CHARLES UNIVERSITY

FACULTY OF SOCIAL SCIENCES

Institute of International Studies

Department of Russian and East European Studies

Master's Thesis

2024 **Alicia García Cabaleiro**

CHARLES UNIVERSITY

FACULTY OF SOCIAL SCIENCES

Institute of International Studies

Department of Russian and East European Studies

Applying the Framework of Transient Mental Illnesses to the Study of Psychiatrization of Dissidents for Social Control: A Comparative Analysis of the Soviet and Francoist Cases

Master's Thesis

Author of the Thesis: Alicia García Cabaleiro

Study programme: Balkan, Eurasian, and Central European Studies

Supervisor: PhDr. Ondřej Matějka, Ph.D.

Year of the defence: 2024

Declaration

1. I hereby declare that I have compiled this thesis using the listed literature and resources only.
2. I hereby declare that my thesis has not been used to gain any other academic title.
3. I fully agree to my work being used for study and scientific purposes.

In Prague on
30th of July of 2024 Alicia García Cabaleiro

References

García Cabaleiro, Alicia. “Applying the Framework of Transient Mental Illnesses to the Study of Psychiatrization of Dissidents for Social Control: A Comparative Analysis of the Soviet and Francoist Cases.” Master’s thesis (Mgr). Charles University, Faculty of Social Sciences, Institute of International Studies, Department of Russian and East European Studies. Supervisor PhDr. Ondřej Matějka, Ph.D., 2024.

Length of the Thesis: 179.432 characters

Abstract

This master's thesis focuses on the weaponization of psychiatry for political repression in the Soviet Union and Francoist Spain. The theoretical part of the thesis is based on two foundations that structure this research: firstly, it describes the relationship between psychiatry and social control, and how the discipline's characteristics make it assume a normalizing role that is accentuated in a totalitarian context. It secondly explores the framework of transient mental illnesses as a tool for the historical evaluation of mental illness. The analysis focuses on the adoption of the normalizing task by psychiatry in these regimes and the constructed character of the nosologies that they produced, as well as on the evaluation of the fitness of the category "transient mental illnesses" for their study. The results show how medical institutions fulfilled a disciplining role and provided a "scientific" justification for the repression of political dissidents by pathologizing their political beliefs and associating them to the nosological categories of "sluggish schizophrenia" —in the USSR— and "marxist fanaticism" —in Spain. It further proves the clear involvement of psychiatry in the repressive task and the possibility of referring to these diagnostic categories as "political transient mental illnesses".

Abstrakt

Tato diplomová práce se zaměřuje na využití psychiatrie k politickým represím v Sovětském svazu a frankistickém Španělsku. Teoretická část práce vychází ze dvou základů, které tento výzkum strukturují: zaprvé popisuje vztah mezi psychiatrií a sociální kontrolou a to, jak tato disciplína díky svým vlastnostem přebírá normalizační roli, která je akcentována v totalitním kontextu. Za druhé zkoumá rámec přechodných duševních chorob jako nástroj historického hodnocení duševních chorob. Analýza se zaměřuje na přijetí normalizační úlohy psychiatrií v těchto režimech a na konstruovaný charakter nozologií, které vytvořily, a také na hodnocení vhodnosti kategorie "přechodných duševních onemocnění" pro jejich studium. Výsledky ukazují, jak lékařské instituce plnily disciplinující roli a poskytovaly "vědecké" ospravedlnění pro represe politických disidentů tím, že patologizovaly jejich politické přesvědčení a přiřazovaly je k nozologickým kategoriím "pomalé schizofrenie" v SSSR a "marxistického fanatismu" ve Španělsku. To dále dokazuje jasné zapojení psychiatrie do represivní složky a možnost označovat tyto diagnostické kategorie jako "politické přechodné duševní choroby".

Keywords

Transient mental illness, Social control, USSR, Francoism, Sluggish schizophrenia, Marxist fanaticism, Psychiatrization, Political repression.

Klíčová slova

Přechodné duševní onemocnění, Sociální kontrola, SSSR, Frankismus, Pomalá schizofrenie, Marxistický fanatismus, Psychiatrizace, Politické represe

Title

Applying the Framework of Transient Mental Illnesses to the Study of Psychiatrization of Dissidents for Social Control: A Comparative Analysis of the Soviet and Francoist Cases

Název práce

Aplikace rámce přechodných duševních onemocnění na studium psychiatrizace disidentů za účelem sociální kontroly: Srovnávací analýza sovětských a frankistických případů

Acknowledgement

I would like to express my gratitude to a number of people for supporting me while I worked on this final chapter of my master's program. This thesis would not have been possible without Doc. Jiří Vykoukal, whose guidance has been of great help throughout this whole process. I also want to thank Mgr. Daniela Kolenovská, PhD, for her advice on the early stages of this thesis. Additionally, I owe immense gratitude to my supervisor, Dr Ondřej Matějka. His support has been of great help in organising my thoughts throughout these months. I would personally like to thank my parents for their support and, especially, my friends, for accompanying me through this often-exhausting experience, showing your support and enduring a long library summer. Finally, of course, thank you, Manuela, for being the best History teacher I could have asked for.

Table of Contents

Introduction

Definitions of mental illness are deeply informed by political values and expectations of what constitutes "normal", "proper" or "good" behaviour. Psychiatric diagnostic categories are affected by their broader socio-historical context, the only space within which they can be properly understood. This leads to a historically and geographically contingent spectrum of definitions of what constitutes mental illness and what does not.

According to Law and Medicine Professor Richard J. Bonnie, the psychiatric imprisonment of mentally healthy individuals is widely considered a "particularly pernicious form of repression", since it relies on "powerful modalities of medicine" to punish dissent.[1] This grave violation of human rights, unfortunately, has been abused by a number of regimes as an effective way to silence and marginalize dissidents.[2]

It is necessary to question the authority of psychiatric institutions and doctors in all types of states, and to bear in mind the disciplining role they fulfil. However, non-democratic regimes are especially susceptible to the weaponization of psychiatry. When a psychiatric diagnosis is associated to a member of society that challenges the dictates of a totalitarian regime, the sanity of their political convictions is called into question. In these circumstances, it becomes easier to portray anybody engaging in dissident activities as a dangerous, paranoid, and unstable Other, from which the rest of society must be protected by the medical and security authorities.

In particular, this dissertation examines the psychiatrization of the political opponent by two dictatorial regimes during the twentieth century: the Soviet Union (1917/22-1991) and the Spanish Francoist Regime (1936/39-1975)[3]. It will do so in a comparative historical manner,

---

[1] Richard J. Bonnie, 'Political Abuse of Psychiatry in the Soviet Union and in China: Complexities and Controversies', *The Journal of the American Academy of Psychiatry and the Law* 30, no. 1 (2002): 136–44.

[2] The topic of this master's thesis was initially explored by me in 2023, during my studies at Charles University. It later on was extended into this dissertation. Alicia García Cabaleiro, 'Comparative Analysis of Psychiatry as a Tool for Political Repression in Authoritarian Regimes: The Case of the Soviet Union and Francoist Spain' (Praha, Charles University, 2023).

[3] For the Soviet Union, the selected dates encompass the official foundation of the Soviet Union in 1922 (after the Russian Revolution of 1917 that saw the end of Tsarism), until its dissolution in 1991. In the Spanish case, the dates selected encompass the beginning of the Civil War (1936) and the start of Franco's rule in all Spanish territory after his victory (1939), until his death (1975).

focusing on the normalizing role that the discipline fulfilled in these states, and on the study of the aetiologies (causes) and nosologies (diagnostic categories) designed to repress of the opposition.

Academic works on the use of psychiatry for the suppression of political dissidence in these regimes constitute a valuable corpus that goes deeply into the question of punitive medicine. Authors have often established comparisons between the Soviet Union or Spain with Nazi Germany, and between the former and the People's Republic of China.[4] I argue, however, that contrasting the Soviet Union and Francoist Spain, two regimes widely regarded as having not much in common other than their non-democratic character during most of the twentieth century, provides an interesting insight on the emergence of diagnostic categories that associated opposition to the political system and madness.

The heterogeneous republican group against which General Francisco Franco organized a coup d'etat in 1936 —commencing the Spanish Civil War (1936-1939) that brought him to power— was referred to by the insurgent Military and its supporters as the Reds. Under the leadership of regime adjacent doctors, especially Juan Antonio Vallejo Nágera, the enemy faction in the conflict was defined as a political and moral enemy and, most important, a psychologically degenerate mass. Him and other doctors produced a series of medical publications, where they associated any political belief questioning their fascist, traditionalist, catholic conservatism to a diffuse definition of madness under the broader term of "marxist fanaticism".

In the Soviet case, non-compliance with the state-dictated Marxist doctrine progressively became associated, like in Spain, not with a mere political enmity, but with a pathological manifestation. Especially during the second half of the Communist experience —after the death of Stalin—, Soviet citizens suffered psychiatrization for seemingly arbitrary reasons, all of which fit within the imprecise diagnosis of mental illnesses, especially "sluggish schizophrenia". Similarly to the Francoist regime, the political apparatus relied on the scientific authority of doctors —among which Andrei Snezhnevsky stands out— for the suppression of non-conformist voices.

---

[4] Jason Luty, 'Psychiatry and the Dark Side: Eugenics, Nazi and Soviet Psychiatry', *Advances in Psychiatric Treatment* 20, no. 1 (January 2014): 52–60, https://doi.org/10.1192/apt.bp.112.010330; Bonnie, 'Political Abuse of Psychiatry in the Soviet Union and in China'.

Before moving on, it is relevant to clarify the use of the term "totalitarian" when referring to the Spanish state during Franco's dictatorship: The Francoist regime is often described as an authoritarian regime, in contrast with the totalitarian Soviet Union. However, the time period that concerns this analysis mainly encompasses the years of the Civil War (1936-1939) and immediate post-war (until approximately the 1950s). During this time, the fascist project was a totalitarian one counting on the support of Hitler's Germany and Mussolini's Italy. Franco had not yet seen himself forced to assume the lower profile that characterised his regime upon defeat of his allies. In Franco's words:

> Spain is organised within a broad totalitarian concept by those national institutions which ensure its totality, its unity and continuity. The implementation of the most severe principles of authority implied by this movement is not justified by its military character, but by the need for a regular functioning of the complex energies of the Homeland. [...] Inorganic universal suffrage having been discredited, [...] the national will shall manifest itself in a timely manner through those technical bodies and corporations which, rooted in the very core of the country, authentically represent its ideals and its needs.[5]

The rejection of the "totalitarian" label was in fact supported by the regime after the fall of Nazism. However strong the attempts of the defenders of Francoism to portray it as "only" authoritarian, the Francoist reality of the 1930s and 1940s was one of a "clear and unequivocal totalitarian will" that included "the pretension of constituting a state that was to be totalised in the service of Catholicism", Luis A. González Prieto argues.[6] For this reason, the adjective "totalitarian" is used in this dissertation to refer to both regimes.

The psychiatric diagnoses that appeared in the Soviet and Francoist dictatorial contexts determined the characterization of those individuals who did not support the regime, not only as political enemies, but also as mentally ill. The implications of the psychiatrization of the opposition were extensive: a mental diagnosis, first and foremost, delegitimised the political beliefs of dissenters, characterised as unreliable and irrational; additionally, it justified their detention "in the wider interest of society". The use of punitive medicine not only striped prisoners of the few human rights they may have enjoyed in the totalitarian regime, but it submitted them to dehumanization and invalidated their political ideas.

---

[5] José Andrés Gallego, *¿Fascismo o Estado católico?: Ideología, religión y censura en la España de Franco (1937-1941)* (Encuentro, 1997), 31.

[6] Luis Aurelio González Prieto, 'La voluntad totalitaria del Franquismo', *Revista del Posgrado en Derecho de la UNAM*, no. 14 (28 June 2021): 44–44, https://doi.org/10.22201/ppd.26831783e.2021.14.170.

This thesis is organised by the following structure: after a brief introduction and presentation of the current literature on this topic, I present the theoretical framework that has guided this research, and which is built on the basis of two main theories: the Foucauldian critical approach to the institution of psychiatry and Ian Hacking's proposal about the historical evaluation of mental illness through the category of "transient mental illnesses". This section, which is followed by a methodological section and critical presentation of sources, has determined the structure of the body of the dissertation where the comparison takes of both regimes takes place.

Each of the chapters deals with one of the theoretical frameworks presented. The first one is briefer and focuses on the relationship between psychology and social control in these regimes by applying Foucault's thought, serving perhaps as a way to include this issue — that I consider key— in the broader analysis of the second chapter. Chapter 2 tackles the medical specificities of both cases by evaluating whether the diagnoses created by Soviet and Francoist doctors fit the category of "transient mental illnesses" proposed by Hacking.

The content of both sections is obviously deeply correlated, and some overlaps have been impossible to avoid. The decision not to include the issue of social control in the more extensive second chapter has a simple reason: Hacking is very critical of Foucault and the connection between both authors has been established by me. It is not an analytical tool that he uses in his work —he explicitly talks about how his proposed "niches" are better than Foucauldian instruments of analysis. The question of social control, however, retains great importance because it is precisely what differentiates a "normal" transient mental illness from those that emerged in these regimes, which I will describe as "political transient mental illnesses".

The use of both theories has been key in moving on from a preliminary research question — *How was psychiatry used as part of the repressive apparatus of the Soviet and Spanish regimes*— whose answer is easily found in the existing academic literature. Beyond focusing on the "reality" or "construction" of these nosologies, the objective of this dissertation is to answer the following research questions:

- *Why did these regimes rely on punitive psychiatry as a form of social control?*

- *Is it possible to study the nosological categories employed to tackle political dissidence by the Soviet and Francoist regimes using the classification of "transient mental illnesses" proposed by Ian Hacking?*

Throughout each of the chapters of this dissertation, I will attempt to answer both questions, relying on the theoretical and methodological tools presented below.

1. Literature Review

The relevant literature for the study of this topic can be divided into three groups: first, works concerning psychiatry and history of psychiatry, within which a number of selected authors focus on the connection between this discipline and power. Second, a block of literature on the psychiatric repression that took place in the Soviet Union. Last, the equivalent studies on the role that psychiatry held in the Francoist regime.

1.1. A Brief Presentation of Critical Views on Psychiatry

The body of works dealing with psychiatry and psychiatric discipline from a political, historical, or philosophical point of view is very extensive. Rafal Huertas' *Cultural History of Psychiatry* presents some of the most significant methodological and historiographical developments in the history of psychiatry. Reviewing the works of Michel Foucault, Gladis Swain, Erving Goffman, Ian Hacking, and others, Huertas proposes a "new form of thinking about madness that does not focus exclusively on medical factors and is also interested in its historical essence, its philosophical, cultural, and sociological elements." [7]

Given the critical approach to the discipline that I have assumed for this dissertation, I briefly present the authors who shaped the study of psychiatry from a radical point of view from the second half of the twentieth century, linking it to the issue of social control. Bloch and Chodoff defend the need for a treaty on psychiatric ethics. They write about how, in the face of psychiatric statements that argued that optimal welfare of the patient was the ultimate goal of the discipline, a number of authors adopted a critical stance. They claimed that doctors "wrongly assume the neutrality of their practice, ignoring the deep connections between it and ethical considerations".[8] Some of the most prominent scholars challenging this were doctors Thomas Szasz, Ervin Goffman, Ronald Leifer, and evidently the French philosopher Michel Foucault. Their ideas are expanded on in the theoretical framework and therefore I will not go in detail about their work in this section. Very briefly, in *Madness and Civilization* and *Mental Illness and Psychology*, Foucault examined the evolution of the meaning of madness and its management in Western culture during different epochs. He

[7] Rafael Huertas, *Historia cultural de la psiquiatría* (Madrid: Catarata, 2012).

[8] Sidney Bloch and Paul Chodoff, *Psychiatric Ethics* (Oxford: Oxford University Press, 1981).

studied how the medical institution of the asylum became the sole place where therapeutic treatments of the mad were administered. This author questioned the notion of "objectivity," "truth" and "rationality," as well as the portrayal of the scientist as neutral and aseptic, detached from the question of power. [9]

Dr Leifer wrote about how the role of regulating human conduct in modernity was taken up by the state, while certain moral codes remained outside of legal codification, and therefore lay outside of its reach. As a solution, psychiatry would have historically assumed this regulatory function, standing as "a new social institution" for control and guidance of conduct (later on referred to as "conduct of conducts") counting with "an acceptable modern authority".[10] Dr Thomas Szasz additionally regarded classification of individual's behaviours as a form of constraint, a mechanism that, in a psychiatric context, led to the legitimation of social control.[11]

The role of these and other authors in questioning the until then assumed neutrality of medicine and psychiatry had an invaluable impact on the perception of mental health institutions, both from an academic perspective and from the standpoint of psychiatrized individuals. Without their proposals, criticisms of psychiatric abuse would have been even more invisible.

1.2. The Study of Psychiatry as a Tool for Political Repression in the USSR

As authors Sarah Marks and Mat Savelli point out in their volume *Psychiatry in Communist Europe*, the literature dealing with mental health and psychiatry in the Communist bloc has been mainly dominated by the study of the instrumentalization of the discipline as a tool for

[9] Michel Foucault and Hubert Dreyfus, *Mental Illness and Psychology*, 2008; Michel Foucault and Jonathan Murphy, *History of Madness*, trans. Jean Khalfa (London: Routledge, 2009); Huertas, *Historia cultural de la psiquiatría*.

[10] Ronald Leifer, 'The Medical Model as Ideology', *International Journal of Psychiatry* 9 (1971 1970): 13–21.

[11] Thomas Stephen Szasz, *Ideology and Insanity: Essays on the Psychiatric Dehumanization of Man*, Syracuse University Press ed. (Syracuse, N.Y: Syracuse University Press, 1991), 213.

political repression in the Soviet Union.[12] There is a considerable number of authors that have focused on their works on the creation of nosological categories such as "sluggish schizophrenia" and "reformist delusions" that targeted political dissidents.

Robert Van Voren is one of the main authors treating the issue of psychiatric abuse in the USSR. He reflects on how psychiatry is susceptible of being used for isolating "bothersome persons," especially in dictatorships where the dominant ideology is not to be questioned. In his book *Cold War in Psychiatry*, he explores the process through which "what started as an expedient way of getting rid of bothersome people gradually turned into a government policy of locking up political opponents in psychiatric hospitals."[13]

This author's work comprises a compilation of testimonies by dissidents and references to primary sources denouncing the use of punitive psychiatry to eliminate dissidence. The acknowledgment of the importance of the works produced by Robert Van Voren is out of the question. However, it is necessary to point out, besides the positive general impact of his research, its weaknesses. The main issue with Van Voren's work is the difficulty in tracing back his sources: quotes from poorly referenced primary sources that include omissions that slightly alter the meaning of the original content,[14] and recurrent citations of his own previous work rather than references to primary sources when describing, among others, symptomatology and diagnosis criteria.[15] To be sure, the abuse of psychiatry for political purposes in the Soviet Union as a systematized practice for fighting dissidence *did* happen. This has been proven repeatedly by dissident testimonies[16], international human rights

[12] Mat Savelli and Sarah Marks, eds., *Psychiatry in Communist Europe*, Mental Health in Historical Perspective (London: Palgrave Macmillan UK, 2015), https://doi.org/10.1007/978-1-137-49092-6.

[13] Robert van Voren, *Cold War in Psychiatry: Human Factors, Secret Actors*, On the Boundary of Two Worlds 23 (Amsterdam: Rodopi B.V., 2010), 96.

[14] For example, the reference to Khruschev's speech from the 24th of May of 1959, included in van Voren, 96.

[15] For instance, the description of 'symptoms of sluggish schizophrenia' as described by Andrei Snezhnevsky that he provides in van Voren, 97, in which he references his previous volume 'Soviet Psychiatric Abuse in the Gorbachev Era', rather than Snezhnevsky himself.

[16] Zhores A. Medvedev and Roy Aleksandrovich Medvedev, *A Question of Madness* (Vintage Books, 1972); Harvey Fireside, *Soviet Psychoprisons*, 1st ed. (New York: Norton, 1979).

organisations[17], international medical organisms[18] and foreign qualified observers[19]. Precisely for this reason, Van Voren's work should not need to rely on simplifications and circular arguments in order to prove his point.

The affirmation that sluggish schizophrenia was a mere fabrication upon request of the KGB and the Communist Party also has some opponents. Without questioning the existence of punitive medicine, authors like Helen Lavretsky consider that this diagnoses cannot be studied without considering the wider totalitarian context that "prepared the ground for the abuse of psychiatry."[20] It is important to note that, as Marks and Savelli point out, the vast majority of authors who question the way that the weaponization of psychiatry for political purposes is framed "are not advancing a revisionist theory that abuse did not occur, but rather trying to analyse the issue for all its complexities."[21]

Bloch and Reddaway, for example, have contributed to the study of this issue with their book on *Russia's Political Hospitals*, where they expose the use of punitive medicine by the Communist state. However, they refer to the "strong official ethos of collectivism" as the source of "intolerance of deviance" from the norm in the Soviet case. They list several "deviant" behaviours and aesthetic presentations, arguing that they are "prone to be viewed by psychiatrists with suspicion and distrust, as "evidence of possible mental illness." They go on to explain how psychiatric treatment aims at altering the patient's behaviour, making it "correct, realistic and *socially desirable*."[22]

A general problem that is recurrent in dissident literature on Soviet psychiatric abuse is precisely that: a supposed exceptionalism of communist psychiatry as intolerant of

---

[17] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing' (England: Amnesty International, February 1983); 'The Podrabinek Trial. Punitive Medicine or Fabrications Known to Be False?' (London: Amnesty International, February 1979), https://www.amnesty.org/en/documents/eur46/044/1978/en/.

[18] 'Declaration of Hawaii.', *Journal of Medical Ethics* 4, no. 2 (1 June 1978): 71–73, https://doi.org/10.1136/jme.4.2.71.

[19] 'Report of the U.S. Delegation to Assess Recent Changes in Soviet Psychiatry', *Schizophrenia Bulletin* 15, no. Supp. 1 to No. 4 (1 January 1989): 1–79, https://doi.org/10.1093/schbul/15.suppl_1.1.

[20] Helen Lavretsky, 'The Russian Concept of Schizophrenia: A Review of the Literature', *Schizophrenia Bulletin* 24, no. 4 (1998): 537–57, https://doi.org/10.1093/oxfordjournals.schbul.a033348.

[21] Savelli and Marks, *Psychiatry in Communist Europe*, 6.

[22] Sidney Bloch and Peter Reddaway, *Russia's Political Hospitals: Abuse of Psychiatry in the Soviet Union*, 1978, 43.

dissidence.[23] Harvey Fireside rightfully touches upon how psychiatry as a discipline is, in any society, "a double edge tool" through which mental illness can be treated, but which can also serve as an instrument for social control, inherently tied to power and discipline, whose main goal is the conduct normalization.[24]

Fireside acknowledges the role of "radical psychiatry" in questioning the authority of the psychiatric doctor and psychiatric institutions in liberal states. He then identifies how in these regimes' individuals had the agency to criticise political oppression. Thus, he highlights the need to focus on the way regimes abuse psychiatry's inherent nature for the suppression of voices claiming any sort of disconformity with the official state ideology, pathologizing political dissent.

1.3. The Study of Psychiatry as a Tool for Political Repression in Spain

Since the 1970s, psychiatric historiographers have shown a growing interest in Francoist psy-disciplines and doctors; particularly, in challenging the legitimacy of the works developed by regime-adjacent doctors and portrayed as politically neutral despite their clearly ideological *raison d'être*.[25]

Several authors, including but not limited to Enrique González Duro, Francisco Sevillano or Ricard Vinyes, have characterised the racialist psychiatry of Vallejo Nágera and other early Francoist psychiatrists as the ideological basis for the repression of the Francoist apparatus against the Republican bloc. The first author has inserted his research on the use of psychiatry during and after the Civil War in his book within the greater topic of Spanish psychiatric history, *History of Madness in Spain*, and additionally has expanded on this topic in *Francos Psychiatrists, the Reds Were Not Mad*, in which he extensively reports on the close connection between the Civil War, Francoist ideology and the psychiatrists' role in

[23] This by no means implies that dissident literature and victim's testimonies are not dependable. In fact, they are a valuable source that must not be overlooked and denounces flagrant human rights violations in a well-documented manner.

[24] Fireside, *Soviet Psychoprisons*, XV.

[25] Ricardo Campos and Ángel González de Pablo, 'Psiquiatría En El Primer Franquismo: Saberes y Prácticas Para Un "Nuevo Estado"', *Dynamis* 37, no. 1 (2017): 13–21.

stigmatizing any opposition to the coup d'etat.[26] Sevillano's work provides a thorough examination of the Spanish doctor's medical and personal writings, that sheds light on the "representation of the enemy" in psychiatric terms during the Civil War.[27] Ricard Vinyes has studied the diagnosis and therapy on political prisoners by regime-adjacent psychiatrists and the creation of a "pseudo-scientific" foundation to ground segregation policies.[28]

Other scholars have pointed out the non-exceptional character of eugenics theories in the early twentieth century, arguing that it was an integral part of a wide range of political ideologies[29]. However, it may be more valuable to consider Vallejo Nágera's insistence on the correlation between Hispanity and eugenics as part of the characteristic biopolitical apparatus that ensured control under Francoism, as Salvador Cayuela explores in *The birth of Francoist Bio-Politics* and his book *By the Greatness of the Fatherland*[30]. This scholar's work applies a Foucauldian approach to the study of the Francoist regime and the different forms through which it consolidated its power for almost four decades. His postulates are thoroughly explained in the following section as part of the theoretical framework and have not been further explained here to avoid unnecessary overlaps.

---

[26] Enrique González Duro, *Historia de la locura en España*, 2021; Enrique González Duro, *Los psiquiatras de Franco: los rojos no estaban locos*, Atalaya (Barcelona: Ed. Península, 2017).

[27] Francisco Sevillano Calero, *Rojos: La representación del enemigo en la Guerra Civil* (Madrid, 2007).

[28] Ricard Vinyes, 'Construyendo a Caín. Diagnosis y terapia del disidente: las investigaciones psiquiátricas militares de Antonio Vallejo Nágera con presas y presos políticos', *Ayer*, no. 44 (2001): 227–52.

[29] Raquel Álvarez Peláez, 'Eugenesia y Franquismo. Una Primera Aproximación.', in *Políticas Del Cuerpo. Estrategias Modernas de Normalización Del Individuo y La Sociedad.*, by Gustavo Vallejo and Marisa Miranda, 2007.

[30] Salvador Cayuela Sánchez, *Por la grandeza de la patria: la biopolítica en la España de Franco (1939 - 1975)*, 1. ed, Sección de obras de sociología (Madrid: Fondo de Cultura Económica, 2014); Salvador Cayuela Sánchez, 'El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»', *Isegoría*, no. 40 (30 June 2009): 273–88, https://doi.org/10.3989/isegoria.2009.i40.660.

2. Theoretical Framework

This dissertation's research heavily relies on the theoretical proposals of authors whose works have provided a relevant insight into the field of psychiatry and psychiatric history. The two main theoretical foundations have been Salvador Cayuela's and Rafael Huertas' interpretation of Michel Foucault and Ian Hacking. However, their ideas have been supplemented by the works of other authors.

According to David Musto, ethical questions regarding psychiatry and psychology rest on three factors: doctors themselves and the role they fulfil, the nature of mental illness and the context in which doctors and patients interact, including its religious, political, and cultural aspects. His contribution to the first edition of the book *Psychiatric Ethics*, despite choosing to focus on the traditional medical context rather than on the broader theme of social control, provides a relevant takeaway: he associates the emergence of criticisms towards psychiatric practices with the changes in the scope of practices and behaviours this specialty comprised after the Second World War. This reflection serves as a reminder that psychiatry as a discipline was still in development while these practices critically evaluated by certain authors were taking place, and therefore, he argues, the issue of psychiatric ethics is the embodiment of the fight for the imposition of certain categories as the norm.[31]

The centrality of the works by authors such as Michel Foucault, Thomas Szasz, and Erving Goffman stems from their revolutionary character when studying mental illness in particular: with the introduction of critical and discursive aspects in their analysis, they inaugurated the study of madness and the mad as intellectual constructions that reveal power relations and uphold the existence of the asylum as a space or the exertion of said power. Their works explore how the "normal" became a social decision, while the "abnormal" would encompass everything that surpassed the limits imposed by hegemonic thought.[32]

Illness cannot and should not be portrayed as a natural, ahistorical, objective term. Georges Canguilhem, for instance, establishes that all empirical conceptions of illness maintain a connection to its axiological conception: pathology is not an objective means of

---

[31] David Musto, 'A Historical Perspective', in *Psychiatric Ethics*, ed. Sidney Bloch and Stephen A. Green, 1st ed. (Oxford: Oxford University Press, 1981), 13, https://doi.org/10.1093/med/9780198839262.003.0002.

[32] Huertas, *Historia cultural de la psiquiatría*, 28.

classification of a biological phenomenon as such, but rather a reference to a positive or negative classification that renders the object of pathology more of a value than a fact.[33]

In *Cultural History of Psychiatry,* Rafael Huertas explains how the dichotomy between normal and abnormal is key for any analysis of social control, and of the fundamental role that medicine as a science has had in disciplining society. Medicine, upholding exclusivity over the definition of the normal-healthy and the abnormal-unhealthy, thus becomes one of the foundational sciences of social control. Within this discipline, psychiatry occupies an especially relevant position for the development of surveillance and punishment, often infiltrating other institutions such as courts of law, schools, and prisons. [34]

This becomes even more so evident in the case of authoritarian and totalitarian regimes, such as the ones this dissertation is concerned with. The question of weaponization of psychiatry as a tool for political repression constitutes a particularly interesting form of social control, given how these non-democratic regimes could, it would seem, activate any other mechanisms within their repressive apparatuses. Only through an analysis that considers the disciplinary role of health institutions is it possible to understand why an authoritarian or totalitarian regime would resort to such form of control over its population. The (ab)use of psychiatry is therefore a question of power and social control.

Foucault's definition of power as an all-encompassing network of relations is by undoubtedly imprecise and disperse, Huertas criticises. It does not provide much nuance on aspects such as domination, legitimacy, or authority. This is especially relevant regarding psychiatry: what makes (psychiatric) doctors powerful is the agreement about their scientific authority in the determination of what is normal; their power, even in authoritarian regimes, differs greatly from that of a judge or a member of the politburo. A Foucauldian portrayal of the doctor as merely *powerful* overlooks in what sense their authority may trump that of an agent of the law (in their specific field of expertise), or the legitimacy of diagnosis vis a vis other actors.[35] This will become especially relevant when studying the specific role of psychiatrists in the Soviet and Spanish repressive apparatuses.

---

[33] Georges Canguilhem, *Lo normal y lo patológico* (Siglo XXI, 1982), 175–77; Sevillano Calero, *Rojos*, 68.

[34] Huertas, *Historia cultural de la psiquiatría*, 29.

[35] Huertas, *Historia cultural de la psiquiatría*.

The production of regimes of truth that arises from "the study of the alienated individuals as objects of knowledge" and of "the status of the asylum as an element of the disciplinary apparatus" leads to a juxtaposition of irrationality and deviation as defined in opposition to rationality and normality.[36] This way, individuals and practices that lie outside the (scientifically established) norm, lose all agency in contrast to the doctor. Diagnosis and the establishment of nosological entities, as well as particular psychiatric procedures, become part of the broader disciplinary system. The "madman" cannot be understood as predating a discipline that took in the task of describing it, but as its byproduct.[37]

Undoubtedly, Foucault's work meant a revolution in the way that psychiatry and its history were approached. This perspective challenged the consensus about the presumed neutrality of the medical discipline, characterising it as a structure of knowledge-power that could not be understood as separate from its disciplining function. Madness, it follows, is depicted not as a morally neutral, sterile category, but as a product of culture.[38]

Beyond the level of agreement with Foucauldian thinking, his works undeniably set a landmark in the study of the history of psychiatry, initiating a critical historiography that gave way to new understandings of madness and psychiatric institutions. Because of this, it is unthinkable to critically engage with the history of psy-disciplines and not acknowledge the fundamental character of his works. However, it does not follow that his contributions should not be subject of criticism, but rather that his postulates should be supplemented with the works of other authors.

One scholar that excellently adapts a Foucauldian framework to the study of the issue at hand is Salvador Cayuela Sánchez. Despite his work focusing exclusively on the Spanish dictatorship, his insights on how psychiatric diagnosis can become a tool of the totalitarian regime in the normalization of conducts can be extrapolated to other non-democratic regimes, including the Soviet Union.

In *The birth of Francoist Bio-Politics. The invention of "homo patiens,"* he demonstrates how a particular kind of subjectivity typical of the Spanish post-war era —which he refers

---

[36] Huertas, 33.

[37] Foucault and Dreyfus, *Mental Illness and Psychology*; Huertas, *Historia cultural de la psiquiatría*, 33.

[38] Foucault and Dreyfus, *Mental Illness and Psychology*; Huertas, *Historia cultural de la psiquiatría*.

to as *homo patiens*—, began to emerge during the first decade of Francoism after the war (between 1939 and 1951). The foundations set by this article were later expanded on by the same author in his book *By the greatness of the fatherland : biopolitics in Franco's Spain, 1939-1975.*[39] He does so by "adopting Foucauldian concepts of 'government' as 'conduct' and through a study of the 'bio-political devices' used by the regime, particularly on the *economic*, *medico-social* and *ideological-pedagogical spheres*".[40] The term government as "conducts" refers to Foucault's abandonment of the understanding of power as a relationship of forces in favour of a characterization based on its goal to determine "the actions of others".[41]

Cayuela explains how "disciplines" and "dispositifs of security" are two fundamental components of the concept of "biopolitics" as an exercise of power coexisting and indivisible from life. "Disciplines" developed and applied in the disciplinary institutions described in *Discipline and Punish*, were aimed at the "normalization" of individuals; it was there that "knowledge-powers" such as psychiatry had been cultivated. Additionally, psychiatry, mental hygiene, and eugenics acquired the legitimacy to penetrate other disciplinary institutions, as the prison or the court of law.[42] "Dispositifs of security" (regulatory mechanisms or biopolitics of populations), on the other hand, refers to the strategies waged by the state to order a set of collective processes in the name of "collective security". Meanwhile, biopowers would refer to the set of strategies aimed at controlling life.[43]

Cayuela aims to pinpoint how and where a specific subjectivity type came to be during early Francoism. To do so, he employs the methodological and conceptual frameworks provided by Michel Foucault's work. Specifically, his work looks into how "discipline" and "security mechanisms" ("biopolitical devices") were connected to the emergence of the "homo patiens" subjectivity during the post-war period. Even though he analyses the above-

---

[39] Cayuela Sánchez, *Por la grandeza de la patria*. Emphasis in original.

[40] Cayuela Sánchez, 'El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»', 273–75.

[41] Cayuela Sánchez, 285.

[42] Huertas, *Historia cultural de la psiquiatría*, 29; Cayuela Sánchez, 'El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»'.

[43] Cayuela Sánchez, 'El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»', 274–75.

mentioned economic, ideological-pedagogic, and medico-social spheres, and despite these categories being heavily interconnected, the latter will be of greater interest for the purpose of this work. In it, he examines how a set of measures in the form of psychiatric diagnoses are put to practice in order to "maximize the productive forces of the nation," "normalize conducts portrayed as 'pathological'" and "legitimise" the regime.[44]

However, biopolitical devices and forms of government (understood as forms of conduct of conducts), as Salvador Cayuela points out, are not fixed: their objectives, strategies and implementations, as well as the type of subjectivity that they produce, vary depending on the different historical, political, economic and geographic context.[45] It is precisely for this reason that it is possible to conduct a study of similarity and difference between both states, in order to shed light on the role of psychiatry within their repressive apparatuses as a normalizing discipline.

A last theoretical foundation connecting once again with the conditions of appearance of specific diagnostic categories is found in the works of Ian Hacking, a "dynamic nominalist" less concerned with the *nature* of mental illness than with the "interactions between what exists and our conceptions of it".[46] This author introduces the term "transient mental illnesses" in his work *Mad travellers: Reflections on the reality of transient mental illnesses*, where he describes them as a historically contingent and culturally defined ailment. Hacking considers the debate of the "reality" —as opposed to a socially constructed nature— of these mental illnesses futile, arguing that what matters is the historical possibility of their diagnosis.[47]

A transient mental illness is defined as "an illness that appears at a time, in a place, and later fades away". This type of madness is not transient in a patient-to-patient basis, but in a historical one: it "exists only at certain times and places" and can be identified by looking for a metaphorical "ecological niche within which mental illness can thrive", given that a

---

[44] Cayuela Sánchez, 275–76.

[45] Cayuela Sánchez, 275.

[46] Ian Hacking, *Historical Ontology*, 1. Harvard Univ. Press paperback ed (Cambridge, Mass.: Harvard Univ. Press, 2004); cited by Huertas, *Historia cultural de la psiquiatría*, 108.

[47] Ian Hacking, *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses* (Charlottesville, Va: University Press of Virginia, 1998).

number of vectors are present.[48] The four vectors described by this author are:[49]

1. *Medical taxonomy* or *linguistic-taxonomic vector*: a transient mental illness should not be disruptive of the predominant system of classification. This means that, while it may "invite controversy," it should be classifiable in the existing nosological system and therefore the existing scientific language must be able to *name* it and *describe* it in understandable medical terms for its particular historical period.
2. *Cultural polarity vector*: the mental illness at hand must fit between two culturally opposite extremes identifiable as moral opposites at the time of the emergence of this diagnostic category —good and evil. The phenomena and behaviours associated with both ends of the moral spectrum also fluctuate with time.
3. *Observability vector*: Hacking talks about the need of a "substantial system of surveillance and detection in place" that would prevent the behaviours associated with a particular transient mental illness to go unnoticed by medical authorities. An illness must be "visible" and possibly identified as a "pathological behaviour." "In order for a form of behaviour to be deemed a mental disorder, it must be strange, disturbing *and* noticed."
4. *Release* or *liberation vector*: the behaviours characteristic of a transient mental illness, despite indeed encompassing a psychiatric diagnosis, are the only condition of possibility of acting a certain way: they are "not allowed" outside of madness.[50]

Hacking points out how the concept of the ecological niche is especially useful since only when a necessary number of conditions or vectors are present, is the appearance of a transient mental illness possible, thus explaining their occurrence limited to specific historical, political, cultural, and geographic conditions. Because of this, the theoretical framework established by this author is especially useful to study the case of nosological categories born in dictatorial environments and targeting dissent. In his book on transient mental illnesses, he not only provides an original theoretical basis but, as the following section shows, a methodological one.

---

[48] Hacking, 1.

[49] Hacking, *Mad Travelers*.

[50] Hacking, 82.

3. Methodology

The methods used in this research revolve around four interconnected aspects: the method of comparison, specifications about the chosen method of content analysis, a discussion about research in psychiatric historiography and, lastly, a brief reflection on methodological ethics.

The proposed method of comparison for this dissertation consists of a study of similarities and differences. The main reason behind this decision is that each of these aspects provides useful information about the topic at hand: while contrast-oriented logics bring up particular characteristics of the manifestation of this phenomenon in different states, an analysis of agreement allows the establishment of patterns.[51] Even though contrasts alone may appear to be more interesting for historical research at first hand, a deep and precisely articulated study of differences often requires paying attention to parallelisms.[52]

While it is possible to find similitudes among the totalitarian character of early Francoist Spain and the totalitarianism of the Soviet Union, or between their repressive apparatuses, they present evident disparities such as the form taken by their political regimes (fascism and communism), the targets of oppression and their characterisation, the scientific rationale behind psychiatric categories, aetiologies and nosologies, or the historical evolution of the relevance that psychiatrization had in each case's dictatorial trajectory.

To better define the limits of this research, I rely on what Hroch defines as four basic requirements:[53]

- Regarding the *object* of comparison, I examine the psychiatric-political apparatuses of both states, their "scientific" and institutional elements, and the diagnostic categories that they produced.

---

[51] Heinz-Gerhard Haupt and Jürgen Kocka, *Comparison and beyond: Traditions, Scope, and Perspectives of Comparative History*, 2009; Thomas Welskopp, 'Crossing the Boundaries? Dynamics of Contention Viewed from the Angle of a Comparative Historian', *International Review of Social History* 49, no. 1 (2004): 122–31.

[52] Jürgen Kocka, 'Comparative Historical Research: German Examples', *International Review of Social History* 38, no. 3 (1993): 376.

[53] Miroslav Hroch, *Social Preconditions of National Revival in Europe: A Comparative Analysis of the Social Composition of Patriotic Groups among the Smaller European Nations* (Columbia University Press, 2000).

- Secondly, the *aim* of comparison, which as it has been argued above, contributes to the study of political repression and psychiatrization by establishing divergences and commonalities between two regimes that share a non-democratic nature materialized through two opposite political expressions and ideologies. It additionally seeks to study, in a comparative manner, whether the framework of "transient mental illnesses" designed by Ian Hacking can be applied to explain the occurrence of this phenomenon in both dictatorial regimes.
- As for the *criteria* of analysis of psychiatrization of political opposition, I focus on the creation of medical categories (their supporting "scientific" justification, who fit said categories and what were their characteristics) that are tested to determine whether they fit the descriptor of "transient" ailments, the integration of psychiatric institutions and doctors into the political apparatus, and how psychiatry attempted to "normalize" these conducts.
- Last, it is convenient to explain the relation of the comparison to the *temporal axis*. This dissertation focuses on the existence of "historical situations that can be deemed analogous and therefore comparable"[54]: the 20th century emergence of two regimes and their life cycles, specifically paying attention to the periods of consolidation and stabilization and in what moments psychiatry assumed a more active role in each state. In the case of the USSR, this covers the evolution between the Stalinist period (pinnacle of political repression) and Khrushchev's and Brezhnev's governments (stabilization); in the Spanish case, the focus is placed on the Civil War and first years of Franco's dictatorship (again, heightened repression), contrasted with the later consolidation.

As for the qualitative analysis employed, Following Lorenzo Quiles' methodological proposal, the observation and identification of the meanings that words and other constitutive elements of a text hold goes accompanied by a "pragmatic framework" providing the sources with a specific cultural and contextual sense that supplements the initial, semantic definition of meanings.[55] This is especially relevant in the case of medical and non-medical categories employed in the primary sources studied. In them, both the diagnostic specificities of a term

[54] Hroch.

[55] Oswaldo Quiles, 'Análisis Cualitativo de Textos Sobre Multi e Interculturalidad', *DEDiCA Revista de Educação e Humanidades (Dreh)*, 1 March 2011, https://doi.org/10.30827/dreh.v0i1.7186.

and the cultural meanings attached to it become key in understanding how psychiatry was weaponised against political dissidence.

Regarding the specificities of psychiatric historiography, historians and doctors have dealt with the question of historical research in the psychological and psychiatric disciplines, highlighting its hybrid role and the subsequent need for concrete research methodologies.

Principally, the above-mentioned framework of "transient mental illnesses" developed by Ian Hacking is used both as methodology and as theory, answering a series of questions proposed by the author to provide a better understanding of the mental illnesses characteristic of these regimes.

Juan Carlos Luengo Peila, meanwhile, proposes a theoretical framework to structure research on the history of sciences and, particularly, psy-disciplines. He differentiates between a series of domains that can be analysed when studying the discipline's hypotheses and the "configuration of methods of treatment." Due to its focus on the production of these knowledges and their relationship with power structures and disciplinary apparatus of both regimes, this research employs two domains from Luengo Peila's framework to determine "what to study."[56]

The domain of analysis referred to as "History of Psychiatric Therapy" focuses on the medical evolution of the discipline's hypotheses. In this case, it is concerned with the study of aetiologies and nosologies of the specific mental illnesses or diagnostic categories that appear in these states during the Soviet and Francoist regimes, respectively.

As for the close connection between theory, ideology and practice, and the interconnectedness between knowledge-production institutions (universities and hospitals, mainly) and mental health institutions, but also repressive apparatuses —mental care facilities, and particularly special hospitals, as well as non-strictly medical facilities such as concentration and labour camps—, this study also examines "Institutional Psychiatric History." This domain deals with the "institutional scenarios that served the framework of medical development" structured by the institutions that put to practice the psychiatric

[56] Juan Carlos Luengo Peila, 'Metodología Para Una Historia de La Psiquiatría Latinoamericana 1850-1950. Ensayo, Revisión y Crítica.', 2007.

theories produced by medical experts.[57] This is especially interesting when dealing with state involvement in medical "care", and additionally serves the purpose of shedding light on the issue of doctors' level of personal involvement in the commitment of psychiatric abuse upon dissidents.

In conclusion, this dissertation consists of a comparison, a qualitative study, and a test of the applicability of the theory of transient mental illnesses using the "five questions" that Hacking proposes. Luengo Peila's "domains," on the other hand, were used to determine what to study.

Lastly, the subject of this dissertation requires briefly addressing methodological ethics. As scholar Marisa Fuentes argues, dealing with human subjects, especially with those in a particularly vulnerable position — as the "mentally ill" or victims of political oppression— requires a respectful treatment of this data.[58] The regimes under which these individuals suffered subjected them to dehumanising treatment that any research should aim to avoid. For this reason, a contextual analysis is even more necessary: the terms employed by doctors and political leaders are degrading, and often convey hatred of both political dissidents and psychiatric patients. Terms such as "imbecile," "psychopath," "sub-normal," "degenerate," etc. appear constantly in primary sources, especially in the Spanish case. They are reproduced here only with an illustrative purpose and by no means constitute my opinion on repressed individuals or any person suffering from mental-health conditions.

3.1. Presentation of Sources

The sources employed for this research comprise a wide range of primary and secondary sources. Availability of source material, especially historical documents, has been challenging. This is due to the scarce number of digitalized documents, institutional blocks in access to politically sensitive information and impossibility to conduct research in person in the majority of cases.

The Spanish primary sources have been mainly obtained from the National Spanish Library

---

[57] Luengo Peila.

[58] Marisa J. Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (University of Pennsylvania Press, 2016).

catalogue (Madrid) and the Library of the Faculty of Medicine in Complutense University of Madrid, both in person through visits to the archive and through the digitalization services available. Additional documents have been sourced online in different archives: Juan March Foundation Archive and the Ministry of Defence's Digital Library. Most documents by Spanish doctors are completely unavailable online, often also in person. Additionally, Francisco Franco National Foundation remains a private association that praises the non-democratic regime and limits access to a considerable number of historical documents from the dictatorship years, and therefore few documents have been possible to access through this archive.[59]

As for the Soviet sources, they have been exclusively obtained online, through access to a variety of catalogues —including the Mitrokhin Archive and other resources from the Wilson Centre Digital Archive, the newspaper repository of the Library of Communism and the Virtual Library of the *Prorivists* Archive.[60] The obtention of these sources was significantly more challenging, given that most of them are often not available for online consult and the impossibility to obtain any documents in person. Additionally, a key document on psychiatrized dissidents (the book *Psychiatry, Psychiatrists and Society* by the Geneva Initiative on Psychiatry) is regularly referenced by dissidents, but was never published. [61] Therefore, I have not had access to this and other texts, other than through literal quotes in secondary literature. This is a problem that other authors researching this topic have encountered before. It is worth noting that a considerable number of documents were

[59] 'BNE | Biblioteca Nacional de España', accessed 23 July 2024, https://www.bne.es/es; 'Biblioteca Complutense', accessed 23 July 2024, https://biblioteca.ucm.es/; 'Biblioteca de la Fundación Juan March | Fundación Juan March', accessed 23 July 2024, https://www.march.es/es/biblioteca; 'Biblioteca Virtual del Ministerio de Defensa', Text (DIGIBÍS, 2012), España, https://bibliotecavirtual.defensa.gob.es/BVMDefensa/; 'Archivo Histórico | Fundación Nacional Francisco Franco', accessed 23 July 2024, https://fnff.es/.

[60] 'Mitrokhin Archive | Wilson Center Digital Archive', accessed 23 July 2024, https://digitalarchive.wilsoncenter.org/topics/mitrokhin-archive; 'Home Page | Wilson Center Digital Archive', accessed 23 July 2024, https://digitalarchive.wilsoncenter.org/; 'Library of Communism', accessed 23 July 2024, https://marxism-leninism.info/; 'Elektronnaia Biblioteka | PRORYVIST', Прорывист, 11 April 2017, https://prorivists.org/bibliotheca/.

[61] van Voren, *Cold War in Psychiatry*; 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'; Bloch and Reddaway, *Russia's Political Hospitals*.

only accessible thanks to their inclusion as appendices[62] and annexes[63] in the works of Bloch and Reddaway and Fireside, respectively.[64]

Regarding the typology of primary sources, they can be divided into four categories: (1) documents produced by regime-adjacent doctors pertaining to the medical institutions of the Spanish and Soviet regimes, respectively — diagnosis manuals, medical handbooks, research papers published in medical and military journals, medicine textbooks and medical publications such as books and other scientific texts—; (2) statements from political leaders —public speeches and interviews collected by the Spanish and Soviet national press—; (3) testimonies and reports produced by repressed dissidents and human rights activists from these regimes; (4) documents produced by medical professionals and organizations opposing the political use of psychiatry — reports by the World Psychiatric Association and Amnesty International, by anti-system doctors within the regime and by foreign doctors reporting on these situations.

The differences in availability of primary sources have led to certain imbalances: for instance, information about the "observability" of these diagnostic categories in the Spanish case has been obtained from medical documents produced by the regime's doctors themselves (type 1), while in the Soviet case it additionally proceeds from the writings of dissident doctors (types 1 and 4). The last two categories mostly refer to the Soviet case for reasons made evident below. Moreover, these two types of sources are often intertwined, given how critical doctors reporting on the abuse of punitive medicine frequently became victims of political repression themselves.

In light of the fragmented picture provided by the primary sources available, I have had to rely on secondary sources —works by historians, psychiatrists, and human rights activists— for the completion of this research. However, the aim of this dissertation is not to merely describe the psychiatric abuse committed in both regimes, an issue of great importance but

---

[62] Including but not limited to: a Register of Victims of Soviet Psychiatric Abuse; Recommendations for Combating and Preventing Abuse; *Samizdat* documents; Interview records with psychiatrists; "Life in an Ordinary Mental Hospital" by Dr Marina Voikhanskaya.

[63] Including but not limited to: *A Manual on Psychiatry for Dissidents* by Bukovksy and Gluzman; *Punitive Medicine* by Podrabinek; *The silent Asylum* by Podrabinek and Nekipelov

[64] Bloch and Reddaway, *Russia's Political Hospitals*; Fireside, *Soviet Psychoprisons*.

widely researched, especially in the Soviet case. This research seeks to compare both cases applying Foucauldian tools of analysis (Chapter 1) and to determine to what extent they fit the category of "transient mental illnesses" using the theoretical tools provided by Ian Hacking (Chapter 2). For this reason, discarding secondary sources would be unwise. Other authors have had greater access to primary documents and not making use of this advantage would take away depth from the analysis.

4. CHAPTER ONE. Psychiatry and Social Control: Conduct of Conducts Through Pathologization of Dissidence.

This chapter deals with the question of social control and the specific repressive role that psychiatry fulfilled in these political regimes. It essentially consists of an analysis of the ways in which the task of normalization and conduct of conducts was assigned to the psychiatric field in this regimes. It additionally corresponds with Luengo Peila's domain of analysis "Institutional Psychiatric History" (IPH), since it deals with the study of the connection between the health institutions and the political apparatus, as well as knowledge production and institutional mechanisms that led to the development of the discipline.

4.1. Institutional Psychiatric History in the Dictatorial Regime: When the Repressive Apparatus Inhabits in the Mental Hospital.

4.1.1. IPH in the Spanish Case

According to Cayuela Sánchez, a particular kind of totalitarian "conduct of conducts" characteristic of the Spanish regime and similar in many ways to that developed in other totalitarian political systems of the time (such as Nazi Germany) can be identified when studying the disciplinary and regulatory biopolitical devices articulated during early Francoism.[65] This further goes to show how classifying categories of authoritarianism and totalitarianism were established a posteriori and were in no case fixed. The Spanish fascist and National-Catholic project of the 1930s was a totalitarian one, that later on evolved into authoritarianism. All aspects of life were subordinated to the "supreme interests of the Fatherland."[66] National-Catholicism, as a principle that encompassed the cooperation between the State and the Catholic Church, guaranteed that the latter acquired a privileged position in the implementation of social control mechanisms while offering spiritual legitimacy to the regime.[67]

---

[65] Cayuela Sánchez, *Por la grandeza de la patria*, 199.

[66] Cayuela Sánchez, 200.

[67] Ángel González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', *Dynamis* 37, no. 1 (2017): 46.

The totalitarian form of government of the early Francoist state is evident in the "socio-sanitary" discourse that characterized this period, wherein individuals' health was subordinated to the "health" of the nation, equated to a body or living organism under the attack of "viruses." The "New State" was born out of a war that was understood as the first and fundamental mechanism of purification of the nation. The work of the regime's psychiatrists legitimised new policies of racial depuration through the creation of a body of "scientific" works and discourses that became the ideological foundation of the Francoist doctrine.[68]

Together with the project of the "New State" came by the project of the "new man," developed by the efforts of a "new science." This new man, described as a *homo patiens* by Salvador Cayuela, represented the disciplined, sacrificial, patriotic, Christian, restrained, and austere ideal promoted by the institutions of the regime, including scientific and, specifically, psychiatric ones.[69]

Francoist mental hygiene became a political tool —more so, a political weapon— that contributed to the consolidation of the fascist authoritarian regime. The centrality of catholic morality in psychiatric discourse was secured by the vindication of a mythologised psychiatric assistance of a glorious imperial Spanish past as opposed to the "degeneration" of the medical discipline during the 19th century and early 20th century.[70]

Those who disagreed with the movement's tenets and beliefs were denominated "the Red," an all-encompassing term that referred to all implicit or explicit opposition to the regime. Their elimination, incarceration, and re-education was a generalised procedure. Nevertheless, Gonzalez Duro argues, these practices required a scientific justification. It was in this contexts that Francoist psychiatrists became key legitimators. Their role was the creation of a theoretical framework that would serve as the foundation of the measures taken

---

[68] Cayuela Sánchez, *Por la grandeza de la patria*, 201; 'Disidencia y psiquiatría: el caso Vallejo Nágera', *Documentos RNE*, 29 September 2023, https://www.rtve.es/play/audios/documentos-rne/disidencia-psiquiatria-caso-vallejo-nagera/6978609/.

[69] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', 49–51; Cayuela Sánchez, 'El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»'.

[70] Ricardo Campos and Enric Novella, 'La Higiene Mental Durante El Primer Franquismo: De La Higiene Racial a La Prevención de La Enfermedad Mental (1939-1960)', *Dynamis* 37, no. 1 (2017): 86.

to tackle republicanism and Marxism, but also virtually all dissidence. This author's work exhibits, "ideological alterity was to be confronted in the same manner as medicine confronted illness through a social and identity construction of the 'pathologized other' that was juxtaposed to the identity of the nation".[71]

The legitimation of the role of psychiatrists as key in the purification and reconstruction of Spain was facilitated by members of the Falange[72] and the State, such as José Alberto Palanca (General Healthcare Director) Antonio Girón (Minister of Labour), Agustín Aznar (National Healthcare Delegate) and of course Francisco Franco himself.[73] Francoist psychiatrists therefore were, together with the police and the government institutions, designers and enforcers of social control. Spanish psychiatry was not a science of the individual. It superseded the limits of clinical practice by producing an authoritative figure of the psychiatrist —even more so than in regular conditions present in any democratic regime— that not only dealt with his mentally ill patients, but who was also in charge of large-scale tutelage of society.[74]

This translated into the enforcement of an anti-Marxist, authoritarian worldview that justified the moral obligation of adhering to catholic principles of martyrdom and sacrifice for the attainment of purification. Unity, González Duro puts it, was fundamental and required the exclusion of the Red as contrary to the principles of Hispanity: the non-Catholic was necessarily not Spanish, and as alien, it could and should be repressed in full force.[75]

The Reds were perceived as parasites responsible for the racial degradation of the population. Spanish fascist medicine created a pseudo-scientific discourse that pathologized the ideological and political enemy and justified its annihilation or, at the very least, "purification."[76] The term "Red" designated a heterogeneous group including republicans, liberals, freemasons, anarchists, socialists, union members, and members of the workers' movement. They made up the "highest exponent of the degeneration of the Hispanic race,"

---

[71] González Duro, *Los psiquiatras de Franco*, 62.

[72] The Falange or Spanish Phalanx was a Spanish political organization of fascist ideology founded in 1933.

[73] Campos and Novella, 'La Higiene Mental Durante El Primer Franquismo', 72.

[74] González Duro, *Historia de la locura en España*, 885–88.

[75] González Duro, *Los psiquiatras de Franco*, 47–50.

[76] Cayuela Sánchez, *Por la grandeza de la patria*.

which was not sustained by a common biological background, but by a set of common spiritual and moral elements that ultimately boiled down to Catholicism and nationalism.

Sustained on a particular kind of "state-racism," a complete range of eugenic policies intended to enhance the "Spanish race" were outlined. These policies were legitimised by the work of pro-insurrection, fascist psychiatrists and physicians, whose positions of power were at the same time attained through accusations towards their superiors in health and academic institutions who were purged or exiled.[77]

According to the perpetrators of the 1936 coup d'etat that triggered the Spanish Civil War, anti-religious, pagan, materialistic and rationalistic ideas, had allegedly infected the Hispanic race, causing it to degenerate and acting as parasites inoculating anti-Spanish psychopaths: mediocre, resentful, perverse individuals that constituted the "excellent breeding ground" for the outbreak of an "abnormal", "weakened", "softened" race.[78]

In fact, the Spanish Civil War constituted, in ideological terms, a "national crusade" under the sponsorship of the Catholic Church. In practical terms, it aimed to the extermination of all Red elements of Spanish society, which meant that after the consolidation of the Francoist victory in 1939, prosecution against the defeated republican side and its supporters would continue. González Duro describes how, as the end of the conflict became imminent, ideologically preparing the ground for the "regenerative" repressive process that was to begin in the immediate post-war became increasingly necessary.[79]

The defining traits of the "true Spanish man," victorious after the war or, in Francoist rhetoric, "National Uprising," were described by Dr Juan Antonio Vallejo-Nágera, in his work *Eugenics of Hispanity and Regeneration of the Hispanic Race*.[80] Its title already points at the characteristic racial core that structures Francoist thought. This allegedly differentiated race was determined by a "national character" that comprised a "historically continuous psychological makeup" that could be traced back in time by focusing on national heroes that

---

[77] 'Disidencia y psiquiatría: el caso Vallejo Nágera'; Cayuela Sánchez, *Por la grandeza de la patria*.

[78] Sevillano Calero, *Rojos*, 74.

[79] González Duro, *Los psiquiatras de Franco*, 2.

[80] Juan Antonio Vallejo-Nágera, *Eugenesia de la Hispanidad y Regeneración de la Raza* (Burgos: Editorial Española, 1937).

represented the true essence of Hispanity. Though racial psychiatry saw its heyday during the Civil War and early years of the Francoist regime, López Ibor's attempts to justify isolationism and superiority of Hispanity persisted into the 1950s, twenty years after the start of the armed conflict.[81]

After the regime had succeeded in the production of a submissive population as it reached a point of consolidation, these racialist theories gradually lost popularity. Besides the attainment of a certain level of stability, one of the reasons for the abandonment of the most aggressive racial rhetoric and eugenics principles in Spanish Francoist psychiatry was the defeat of its Nazi ally in 1945, and the loss of legitimacy of these practices —in a medical and discursive sense. This change, fostered by a change in the political circumstances rather than by a rapprochement with democratic principles and a preoccupation with human rights, did not mean that the authoritarian underpinnings were erased from the medical discipline, but rather that they did not appear as the foundations upon which psychiatric theory was produced, Campos and Novella argue.[82]

One of the consequences of the attempt to distance itself from the other European fascist regimes after their defeat in World War Two was the strengthening of National-Catholicism as a foundational value of the regime. This touched every realm of life, including the sciences.[83] Medicine outputs presented a reinforced catholic underpinning that explains the characterization of this early post-war psychiatry as a medicine "of salvation" and its knowledge as "eternal" (fixed, natural). This naturalization and essentialization of catholic science is clearly inserted within a wider set of control devices and power structures that ultimately aimed for a tight control over the population doubly enforced by "faith" and "science."[84]

In conclusion, the Francoist regime established a number of regulatory mechanisms and disciplinary measures or "bio-powers," from the outset of the Spanish Civil War in 1936.

---

[81] Juan José López Ibor, *Discurso a los universitarios españoles* (Ediciones Rialp, 1957), 188.

[82] Campos and Novella, 'La Higiene Mental Durante El Primer Franquismo'.

[83] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', 45.

[84] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo'; Cayuela Sánchez, 'El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»'.

These measures served to both strengthen state forces and limit the ability of individuals to protest. The former strengthening of state forces required the use of all human, economic, and technological resources to guarantee a victory in the military plane; the latter undermining of opposition implied a subjugation of the consciences and political action of the adversary.[85] Social control and biopolitical mechanisms were aimed at generating new ways of thinking and of *being* aligned with the new regime and political system in the making. The nosological categories created and employed in Spanish Medicine during this period were extremely fit for the purposes of Francoism in the social and political realms, becoming part of the intricate network that, as Cayuela points out, produced a submissive collective subjectivity securing the longevity and endurance of the authoritarian regime until Franco's death.[86]

4.1.2. IPH in the Soviet Case

Political repression in the USSR reached its pinnacle in the period of Stalinist Terror. During this time, purges consisting of deportation and incarceration in gulags, as well as executions, were given preference as effective mechanisms of the elimination of political enemies. While Stalinist methods of torture and political repression did at times include internment in psychiatric facilities, pharmacological torture was not reported: inmates were rarely subjected to treatment and, when medication was administered, this was limited to sleep pills.[87] Some of the psychiatric institutions under the jurisdiction of the Ministry of Internal Affairs, such as the Kazan Special Psychiatric Hospital, already existed during Stalin's time in power. However, they were considered comparatively a "lesser evil."[88] There are even accounts by dissidents claiming that —only in this respect— "it was better under Stalin,"

---

[85] Cayuela Sánchez, *Por la grandeza de la patria*, 199.

[86] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', 64; Cayuela Sánchez, *Por la grandeza de la patria*.

[87] Darius M. Rejali, *Torture and Democracy*, 1. paperback printing (Princeton, N.J.: Princeton Univ. Press, 2009), 393.

[88] J. P. Tobin, 'Editorial: Political Abuse of Psychiatry in Authoritarian Systems', *Irish Journal of Psychological Medicine* 30, no. 2 (June 2013): 97–102, https://doi.org/10.1017/ipm.2013.23; Aleksandr Podrabinek and Viktor Nekipelov, 'Appendix IV: The Silent Asylum', in *Soviet Psychoprisons*, ed. Harvey Fireside, 1st ed. (New York: Norton, 1979), 151–82.

with psychiatric diagnosis at times preventing a dissident's internment in a labour camp.[89]

This relative "safety" continued during the 1950s after Stalin's death. The practice of locking up bothersome persons in psychiatric centres dramatically intensified during the 1970s as an effective way of "fending off international human rights monitors". Pharmacological torture in a medical (psychiatric) setting slowly became a widespread practice during the sixties with few cases, and into the seventies, where this practice became generalized. Psychiatric abuse became an institutionalized practice during a period of regime stabilization, eventually becoming widespread in Soviet territory.[90]

The loss of legitimacy of previous repressive policies and increased monitoring by international institutions called for a medical justification of punishment against dissent. During Khrushchev's and Brezhnev's, and into Gorbachev's terms, mental hospitals developed into detention facilities. Darius Rejali affirms: "by 1970, punitive medicine was a standard treatment. Soviet psycho-prisons were no longer 'oases of humanism' to which labour camp detainees could aspire" and "by 1976, labour camps were far more desirable".[91]

This author points out that the use of pharmacological torture was not a phenomenon restricted to the USSR, as it was popularized fast during the 1970s. Soviet exceptionality, however, arose during the 1980s, when most countries slowly started to abandon this practice. The loss of legitimacy in face of the international community for the use of this method was eluded in the USSR by presenting these practices as part of the psychiatric treatment for patients, providing, once again, a medical (scientific) justification for the exercise of repression against dissidence. Drugs were administered to "coerce detainees to change their ideas" and to induce fear.[92]

This was implemented because, despite its totalitarian nature, the Soviet regime, like in the Spanish case, needed a scientific justification that would strengthen the moral claim of its

---

[89] 'It Was Better Under Stalin' by Vladimir Gusarov, in Podrabinek and Nekipelov, 'Appendix IV: The Silent Asylum', 155.

[90] Rejali, *Torture and Democracy*, 393.

[91] Rejali, *Torture and Democracy*; Tobin, 'Editorial'; Harvey Gordon and Clive Meux, 'Forensic Psychiatry in Russia: Past, Present and Future', *Psychiatric Bulletin* 24, no. 4 (2000): 121–23, https://doi.org/10.1192/pb.24.4.121.

[92] Rejali, *Torture and Democracy*, 385.

practices, especially after de-Stalinization. To facilitate the abuse of medicine, it was necessary to adequate the psychiatric classification system. Consequently, the academic production on political mental illnesses was abundant during this time, and both philosophical and empirical research were conducted. The Serbsky Institute for Forensic Psychiatry in Moscow and the Institute of Psychiatry of the USSR, directed by Drs Snezhnevsky and Morozov, were the leading institutions in academic research within this field.

Besides the empirical studies celebrated in these institutions, Soviet psychiatry was deeply rooted in philosophical arguments regarding Marxist ideology. Its defended superiority in comparison to a wide array of political and religious beliefs often became one of the main arguments when weighing on the sanity or mental incapacity of a dissident.

The origins of Soviet punitive psychiatry are commonly dated taking the foundation of the Kazan special hospital or, more commonly, according to the consolidation of the nosological category of sluggish schizophrenia championed by Snezhnevsky. Nevertheless, Rejali points out how these divisions are based on the diagnostic criteria, while dissidents date these practices according to the state involvement in medical matters. Their accounts focus on the moment in which the state "embraced the psycho-prison" as a disciplining institution for political dissidence. This ties back with the question of social control and conduct of conducts.[93]

It is possible to speak of weaponization of psychiatry for normalization of those conducts incompatible with the official ideology in the USSR. This is because the creation and popularization of the diagnostic categories under which dissidents were classified did not take place within the medical institutions independently. In the Soviet regime, the state apparatus was heavily involved in decisions related to psychiatric power.

The formal structure of the organization and driving principles of Soviet psychiatry was organized as follows: the federal minister of health, counselled by medical professionals, had the last saying on suggestions made by psychiatrists. The Institute of Psychiatry of the Academy of Medical Sciences additionally served as a consulting institution for the

[93] Rejali, *Torture and Democracy*.

Ministry, giving its director – Andrei Snezhnevsky—great leverage in shaping policies. Bloch and Reddaway describe the situation of psychiatric practice in the Soviet Union as one of "deliberately planned uniformity."[94] All psychiatrists working in regular hospitals were employed of the Ministry of Health, making psychiatric policy rarely independent. Special psychiatric hospitals, on the other hand, were directly under the administration of the Ministry of Interior.

Yet another incentive for the weaponization of psychiatry was that it allowed for "normalization" of conducts that, despite not being illegal, clashed with the official regime ideology or disrupted order in any way. As Amnesty International reported in 1983, "often when Soviet citizens have associated together in activities which, though not illegal, were not approved of by the authorities, several of the participants have been officially diagnosed as mentally ill and forcibly confined to psychiatric hospitals – as though the group's participants were mentally ill *en masse"*.[95]

Interment in a psychiatric hospital also posed the political advantage of avoiding the celebration of public trials, which had become criticised by international observers, and where, regardless of how unjust the process could be, "defendants might seize the opportunity to make an impassioned plea of his innocence[96], provoking criticisms in the USSR and abroad. The rise of Détente led to a reduced tolerance for human rights violations globally, especially thanks to the creation of the Helsinki agreement which, rather than meaning an abandonment of human rights abuse in the Soviet Union, led to "a more elaborate disguise of repression and intensification of camouflage and misinformation".[97] Psychiatry was instrumental to the repression of dissidence after the end of Stalinist Terror because of the administrative procedures used in the processing of "mentally ill" patient-prisoners: a dissident admitted in a health facility lost his right to present legal recourse.[98]

---

[94] Bloch and Reddaway, *Russia's Political Hospitals*, 37.

[95] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing', . Emphasis in original.

[96] Fireside, *Soviet Psychoprisons*, xvii.

[97] Rejali, *Torture and Democracy*, 395; Daniel C. Thomas, *The Helsinki Effect: International Norms, Human Rights, and the Demise of Communism* (Princeton University Press, 2001).

[98] Nanci Adler and Semyon Gluzman, 'Soviet Special Psychiatric Hospitals: Where the System Was Criminal and the Inmates Were Sane', *British Journal of Psychiatry* 163, no. 6 (December 1993): 713–20, https://doi.org/10.1192/bjp.163.6.713.

Amnesty International reported on the official procedure for confining Soviet citizens to psychiatric hospitals against their will in detail, establishing, firstly, the predominant formal procedures used to "commit individuals to mental hospital against their will": a civil procedure and a criminal one. The former resulted in confinement in an "ordinary psychiatric hospital" and the latter, in a "special" one. However, the human rights organization pointed out that those prosecuted for a criminal offence could also be sent to a psychiatric hospital directly from a regular prison. In either case, admission to a psychiatric centre was often arbitrary and deprived prisoners from any legal rights available to regular prisoners.[99]

They reported on a 1971 Ministry of Health directive "On emergency confinement of mentally ill persons who represent a social danger", which could lead to "forcible containment" of individuals. The ambiguity of the term "social danger" and "lack of medical precision" in the description of detainees made it possible for most non-conformist behaviour to be treated under this category, especially given how doctors and police officers were warned that "socially dangerous" patients may present "externally correct behaviour and dissimulation".[100]

The alleged "special danger" posed by criminally prosecuted dissenters justifying their compulsory in-patient confinement in special psychiatric hospitals was not proven in court. The same applied to those admitted to regular mental facilities. Even though in theory these procedures would only lead to the interment of those "dangerous to themselves or to others", in reality even medical authorities barely attempted to demonstrate on what grounds they had been labelled as "dangerous" or "violent."

The difference in the type of power exerted by doctors and other professionals such as judges and police officers is more than evident in the Soviet case: as the report from Amnesty International indicates, "Soviet courts in political cases almost invariably accept not only the findings of the forensic psychiatric commissions, but also their recommendations as to what should be done with the accused".[101]

Additionally, the role of the doctor was subjected to the ethical guidance of a medical

---

[99] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[100] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[101] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing', 5.

practitioner deeply connected with the official ideology. The Hippocratic Oath was substituted in 1971 by the Oath of the Soviet Physician, taken by all medical students and practicing doctors. The text, which was subject to dialectic interpretation, included a pledge to "conduct all their actions according to the principles of the Communist morale, to always keep in mind the high calling of the Soviet Physician, and the high responsibility to their people and the Soviet government."[102]

The institutional question intertwines a series of problems: on the one hand, the intervention of the KGB in (officially) healthcare-related issues; on the other hand, the more general use of scientific knowledge production as yet another scenario for the bipolar cold war confrontation. In the Mitrokhin Archive, there are reports detailing how the KGB would have "carried out comprehensive measures to neutralize the anti-Soviet campaign on the use of psychiatry to combat dissent in the USSR", adding that "in order to prepare measures to exert beneficial political influence on foreign scientists, residences were obliged to inform the centre in advance about upcoming trips to the Soviet Union by Western psychiatrists".[103]

According to Adler and Gluzman, the punitive use of psychiatry in the Soviet Union answered to the necessity to relocate the "structural failures of the political system" from the State apparatus "to the psyche of the individual." This way, political adversaries were "not incarcerated", but "treated" in ordinary or special mental health facilities. Opposition members who, as confirmed by the APA, WPA and other psychiatric experts, were subjected to psychiatric treatment solely as a way of punishing their political ideas, were often diagnosed with paranoid disorders and sluggish schizophrenia. [104]

Psychiatric diagnosis, however, cannot be detached from its cultural context nor from the forms of government (conduct of conducts) and biopolitical devices activated for the attainment of "normalization" through discipline[105] —be it through the prison, the psychiatric hospital, or the psycho-prison. The equation of the "ontological reality" with the

---

[102] Podrabinek and Nekipelov, 'Appendix IV: The Silent Asylum'.

[103] 'Practicing Psychiatry for Political Purposes. Folder 28. The Chekist Anthology. | Wilson Center Digital Archive, Contributed to CWIHP by Vasili Mirokhin', June 2007, https://digitalarchive.wilsoncenter.org/document/practicing-psychiatry-political-purposes-folder-28-chekist-anthology.

[104] Adler and Gluzman, 'Soviet Special Psychiatric Hospitals', 713–18.

[105] Cayuela Sánchez, *Por la grandeza de la patria*.

indisputable state-proclaimed ideology is one of the factors that matters the most when trying to explain the systematization of this practice.

A particular case that further evidences this intolerance of any contradiction with the official state ideology is the incarceration of General Pyotr Grigorenko, of "immaculate proletarian antecedents." If critical with the regime's postulates, even more orthodox Marxist beliefs were "a sign of madness": Grigorenko's "struggle for the revival of Leninism" and his "call for the restoration of Leninist norms", far from opposing Marxism, aimed "for the elimination of all perversions of Lenin's teaching and the rehabilitation of standards of party life". However, the general's denunciation of "the Khrushchev regime's failures" guaranteed his "certification as a lunatic" in the Serbsky Institute.[106]

It is possible to affirm that the Soviet regime, like the Francoist one, set in motion a series of mechanisms to exert power over society. In this case, however, this was not done by involving the psychiatric institutions from an early onset, but rather once the regime had been consolidated and more evident forms of political repression had lost legitimacy. Perhaps one of the reasons for this difference among regimes lies in the global relevance of the Soviet Union and the attention drawn to it, especially during the Cold War. Doctors, during this period in which psychiatry became exploited for political repression, "became critical agents, supplementing what lawyers do."[107] The biopolitical devices activated to fight non-conformity targeted any behaviours that clashed with the Communist project. This cemented a particular way of existing and behaving, the ideal Soviet citizen, that became the only acceptable and therefore safe option.

4.2. Criticisms From Within the State and From the International Community

Starting with the Spanish case, psychiatrists were, as ideologues of early Francoism and as medical professionals who enjoyed a position of power facing the patient, part of the repressive system. However, especially towards the end of the regime, some doctors fell victims of political repression themselves. Their activism, opposition to outdated medical

[106] Fireside, *Soviet Psychoprisons*, 18, 19.

[107] Rejali, *Torture and Democracy*, 398.

practices, pacifist inclinations and leftist ideology, as well as ownership of "Marxist propaganda and literature", were among the arguments put forward to justify their demotion.[108] Notwithstanding this, unlike in the early years of the Civil War and immediate post-war, their sanity was not questioned: dissidence no longer was explained as a contagious virus that infected the minds of Spanish individuals who succumbed to Marxist psychopathology.

A different case is that of Spanish republican doctors who actively opposed the postulates produced by "national" psychiatrists, and which suffered greatly the consequences during the Civil War and immediate post-conflict, often being forced to exile or even purged after being denounced by their own colleagues. This was the case of Juan Peset Aleixandre, rector of the University of Valencia, reported by Marco Merenciano and subsequently assassinated.[109]

Even though early Francoist Spain did receive criticism from the international community until 1953— being addressed by the UN General Assembly as a "fascist government" in 1946 —-, Spanish psychiatry, unlike its Soviet counterpart, did not face criticism from peer specialists abroad.[110] Not only was Spain not reprimanded internationally for its doctors' stances during early Francoism, but it even joined the World Mental Health Federation in 1951, which in practice meant the "reincorporation of the country to the Mental Hygiene movement", now stripped from its philosophical and religious character and focusing on purely practical aspects, though still considering it crucial to prevent a recurrence of the "sad years" of the past —referring to the years of the Republic[111].

***

In the Soviet case, criticisms towards the use of punitive medicine were exerted with great force from within the state and from abroad. Indeed, psychiatric doctors held a position of

[108] Enric J. Novella, 'Las Lógicas de La Emancipación: Psiquiatría y Ciudadanía En La España Del Tardofranquismo', *Historia y Política: Ideas, Procesos y Movimientos Sociales*, no. 46 (30 November 2021): 11, https://doi.org/10.18042/hp.46.12.

[109] 'Disidencia y psiquiatría: el caso Vallejo Nágera'.

[110] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', 47.

[111] Campos and Novella, 'La Higiene Mental Durante El Primer Franquismo', 81–83.

power vis-à-vis the patient and the potential medicalized dissident. Nevertheless, the declaration of those who voiced disagreement with the regime as "not responsible" was a threat from which not even they were exempt. The most famous example of this is in the USSR was the incarceration of Dr Semyon Gluzman, who was sentenced to 10 years after his efforts to denounce that the 5-year internment of Major Grigorenko had been motivated by the officer's political stance on Crimean Tatars.[112]

Evidence shows that professional opposition to the weaponization of psychiatric diagnosis did not only come from abroad: some Soviet psychiatrists from the Serbsky Institute (Dr Novikov) or the All-Union Society of Neurologists and Psychiatrists (Dr Voleshanovich) were firmly against this practice, eventually creating the clandestine Working Commission to Investigate the Use of Psychiatry for Political Purposes. These doctors conducted voluntary psychiatric examinations of non-conformists who had suffered or feared psychiatric incarceration and determined that, even when mental disorders occurred, they were "not in need of compulsory confinement" and "showed no signs of psychiatric illness, psychic defects or psychopathy." Dr Yuri Novikov, for instance, declared that the existing political abuses of psychiatry in the Soviet Union, regardless of their scale, were "a horrible and brutal practice."[113]

As in the case of Spain, critical voices among medical professionals were not tolerated. Those doctors that were vocal about their disagreement with the regime or with the ideological foundations of the discipline were repressed, often by loss of their jobs, as was the case of Dr Etely Kazanets, who had been employed by the Serbsky Institute in Moscow.

The international community, in particular human rights organizations and medical institutions, also were active critics of the Soviet regime's weaponization of psychiatry.[114] Several accounts by international scholars and observers during the time provided detailed descriptions of the treatments applied in the Soviet Union, which they criticised. By 1977,

---

[112] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[113] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[114] Rejali, *Torture and Democracy*; J. K. Wing, 'Psychiatry in the Soviet Union', *British Medical Journal* 1, no. 5905 (9 March 1974): 433–36, https://doi.org/10.1136/bmj.1.5905.433; Bonnie, 'Political Abuse of Psychiatry in the Soviet Union and in China'; 'Report of the U.S. Delegation to Assess Recent Changes in Soviet Psychiatry'.

the World Psychiatric Association (WPA) denounced Soviet psychiatric practices, initiating disciplinary debates that finally culminated with the USSR's delegation abandoning the organization, as the majority of its members supported its expulsion.[115]

Among the international observers, Western medical professionals emitted reports on the widespread deprivation of fundamental freedoms, including the prohibition of writing diaries or reading books. This abuse sometimes was connected with misdiagnosis, while in other cases the flexible conception of mental illness pointed at politically motivated diagnosis.

Allegations of abuse, in any case, were discarded by the Soviet authorities. However, the above-referenced Mitrokhin Archive reveals the political efforts in countering the Western stands on the treatment of dissidents in psychiatric facilities, including the preparation of a plan to eliminate this "propaganda campaign" by expanding relations with non-Soviet doctors, whom they invited to conferences and exchange programs as a way to solidify the idea that "psychiatry was only used for legitimate medical reasons".[116] The insistence in the scientific rigour of diagnostic when facing Western doctors, as opposed to the incarceration of Soviet medical professionals bearing witness to the reality of psychiatrization of dissent is striking.

4.3. Takeaways About the Use of Psychiatry for Social Control in the USSR and Spain

The theme of a "latent" threat yet to be diagnosed was an ongoing theme in both regimes. Soviet doctors described sluggish schizophrenia as an illness that could easily go undetected, concealed as normal behaviour that only the medical professional could unearth and diagnose, with the subsequent confinement of the mentally ill individual in question into a psychiatric facility wherein he or she would cease to pose a supposed threat to themselves or the whole of society.[117] In the Spanish case, as repression started to be institutionalized

---

[115] van Voren, *Cold War in Psychiatry*.

[116] 'Practicing Psychiatry for Political Purposes. Folder 28. The Chekist Anthology. | Wilson Center Digital Archive, Contributed to CWIHP by Vasili Mirokhin'.

[117] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'; Andrei Snezhnevsky, ed., *Rukovodstvo po psikhiatrii, 2 vols* (Moscow: Meditsina, 1983), 335.

and generalized, so did the goal to cleanse the nation from its "ill" and "corrupt" elements. Even during war, the enemy was not portrayed as an army, but as a malign microbe that could be latent anywhere.[118]

The "dispositifs" mobilized by the Francoist apparatus led to the configuration of a new subject that, guided by a series of disciplinary institutions, was to "contribute to the greatness of the fatherland, the purity of the Hispanic race and the transmission of the eternal religious, social, hygienic, and political values of the Spanish Imperium", becoming a docile *homo patiens*. This new subjectivity, "safely" cut off from the "ill" Marxist and liberal influences, and "resigned to the 'naturally' established inequalities", was key for the endurance of the Francoist dictatorship well after the initial Terror of the Civil War and post-war years, into the following periods in which the regime became consolidated. [119] The clear differences between both states' Civil Wars are likely the reason why, in the Soviet case, mobilization of psychiatrists did not take place until a period of stabilization. The years of Stalinist Terror were "necessary" for the consolidation of a psychiatric school that would fit the Marxist political principles, and only then did it assume a primary role in the shaping of subjectivities.

Therefore, it can be argued, despite Spanish psychiatry not playing such an active repressive role of control of dissidence after the years of political terror —as was the case in the Soviet Union— its legitimising agenda and its active involvement in the production of a new submissive subjectivity had a lasting impact in twentieth century Spain. It produced, as Cayuela puts it, a new "conduct of conducts" that outlasted this initial period.

Certainly, the psychiatric abuse, and especially the possibility of becoming targeted as a mentally ill dissident for a wide range of actions, also played a role in conduct in the Soviet case. The fear that during Stalinist Terror had been reserved for deportation, was translated to the psychiatric realm with the popularization of pharmacological torture.

The psychiatric studies conducted by the Francoist doctors (i.e. the pathologisation of dissidence and psychiatrization of any political or philosophical belief incompatible with the

---

[118] González Duro, *Los psiquiatras de Franco*, 44.

[119] Cayuela Sánchez, 'El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»', 284.

fascist, national-catholic worldview) had long-lasting effects without which it is difficult to understand the regime's "resilience" and its success in the generation of a national mythology that alienated (and continues to alienate) any manifestation clashing with the hegemonic characterisation of the "Hispanic race". The scientific façade of the incarceration of dissidents in the Soviet Union delayed international recognition and criticisms, which granted that the regime was able to maintain this form of silencing critical voices, virtually until its collapse and, taking different forms, even after.

While the practical reasons for the reliance on psychiatry as a form of normalization of conducts in these regimes may differ, in both cases the inherent characteristics of the discipline, its connection to scientific legitimacy, and its situation outside of the classic forms of punishment such as the penal system, played a crucial role.

5. CHAPTER TWO: Sluggish Schizophrenia and Marxist Fanaticism as Transient Mental Illnesses

When is dissenting mad?[120] In the scenarios of the Francoist regime and the Communist USSR, open —and oftentimes even private— disagreement with the official state ideology was punished not only by conventional political repression, incarceration, and even death, but also by psychiatrization. This chapter goes in depth into the analysis of the diagnosis of mental illnesses to political dissidents in Spain and the Soviet Union. Particularly, I focus on the use of categories such as "marxist fanatism" and "sluggish schizophrenia", respectively. I test whether it is possible to use of the category of "transient mental illnesses" proposed by Ian Hacking to study these cases and, given the political nature of diagnosis, whether they can be referred to as "political transient mental illnesses".

While it is true that political agitators had been incarcerated and psychologically investigated in the Russian Empire and the Spanish Republic, neither marxist fanatism nor sluggish schizophrenia were diagnosed.[121] Likewise, no individuals have been treated for these illnesses after end of these regimes: presenting with the symptoms characteristic of either illness, but even being publicly critical of the Russian or Spanish states, authorities, or political systems no longer leads to a diagnosis of these illnesses in particular.[122] Did the "reformist delusions" and "democratic-communist fanatism" characteristic of these nosologies simply disappear?

Having established that the mental illnesses diagnosed in the Soviet Union and Spain to political dissidents were in fact constructed and employed as tools for "conduct of conducts", the obvious —and not completely wrong— answer may seem that they simply never existed. However, their fabricated nature does not erase the fact that, as diagnostic categories, they

---

[120] As a reference to 'When is traveling mad?' in Hacking, *Mad Travelers*, 51.

[121] Tobin, 'Editorial'; *Els àngels caiguts. El fanatisme dels psiquiatres de Franco.*, Documentary (À punt, 2021), https://www.apuntmedia.es/documentals/angels-caiguts-fanatisme-psiquiatres-franco_134_1488649.html.

[122] This by no means implies that dissent is not actively prosecuted, with varying levels of severity: In the Spanish case, for instance, both armed and peaceful political resistance against the unity of the state has been severely criminally prosecuted. In the Russian case, prosecution of dissent is more than evident and has been denounced by several international organizations, activists and NGOs. Additionally, the Russian Federation has been accused of still employing psychiatry as a tool for political abuse.

not only existed but were weaponised by dictatorial regimes, having indeed real effects in the Spanish and Soviet societies. In this sense, Ian Hacking is right when he points out the banality of the discussion about the "reality" of these illnesses. The framework of transient mental illnesses proposed by this author allows us to understand not their existence, but how their appearance was *possible.*

In his book *Mad travellers*, he poses five questions, which are applied to a no longer existing diagnostic category (hysterical fugue) presented as "a model for present debates." Therefore, it is not only possible to apply the "five questions, five answers"[123] proposed by Hacking to assess to what extent the label is fitting in describing the ailments that surged in both countries during the twentieth century: it meets the goal of the author's work. The purpose of this chapter is to attempt to answer them and, thus, shed light on the nature of the diagnostic categories employed by these regimes and their conditions of possibility.

A last remark before moving on with the analysis is that "sluggish schizophrenia" and "Marxist fanatism" were not the only diagnostic categories produced in these regimes to justify the psychiatrization of political dissidents. However, they do represent the most representative terms in both countries' literature on the topic. For this reason, they are used in this chapter as two categories representing the quintessential "political madness" of each regime.

5.1. First Question: What Made the Diagnosis Possible?

According to Hacking, diagnosis of a transient mental illness was only possible in the presence of a series of conditions. The four vectors he establishes (medical taxonomy, cultural polarity, observability, and release, included in the Theoretical Framework) must be present in order to produce an ecological niche within which a transient mental illness can prosper.

All four vectors are studied in relation to each of the diagnoses at hand to evaluate to what extent it is possible to speak of an ecological niche responsible for their creation and flourishing. The task at hand comprises a study of how each of these diagnostic categories

[123] 'Five Questions, Five Answers' is the chapter where Hacking tests his theory on 'transient mental illnesses' on the question of 'fugue'. In Hacking, *Mad Travelers*, 80–112.

was defined, how its causes, prevention and treatment were determined, who fit the category of "mentally ill" and what institutions oversaw the individuals diagnosed. This fits within the domain of analysis that Luengo Peila defines as "History of Psychiatric Therapy." This domain studies how psychiatric hypotheses evolved and how methods of treatment were developed. It is key for understanding the aetiologies and nosologies created in both states.

5.1.1. Vector 1: *Medical Taxonomy* or *Linguistic-Taxonomic*

Evidently, Marxist fanatism and sluggish schizophrenia fit into medical taxonomies. The first one, as a case of psychopathy and the latter, within the diagnosis of schizophrenia, as their names indicate. Neither term disrupted the predominant system of classification of mental illnesses of each country, where both psychopathy and schizophrenia existed as widely accepted diagnostic categories, respectively. It was thus possible to allocate both illnesses in the existing nosological systems: the medical language employed by Spanish and Soviet doctors had the necessary linguistic and taxonomical resources to name them, describe their symptoms, causes and treatment.[124]

Having established this, it is relevant to look at the definition of both ailments in "scientific terms," which not only set the foundations for future diagnosis, but also was the basis for their study in academic and medical institutions and is even at the heart of criticisms from within the medical community.

5.1.1.1. "Scientific" Definitions of Dissidence as Mental Illness: New Nosological Categories:

Starting with the Spanish case, the main pillars of psychiatric theory produced by Francoist psychiatrists were National-Catholic values, "racial" psychology, and mental hygiene. Christian Psychiatric knowledge production saw different phases. Its first stages —during which these new diagnoses were theorised— coincide in time with the establishment of the "New State", throughout and immediately after the Civil War. They consist of a purifying stage during which "suspicious" psychiatric trends — especially psychoanalysis— were

[124] Hacking, *Mad Travelers*.

abandoned or "purged."[125]

Francoist psychiatry was stripped of all elements that clashed with Catholicism and —as Ricardo Campos and Enric Novella point out— in line with a global growing interest within the discipline towards prevention (focusing on aetiologies), Spanish psychiatry shifted to a social focus and a preoccupation for mental hygiene.[126]

Mental hygiene is not a concept exclusive to Francoist medicine or even to the Spanish case. However, the characteristics of mental hygiene during early Francoism set it aside from those that appeared in the previous century — in Republican Spain and elsewhere. The Catholicism underlying knowledge production in this context led to a "salvation" undertone imprinted on the scientific and psychological theories of this period, that further evidence the strong connection between knowledge production, disciplining institutions and social control examined in the previous chapter.[127] This is why even when referring to taxonomical aspects of marxist fanatism, religiously charged terms appear constantly. The medico-psychological languages of Francoist doctors cannot be understood outside the lens and the vocabulary of National-Catholicism, and therefore it often merges the *taxonomic* and *polarity* vectors.

Mental hygiene in Spain, given its fascist and catholic base, went hand in hand with the "demonstration" of a set of constitutive psychological and biological features of Hispanity, outside of which all that existed was "abnormality." This discourse on mental hygiene facilitated the pathologization of political dissidence in extremely general terms during the initial stages of the dictatorship. Hygiene was equated to adherence to the regime and, it followed, all disconformity was not only morally corrupt, but also criminal, mentally inferior, and *pathological*.

In an attempt to demonstrate that the morbid conditioning factors of antisocial behaviour could be identified in a clinical setting, Dr Antonio Vallejo Nágera studied the

---

[125] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', 55–56.

[126] Campos and Novella, 'La Higiene Mental Durante El Primer Franquismo', 66.

[127] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', 63–64.

psychopathology of antisocial behaviour of the Reds. This behaviour resulted from a complex interplay of external and genotypical factors [sic]. Psychological imbalances of the personality — more specifically "psychopathic" and "degenerate" personalities— were the primary biological cause of antisocial conduct, frequently dominated by a strong inferiority complex.[128]

This doctor's psychiatric proposals shared some fundamental principles with behaviourism. Namely, the centrality of conduct in the study of psychopathology: behaviour was an echo of personality, and the former must be studied in order to know the latter when dealing with psychically abnormal individuals.[129]

Notwithstanding this, it is a mistake to classify Vallejo Nágera as a behaviourist, even more so as an adherent to Pavlovian theory. As Francisco Sevillano illustrates, the Spanish Doctor rejected the materialism and determinism present in this psychiatric school, which clashed directly with his monarchism, catholic traditionalism, and illiberalism. Particularly, Vallejo Nágera's beliefs were irreconcilable with behaviourism's negation of the soul and of man's capacity to (freely, non-conditioned by external factors) choose between Evil and Good following traditional moral norms.[130]

In the book *Eugenics of Hispanity and Regeneration of the Hispanic Race,* Vallejo Nágera describes the pathology that in that moment (1936) threatened the Hispanic race. He portrays the republican phenotype as "soft, fat, sensual," as opposed to the "chaste, austere, sober and angular" Hispanic phenotype, likening the former to Sancho (anti-hero) and the latter to Don Quixote (hero) as two recurring archetypes in Spanish literature. This situation could, however, be reverted through the application of (positive) eugenic principles that would reinvigorate the "social aristocracy." The recovery of traditional values and the guidance of a "select elite" would avert the "degeneration" of Marxism and materialism, leading to the salvation of the Spanish race. The war would "create a lineage of knights needed by the New Spain" who would revalorise the spiritual nobility."[131]

---

[128] González Duro, *Los psiquiatras de Franco*, 44.

[129] Juan Antonio Vallejo-Nágera, *Psicopatología de la conducta antisocial* (San Sebastián: Editorial Española, n.d.), 510.

[130] Sevillano Calero, *Rojos*, 69.

[131] Vallejo-Nágera, *Eugenesia de la Hispanidad*, 8.

These meditations, however, did not remain in the theoretical plane. During the Civil War, a vast number of prisoners of war (POWs) were captured by the "National" forces who supported the coup. This, Sevillano argues, "allowed for the implementation of studies with a mass sample under conditions that, perhaps, would not repeat themselves ever again."[132] Vallejo Nágera was authorised to establish and direct the Psychological Research Office of the Inspectorate of Concentration Camps for Prisoners of War. This organism conducted "scientific work" that would bring about an "empirical demonstration of the degenerative and inferior psychosocial nature of the enemy,"[133] markedly influenced by German psychiatrist Dr Kretschmer's theories about the link between temperament and bodily form.

Vallejo Nágera's research, in which the subjects studied were mainly international POWs and women, further proves the "scientific" agenda set already during the Civil War years to cement the regime's repression, and the search for a medical taxonomy that would allow his colleagues to understand the medical "threat" at hand.

Published in the Spanish medical journals *Spanish Medical Week* and *Spanish Journal of War Medicine and Surgery,* the article "Psychism of Marxist Fanaticism" was set to study the "relationship between a certain bio-psychic personality and a constitutional predisposition to Marxism", as well as "the proportion of marxist fanatics among the mentally inferior" and "the proportion of antisocial psychopaths among the Marxist masses". The doctor studied a supposed correlation between "a pyknic body shape" and "cyclothymic temperament" (unstable moods), and between "asthenic and athletic body shapes and schizothyme temperament" (introverted). The former would tend to be "politically opportunistic," while the latter would tend to "sentimentality, idealism and fanatic mysticism." [134]

The study classified the "human material" at hand and, applying the following methodology: "determination of the biotype" as described above, "a psychological history and psychobiography including data on their political, religious and military background"

---

[132] Sevillano Calero, *Rojos*, 74.

[133] Vinyes, 'Construyendo a Caín. Diagnosis y terapia del disidente: las investigaciones psiquiátricas militares de Antonio Vallejo Nágera con presas y presos políticos', 228.

[134] Juan Antonio Vallejo-Nágera, 'Biopsiquismo Del Fanatismo Marxista', *Revista Española de Medicina y Cirugía de Guerra*, 1938.

(environmental factors), "diagnosis of the primary temperamental reaction type" (tendency to introversion or extroversion), "diagnosis of the fundamental qualities of moral activity" and "IQ determination".

***

Similarly to the Spanish case, Soviet medicine was generally radically opposed to Freudian theory. The Austrian doctor's works became practically inaccessible in both languages in favour of different paradigms. Rejection of psychoanalysis, in the Soviet case, stemmed from the individualism characteristic of this theory and the importance given to instincts, "egotistical drives" and "irrational or unconscious factors" as determinant of human conduct.[135]

The psychiatry of the Soviet Union was eminently behaviourist, particularly dominated by Pavlov's postulates that were synthesized with Marxist principles. Especially after the "Pavlovian Session" was held in the summer of 1950, this doctor's theories on the regulatory mechanisms of higher nervous activity were consolidated as the uniquely accepted paradigm. Bloch and Reddaway describe this convention between the Academy of Sciences and the Academy of Medical Sciences as the consolidation of Pavlovian ideas as psychiatric dogma, which went beyond the medical sphere and into the realms of physical education and pedagogy.[136]

Soviet psychiatry, like its Spanish counterpart, presented the categorization of political dissent as a symptom of madness by adapting to the existing medical vocabulary and adopting a scientific façade that granted this form of incarceration with authority. Major manuals of Soviet psychiatry from the "golden age" of sluggish schizophrenia (from the 1960s onwards) include O. V. Kerbikov's edited manual *Psychiatry* dated from 1968 and A. V. Snezhnevsky's manuals on psychiatry— *Manual on Psychiatry* from 1974 and *Handbook of Psychiatry in two volumes* published in 1983.[137]

The institution to which the popularization of the nosological category of "sluggish

---

[135] Bloch and Reddaway, *Russia's Political Hospitals*, 40.

[136] Bloch and Reddaway, 39–40.

[137] Oleg V. Kerbikov et al., *Psikhiatriia* (Moscow: Meditsina, 1968); Andrei Snezhnevsky, ed., *Spravochnik Po Psikhiatrii* (Moscow: Meditsina, 1974); Snezhnevsky, *Rukovodstvo po psikhiatrii, 2 vols*.

schizophrenia" is attributed was the Moscow Psychiatric School. Within it, the Institute of Psychiatry specialised in researching schizophrenia. The Institute was under the leadership of psychiatrist Andrei Vladimirovich Snezhnevsky, who studied how, due to the subclinical manifestations and slowly progressive course characteristic of this illness, it had been allegedly underdiagnosed in other modern states. The ability of patients to socially function with almost complete normality also played a role in this underdiagnosis.[138]

The nosological category of "latent schizophrenia" was not developed in Russian or Soviet medicine. It was a medical term proposed by Swiss psychiatrist Eugen Bleuler in 1911. It was also not a newly introduced term for Soviet doctors. However, in the studies of schizophrenia developed by Snezhnevsky, this term is described as an "independent diagnostic category characterized by a slowly progressive course" in which the latent period was characterised by subclinical manifestations, clear psychopathological symptoms in the active period and a stabilization period characterised by "a gradual reduction of positive symptoms with negative symptoms predominating".[139] The term therefore referred to "an independent diagnostic category", as opposed to the Western doctors' limited use of the term to the description of the prodromal (initial) phases of schizophrenic disorders such as schizophrenic psychosis.

In the *Handbook of Psychiatry* edited by Snezhnevsky, sluggish ("slightly progressive") schizophrenia is described as a mental illness "characterized by a slow course with a gradual development of personality changes that never lead to the deep emotional devastation characteristic of severe coronary states".[140] The clinical manifestations of this illness are described as "limited to a range of neurotic (vegetative, obsessive, phobic, compulsive, conversive), hypochondriac, psychopathological, affective and paranoid disorders. The diagnosis manual acknowledges the existing semantic diversity in the diagnostic category of "slowly progressive" or "sluggish" schizophrenia, and points at the "lack of generally accepted ideas about this group of mental disorders," rather than a question of a Soviet

---

[138] van Voren, *Cold War in Psychiatry*, 97.

[139] A. B. Smulevich, 'Sluggish Schizophrenia in the Modern Classification of Mental Illness', *Schizophrenia Bulletin* 15, no. 4 (1989): 533–39, https://doi.org/10.1093/schbul/15.4.533.

[140] Snezhnevsky, *Rukovodstvo po psikhiatrii, 2 vols*, 333.

particularity.[141]

The symptomatology of sluggish schizophrenia described by Snezhnevsky included "axial symptoms of obsession, somatised mental disorders, disorders of self-awareness, catathymic disorders, etc. form the basis of the clinical picture and persist, despite the change of syndromes, throughout the entire course of the disease." [142]

This mental illness, during its latent period, could easily go unnoticed and was very hard to diagnose. The doctor claimed:

> Not only are there no signs of intellectual and social decline, but patients often retain the ability for professional growth. Positive symptoms are limited to the typical disturbances of borderline states [...] which are often not regarded by the patients and their loved ones as manifestations of the disease, and do not serve as a reason for seeking medical help. [143]

Additionally, "in some patients [...] the process generally remains latent throughout the course of the disease," with clinical manifestations that "are relatively stable and limited to symptoms of the latent period [...] most often determined by a range of psychopathic and affective disturbances, obsessiveness, and phenomena of reactive lability."[144]

The symptoms characteristic of this illness —again, for Soviet doctors— rather than always presenting as a prelude to a future development of manifest psychosis, "determine the clinical picture throughout the course of the illness and follow their own developmental patterns." Thus, reformist delusions and other manifestations of sluggish schizophrenia would stand on their own as an independent illness and not as a prelude to a different ailment. "The prevalence of low-progressive schizophrenia," the manual reads, "is high, in relation to other forms of the disease."[145] The ambiguous character of this diagnostic category led to an overarching term in which psychiatric conditions such as anxiety or depressive disorders,

---

[141] Snezhnevsky, *Rukovodstvo po psikhiatrii, 2 vols*.

[142] Snezhnevsky, 333–35.

[143] Snezhnevsky, 336.

[144] Snezhnevsky, 336.

[145] A. B. Nadzharov Smulevich, 'Slightly progressive (sluggish) schizophrenia', in *A guide to psychiatry in Two Volumes*, ed. Andrei Snezhnevsky, vol. 1 (Moscow: Meditsina, 1983), 333–35, https://academic.oup.com/schizophreniabulletin/article-lookup/doi/10.1093/schbul/15.4.533; Snezhnevsky, *Rukovodstvo po psikhiatrii, 2 vols*, 333–35.

hypochondria, and personality disorders, but also mere non-compliance with social norms could be included.[146]

Sluggish schizophrenia was not the only diagnostic category employed to incarcerate dissidents: sociopathy and paranoid schizophrenia were also diagnosed to detained individuals. Both illnesses, like sluggish schizophrenia, fit within the taxonomic language of the discipline, and have been included in this project because of the seemingly arbitrary choice or one or another diagnosis when applied to political patients. As Adler and Gluzman illustrate, these diagnoses were often emitted *ad hoc* upon request of compulsory psychiatric examination of suspects by the KGB. The political consequences of one or another diagnosis were virtually the same. [147]

It is true that, like Hacking anticipates, even during their time, these terms elicited controversy and were not universally accepted: both within these regimes and, in the Soviet case, coming from foreign professionals and organizations, these diagnostic categories had some detractors. However, even to those who opposed the use and diagnosis of either illness, their taxonomy was *intelligible* —and this intelligibility allowed opposing doctors to voice their criticisms of diagnosing said illnesses, however ignored they might have been.

The importance of taxonomic intelligibility is such that even those who have defended the scientific neutrality of Soviet doctors have made references to the different medical traditions and diagnosis manuals between the Western world and the USSR institutions. For instance, Probes et al. argued that one of the explanations for the clash between Western medicine and Soviet doctors were their "two different ways of thinking about clinical course", the latter emphasizing it and classifying illnesses on the basis of aetiology. Soviet physicians, according to them, would have studied schizophrenia "as an endogenous process, biological disorder, typically exhibiting a chronic deteriorating course", therefore classifying the different types of this illness attending to patterns of progression. [148]

However, the focus of criticisms by those opposing the weaponization of psychiatry for the suppression of political dissent was not the mere difference in its definition between

---

[146] van Voren, *Cold War in Psychiatry*.

[147] Adler and Gluzman, 'Soviet Special Psychiatric Hospitals', 714.

[148] Lawrence M Probes et al., 'Trends in Soviet and Post-Soviet Psychiatry', 1992, 71–75.

diagnosis manuals —even more so when some of the most fervent opponents of psychiatric incarceration were Soviet doctors who had been trained in Soviet institutions. Rather, it was the above-mentioned ambiguity granting the possibility to involuntarily confine individuals to psychiatric hospitals upon diagnosis.

It is precisely because the commissions of foreign doctors, Soviet doctors voluntarily examining dissidents, and human rights activists understood what schizophrenia *meant* — how it should present in a patient, what treatments were generally accepted to alleviate it, etc.— that they could question the validity of such a diagnosis for patients showcasing symptoms that they did not recognize as part of a schizoid disorder or, to be sure, any other mental disorder putting themselves and other at risk. Foreign criticisms focused on the attachment of a psychiatric label to symptoms that, in many cases, did not go hand in hand with a psychiatric diagnosis at all in their home countries.[149]

***

Overall, the Spanish and Soviet cases clearly display an attempt to endow political repression with a scientific justification. The language of medicine proved to be extremely functional for this goal, granting an authority that, as it has been seen in Chapter One, was out of reach for other disciplinary institutions. The fulfilment on the *medical taxonomy* vector not only secured the future projection of pathologization of dissent— granting that their inclusion in diagnosis manuals and medical journals would allow for other doctors to identify their symptoms and conduct treatment—, it also turned any hypothetical disagreements into a medical discussion, rather than a denunciation of human rights abuses.

5.1.2. Vector 2: *Cultural Polarity*

The existence of moral values attached to the diagnosis of sluggish schizophrenia and marxist fanaticism is evident. These diagnostic categories fit between two social phenomena that were identifiable in the general consciousness of each regime as morally perfect or as depraved. Despite acquiring radically opposite forms and values, it can be established that, in either case, these ailments were situated between the morally good and desirable "ideal

[149] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'; van Voren, *Cold War in Psychiatry*; 'Report of the U.S. Delegation to Assess Recent Changes in Soviet Psychiatry'.

citizen," be him an exemplary *normal* Soviet or Spanish citizen, and the imagined political criminal actively taking successful action to overthrow Francoism and Communism.

However, rather than existing so clearly "in between" the two morally antagonistic social phenomena, psychiatrized political adversaries were characterised as fundamentally opposed to "the normal" (equated to moral perfection) and drastically pushed to the immoral end of the spectrum. This section studies how sluggish schizophrenia and marxist fanaticism were presented as a moral, but also as a very real medical and social threat to the stability of the state, thus justifying the incarceration of those diagnosed.

***

Early Francoism was characterised by the ideological predominance of the principles of National-Catholicism, which permeated all aspects of the "New Spain", producing and being produced by a catholic science that transmitted the "eternal values" of Hispanity and Catholicism.[150] In a parallel manner, the characterization of dissident thinking as a mental illness (a curable evil for which a treatment had to be sought medically) went hand in hand with the "demonstration" of the "national's psychological superiority" that not only justified their uprising, but also the further suppression of every element that had supported the republic— the Reds.

The clash between two irreconcilable Spains, one of which was to be wiped off the map, implied that all dissidence needed to be eliminated. As González Duro points out, "the propagation of the notion of the Red enemy implied the need for a war of extermination against the dehumanized other."[151] This author quotes Captain Aguilera from the "National" Front, who referred to the extermination of the enemy as necessary for the liberation and regeneration of Spain from this "slave race" that "resemble animals" and "is infected with the virus of bolshevism".[152] Despite the spiritual-racial character of the Spanish race, it must be pointed out that Spanish Marxists were indeed identified with "Judeo-Masonry", as the imagined enemy of the nation in a conspirative, antisemitic fashion.

---

[150] González de Pablo, 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo', 63–64.

[151] González Duro, *Los psiquiatras de Franco*, 43.

[152] González Duro, 59.

The role of the Church in the association of moral value to the coup d'etat that triggered the Civil War was a crucial, and intensely active one: for instance, in September 1939, two conceptions of life were confronted by Bishop of Salamanca Enrique Pla y Deniel: the former, representing the Good, the heroes of the "national uprising" was characterised as a nation of martyrs who had risen to fight against Evil, the Communist and Anarchist "sons of Cain". In this spiritual fight, the Catholic Church had the duty to rise against the "destructive" Communist influence, defend of the "religious foundations of Christian civilisation, the Fatherland, and the Family" against those who had abandoned God.[153] Furthermore, he described the confessional state as "the opposite of laicism, which is a sort of shameful atheism; and public atheism is anti-human and antisocial".[154]

Political authorities, condensed under the figure of Francisco Franco as supreme commander or "Generalísimo," highlighted the importance to eradicate the opposition, relying on portrayals that not only associated them with moral turpitude, but also with lack of intelligence and "madness." Shortly after the end of the Civil War, Franco contemplated the "solution to the question of political prisoners," addressing the question of the reintegration of the defeated political enemy into society. The dictator referred to "all the Spaniards who are capable, today or tomorrow, of loving the Fatherland, of working and fighting for it," whose lives and spirits he was "immensely interested in saving and redeeming."[155] He did, however, add a reflection on the limits of this possibility, stating:

> It is not possible to return to society or to social circulation, without further precaution, any damaged elements, perverts, politically and morally contaminated, because their re-admission in the free and normal community of Spaniards would pose a dangerous threat of corruption and contagion for all, as well as the historical defeat of the victory attained after such sacrifices.[156]

Franco established a differentiation between those (political) "criminals" who did not present the possibility of "re-education," and over whom hopes of "redemption" were futile, and

---

[153] Enrique Pla y Deniel, *Escritos Pastorales. Las Dos Ciudades: Carta Pastoral a Los Diocesanos de Salamanca (30-9-1936)*, vol. 2 (Madrid: Ediciones Acción Católica Española, 1949), 95–142; González Duro, *Los psiquiatras de Franco*, 38–39.

[154] Pla y Deniel, *Escritos Pastorales. Las Dos Ciudades: Carta Pastoral a Los Diocesanos de Salamanca (30-9-1936)*.

[155] José A. Pérez del Pulgar, *La solución que España da al problema de sus presos políticos* (Librería Santarén, 1939), 7–9.

[156] Pulgar, 8.

those who, through hard spiritual and physical work, could be taught "sincere repent" and adapt to "the social life of patriotism."[157]

The dictator additionally claimed the moral and legal legitimacy of his regime which, he defended, answered to the popular and spiritual will of the nation and fulfilled its historical mission. Support for this "New Spain" was thus a moral and legal obligation, and the only option compatible with sanity. He declared:

> It is not a few specific and transitory problems that are proposed to be solved, but the great Spanish problem in its totality and in all its dimensions. [...] From the very first moment it [the regime] was fully "rule of law", and as such it was based on the acclamation, plebiscite, adhesion, assent, and consensus of the Spanish people. That foundational decision of the Spanish people sealed with acclamation and blood, that unanimous assent and consensus, which only the unsupportive, the weak-minded, the morons of murky resentments, unclean ambitions and sterile struggles can pretend to devalue, is reiterated both when exercising citizens' rights and in the Referendum, and whenever circumstances so demand it, in a unanimous, compact and plebiscitary adherence.[158]

In this New Year's Eve address to the nation, Francisco Franco referred to the "eternal" character of the regime established after the coup d'etat of the 18th of July 1936. He characterized the "New Spain" as one where the order and legality were the driving principles, in contrast to the "chaos" of the Second Republic and considered the Civil War a popular rising through which the nation "restored" the lost order. Franco described the psychiatric conditions of his adversaries in terms of mental weakness, mental illness, lack of intellectual development and intelligence.

Evidently, the characterization of the opposition's ideology as morally corrupt was a chore in which the religious and political authorities fulfilled an indispensable role. Additionally, however, psychiatrists undertook the essential task of providing a "scientific" demonstration of Marxists' (all Reds) spiritual, moral *and* mental inferiority, characterising them as antisocial and psychopathic in terms that, without abandoning the spiritual undertone, relied on a pretended scientific authority.[159]

---

[157] Pulgar, 7–10.

[158] 'Mensaje de fin de año del jefe del Estado', *ABC*, 31 December 1959, Archivo Linz de la Transición española.

[159] García Cabaleiro, 'Comparative Analysis of Psychiatry as a Tool for Political Repression in Authoritarian Regimes: The Case of the Soviet Union and Francoist Spain'.

Marxism was not just considered an ideology, but an illness to be treated medically like any other, and against which preventive policies should be designed. This disease had the potential to "infect" not only political and intellectual activists acquainted with Marxist writings, but any member of society who supported (or was suspect of supporting) the defeated republican side. One of the key threats was "resentment," an extremely common "symptom" among opponents of the "National Uprising." [160]

Dr Marco Merenciano described "resentment" or "rancour" in his *Medical and Philosophical Essays* as a "psychological autointoxication provoked by reiterated failures" that constituted a "social plague or infestation" and that entailed a subversion of values: "hatred towards God, hatred against the fatherland and to oneself." The doctor described Marxism as "the most exact expression of resentment" for two reasons: firstly, as the product of Marx's and even Hegel's thought, who he labelled as "resentful" authors. But most importantly, because "*Marxism*, rather than just a product of Marx, is a dregs of the society he just had the good fortune to be able to organise."[161] He went on to explain:

> In every resentful individual there is always a genuine Marxist, even if he is not in the ranks of Socialism; they are dynamite bombs scattered and hidden in society and which one day or another explode individually or collectively. This conclusion is all the more far-reaching in that it demonstrates the detritus, the morbid character of Marxism and its possibility of existing, scattered, and hidden, in every society.[162]

Enmity towards Marxists, for Marco Merenciano, should even be independent on an individual's political affiliation. It does not even depend on whether a supposed Marxist — a resentful individual— "ignores that he is an authentic Marxist", since "it is enough for us to know it to bring that evil to an end".[163] This enmity should be fought not only in the moral battlefield, but also putting medicine at the service of the elimination of these "parasitic ideas" from society to prevent contagion, the biggest threat faced by Spain at the moment.

---

[160] González Duro, *Los psiquiatras de Franco*, 2.

[161] Francisco Marco Merenciano, *Ensayos médicos y literarios* (Ed. Cultura Hispánica, 1958), Emphasis in original.

[162] Merenciano, 98.

[163] Merenciano, 99.

***

Like in the Spanish case, Soviet authorities and institutions —minus the ecclesiastic authorities—fulfilled the mission to ascribe political non-conformity to immorality and madness. Of course, the different historical moment within the Soviet regime's life cycle meant that different forms of dissent were targeted, and the portrayal of the fight against them was not that of an open war against an (artificially) homogenized adversary.

Pathologization of dissent officially stemmed from the search of a reasonable explanation to an individual's disenchantment with the Communist project. The belief that disagreement with the precepts of the regime *must* originate from a flaw in the individual's psyche was even present in politicians' public declarations who, like in the Spanish Case, were key actors in establishing a link between dissent and madness. A clear example of this phenomenon is Nikita Khrushchev's speech from the 24th of May of 1959 —in which he speaks, among other things, of criminality in the USSR. He declared:

> A crime is a deviation from the generally accepted norms of behaviour in a society, frequently caused by that person's mental disorder. Can there be diseases, nervous disorders, among certain people in Communist society? It is apparent that they can. If that is so, then there will also be offences that are characteristic for people with an abnormal psyche. So, Communist society will not be judged by these same psychopaths. To those who, on similar "grounds," would start calling upon the people for opposition to Communism, we can say that even now there are people who are fighting against Communism, with its noble ideas, but such people are clearly not in a normal mental state."[164]

In this statement, the premier of the Soviet Union was, firstly, establishing a connection between criminality, the *normal*, and mental illness. After admitting that the USSR was no exceptional heaven in which psychiatric disorders did not appear, he established that individuals suffering from certain illnesses may be inclined to commit specific types of crimes. Last, he portrayed opposition to Communism as an evident sign of mental instability. Regardless of the absence of specific medical terms in Khrushchev's intervention, this and other acts of speech served the purpose of construing an image of the ideological enemy as a mentally unstable, abnormal, and immoral Other.

---

[164] 'Sluzhenie narodu—vysokoe prizvanie sovetskikh pisatelei. Rech´ tovarishcha N. S. Khrushcheva na III sezde pisatelei 22 maia 1959 goda', *Pravda*, 24 May 1959, Marxism-Leninism, https://marxism-leninism.info/paper/pravda_1959_144-20319.

While the political powers provided a discursive legitimation of the pathologization of dissidence, academic and medical institutions were responsible for the creation of a scientifically backed framework to explain and, most importantly, treat or fight these behaviours. As Semyon Gluzman recollects, and also in connection with the *observability* vector discussed below, the social reach of dissidents' reformist "obsession" —not limited to their social circles, but to the greater Soviet society— was especially perilous. This "drive" even led them to attempt to get in contact with human rights organizations to denounce their situation. Such "symptoms," coupled with their "sense of psychological urgency and outwardly intact and orderly behaviour" (this is, an apparently absence of "insanity"), made them "socially dangerous" and justified the "need" to confine them to special psychiatric hospitals.[165]

***

As in the Spanish case, the social peril of contagion was present and indeed represented one of the main drivers for the "appearance" of such diagnostic category. Nevertheless, Soviet Doctors' seem to have focused more on individual acts of political resistance, rather than on generally targeting a wider group suspicious of holding a set of "perverse" ideas and forming a threatening "mass." While it is true that the diagnostic criteria in both cases was ambiguous and susceptible of serving the purpose of diagnosing any "dangerous" behaviours and ideas as madness, the target populations suspicious of being "corrupted" differs, and so does the assessment or "testing" procedures that are discussed under *observability*.

In both cases, no "respectable," "good" person would engage in the behaviours (and beliefs) associated with mental illness: who in their right mind would oppose Marxism-Leninism? Who would not believe in the eternal mission of the Spanish National-Catholic crusade? What true Soviet citizen was to dream of a life in the West? What member of the Hispanic race would hold the "perverse" beliefs that had brought it so far from its "imperial splendour"?

This points in the direction of yet another similarity: a point in common between both regimes is the "foreign" character of the dissenter. Rather than meaning that the non-

[165] Adler and Gluzman, 'Soviet Special Psychiatric Hospitals', 714; van Voren, *Cold War in Psychiatry*, 100.

conformist held a foreign passport, there is an ostracism of the dissenter: an individual that, in insanity, wishes to emigrate to the Capitalist West, in the Soviet case; a Spanish-born "parasite" who is spiritually an Enemy of the Fatherland. It is clear, however, that even when sharing the foreign*ization* of the political opponent, the rhetoric in both states differed.

Different actors were key in the correlation between sluggish schizophrenia or Marxist fanaticism with moral corruption, and the role of the political elites in the dissemination of this idea is evident. However, while doctors retained a key role in imbuing cultural polarity with scientific character in both states, this was by far more present in the Spanish case, where psychiatrist's orthodox Catholicism led them to constantly regard the fight against marxist fanaticism as analogous with the fight against *evil*.

5.1.3. Vector 3: *Observability*

Were these illnesses possible to detect, surveil and keep under control? In both regimes, the population was systematically subject to close vigilance by the police and medical authorities. The question of their observability, however, is not that simple.

On the one hand, both countries showcased a "systematic scrutiny" of psychiatrized individuals, and behaviours associated with the symptomatology of each illness did not go "unnoticed by the authorities" —be them security or medical. These behaviours were, at least officially, deemed "strange, disturbing and noticed."[166] On the other hand, whether society as a whole (rather than medical and political authorities) recognised these illnesses as such is questionable. The "blindness" of society to sluggish schizophrenia and Marxist fanaticism only strengthens the claim that they were fabricated diagnostic categories whose main goal was social control. Notwithstanding this, it is possible to speak of a clear *observability*, at least when it came to those institutions responsible for the diagnosis and treatment of said ailments.

This section explores in more detail what behaviours were considered constituent of the mental illnesses at hand, who were the targets of political psychiatrization and how sluggish schizophrenia and marxist fanaticism were prevented and "treated." In short, it is concerned

[166] Hacking, *Mad Travelers*.

with "what doctors were *diagnosing*."

5.1.3.1. Mentally Ill in the Soviet Union and Mentally Ill in Spain

What made the Reds behaviour pathological, for Francoist doctors? According to Vallejo Nágera, the biological sources of antisocial conduct were rooted in a psychic imbalance of the personality, materialised as degenerate and psychopathic personalities that could be identified by the doctor through the analysis of elements that condition behaviour[167]. He wrote:

> The psychopath, who is neither feeble-minded nor *insane*, and is often endowed with an intelligence equal to or above the normal average for the social class and degree of culture received, has, on the other hand, aspirations, desires and interests beyond his means, and when he fails to achieve them, affective complexes (resentment, perversion, revenge) spring up from the depths of his psyche, which mobilise dynamic instinctive forces and affect his social behaviour.[168]

The doctor was set to demonstrate the reasons behind Marxists' psychopathic and fanatic conduct: how personal and collective failures unearthed these "malevolent impulses." In *Bio-psychism of Marxist fanaticism*, he exposed the results of his previously mentioned research on concentration camp prisoners. In it, he established the "relationship between the subject's bio-psychic qualities and democratic-communist political fanatism."[169] Enrique González Duro points out the tautological character of his arguments, according to which Marxism was especially appealing to individuals of psychopathic and antisocial character, while at the same time causing individuals to develop said pathological conducts.[170]

Despite the force with which he stated his medical opinions and the employment of medical terms, the methods followed by Dr Vallejo Nágera were far from scientific. His racial categorizations, allegedly based on scientific foundations, were mere *ad hoc* ideological classifications that imputed moral wrongness to all deviation from "the natural order of things" (the one that characterised the "Eternal" Spain). [171] The postulate that stated a

---

[167] Vallejo-Nágera, *Psicopatología de la conducta antisocial*, 510; Sevillano Calero, *Rojos*.

[168] Vallejo-Nágera, *Psicopatología de la conducta antisocial*, 515.

[169] Vallejo-Nágera, 'Biopsiquismo Del Fanatismo Marxista', 189.

[170] González Duro, *Los psiquiatras de Franco*, 68.

[171] González Duro, 45; Vallejo-Nágera, *Eugenesia de la Hispanidad*.

connection between bio-psychic character and constitutional predisposition to Marxism studied by Vallejo Nágera pointed at the observability of the Marxist ailment, the possibility to determine its aetiology, detect it, and tackle it.

He described the Red as socially dangerous and inferior, both in physical and moral terms, unable to control his own emotions and, ultimately, dangerous. This last feature of their character stemmed from "psycho-affective complexes" (envy, ambition, vengefulness, hate) that were at risk of spreading among the general population (as they had done in Soviet Russia [sic]) inspiring a corrupt political and social order driven by Marxist ideas. Furthermore, these psychological traits translated into physical morphology of dissidents: their ugliness allegedly transpired the corruption of their spirit.[172] Both the republican and Francoist masses showcased the psychic character of their leaders (ugliness, resentment, psychism, in the Republican President Manuel Azaña, and "a balanced smile," religiousness, and patriotism in Francisco Franco).[173]

The supposed mental weakness of the republican faction also predisposed the Reds to develop other mental disorders during the years of the war. Nágera pointed to the hunger suffered on the Republican side, the excessive consumption of alcohol and stimulants, and exhaustion, as the triggering causes of mental illness in the front and rear guard of the military opponent. According to him, intense emotions had a crucial role in fostering abnormal psychic phenomena. The relationship between both, however, was heavily influenced by their previous experiences and ideological makeup, which explained how members of the national uprising had been able to endure combat without going mad, while Marxists suffered panic attacks and acute psychological disorders.[174]

The behaviours susceptible of categorization as psychopathic in the Spanish case comprised in reality any form of non-conformity with the "National" faction's ideology, given the imprecise definition of the supposed mental illness that made Marxism dangerous and contagious.

---

[172] Vallejo-Nágera, *Eugenesia de la Hispanidad*; González Duro, *Los psiquiatras de Franco*, 48.

[173] 'Disidencia y psiquiatría: el caso Vallejo Nágera'.

[174] González Duro, *Los psiquiatras de Franco*, 70.

***

Similarly, Soviet political diagnoses also comprised ambiguous symptomatology that granted the possibility of psychiatric incarceration of any voices threatening the regime's official ideology. What is clear, however, is the individualization of psychiatric surveillance, that resulted in a different focus when describing and treating the ailment, but also regarding the targeting strategies, which contrast with the Spanish case.[175]

The reason why sluggish schizophrenia is situated by most accounts at the centre of the debate on psychiatric repression in the USSR is the elasticity of its symptoms that granted that almost anyone, regardless of the symptoms he presented or, more importantly, did not present, could be diagnosed with this ailment.[176] Robert Van Voren compilates a series of constitutive characteristics of this illness, which included "reformist delusions, struggle for the truth and perseverance", due to which patients "overvalued their own importance and might exhibit grandiose ideas of reforming society".[177] Additionally, patients presented with "an exceptional interest in philosophical systems, religion and art"[178].

The political ideals of dissidents, designated as "pathological obsessions", were seen as a clear manifestation of an underlying, previously undetected pathology that, if left untreated or at least monitored, was likely to be "disseminated among the masses".[179] However, when interrogated by family members about the apparently asymptomatic dissidents diagnosed with "psychopathic features", "paranoid developments of the personality" and "reformist ideas" pointing at the development of ailments such as "arteriosclerosis of the brain", the answer was often was that "the illness was subtle" and therefore could only be detected by the trained eye of the clinician.[180]

In the psychiatric evaluations of dissident patients, any action could be taken as a sign of the underlying mental illness. In the case of being incarcerated more than once, for instance,

---

[175] van Voren, *Cold War in Psychiatry*, 103.

[176] Savelli and Marks, *Psychiatry in Communist Europe*, 5.

[177] van Voren, *Cold War in Psychiatry*, 97.

[178] Kosmolovskaya Pravda, Novermber 18, 1987, cited by van Voren, 98.

[179] Kosmolovskaya Pravda, July 15, 1987, cited by van Voren, 98.

[180] Fireside, *Soviet Psychoprisons*, 19.

"not showing a critical attitude to his own condition and the situation that had developed" was considered additional proof of the "unreliable" nature of the patient. Displays of anger in light of incarceration or other reprisals such as suspension from the party or loss of a source of income allegedly pointed in the direction of mental instability. Complaints issued to the authorities and feeling the necessity to "react to any events considered unjust," regardless of not having a personal connection to said injustice, were deemed as "evidence of abnormal behaviour."[181]

The case of General Grigorenko illustrates how doctor's medical opinion in the centre of confinement did not have the capacity to rule out the decisions of Serbsky Institute commissions: upon receiving a report stating the dissident's sanity, it was determined that an outpatient examination could not reveal "pathological changes in his psyche" due to his capacity to "adjust his behaviour" to deceive the outside observer exposed to "his formally coherent utterances and retention of his past knowledge and manners". Far from proving his sanity, they were described as "characteristic of a pathological development of the personality" caused by "the obstinate character taken up by reformist ideas that determined the conduct of the patient."[182]

Soviet psychiatric proposals encompassed the social, biological, and psychological realms, emphasizing the biological foundation of mental illness, which later on served the purpose of justifying an extensive use of drugs, namely anti-depressants and tranquilizers. Treatment was "characterized by its directive and educative qualities" as well as applying a "social dimension" to treatment.[183] Notwithstanding this, the inclusion of social aspects in the Soviet study of sluggish schizophrenia differed greatly from the proposals designed in Spain. Despite not having been a unanimous position from the onset of punitive psychiatry, under the leadership of Andrei Snezhnevsky, social life was confined to very specific aspects of the study of mental illness such as treatment, encompassing, for instance, the recommendation of work therapy.[184]

---

[181] Fireside, 26–30.

[182] Fireside, 29.

[183] Bloch and Reddaway, *Russia's Political Hospitals*, 41–42.

[184] van Voren, *Cold War in Psychiatry*, 103.

5.1.3.2. Who Is Ill? The Targets and Exercise of Psychiatric Violence

In a broad sense, all questioning of hegemonic ideology could lead to political repression, be it through psychiatrization or through other means. All individuals who fit the descriptions of "sluggish schizophrenia" or "Marxist fanaticism" could potentially fall victims of repression. This was especially the case among intellectuals and other individuals who made their dissent public (through quotidian practices, political life, engagement in conflict, activism, etc).[185]

***

In the Spanish case, all opposition to the "National Uprising" was collectively stigmatised through the creation of the medicalised, all-encompassing category of the Red. As Sevillano Calero rightfully points out, the pseudo-scientific methods carried out by Francoist psychiatrists allowed for the psychiatrization of Marxism as a social pathology.[186]

For this reason, one of the main "enemies" of the fascist project were the "intellectuals": defendants of positivism, humanism, socialism, liberals inspired by the principles of the French Revolution, universalists, etc. Anti-Spain sentiments were intolerable, and even when reduced to private intellectual gatherings, the "enemies of the fatherland" threatened the health of the nation with their anti-militarism, Anarchism or Marxism and anti-religiousness.[187]

When "insane and degenerate" characters such as "Rousseau, Robespierre, Marat, or Lenin," reached positions of power, historically, they had the agency to exert a "perverse influence" in whole nations. Vallejo Nágera equated the "psycho-pathological" characteristics of the republican leaders to those of historical revolutionary (Liberal and Marxist) leaders[188].

In *Bio Psychism of Marxist Fanaticism*, he states that "*a priori* we presume that marxist fanatics that have combated will showcase a schizothyme temperament or some of its

---

[185] García Cabaleiro, 'Comparative Analysis of Psychiatry as a Tool for Political Repression in Authoritarian Regimes: The Case of the Soviet Union and Francoist Spain'.

[186] Sevillano Calero, *Rojos*, 81.

[187] González Duro, *Los psiquiatras de Franco*, 49.

[188] Vallejo-Nágera, *Psicopatología de la conducta antisocial*, 520.

degenerative variants, while propagandists and marxist ideologists would showcase a cyclothymic temperament. He argued that the "mentally inferior" and "culturally deficient" who were "incapable of spiritual ideals" were naturally drawn towards Marxism due to the simplicity of its ideas and its defence of equality, which satisfied their "animal" passions. Additionally, Vallejo Nágera sustained that, in combination with antisocial character and immorality contrary to Catholicism, Marxism would appeal to psychopaths "of all types, especially antisocial psychopaths."[189]

The pairing of Marxism, antisocial character and immorality contrary to catholic principles pointed towards the conclusion that psychopathic Marxists, especially antisocial psychopaths, would predominantly join the republican faction.[190] The "human material" incarcerated in concentration camps during the war and subjected to Vallejo Nágera's study to determine the nature of "bio-psychism of Marxist fanaticism" included five groups:

> (A) international combatants detained as POWs in the concentration camp of San Pedro de Cardeña; (B) male political prisoners of Spanish nationality who were agents and propagandists of Marxism, or held political posts in Marxist organisations, and who are serving sentences for their political activities; (C) female political prisoners in the same circumstances as B; (D) Basque secessionists, in whom the phenomenon of political fanaticism combined with religious fanaticism often occurs —these were enemies of Spain who fought in alliance with the enemies of their religious and sociopolitical principles; (E) Catalanist Marxists in which Marxist and anti-Spanish fanaticism are united.[191]

From the groups studied, there was a special focus on international combatants, especially on the group of Hispano-American detainees and on female prisoners. About the former, he concluded a predominance of degenerative temperaments of the introverted type, a strong prevalence of "mentally weak" individuals in line with the general trend within marxist ranks [sic], a "decrease in cultural level and intelligence" and a "very deficient political education" as well as "religious indifference, non-practicing Catholicism and atheism." These combatants were also characterised by "an inclination towards marxist ideology provoked by personal, professional and social failures," "inconsistent patriotic ideals," "antimilitarism" and "poor spiritual life in favour of materialism" that ultimately led them

[189] Vallejo-Nágera, 'Biopsiquismo Del Fanatismo Marxista'.

[190] Vallejo-Nágera.

[191] Vallejo-Nágera.

to enrol in the fight "induced by political fanaticism [...], influenced by propaganda, without having firm Marxist political ideas."[192]

As for the "female subjects," they held a special role in psychiatrization of dissidence. It is not possible to study Spanish politization of psychiatry during Francoism without mentioning how the social character of mental illness, together with the element of social control, made women a specific target. Eduardo M. Martínez was the director of the Psychiatric Clinic of Málaga and head of the Health Services of the Provincial Prison of Málaga where, together with Doctor Vallejo Nágera, he conducted studies focused on female criminality. They pointed out the notorious, enthusiastic, and "fierce" participation of the "female sex" in the "Spanish Communist Revolution," whose involvement in the armed struggle was twofold: they participated as active members of the militias but also sustained an instigating role towards men.[193]

Despite women's habitual "peacefulness, gentleness and kindness," their psychic proximity to children and animals made them susceptible of inhibiting their cruel impulses when freed from social contention. The female sex, presented with "characteristic psychic lability, lack of mental equilibrium and reduced resistance to environmental influences insecurity of control over the personality and a tendency to impulsivity —psychological qualities which, in exceptional circumstances, lead to abnormalities in social behaviour and plunge the individual into psychopathological states."[194]

There was a clear gendering of psychiatrization in the Spanish case, furthered by the social and (re)educational dimension of treatment that enabled, among other human rights abuses, particular forms of violence against women and the institutionalization of the practice of "theft of children" —a complex issue beyond the scope of this dissertation.[195]

---

[192] Vallejo-Nágera.

[193] Juan Antonio Vallejo-Nágera and Eduardo M. Martínez, 'Psiquismo Del Fanatismo Marxista. Investigaciones Psicológicas En Marxistas Femeninos Delincuentes', *Revista Española de Medicina y Cirugía de Guerra*, 1939, 398, Biblioteca Virtual de Defensa.

[194] Vallejo-Nágera and Martínez, 399.

[195] For further information about the specific topic of repression of women during Francoism, see: Ángeles Egido León, 'Ser roja y ser mujer: condicionantes y desencadenantes de la represión de género', in *Mujer, franquismo y represión. Una deuda histórica*, ed. Ángeles Egido León and Jorge J. Montes Salguero (Madrid: Sanz y Torres, 2018), 15–41; Mónica Moreno, 'La dictadura franquista y la represión de las

During the years of the Civil War and post-war, the only safe option for dissent was confined to strictly private circles or exile, given how the psychiatric categories of the regime targeted intellectual activities that endorsed Marxist and anarchist, and even moderate liberal ideas, as well as active participation in the armed conflict or mere familial connection with political prisoners.

***

Regarding the Soviet case, the Amnesty International report from 1983 describing behaviours and beliefs that led to the detention of dissidents sheds light on the question of targeting of individuals posing a supposed threat to Soviet society.

The actions recounted comprised a wide range of forms of "defiance" towards the regime, including holding signs of protest in a public space, attempting to exit the Soviet Union, renunciation of citizenship, conducting meetings with foreign journalists, complaints about medical care obtained, displays of religiosity, being in possession of tape recordings from foreign radio broadcasts, newspapers from foreign press, as well as literary and political materials from dissidents in the USSR or abroad (such as Czechoslovak Charter 77), complaints about working conditions in mines and other work sites, etc.[196]

Often, these manifestations led to charges for "anti-Soviet propaganda" or "agitation" and diagnoses of "schizophrenia and delusions of persecution," "emigrational delusions" or the most prevalent "sluggish schizophrenia." Dissident Alexandr Podrabinek, author of the book *Punitive Medicine*, acknowledges how some of the detained individuals did suffer from mental illness, but their declaration as "dangerous" did not stem from those diagnoses. Rather, they became a target upon expression of their political views.[197] Additionally, once detained and subjected to psychiatric evaluation, expressing the conviction of the rightness of his or her ideas further "demonstrated" insanity.

In their book on *Russia's Political Hospitals*, Bloch and Reddaway classified the reasons for

---

mujeres', in *Represión, resistencias, memoria : las mujeres bajo la dictadura franquista. - (Comares historia)* (Granada: Editorial Comares, 2013), http://digital.casalini.it/9788490450833.

[196] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[197] Aleksandr Podrabinek, *Punitive Medicine* (Karoma Publishers, 1980).

internment of individuals in psychiatric hospitals studying a sample of 210 cases, dividing them into five categories: (1) socio-political activity, (2) nationalist dissent, (3) the demand to emigrate, (4) religious activity, (5) being inconvenient to petty tyrants.[198]

Those targeted for their socio-political activity were the most numerous group, within which human rights activists and politically oriented individuals, many of whom subscribed to Marxist beliefs, were included. Likewise, members of associations that carried out a wide range of activities were targeted. For instance, associates of the unofficial trade union grouping "SMOT" from Moscow, socialists opposing the regime accused of "anti-Soviet agitation and propaganda," groups of students engaging with "foreign propaganda," etc.[199]

Nationalist dissent also belonged to the realm of politics. However, these dissidents were primarily focused on the defence of linguistic, cultural or autonomic rights of their nations, then part of the Soviet Union. Similarly, individuals who had attempted to emigrate or had campaigned in favour of emigration from the Soviet Union for different reasons constituted yet another targeted group, whose characteristics are self-explanatory.

The category of religiosity is perhaps one of the most complex, together with the socio-political one. In this group, assessments determined that "conversion to faith as an adult was a maladaptive behaviour and thus pathological," with further arguments about the "exclusiveness of religion and Marxism," whose denial indicated that the patient was "out of harmony with society" and thus "his faith posed a danger." The resistance to abandon it spoke to the "lack of insight" about the religious man's condition, and thus to his mentally ill state.[200] Bloch and Reddaway include psychiatrist Maslyayeva's statement about how religious belief could only be explained psychiatrically:

> We are building Communism, we are educating people to be more and more socially aware, and you are corrupting them. […] Your symptoms are a one-sided fascination with religion. You have cut yourself off from life and as a result of your illness, you have become a person dangerous to society.[201]

---

[198] Bloch and Reddaway, *Russia's Political Hospitals*.

[199] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[200] Bloch and Reddaway, *Russia's Political Hospitals*, 165–68.

[201] Bloch and Reddaway, 167.

The last category, that of individuals presented as "inconvenient" to the regime, is reserved to those who denounced the abuses of power taking place in the Soviet Union, such as the corruption of local authorities. The "force of their dignity" and "high moral qualities," these authors argue, threatened the administration.[202]

In the Soviet case, both men and women were targets of psychiatric violence —at least on paper— on the same grounds. This means that there was not a particular conceptualization of how sluggish schizophrenia presented in "female subjects" or what elements of the "female psyche" may produce a special type of threat. It must be noted, though, that in the sample studied by Bloch and Reddaway, the vast majority of psychiatrized dissidents — approximately 90% — were male. An in-depth study on the way gender and psychiatrization interacted, however, is beyond the scope of this project.

***

In both states, the enemy was classified into categories that fit the described characteristics of a mentally ill, dangerous person. This was done in a pretended rigorous way, but however, the limits of diagnosis were bent to include whoever defied the stability of the regime. In both cases, political dissent was the primary enemy targeted by psychiatry. However, psychiatrization also affected other groups such as members of national minorities, individuals considered "foreign" or adherent to foreign ideas, or those not sharing the official position with regard to religion.

In the Spanish case, ideological mental pathology —despite being identifiable in individuals— was a *social* pathology. The madness of "redness" was a threat to the totality of the "Hispanic Race." The patient, rather than a person, was the *nation*. The targeting of dissidence was only individual in as much as it was concrete individuals who suffered being subjected to incarceration. Political dissidence was psychologically targeted and treated as subjects presenting with the symptomatology described by Francoist doctors. However, the underlying patient undergoing psychiatric treatment to eradicate marxist fanaticism was the totality of Spanish Society.

On the contrary, in the Soviet case the politically motivated diagnosis of sluggish

[202] Bloch and Reddaway, *Russia's Political Hospitals*.

schizophrenia and other diseases among dissidents was an individualized process. The targets were particular dissidents or non-conformists whose actions or beliefs contradicted the Soviet model of "normality." The state, Fireside argues, "resorted to the commitment procedure to sideline an articulate defendant who fight use a courtroom for his spirited pleading".[203] A substantial amount of them were individuals that, either as medical professionals or as human rights activists, carried out investigations about the veracity of these diagnoses, as well as scrutinize other human rights violations taking place in the Soviet Union (at the time or in the past).

5.1.3.3. Psychiatric Practices: Prevention and Treatment of Dissidents.

Last, it is relevant to study what punitive and psychiatric practices emerged from the pathologization of dissent, including preventive and treatment measures.

In the Spanish case, psychiatrists' involvement in the provision of a "scientific" foundation for the regime was especially active during the years of the Civil War and immediate post-war. The all-encompassing field of "racial hygiene" included the prevention of the mental illnesses described previously. The "New State", González Duro reveals, had to take especial care of those psychopaths "infiltrated among normal citizens" (the Reds in hiding).[204]

Going even farther, Marco Merenciano insisted that Marxism was an ailment that was present in resentful individuals —be them politically active within Marxist factions or not—, whose "process of infection of healthy individuals is well known, and we are aware of the peril it poses for individuals and the collective".[205] This led him to declare with severity:

> Medicine requires to be firmly political, a medical policy is necessary, with a well-defined anthropological concept: *Mens sana in corpore sano*; yes, we want healthy bodies in order to better realise our historical and ultra-historical goals: man —the bearer of eternal values— must triumph over life and death; healthy bodies must be procured in order to nestle in them robust souls, the poison of resentment which atrophies hearts and debases souls must be extirpated. Marxism [...] is a disease and its treatment is largely in our hands.[206]

---

[203] Fireside, *Soviet Psychoprisons*, 16.

[204] González Duro, *Los psiquiatras de Franco*, 52–53.

[205] Merenciano, *Ensayos médicos y literarios*.

[206] Merenciano, 99.

Adhesion to Marxist ideology was explained by a lack of mental hygiene, affected both by environmental and "racial" factors. The primary goal of Spanish psychiatry was the struggle against enmity and grievances, which "constituted a social plague" and could be "regarded in all right as a mental disorder"[207]. To this end, Juan Antonio Vallejo Nágera asserted the importance of a "Racial Policy of the New State" that would purify and restore the Spanish ecology, cleansing it from the "parasitic and corrupt" illnesses that had debilitated the Hispanic biotype. His use of the term "the Red gene" often leads to the misconception that he was a geneticist. However, he believed that intervention in the individual and his environment could restore the corrupted morality.

The Catholic Church's stance on the methods associated to eugenics is key for understanding the particular characteristics of the Spanish Case. This institution was radically against sterilisation and euthanasia of individuals, regardless of how "defective" they were. The proponents of Francoist psychiatry, as well as the political and military elites, were fervent defenders of Catholic orthodoxy and, as such, repudiated negative eugenics focused on the systematic elimination of the non-racially pure (such as the methods carried out by Nazi Germany) in favour of positive eugenics, that relied in the multiplication of the "noble Hispanic race".

Behaviouralist eugenics, rather than the more widespread genetic eugenics, was to be attained by altering the individual's environment, focusing on moral and political influences: multiplying those that would "heal" the Spanish collective mental hygiene through military discipline, the reinforcing of the institution of the Family and religious sentiment, while fighting against "corrupt influences" present in society.[208] Given Vallejo Nágera's insistence on the moral nature of the Hispanic race, racial degeneration could be reversed by the psychotherapist, rather than biologically. Eliminating the perilous egalitarian spirit of Marxism, national psychiatry would restore hierarchy and the victory of the morally aristocratic Spaniards.[209]

The cure to the spread illness of the Red was, Novella and Campos put it, "a political project

---

[207] Merenciano, 97; Vallejo-Nágera, *Eugenesia de la Hispanidad*.

[208] Campos and Novella, 'La Higiene Mental Durante El Primer Franquismo', 78–79.

[209] Vallejo-Nágera, *Eugenesia de la Hispanidad*; Vallejo-Nágera, 'Biopsiquismo Del Fanatismo Marxista'; González Duro, *Historia de la locura en España*, 890.

of therapeutic nature that entailed their segregation for the accomplishment of a utopian, cleansed and regenerated society in which all anti-Spanish elements ceased to exist".[210] This is precisely what Eugenics of Hispanity consisted of: patriotism regarded as the "essence" of the Hispanic race.

The collective focus of Spanish repressive psychiatry is more than evident in Vallejo Nágera's propositions: severe social discipline and a rigid morality imposed by a strong leader upon the masses; the centrality of mental hygiene that would purge neurasthenic and hysterical characters, and any signs of decadence; patriotic fervour and catholic principles as the guarantors of a purified national ecology.[211]

Following this prescription, inmates were "re-educated" into the political and religious principles of the new regime. The goal was to align the defeated side's individual and collective identity, attempting to make their patriotism and catholic faith "resurface" from the marginal space it had been relegated to by Communism. This was pursued through the implementation of catholic and patriotic lectures, chants, physical and moral punishment, masses, attendance to mass, etc. The imposition of an official set of beliefs through ideological repression was generally rejected by prisoners, who nevertheless often presented as re-educated to avoid further psychological and physical punishment.[212]

As a final remark, González Duro exposes, the forced and continued state of submission did have "psychologically devastating effects on the prisoners." This author has repeatedly claimed that the Reds were not mentally ill, at least initially, though many of the defeated did end up "going crazy" as a result of the systemic repression that they had to endure.[213]

***

Regarding the Soviet case, information on treatment of sluggish schizophrenia is more extensive, due to the systematization of psychiatric incarceration after the end of Stalinist Terror. Given the marginal application of treatment to political dissidents held in mental

---

[210] Campos and Novella, 'La Higiene Mental Durante El Primer Franquismo', 74.

[211] González Duro, *Historia de la locura en España*, 890–91.

[212] González Duro, *Los psiquiatras de Franco*, 60–62.

[213] González Duro, 3.

facilities during this time, the study of treatment of dissidents in mental care facilities focuses on the procedures implemented from the 1960s and into the last years of the Cold War.

Psychiatric treatment, given the nature of the mental illnesses associated with dissidence, often materialised not as a "healing" therapy, but as a source of stressors. Adler and Gluzman describe three types of stressors associated with psychiatric treatment in special psychiatric hospitals of the Ministry of Internal Affairs: psychosocial, physical, and pharmacological.[214]

Regarding the psychosocial stressors, the prohibition of possessing watches, paper or pen, as well as the limited access to books, prevented the patients from evading from their internment. Other examples were the ambiguity about the terms of their incarceration, exertion of fear and shame, psychiatric persecution into conformity with the political *status quo*, and isolation from society and from other inmates. Dissidents were additionally often prevented from interacting with each other, limiting their "socialisation" to interactions with mentally ill, often irresponsive, regular psychiatric patients.

Among the physical stressors to which dissidents were subjected, some stand out: a poor diet that did not satisfy the nutritional needs of patients, the limitation of access to toilets and hygiene, overcrowding of the cells, and the use of physical constraints and monotonous routines, as well as physical punishment or the threat of it.[215]

Last, the use of pharmacological treatment constituted a strong stressor among prisoners. Dissidents were subjected to medications such as atropine, insulin coma therapy, sulfazin injections, and neuroleptics. These treatments produced severe symptoms such as loss of motor control that sometimes led to injuries, persistent high fevers, exhaustion, sleep deprivation, loss of appetite, severe weight loss and excruciating muscular pain (sulfazin). It could lead to serious brain damage (insulin coma therapy), toxic psychosis (atropine), as well trauma and a constant fear of developing actual psychiatric problems. As mentioned above, they could also be accompanied by immobilization, and even beatings, especially in the case of special psychiatric hospitals.[216] Additionally, the possible effects of treatment were waged by doctors as a means to get the prisoners to abandon their religious, personal

---

[214] Adler and Gluzman, 'Soviet Special Psychiatric Hospitals', 715–17.

[215] Adler and Gluzman, 'Soviet Special Psychiatric Hospitals'.

[216] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

and political beliefs, which was often used as a condition for release.[217]

Moreover, psychiatric diagnosis went hand in hand with strong stigmatisation and the certainty of a future life officially registered as a "former mental patient," which prolonged the supposed "observability" of their "illness." Even after liberation from a hospital, interment in a mental hospital would seriously hinder the possibilities of recovering a normal life. Some dissidents were even contained in especially sensitive dates, where it was presumed, they could cause altercations.[218] Among the consequences of having been a victim of psychiatric repression was the difficulty in finding employment in the former field of expertise and subsequent risk of poverty. Continuation of human rights abuses also included surveillance, loss of legal rights and lack of access to support. Lastly, being subjected to psychiatric treatment of any kind while not suffering from "real insanity" evidently had effects in the prisoners' wellbeing, including experiencing post-traumatic stress disorder (PTSD) and permanent changes in their psyches. [219]

Work therapy was also prominent in Soviet psychiatric hospitals. Occupational therapy was a common practice, ranging between a compulsory (only in some Special Political Hospitals) or an encouraged form of treatment among patients. [220] In certain psychiatric hospitals, dissident Alexandr Podrabinek denounced, prisoners of conscience were forced to work without receiving any economic compensation as provided by the Soviet Constitution[221]. And yet, the punitive character of therapy applied to dissidents paradoxically played an important role in the decline of this form of treatment, Sirotkina and Kokorina argue. [222] Podrabinek himself reported in *Punitive Medicine* that, while many intellectual prisoners were not stimulated by the labour characteristic of these centres (sewing, weaving baskets, cleaning, etc.), "many healthy prisoners are happy to work, and in that case the Special

---

[217] Adler and Gluzman, 'Soviet Special Psychiatric Hospitals'.

[218] Podrabinek, *Punitive Medicine*.

[219] Adler and Gluzman, 'Soviet Special Psychiatric Hospitals'.

[220] Irina Sirotkina and Marina Kokorina, 'The Dialectics of Labour in a Psychiatric Ward: Work Therapy in the Kaschenko Hospital', in *Psychiatry in Communist Europe*, ed. Mat Savelli and Sarah Marks (London: Palgrave Macmillan UK, 2015), 27–49, https://doi.org/10.1007/978-1-137-49092-6_2.

[221] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[222] Sirotkina and Kokorina, 'The Dialectics of Labour in a Psychiatric Ward', 42.

Psychiatric Hospitals have yet another means of punishment – banning work".[223]

While political incarceration in psychiatric facilities had stopped by 1989, even then, the diagnoses were not erased from dissidents' medical records, cementing the above-mentioned consequences of psychiatrization in the post-Cold War.[224]

The use of punitive medicine against political opponents in the Soviet Union, on the contrary than in the Spanish case, did not have such a clear social or ecological concern —though human ecology was present in Soviet psychiatry as a discipline. It also did not focus on prevention besides instilling fear of internment among dissidents and their families. Rather, the focal point of Soviet psychiatry was the "treatment" of diagnosed individuals, which comprised their involuntary detention and, often, forceful administration of various forms of "therapy."

***

When studying the behaviours and groups of people targeted in the USSR and Spain, as well as the measures for their prevention and treatment has shed light on the clear existence of the vector of *observability* that, nevertheless, materialized in distinct forms in each case.

The psychiatric practices that appeared in both regimes clearly answered to the differences in focus and scope of their respective political diagnostic categories. The social approach to pathologization in the Spanish case naturally led to a clear focus on mental hygiene and social ecology, which were already present in the production of scientific theories justifying the mental inferiority and duty to "purge" the opponent. Conversely, the individual targeting of dissenters in the Soviet Union resulted in the application of concrete psychiatric treatment in the mental hospital.

5.1.4. Vector 4: *Release* or *Liberation*

The freedom to engage in dissident behaviours was inexistent outside of diagnosis and repression, or strict privacy —which nevertheless entailed huge risk. It is important here to

[223] Podrabinek, *Punitive Medicine*, 28.

[224] Rejali, *Torture and Democracy*, 396.

note that the terms "release," "liberation," and "freedom" are not used to designate a state of autonomy enjoyed by the individual. What "release" refers to is closely connected to the previous vector of *observability*: in what realm the observed "pathological" behaviours were allowed —in this case, I argue, *confined.*

When studying fugue, Hacking explains how this behaviour was "a space in which dysfunctional men, on the edge of freedom [to wander] yet trapped could escape"—this is, men constrained to the *respectable* (morally good) act of tourism, prevented from engaging in the *criminal* (morally bad) act of vagrancy.[225] It seems insensitive to affirm that a diagnosis of the two illnesses at hand, given their political implications, presented an escape, even more so to associate dissidents with "dysfunctionality".

To state that "diagnosis" and a specific "pathological behaviour" in these regimes was "the only way to attain life goals that would otherwise be out of reach" is, to say the least, problematic: medically punished dissident behaviours can only be understood as "liberating" if the analysis is restricted to an idealistic realm. Indeed, dissidence was, in both regimes, the only "escape" for a group of people, but the conditions of this escape were externally imposed and threatened the individual's wellbeing, even their lives. This escape can only be understood as the moral obligation to maintain their beliefs in the face of totalitarianism that many individuals in both states felt. It was one of the only labels under which it was possible to disagree with the regime's official ideology, but this disagreement did not entail any freedom to pursue the vital objectives of the dissident.

In any case, pursuit of the individual's goal —defence of liberal and democratic values (in both cases), republicanism, antifascist, socialist, or atheist beliefs (in the Spanish case) or anti-Communist, religious, pro-Western beliefs (in the Soviet case)— was only successful when (if) liberated from the regime, often from exile.

5.1.5. A Reflection on the Four Vectors and the Existence of an Ecological Niche:

Having seen how marxist fanaticism and sluggish schizophrenia interact with the vectors

[225] Hacking, *Mad Travelers*, 82.

proposed by Hacking, it is possible to test whether their presence led to the creation of an ecological niche that would allow for each illness to "flourish." This can be tested geographically and historically.

Firstly, in no state with a different sociopolitical makeup at the time did the vectors of *cultural polarity* or *observability* appear: the supposed symptoms of these ailments did not entail diagnosis, nor did they fit so drastically within a moral scale of goodness and badness.[226] Marxist fanaticism does not appear in the International Classification of Diseases (ICD); sluggish schizophrenia, despite existing in the West, did not comprise the same set of symptoms and was not observable as such in the ICD or the different editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM I, II, III or III-R).

Secondly, these diagnostic categories have long ceased to be, not only diagnosed, but even discussed in a non-historiographic manner in either state. It can be affirmed that they were only used, even within their respective regimes, during a defined historical period.

Psychopathy and schizophrenia did fit the medical taxonomy of their time (even, to a certain extent, the medical taxonomy of today). However, marxist fanaticism and sluggish schizophrenia *as such* were not diagnosed outside of these states and time. The ecological niches that allowed for the diagnosis of both illnesses had clear historical and geographic boundaries outside of which they fortunately vanished.

5.2. Second Question: What Did Marxist Fanatics and Sluggish Schizophrenics Suffer From?

In Hacking's study of hysterical fugue as a transient mental illness he discusses the futility of the question of "what those late nineteenth century fugueurs suffer from." The author exposes how retroactive diagnosis is useless for anything other than fiction: "there is no point in discussing what they 'really' had, in part because there is no one present-day illness from which even the majority of them suffered."[227] This argument can be directly transposed to the Spanish and the Soviet cases. Why discuss what mental illness, if any, did each

[226] Individually, some of the behaviours described as symptoms of mental illness in these regimes may have been prosecuted in other states. However, their combination did not entail diagnosis.

[227] Hacking, *Mad Travelers*, 87.

regime's dissidents suffer from? Does it add anything to the analysis?

Hacking does, however, admit that present experience allows for the study of past taxonomies, but how this may be tempting but, nevertheless, fruitless: even when the symptoms described by doctors may fit into present-day taxonomies, using the current scientific vocabularies inevitably leads to the inclusion of individuals that were not diagnosed under the nosological categories used back then, and vice versa, to the retroactive diagnosis of other illnesses to these patients. Additionally, it may lead to the historical diagnosis of these illnesses to individuals that were never committed during their time. As Hacking argues, the decision to classify psychiatrized patients from these regimes into contemporary taxonomy leads to arbitrary results.

To put it more clearly: any sort of "psychiatric evaluation" of the individuals that were psychiatrized by Spain and the USSR would be fruitless. There are few to no benefits in proving, on an individual basis, that they did not suffer from schizophrenia or fanaticism. Neither does it help to attempt at diagnosing any "true" ailments they may have had. Last, it creates the risk of re-legitimation of these nosological categories for diagnosis (in present day or retrospectively).

The main source of suffering that patients diagnosed with the mental illnesses at hand was political repression, incarceration and psychiatrization. Whatever other mental conditions they may have suffered from is in reality of little to no relevance, because these diagnoses were not the reason behind their interment in psychiatric facilities or their forceful study as medical subjects. Attempts to find a diagnosis that may fit their symptoms are at best irrelevant, at worst a form of revictimization: it would mean engaging in the same acts as the doctors who theorised about these nosological categories, producing diagnosis and recommending treatment, whose role is discussed in the following section.

5.3. Third Question: Were Doctors of the Day Warranted in Holding Marxist Fanaticism and Sluggish Schizophrenia to Be a Real Mental Illness?

The acceptance of the categories of sluggish schizophrenia and marxist fanaticism as valid, *real* diagnoses by the doctors employed in both regimes is a complex topic. Before

answering the question, it is relevant to shortly present the most prominent regime adjacent psychiatric authorities involved in the creation of these diagnostic categories.

In the Spanish case, with the vast majority of renowned psychiatrists having been purged, fled the country or disappeared, the vacancies in psychiatric institutions were filled by "National" psychiatrists. They created a "psychiatry of the Victory" exempt from "corrupting" republican, Marxist, liberal and democratic elements.[228] Three doctors stand out: Juan Antonio Vallejo Nágera, Juan José López Ibor and Francisco Marco Merenciano.

The most prominent figure is Juan Antonio Vallejo Nágera, a prestigious professional among his colleagues, radically opposed to psychoanalysis, who put his "psychological expertise" at the service of the production of counterrevolutionary, anti-liberal, fascist discourse, which would prove extremely useful as a scientific-ideological foundation for the regime. Despite a "Vallejo-Nágera School" not having prevailed after his retirement, his role was crucial in the academic institutionalization of the discipline, and was favoured by Francisco Franco.[229] Ideologically, he was a conservative, orthodox catholic, adjacent to monarchists, and anti-republican. Having started his career as a military doctor, he specialised in neuropsychiatry and did scientific stays in nazi Germany as a military expert.[230] His career developed successfully: in 1923, he was doctor in the Military Psychiatric Clinic in Ciempozuelos (Madrid); by 1931, he was Professor in the School of Military Healthcare, and during the Civil War was promoted to Head of the Psychiatric Services of the National Armies (PSNA) and director of the Psychological Research Office of the Inspectorate of Concentration Camps for Prisoners of War.[231]

Juan José López Ibor was another Francoist psychiatrist who served the regime's goal of eradication of dissent. Described by present scholars as "more academically gifted" than Vallejo Nágera[232], he studied in Valencia (Spain), Vienna, Munich, Zurich, and Berlin (in this order), and worked as psychiatrist in the Provincial Asylum of Valencia, of which he

---

[228] González Duro, *Historia de la locura en España*, 886–87.

[229] 'Disidencia y psiquiatría: el caso Vallejo Nágera'.

[230] González Duro, *Los psiquiatras de Franco*, 45.

[231] González Duro, *Los psiquiatras de Franco*.

[232] 'Disidencia y psiquiatría: el caso Vallejo Nágera'.

later became director. Like Vallejo Nágera, under whose jurisdiction as Head of the PSNA he became Director of the Military Psychiatric Clinic, he was very critical of Freud and defended that the Spaniard man should follow the "eternal" and "universal" values inscribed in Spanish tradition. The "national Crusade," in his view, would result in a purified Hispanic race, whose essence he sought to "clinically determine."[233]

Francisco Marco Merenciano was yet another regime-adjacent psychiatrist that endorsed and facilitated the political repression of the Reds, defeated during the Civil War. In his *Medical and Literary Essays*, he argued that Marxism was an illness and, as such, should be treated by doctors. Additionally, he perceived sin as an explanatory factor for certain mental illnesses, a conviction shared by López Ibor.[234]

The regime's doctor's role was not only one of enforcement of the dictatorial regime's ideology, but one that enabled the encroachment of this ideology within society, providing racial psychology with a "scientific" justification. Furthermore, Marco Merenciano— discussing the morality of his role as a doctor— wrote that it was "useless to speak of professional morals, given that Divine Law was dictated for all and, if obeyed with integrity, deontological worries shall vanish." After the "cruel war," it was "a fortune" to be part of a "renaissance as glorious" as that of the Francoist regime that would —in accordance with the Spanish imperial spirit— "give Christian norms to the world." For medical professionals such as him and his colleagues, it was their mission to find "guidelines for the re-Christianisation of the Doctor […] in "profound affirmation of the catholic values."[235]

This and other displays of their ideology, together with the omnipresence of National-Catholicism in their personal and professional writings are proof that, beyond institutional design pushing for the production of legitimising psychiatric theories, Francoist doctors were in no way exempt of guilt. Their adhesion to reactionary, racist, extremist ideology predated the coup d'etat that brought Franco to power, which merely served as an opportunity to become part of the medical and academic elite and reach positions of power.

---

[233] González Duro, *Los psiquiatras de Franco*, 53–54; González Duro, *Historia de la locura en España*, 888.

[234] Merenciano, *Ensayos médicos y literarios*; González Duro, *Historia de la locura en España*, 893–94.

[235] Merenciano, *Ensayos médicos y literarios*, 118–21.

***

In the Soviet case, a number of doctors engaged in the study of diagnostic categories related to political dissent. For instance, Doctor Georgi Morozov was a leading psychiatrist and Director of the Serbsky Institute. He was often put in charge of diplomatic missions to promote the role of Soviet psychiatry vis-à-vis the West and towards the rest of the Communist states. For this role, he coordinated visits from doctors from Western Europe and the US to psychiatric facilities to counter allegations of political abuse.[236] According to Reddaway, his close links with the KGB as head of the Institute in practice granted him "general's rank". From his powerful status, he declared that "It is no secret to anyone that you can have 'schizophrenia' without having schizophrenia."[237]

However, the doctor with the primary role in the use of punitive psychiatry was Andrei Vladimirovich Snezhnevsky. He was a key figure in Soviet psychiatric history in general, and in punitive psychiatry in particular. He is often described as a highly competent and professional scientist, "whose goal in life was clearly to find the scientific truth" but who "at the same time became an amoral politician who made the same truth secondary to the demands of the authorities."[238]Already in late 1930s, he became deputy director of the Moscow Gannushkin Psychiatric Research Institute. His academic career was prosperous as academician of the Soviet Academy of Medical Sciences. He was director of Serbsky Institute for Forensic Psychiatry, the All-Union Mental Health Research Centre of the USSR Academy of Medical Sciences and the Institute of Psychiatry of the same institution.

As for the question of his guilt as an individual and personal involvement or responsibility for the systematic abuse of medicine in the Soviet Union, there is no academic consensus: Certain authors such as Robert Van Voren and dissident doctor Semyon Gluzman asseverate that he is personally fully responsible for his actions as one of the "main architects of the political abuse" who cynically "served the authorities and willingly developed a concept that

---

[236] 'Practicing Psychiatry for Political Purposes. Folder 28. The Chekist Anthology. | Wilson Center Digital Archive, Contributed to CWIHP by Vasili Mirokhin'; Fireside, *Soviet Psychoprisons*, 6; van Voren, *Cold War in Psychiatry*.

[237] Bloch and Reddaway, *Russia's Political Hospitals*, 257.

[238] van Voren, *Cold War in Psychiatry*, 103 referencing the book Psychiatry, Psychiatrists and Society.

could be used to declare political opponents of the regime to be mentally ill."[239] Other scholars, however, claim that Snezhnevsky's involvement has been exaggerated, given how he was not the only doctor applying the concept of sluggish schizophrenia.

Latvian psychiatrist Imants Eglitis defended him by arguing that he had arrived at the conclusions that led to the diagnosis of sluggish schizophrenia "from the clinical facts observed at the bedside of his patients" applying the "essential criteria of the ICD-9 and not the DSM system".[240] He argues that he was far from being the "architect of political repression" and could not be blamed for the shortcomings of the discipline across the Union. Opposing international criticisms, he declared:

> There were several articles in which [he] is blamed for having used psychiatry for political purposes. We can say that these accusations are gross exaggerations. Of course, while Prof. A. Snezhnevsky was the head of his clinical school (and, indeed, of all Soviet psychiatric system), he was consulted with regard to the most difficult medical cases. But he was not regularly consulted either at the Institute of Forensic Psychiatry nor the V. Kashchenko hospital.[241]

He further remarked that these criticisms were unfounded and answered to a lack of knowledge of the discipline:

> I cannot agree with the interesting, but scientifically unfounded statements made by some journalists, namely that symptoms of sluggish schizophrenia may be found in every one of us. They can only be of interest to laymen and are used for propaganda. The illness of sluggish schizophrenia is a clinical and biological reality. […] It is essential to understand how social and even legal problems sometimes rode on the sleeves of psychiatry and schizophrenia, even sluggish schizophrenia. Unfortunately, in such situations psychiatrists prove to be like any other people who have to suffer aggression. [242]

In this defence of Snezhnevsky's innocence, he even pointed to the subjection of psychiatrists to the power of the security institutions and the Communist Party, against whom they could not stand up. Notwithstanding this, acceptance of these psychiatric theories was not absolute. In both regimes, non-conformist voices from within the profession existed.

---

[239] van Voren, *Cold War in Psychiatry*.

[240] Imants Eglītis, 'Historical Aspects of the So-Called Moscow Psychiatric School', *Acta Medico-Historica Rigensia* 3(22) (1997): 94–95, https://doi.org/10.25143/amhr.1997.III.09.

[241] Eglītis, 96.

[242] Eglītis, 95.

The non-democratic nature of these states, however, made them face severe consequences for questioning the official guidelines of the medical profession.

***

Whether regime-adjacent doctors considered Marxist fanaticism and sluggish schizophrenia to be real mental illnesses is somewhat ambiguous. In the Spanish case, what is evident is a fervent belief in the racial-psychological principles and the alleged need to cleanse the nation from moral corruption. This is further made evident considering that these doctors actively engaged in conservative and reactionary academic and social circles before the coup d'etat and the war, including scientific stays in Nazi Germany. Their adherence to these ideas, therefore, predates the foundation of the Francoist regime.

In the Soviet case, there are fewer personal documents from doctors confirming their personal allegiance to the Marxist mission. However, the example of medical professionals who joined the dissident lines, risking their livelihoods and freedom, at least does point to the existence of a non-collaborationist option. Perhaps this, together with their adhesion to these psychiatric theories for years, reveals an agreement with these nosological categories. As certain authors point out, however, this should be regarded as part of a wider psychiatric and social context.

5.4. Fourth Question: Were Marxist Fanaticism and Sluggish Schizophrenia Real Mental Illnesses?

The straightforward answer to this question can only be *no*. Unlike in the examples studied by Ian Hacking, even when turning to modern day diagnosis manuals as "authoritative" or "at any rate the best criteria for diagnosis," no new nosologies can be said to refer to the same ailments described under the names "sluggish schizophrenia" or "marxist fanaticism." Therefore, even if applying present day guidelines, according to the criteria endorsed by the WHO and the APA, these are not real mental illnesses.

The fact that even diagnostic manuals in the Soviet Union described sluggish schizophrenia as "extremely difficult to diagnose" due to the limited appearance of symptoms that would "go overlooked" (rather, unnoticed) by both the patient and his closest circle, points at the

weak case for the existence of this illness.[243] The same can be said of the descriptions provided by Spanish doctors, ambiguously including mental states that were not detected as abnormal by the diagnosed subjects nor their close circles, and which before the coup d'état had not raised any medical concerns. Patients, indeed, did not *seek* medical help: it was *imposed* upon them, often upon request of the authorities, and without giving the "patient" a chance to present any allegations against his or her diagnosis. Claims from relatives regarding the sanity of the individuals declared "dangerous" were also overlooked[244]

Going beyond "what current manuals authorise" and what past manuals determined, Hacking pays attention to the historical limits of their use. Even if these categories are still discussed, it is done only from critical standpoints and always with a historiographic aim. Sluggish schizophrenia and marxist fanaticism entered their respective "deathbeds" when the ecological niches securing their existence began to collapse. Even when the behaviours diagnosed can and still appear in the Spanish and post-Soviet citizenry (and elsewhere), they no longer constitute evidence of mental illness and do not entail incarceration. Despite the fact that technically the different vectors could "once again flourish as a type of mental illness," my hope, like Hacking's, is that "they never succeed in making space for them again."

5.5. Fifth Question: Are Analogous Conclusions to be Drawn About Transient Mental Illnesses Today?

In *Mad Travellers*, Ian Hacking invites the reader to "apply similar reasoning for other mental illnesses that appear to be transient."[245] This is precisely what this chapter has attempted to do.

It is important here to note that Hacking himself is against the classification of schizophrenia as a transient mental illness, hoping that it "will emerge as one or several bodily disfunctions, […] which we shall be able to help or cure in a theoretically well understood and a practically

---

[243] Smulevich, 'Slightly progressive (sluggish) schizophrenia'; Snezhnevsky, *Rukovodstvo po psikhiatrii, 2 vols*.

[244] 'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'.

[245] Hacking, *Mad Travelers*, 96.

well-articulated way." Why then apply his framework to the study of sluggish schizophrenia? Hacking's hope for the crystallization of schizophrenia as a "real disorder" with a clear aetiology and treatment in no way clashes with the questioning of the transient nature of sluggish schizophrenia as a nosological category. In fact, as the previous efforts have demonstrated, this label is rather fitting for the Soviet-designed diagnosis. Not only does asking these five questions and enquiring about the four vectors in regard to this illness not threaten Hacking's treatment of schizophrenia as real, but perhaps helps stripe it from a rather arbitrary, historically contingent "sub-species."

In conclusion, the application of the five questions proposed by this author is effective for the study of sluggish schizophrenia and marxist fanaticism. Furthermore, it provides an original methodology through which it becomes easier to understand how it was possible for such nosological categories to become accepted as valid by medical practitioners. Additionally, given their clear political motivation, which differentiates them from the illnesses studied by Hacking, it is fitting to describe them as "political transient mental illnesses".

Conclusion

This dissertation has attempted to provide an original insight into the punitive use of psychiatry in the Soviet and Francoist regimes. As stated in the introductory sections, the main challenge in doing this has been the limited access to primary sources from both regimes, an issue that has affected other researchers trying to shed light on the dictatorial past of each state. However, this has not hindered the task at hand. In fact, this work opens the possibility for further research on different fronts: for instance, a comparative study of the reparations for the repressed and the evolution of psychiatry after regime change would be an interesting approach to the question of transitional justice in the often-forgotten realm of medicine. Regarding the history of the discipline in both regimes, a comparative research on the psychiatric theories and practices that emerged in Spain and the Soviet Union outside of punitive medicine would be a valuable insight on medical knowledge within the dictatorial regime. Additionally, as Hacking himself invites, the application of the framework of transient mental illnesses to other cases, particularly to other politically motivated diagnoses, remains an interesting approach.

This comparative analysis of the weaponization of psychiatry in the Soviet Union and Spain has shed light on the use of the diagnostic categories of sluggish schizophrenia and marxist fanaticism combining two theoretical approaches to give answer to the two proposed research questions:

Firstly, the analysis of psychiatric power as a matter of social control and conduct of conducts has shed light on the ways in which non-democratic regimes took advantage of the inherent nature of psychiatry as a disciplining institution, and why they found a useful tool for normalization of conduct within the psychiatric discipline.

Medicine, having provided a scientific characterization of dissident behaviour as pathological from a position of authority, cemented what was previously a moral dichotomy into a medical issue. Doctors turned what until then had remained in the ideological and philosophical realms into a reality, describing a set of conducts as perilous and prescribing preventive and “curative” actions. This way, through the interweaving of medical and political power, non-conformism became restrained to the realm of mental illness. The task of normalization became a question that no longer pertained to a human-rights discussion, but to a medical one.

Secondly, testing the fitness of the category of "transient mental illness" for the study of these ailments has supplemented their description as "constructed," focusing on the conditions that made the design and application of these nosologies during a specific geographic and historical context possible.

The existence of an ecological niche restricted to the Francoist and Soviet regimes —and within them, to a specific political moment— examined in Question 1 explains "how diagnosis was possible"; Question 2 has delved into the (i)relevance of determining what psychiatrized dissidents suffered from "in reality"; The Third Question has attempted to further clarify the question of doctor's individual guilt and the role of medical and security institutions introduced in Chapter 1; Question 4 has stated, once again, the fabricated nature of these categories; the last question (Question 5) proves that Hacking's theoretical and methodological proposal is a great tool for the historical study of psychiatric conditions.

Additionally, the comparison of similarities and differences has showcased how the behaviours that fit the targeted nosologies of both regimes generate two types of correspondence: the aspect of their totalitarianism generated an outright rejection of democratic values and questioning of official ideology. However, it has also demonstrated the appearance of "perfect contrasts":[246] the fundamentally opposed philosophical and ideological foundations of both regimes led to definitions of illness where, what constituted the epitome of the "model citizen" in one regime, represented the maximum expression of psychological and moral degeneration in the other. This is especially true in evident in reactions to the support and rejection of Marxism and religiosity.

As a result of this study's combined application of Hacking's theoretical proposal and a social-control lens, it is possible to describe the nosological categories created in the Soviet and Spanish regimes to silence political dissent as "political transient mental illnesses." Sluggish schizophrenia and Marxist fanaticism were political transient mental illnesses that no patient ever suffered, but which nevertheless caused immense psychological and physical pain.

[246] García Cabaleiro, 'Comparative Analysis of Psychiatry as a Tool for Political Repression in Authoritarian Regimes: The Case of the Soviet Union and Francoist Spain'.

Summary

This thesis relies on two theoretical foundations to study the weaponization of psychiatry as a tool for political repression in Francoist Spain and the Soviet Union. The first one deals with the study of social control and its relationship to psychiatry by applying Foucauldian tools of analysis, specifically focused on the totalitarian regime. The second one consists of an adaptation of Ian Hacking's theoretical proposal: the use of the category of "transient mental illnesses" to describe those mental ailments that appeared in a specific historical and geographical context, and then ceased to be diagnosed. The theoretical and methodological tools created by this author are used to evaluate the use of the diagnostic categories of "sluggish schizophrenia" and "marxist fanaticism" in the Soviet and Spanish cases, respectively.

Throughout the dissertation, I examine the role of doctors and medical institutions in defining these nosologies, their characteristic symptoms, and even suggesting measures for treatment and prevention. These medical practices effectively provided a scientific justification for the regime's suppression of dissident voices, given how the targeted behaviours were ambiguously defined to virtually correspond to any conducts that threatened the state.

The combined application of a social control approach and Hacking's theory leads to the designation of the nosological categories employed by Soviet and Spanish doctors as "political transient mental illnesses".

List of References

ABC. ‘Mensaje de fin de año del jefe del Estado’. 31 December 1959. Archivo Linz de la Transición española.

Adler, Nanci, and Semyon Gluzman. ‘Soviet Special Psychiatric Hospitals: Where the System Was Criminal and the Inmates Were Sane’. *British Journal of Psychiatry* 163, no. 6 (December 1993): 713–20. https://doi.org/10.1192/bjp.163.6.713.

Álvarez Peláez, Raquel. ‘Eugenesia y Franquismo. Una Primera Aproximación.’ In *Políticas Del Cuerpo. Estrategias Modernas de Normalización Del Individuo y La Sociedad.*, by Gustavo Vallejo and Marisa Miranda, 2007.

‘Archivo Histórico | Fundación Nacional Francisco Franco’. Accessed 23 July 2024. https://fnff.es/.

‘Biblioteca Complutense’. Accessed 23 July 2024. https://biblioteca.ucm.es/.

‘Biblioteca de la Fundación Juan March | Fundación Juan March’. Accessed 23 July 2024. https://www.march.es/es/biblioteca.

‘Biblioteca Virtual del Ministerio de Defensa’. Text. DIGIBÍS, 2012. España. https://bibliotecavirtual.defensa.gob.es/BVMDefensa/.

Bloch, Sidney, and Paul Chodoff. *Psychiatric Ethics*. Oxford: Oxford University Press, 1981.

Bloch, Sidney, and Peter Reddaway. *Russia’s Political Hospitals: Abuse of Psychiatry in the Soviet Union*, 1978.

‘BNE | Biblioteca Nacional de España’. Accessed 23 July 2024. https://www.bne.es/es.

Bonnie, Richard J. ‘Political Abuse of Psychiatry in the Soviet Union and in China: Complexities and Controversies’. *The Journal of the American Academy of Psychiatry and the Law* 30, no. 1 (2002): 136–44.

Campos, Ricardo, and Ángel González de Pablo. ‘Psiquiatría En El Primer Franquismo: Saberes y Prácticas Para Un “Nuevo Estado”’. *Dynamis* 37, no. 1 (2017): 13–21.

Campos, Ricardo, and Enric Novella. ‘La Higiene Mental Durante El Primer Franquismo: De La Higiene Racial a La Prevención de La Enfermedad Mental (1939-1960)’. *Dynamis* 37, no. 1 (2017): 65–87.

Canguilhem, Georges. *Lo normal y lo patológico*. Siglo XXI, 1982.

Cayuela Sánchez, Salvador. ‘El Nacimiento de La Biopolítica Franquista. La Invención Del «homo Patiens»’. *Isegoría*, no. 40 (30 June 2009): 273–88. https://doi.org/10.3989/isegoria.2009.i40.660.

———. *Por la grandeza de la patria: la biopolítica en la España de Franco (1939 - 1975)*. 1. ed. Sección de obras de sociología. Madrid: Fondo de Cultura Económica, 2014.

‘Declaration of Hawaii.’ *Journal of Medical Ethics* 4, no. 2 (1 June 1978): 71–73. https://doi.org/10.1136/jme.4.2.71.

‘Disidencia y psiquiatría: el caso Vallejo Nágera’. *Documentos RNE*, 29 September 2023. https://www.rtve.es/play/audios/documentos-rne/disidencia-psiquiatria-caso-vallejo-nagera/6978609/.

Egido León, Ángeles. ‘Ser roja y ser mujer: condicionantes y desencadenantes de la represión de género’. In *Mujer, franquismo y represión. Una deuda histórica*, edited by Ángeles Egido León and Jorge J. Montes Salguero, 15–41. Madrid: Sanz y Torres, 2018.

Eglītis, Imants. ‘Historical Aspects of the So-Called Moscow Psychiatric School’. *Acta Medico-Historica Rigensia* 3(22) (1997).

https://doi.org/10.25143/amhr.1997.III.09.
Els àngels caiguts. El fanatisme dels psiquiatres de Franco. Documentary. À punt, 2021. https://www.apuntmedia.es/documentals/angels-caiguts-fanatisme-psiquiatres-franco_134_1488649.html.
Fireside, Harvey. *Soviet Psychoprisons*. 1st ed. New York: Norton, 1979.
Foucault, Michel, and Hubert Dreyfus. *Mental Illness and Psychology*, 2008.
Foucault, Michel, and Jonathan Murphy. *History of Madness*. Translated by Jean Khalfa. London: Routledge, 2009.
Fuentes, Marisa J. *Dispossessed Lives: Enslaved Women, Violence, and the Archive*. University of Pennsylvania Press, 2016.
Gallego, José Andrés. *¿Fascismo o Estado católico?: Ideología, religión y censura en la España de Franco (1937-1941)*. Encuentro, 1997.
García Cabaleiro, Alicia. 'Comparative Analysis of Psychiatry as a Tool for Political Repression in Authoritarian Regimes: The Case of the Soviet Union and Francoist Spain'. Charles University, 2023.
González de Pablo, Ángel. 'Por La Psicopatología Hacia Dios: Psiquiatría y Saber de Salvación Durante El Primer Franquismo'. *Dynamis* 37, no. 1 (2017): 45–64.
González Duro, Enrique. *Historia de la locura en España*, 2021.
———. *Los psiquiatras de Franco: los rojos no estaban locos*. Atalaya. Barcelona: Ed. Península, 2017.
Gordon, Harvey, and Clive Meux. 'Forensic Psychiatry in Russia: Past, Present and Future'. *Psychiatric Bulletin* 24, no. 4 (2000): 121–23. https://doi.org/10.1192/pb.24.4.121.
Hacking, Ian. *Historical Ontology*. 1. Harvard Univ. Press paperback ed. Cambridge, Mass.: Harvard Univ. Press, 2004.
———. *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses*. Charlottesville, Va: University Press of Virginia, 1998.
Haupt, Heinz-Gerhard, and Jürgen Kocka. *Comparison and beyond: Traditions, Scope, and Perspectives of Comparative History*, 2009.
'Home Page | Wilson Center Digital Archive'. Accessed 23 July 2024. https://digitalarchive.wilsoncenter.org/.
Hroch, Miroslav. *Social Preconditions of National Revival in Europe: A Comparative Analysis of the Social Composition of Patriotic Groups among the Smaller European Nations*. Columbia University Press, 2000.
Huertas, Rafael. *Historia cultural de la psiquiatría*. Madrid: Catarata, 2012.
Ibor, Juan José López. *Discurso a los universitarios españoles*. Ediciones Rialp, 1957.
Kerbikov, Oleg V., M. V. Korkina, R. A. Nadzharov, and Andrei Snezhnevsky. *Psikhiatriia*. Moscow: Meditsina, 1968.
Kocka, Jürgen. 'Comparative Historical Research: German Examples'. *International Review of Social History* 38, no. 3 (1993): 369–79.
Lavretsky, Helen. 'The Russian Concept of Schizophrenia: A Review of the Literature'. *Schizophrenia Bulletin* 24, no. 4 (1998): 537–57. https://doi.org/10.1093/oxfordjournals.schbul.a033348.
Leifer, Ronald. 'The Medical Model as Ideology'. *International Journal of Psychiatry* 9 (1971 1970): 13–21.
'Library of Communism'. Accessed 23 July 2024. https://marxism-leninism.info/.
Luengo Peila, Juan Carlos. 'Metodología Para Una Historia de La Psiquiatría Latinoamericana 1850-1950. Ensayo, Revisión y Crítica.', 2007.
Luty, Jason. 'Psychiatry and the Dark Side: Eugenics, Nazi and Soviet Psychiatry'.

Advances in Psychiatric Treatment 20, no. 1 (January 2014): 52–60. https://doi.org/10.1192/apt.bp.112.010330.
Medvedev, Zhores A., and Roy Aleksandrovich Medvedev. *A Question of Madness*. Vintage Books, 1972.
Merenciano, Francisco Marco. *Ensayos médicos y literarios*. Ed. Cultura Hispánica, 1958.
'Mitrokhin Archive | Wilson Center Digital Archive'. Accessed 23 July 2024. https://digitalarchive.wilsoncenter.org/topics/mitrokhin-archive.
Moreno, Mónica. 'La dictadura franquista y la represión de las mujeres'. In *Represión, resistencias, memoria : las mujeres bajo la dictadura franquista. - (Comares historia)*. Granada: Editorial Comares, 2013. http://digital.casalini.it/9788490450833.
Musto, David. 'A Historical Perspective'. In *Psychiatric Ethics*, edited by Sidney Bloch and Stephen A. Green, 1st ed., 17. Oxford: Oxford University Press, 1981. https://doi.org/10.1093/med/9780198839262.003.0002.
Novella, Enric J. 'Las Lógicas de La Emancipación: Psiquiatría y Ciudadanía En La España Del Tardofranquismo'. *Historia y Política: Ideas, Procesos y Movimientos Sociales*, no. 46 (30 November 2021): 321–49. https://doi.org/10.18042/hp.46.12.
Pla y Deniel, Enrique. *Escritos Pastorales. Las Dos Ciudades: Carta Pastoral a Los Diocesanos de Salamanca (30-9-1936)*. Vol. 2. Madrid: Ediciones Acción Católica Española, 1949.
Podrabinek, Aleksandr. *Punitive Medicine*. Karoma Publishers, 1980.
Podrabinek, Aleksandr, and Viktor Nekipelov. 'Appendix IV: The Silent Asylum'. In *Soviet Psychoprisons*, edited by Harvey Fireside, 1st ed., 151–82. New York: Norton, 1979.
'Political Abuse of Psychiatry in the USSR. An Amnesty International Briefing'. England: Amnesty International, February 1983.
'Practicing Psychiatry for Political Purposes. Folder 28. The Chekist Anthology. | Wilson Center Digital Archive, Contributed to CWIHP by Vasili Mirokhin', June 2007. https://digitalarchive.wilsoncenter.org/document/practicing-psychiatry-political-purposes-folder-28-chekist-anthology.
Pravda. 'Sluzhenie narodu—vysokoe prizvanie sovetskikh pisatelei. Rech′ tovarishcha N. S. Khrushcheva na III sezde pisatelei 22 maia 1959 goda'. 24 May 1959. Marxism-Leninism. https://marxism-leninism.info/paper/pravda_1959_144-20319.
Prieto, Luis Aurelio González. 'La voluntad totalitaria del Franquismo'. *Revista del Posgrado en Derecho de la UNAM*, no. 14 (28 June 2021): 44–44. https://doi.org/10.22201/ppd.26831783e.2021.14.170.
Probes, Lawrence M, Vladimir Kouznetsov, Vladimir Verbitski, and Vadim Molodyi. 'Trends in Soviet and Post-Soviet Psychiatry', 1992.
Pulgar, José A. Pérez del. *La solución que España da al problema de sus presos políticos*. Librería Santarén, 1939.
Quiles, Oswaldo. 'Análisis Cualitativo de Textos Sobre Multi e Interculturalidad'. *DEDiCA Revista de Educação e Humanidades (Dreh)*, 1 March 2011. https://doi.org/10.30827/dreh.v0i1.7186.
Rejali, Darius M. *Torture and Democracy*. 1. paperback printing. Princeton, N.J.: Princeton Univ. Press, 2009.
'Report of the U.S. Delegation to Assess Recent Changes in Soviet Psychiatry'. *Schizophrenia Bulletin* 15, no. Supp. 1 to No. 4 (1 January 1989): 1–79. https://doi.org/10.1093/schbul/15.suppl_1.1.
Savelli, Mat, and Sarah Marks, eds. *Psychiatry in Communist Europe*. Mental Health in

Historical Perspective. London: Palgrave Macmillan UK, 2015. https://doi.org/10.1007/978-1-137-49092-6.
Sevillano Calero, Francisco. *Rojos: La representación del enemigo en la Guerra Civil*. Madrid, 2007.
Sirotkina, Irina, and Marina Kokorina. 'The Dialectics of Labour in a Psychiatric Ward: Work Therapy in the Kaschenko Hospital'. In *Psychiatry in Communist Europe*, edited by Mat Savelli and Sarah Marks, 27–49. London: Palgrave Macmillan UK, 2015. https://doi.org/10.1007/978-1-137-49092-6_2.
Smulevich, A. B. 'Sluggish Schizophrenia in the Modern Classification of Mental Illness'. *Schizophrenia Bulletin* 15, no. 4 (1989): 533–39. https://doi.org/10.1093/schbul/15.4.533.
Smulevich, A. B. Nadzharov. 'Slightly progressive (sluggish) schizophrenia'. In *A guide to psychiatry in Two Volumes*, edited by Andrei Snezhnevsky, 1:333–55. Moscow: Meditsina, 1983. https://academic.oup.com/schizophreniabulletin/article-lookup/doi/10.1093/schbul/15.4.533.
Snezhnevsky, Andrei, ed. *Rukovodstvo po psikhiatrii, 2 vols*. Moscow: Meditsina, 1983.
———, ed. *Spravochnik Po Psikhiatrii*. Moscow: Meditsina, 1974.
Szasz, Thomas Stephen. *Ideology and Insanity: Essays on the Psychiatric Dehumanization of Man*. Syracuse University Press ed. Syracuse, N.Y: Syracuse University Press, 1991.
'The Podrabinek Trial. Punitive Medicine or Fabrications Known to Be False?' London: Amnesty International, February 1979. https://www.amnesty.org/en/documents/eur46/044/1978/en/.
Thomas, Daniel C. *The Helsinki Effect: International Norms, Human Rights, and the Demise of Communism*. Princeton University Press, 2001.
Tobin, J. P. 'Editorial: Political Abuse of Psychiatry in Authoritarian Systems'. *Irish Journal of Psychological Medicine* 30, no. 2 (June 2013): 97–102. https://doi.org/10.1017/ipm.2013.23.
Vallejo-Nágera, Juan Antonio. 'Biopsiquismo Del Fanatismo Marxista'. *Revista Española de Medicina y Cirugía de Guerra*, 1938.
———. *Eugenesia de la Hispanidad y Regeneración de la Raza*. Burgos: Editorial Española, 1937.
———. *Psicopatología de la conducta antisocial*. San Sebastián: Editorial Española, n.d.
Vallejo-Nágera, Juan Antonio, and Eduardo M. Martínez. 'Psiquismo Del Fanatismo Marxista. Investigaciones Psicológicas En Marxistas Femeninos Delincuentes'. *Revista Española de Medicina y Cirugía de Guerra*, 1939. Biblioteca Virtual de Defensa.
Vinyes, Ricard. 'Construyendo a Caín. Diagnosis y terapia del disidente: las investigaciones psiquiátricas militares de Antonio Vallejo Nágera con presas y presos políticos'. *Ayer*, no. 44 (2001): 227–52.
Voren, Robert van. *Cold War in Psychiatry: Human Factors, Secret Actors*. On the Boundary of Two Worlds 23. Amsterdam: Rodopi B.V., 2010.
Welskopp, Thomas. 'Crossing the Boundaries? Dynamics of Contention Viewed from the Angle of a Comparative Historian'. *International Review of Social History* 49, no. 1 (2004): 122–31.
Wing, J. K. 'Psychiatry in the Soviet Union'. *British Medical Journal* 1, no. 5905 (9 March 1974): 433–36. https://doi.org/10.1136/bmj.1.5905.433.
Прорывист. 'Elektronnaia Biblioteka | PRORYVIST', 11 April 2017. https://prorivists.org/bibliotheca/.