, F., "The Western Concept of Self" in Marsella, A.J., DeVos, G. and Hsu, F.L.K. (eds.), *Culture and Self: Asian and Western Perspectives,* (New York, 1985).

Jopling, D.A., *Talking Cures and Placebo Effects,* (Oxford 2008).

Jopling, D.A., ""Much Ado to Know Myself…": Insight in the Talking Cures", *Annals of the New York Academy of Sciences* 1234 (2011).

Joravsky, D., *Russian Psychology: A Critical History,* (Oxford, 1989).

Joseph, S., *Theories of Counselling and Psychotherapy: An Introduction to the Different Approaches,* (Basingstoke, 2010).

Jóźwik, B., "Psychoterapia jako dyskurs kulturowy", *Psychiatria Polska* XLV (2011).

Jungen, B., 'Frozen Action: Thoughts on Sport, Discipline and the Arts in Soviet Union of the 1930s' in Katzer, N., Budy, S., Kohring, A., Zeller, M. (eds), *Euphoria and Exhaustion: Modern Sport in Soviet Culture and Society,* (Frankfurt am Main 2010).

Kanas, N., "Group Therapy in Leningrad", *GROUP* 15 (1991).

Kelly, C., "The New Soviet Man and Woman" in Dixon, S. (ed.), *The Oxford Handbook of Modern Russian History,* (Oxford University Press, 2013-).

Kharkhordin, O., *The Collective and the Individual in Russia: A Study of Practices,* (Berkeley, 1999).

Kirman, B.H., "Psychotherapy in the Soviet Union" in O'Connor, N. (ed.), *Present-Day Russian Psychology: A Symposium by Seven Authors",* (Oxford 1966).

Kirmayer, L.J., "Psychotherapy and the Cultural Concept of the Person", *Transcultural Psychiatry* 44 (2007).

Kozulin, A., *Psychology in Utopia: Toward a Social History of Soviet Psychology,* (Cambridge, Mass., 1984).

Lauterbach, W., *Soviet Psychotherapy,* (London, 1984).

Lavretsky, H., "The Russian Concept of Schizophrenia: A Review of the Literature", *Schizophrenia Bulletin* 24 (1998).

Lindquist, G., *Conjuring Hope: Healing and Magic in Contemporary Russia,* (New York, 2006).

Luhrmann, T.M., *Of Two Minds: The Growing Disorder in American Psychiatry,* (New York, 2000).

Lynn, R., "Abnormal Psychology in the USSR" in O'Connor, N. (ed.), *Present-Day Russian Psychology: A Symposium by Seven Authors",* (Oxford 1966).

Makarov, V.V., "Psikhoterapiia v Rossiiskoi imperii, Sovetskom Soiuze, Rossiiskoi Federatsii" in Makarov, V.V., Burno, M.E. (eds.), *Rossiia psikhoterapevticheskaia: khrestomatiia metodov psikhoterapii i psikhologicheskogo konsul'tirovaniia, priniatykh v Rossiiskoi Federatsii,* (Moscow, 2011).

Makarov, V.V., Burno, M.E. (eds.), *Rossiia psikhoterapevticheskaia: khrestomatiia metodov psikhoterapii i psikhologicheskogo konsul'tirovaniia, priniatykh v Rossiiskoi Federatsii,* (Moscow, 2011).

Mannherz, J., "Spiritual Experience or Retarded Reflexes? Hypnosis in Russian Popular Cultures, 1914-1922" in Frame, M., Marks, S., Stockdale, M., Kolonotskii, B. (eds.), *Cultural History of Russia in the Great War and Revolution, 1914-1922,* (Bloomington, 2014).

Marchenkova, M.V., "Ocherk o razvitii psikhoterapii v Rossii", *Konsul'tativnaia psikhologiia i psikhoterapiia* 1 (2012).

Marks, S., "Cognitive Behaviour Therapy in Britain: The Historical Context and Present Situation" in Dryden, W. (ed.), *Cognitive Behaviour Therapies,* (London, 2012).

Marks, S., "Psychotherapy in Historical Perspective", *History of Human Sciences* 30 (2017).

Marks, S., "Suggestion, Persuasion and Work: Psychotherapies in Communist Europe", *European Journal of Psychotherapy and Counselling* 20 (2018).

Marks, S., Savelli, M., "Communist Europe and Transnational Psychiatry" in Marks, S., Savelli, M. (eds), *Psychiatry in Communist Europe*, (Basingstoke, 2015).

McLeish, J., *Soviet Psychology: History, Theory, Context,* (London, 1975).

Mertin, E., "Presenting Heroes: Athletes as Role Models for the New Soviet Person", *The International Journal of the History of Sport,* 26 (2009).

Michaels, P.A., *Lamaze: An International History,* (Oxford, 2014).

Miller, M.A., *Soviet Psychiatry: The Historical and Cultural Context,* (The National Council for Soviet and East European Research, 1986).

Miller, M.A., "The Reception of Psychoanalysis and the Problem of the Unconscious in Russia", *Social Research* 57 (1990).

Miller, M.A., *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union,* (New Haven, 1998).

Mirseco, M.J., Kirmayer, L.J., "The Persistence of Mind-Brain Dualism in Psychiatric Reasoning About Clinical Scenarios", *American Journal of Psychiatry* 163 (2006).

Moerman, D., *Meaning, Medicine and the 'Placebo Effect',* (Cambridge 2002).

Moshetova, L.K., Zadvornaia, O.L., Knopov, M.Sh., Doskin, V.A. (eds), *Vydaiushchiesia uchenye tsentral'nogo instituta usovershenstvovaniia vrachei,* (Moscow, 2010).

Moss, D. (ed.), *Humanistic and Transpersonal Psychology: A Historical and Biographical Sourcebook,* (Westport, CT, 1999).

Murase, T., "Sunao: A Central Value in Japanese Psychotherapy" in White, G. M. and Marsella, A. J. (eds.), *Cultural Conceptions of Mental Health and Therapy,* (Dordrecht, 1982).

Musto, D.F., "A Historical Perspective" in Bloch, S., Green, S.A., *Psychiatric Ethics,* 4th edition, (Oxford 2009).

Norcross, J.C., Van den Bos, G.R., Freedheim, D.K. (eds.), *History of Psychotherapy: Continuity and Change,* (Washington, DC, 2011).

O'Mahony, M., *Sport in the USSR: Physical Culture – Visual Culture,* (London, 2006).

Parker, I., "Psychotherapy under Capitalism: The Production, Circulation and Management of Value and Subjectivity", *Psychotherapy and Politics International* 12 (2014).

Payne, T.R., "On the Theoretical Foundations of Soviet Psychology", *Studies in Soviet Thought VI* , 2 (1966).

Payne, T.R., "The 'Brain-Psyche' Problem in Soviet Psychology", *Studies in Soviet Thought* VII, 2 (1967).

Petriuk, P.T., Petriuk, A.P., "Dinastiia Platonovykh i problemy psikhiatricheskikh neironauk. Professor Konstantin Ivanovich Platonov – izvestnyi otechestvennyi psikhiatr, nevropatolog, psikhoterapevt i byvshii saburianin. Sobshchenie 2", *Psikhichne zdorov'ia* 2 (2010).

Phillis, K., "Spartacus and Sports in the Soviet Union and Eastern Europe", *The Interantional Journal of Sport and Society* 3 (2013).

Plyushch, L., *History's Carnival: A Dissident's Authobiography,* (London, 1979).

Porter, R. and Micale, M.S., "Reflections on Psychiatry and Its Histories" in Micale, M. S. and Porter, R. (eds), *Discovering the History of Psychiatry,* (Oxford, 1994).

Pranghofer, S., Maehle, A.-H., "Limits of Professional Secrecy: Medical Confidentiality in England and Germany in the Nineteenth and Early Twentieth Centuries", *Interdisciplinary Science Reviews* 31 (2006).

Raikhel, E., "Post-Soviet Placebos: Epistemology and Authority in Russian Treatment for Alcoholism", *Culture, Medicine, and Psychiatry* 34 (2010).

Raikhel, E., *Governing Habits: Treating Alcoholism in the Post-Soviet Clinic,* (Ithaca, 2016).

Raikhel, E., Bemme, D., "Postsocialism, the Psy-ences and Mental Health", *Transcultural Psychiatry* 53 (2016).

Redihan, E.E., *The Olympics and the Cold War, 1948–1968: Sport as Battleground in the U.S.–Soviet Rivalry,* (Jefferson, NC, 2017).

Reich, R., *State of Madness: Psychiatry, Literature and Dissent After Stalin,* (DeKalb, IL, 2018).

Rieder, P., Louis-Courvoisier, M., Huber, P., "The End of Medical Confidentiality? Patients, Physicians and the State in History", *Medical Humanities* 42 (2016).

Riordan, J., “Rewriting Soviet Sports History”, *Journal of Sports History,* 3 (1993).

Riordan, J., “The Rise and Fall of Soviet Olympic Champions”, *The International Journal of Olympic Studies* vol. II (1993).

Rivkin-Fish, M., *Women’s Health in Post-Soviet Russia,* (Bloomington, 2005).

Rogers, C.R., *On Becoming a Person: A Therapist’s View of Psychotherapy,* (Boston, 1961).

Rollins, N., *Child Psychiatry in the Soviet Union: Preliminary Observations,* (Cambridge, Ma, 1972).

Ryba, T.V., Stambulova, N.B., “Russia” in Schinke, R.J., McGannon, K.R., Smith, B. (eds), *Routledge International Handbook of Sport Psychology,* (Abingdon, 2016).

Ryba, T.V., Stambulova, N.B., Wrisberg, C.A., “The Russian Origins of Sport Psychology: A Translation of Early Works of A.C. Puni”, *Journal of Applied Sport Psychology* 17 (2005).

Sandison, R., *A Century of Psychiatry, Psychotherapy and Group Analysis: A Search for Integration,* (London, 2001).

Savelli, M., “The Peculiar Prosperity of Psychoanalysis in Socialist Yugoslavia", *The Slavonic and East European Review* 91 (2013).

Scheidlinger, S., “Group Psychotherapy and Related Helping Groups Today: An Overview”, *American Journal of Psychotherapy* 5 (2004).

Schultz, D., Rafferty, M.P., “Soviet Health Care and Perestroika”, *American Journal of Public Health* 80 (1990).

Sealy, T.S., “Soviet Fisheries: A Review”, *Marine Fisheries Review* 36 (1974).

Segal, B.M., “The Theoretical Bases of Soviet Psychotherapy”, *American Journal of Psychotherapy* 29 (1975).

Segal, B.M., “Soviet Psychotherapy: The Tasks and Methodological Problems”, *Psychiatric Quarterly* 49 (1977).

Shamdasani, S., “‘Psychotherapy’: The Invention of a Word”, *History of the Human Sciences* 18 (2005).

Shamdasani, S., “Psychotherapy in Society: Historical Reflections” in Eghigian, G. (ed.), *The Routledge History of Madness and Mental Health,* (London, 2017).

Shapiro, A.K., Shapiro, E., *The Powerful Placebo: From Ancient Priest to Modern Physician,* (Baltimore 1997).

Shorter, E., *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac,* (New York, 1997).

Siegelbaum, L.H., "Okhrana Truda: Industrial Hygiene, Psychotechnics, and Industrialisation in the USSR" in Solomon, S. Gross, Hutchinson, J.F., *Health and Society in Revolutionary Russia,* (Bloomington, 1990).

Sirotkina, I., *Diagnosing Literary Genius: A Cultural History of Psychiatry in Russia, 1880-1930,* (Baltimore 2002).

Sirotkina, I., Kokorina, M., "The Dialectics of Labour in a Psychiatric Ward: Work Therapy in the Kaschenko Hospital" in Marks, S., Savelli, M. (eds), *Psychiatry in Communist Europe*, (Basingstoke, 2015).

Slavson, S.R. (ed.), *The Fields of Group Psychotherapy,* (New York, 1971).

Sokalska, M.E., "Medical Confidentiality – Quo Vadis?", *European Journal of Health Law* 11 (2004).

Solomon, S. Gross, "Social Hygiene and Soviet Public Health, 1921-1930" in Solomon, S. Gross, Hutchinson, J.F., *Health and Society in Revolutionary Russia,* (Bloomington, 1990).

Stambulova, N.B., Wrisberg, C.A., Ryba, T.V., "A Tale of Two Traditions in Applied Sport Psychology: The Heyday of Soviet Sport and Wake-Up Calls for North America", *Journal of Applied Sport Psychology* 18 (2006).

Sukhovershin, A.V., Zalevskii, G.V., "Kurortnaia psikhoterapiia: istoriia, problem i perspektivy razvitiia (na material kurorta Belokurikha), *Sibirskii psikhologicheskii zhurnal* 26 (2007).

Todes, D., "From Radicalism to Scientific Convention: Biological Psychology in Russia from Sechenov to Pavlov", (PhD, University of Pennsylvania, 1981).

Todes, D.P., *Ivan Pavlov: A Russian Life in Science,* (Oxford, 2014).

Totton, N., *Psychotherapy and Politics,* (London 2000).

Tukaev, R.D., *Psikhoterapiia: teorii, struktury, mekhanizmy,* (Moscow, 2007).

Tukaev, R.D., "Na puti k vrachebnoi psikhoterapii", *FGU "Moskovskii NII psikhiatrii Roszdrava* (2008).

Tylim, I., "Tales of the Therapist's Passion on the Screen", *Contemporary Psychoanalysis* 46 (2010).

Van Voren, R., *On Dissidents and Madness: From the Soviet Union of Leonid Brezhnev to the "Soviet Union" of Vladimir Putin*, (Amsterdam, 2009).

Varma, V.K., "Culture, Personality and Psychotherapy", *The International Journal of Social Psychiatry* 34 (1988).

Vasileva, A.V., *Stanovlenie otechestvennoi psikhoterapii v kachestve samostoiatel'noi meditsinskoi distsipliny vo vtoroi polovine XX v,* (Saint Petersburg, 2004).

Vasilyeva, A.V., "The Development of Russian Psychotherapy as an Independent Medical Discipline in the Second Half of the Twentieth Century", *International Journal of Mental Health* 34 (2006).

Veatch, R.M., "Medical Ethics in the Soviet Union", *Hastings Center Report* 19 (1989).

Verdery, K., *What Was Socialism, and What Comes Next?,* (Princeton, 1996).

Walton, H. (ed.), *Small Group Psychotherapy,* (Harmondsworth, 1971).

Weinstein, D., *The Pathological Family: Postwar America and the Rise of Family Therapy,* (Ithaca, NY, 2013).

Windholtz, G., "Soviet Psychiatrists under Stalinist Duress: the Design for a 'New Soviet Psychiatry' and Its Demise", *History of Psychiatry* X (1999).

Winn, R.B. (ed.), *Psychotherapy in the Soviet Union,* (New York 1961).

Zajda, J.I., *Education in the USSR,* (Oxford, 1980).

Zajicek, B., "Scientific Psychiatry in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define 'Pavlovian' Psychiatry, 1939-1953" (PhD, University of Chicago, 2009).

Zajicek, B., "Insulin Coma Therapy and the Construction of Therapeutic Effectiveness in Stalin's Soviet Union, 1936-153" in Marks, S., Savelli, M. (eds), *Psychiatry in Communist Europe,* (Basingstoke, 2015).

Zajicek, B., "A Soviet System of Professions: Psychiatry, Professional Jurisdiction, and the Soviet Academy of Medical Sciences, 1932-1951" in Grant, S. (ed.), *Russian and Soviet Health Care from an International Perspective: Comparing Professions, Practice and Gender, 1880-1960,* (Basingstoke, 2017).

Ziferstein, I. "Group Psychotherapy in the Soviet Union", *American Journal of Psychiatry* 129 (1972).

Ziferstein, I., "Psychotherapy in the USSR" in Corson, S.A. and O'Leary Corson, E. (eds), *Psychiatry and Psychology in the USSR,* (New York, 1976).