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New approach to madness: the development of the outpatient psychiatry in Soviet Russia in the 1920s and in the early 1930s

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Abstract. This article explains how a marginal method for the provision of health care became public policy in Soviet Russia and shows the role of psychiatrists within the Soviet transformative project. In Russia, as in the West, asylums were chosen as the nucleus around which to develop psychiatry. On the eve of the First World War, few psychiatrists were demanding that the network of hospitals be completed by more socially-integrated institutions whose aim would be not only to provide care in the community but also to develop prevention. Only after the October Revolution did the Commissariat for Health (Narkomzdrav) of the Russian Republic begin to address this issue. N.A. Semashko, the Commissar for Health, believed in a preventive conception of health care present in all the spheres of daily life with the aim of regenerating society. Moscow benefited more than other cities from the measures taken regarding outpatient psychiatry and mental hygiene. This town served both as a laboratory and as a model for these measures. The importance of outpatient psychiatry was nevertheless very limited during the period of the New Economic Policy (1921–1928). The Narkomzdrav sought above all to increase the number of psychiatric institutions and to improve their medical "productivity". Outpatient psychiatry was decreed to be a priority in 1929 as a means to help those suffering from psychological and nervous conditions caused by the country's upheaval, but this priority did not last long: in 1931, barely two years later, the Narkomzdrav again concentrated its efforts on a network of hospitals and, in this sense, returned to the course which it had been following in the 1920s. Thus, the leading role of outpatient psychiatry proved to be short-term. Changes in health care policy indicated what role was given to psychiatrists in the Soviet transformative project and how the organized care of the population was involved in the construction of a new society based on collectivism.

Keywords: Soviet Union, Outpatient psychiatry, public health policy, psychiatrists, mental diseases

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Western-modeled Russian psychiatry formed around homes for the mentally ill, officially renamed to psychiatric hospitals during the restructuring of the health system, which started after the October Revolution[1]. In the 19th century, a construction plan for provincial homes for the mentally ill was passed by the tsarist government. Given the size of the estimated costs, it was partially transferred to the jurisdiction of *zemstvo* districts for its execution. At the end of the 19th century, local authorities were in charge of 34 psychiatric institutions [2]. From that point on, psychiatrists insisted that a new type of institution be added to the network of clinics, more accessible and involved in the prevention of disease [3]. They promoted the idea in accordance with the updated understanding of madness – or, more accurately, mental illness – and the patients' capabilities. However, only after the revolution did the People's Commissariat of Health of the RSFSR adopt a number of decisions in favor of outpatient psychiatry. N.A. Semashko – a doctor and old *Bolshevik* who became Commissioner of Health – was a supporter of the concept of medicine for the renewal of society permeating all aspects of society [4]. Moscow – the new capital and a major industrial center – experienced the results of the decisions taken to a greater extent than other cities: it became both a testing ground for these measures and a role model.

However, outpatient psychiatry was only a short-term experiment in the new economic policy (NEP), as a result of which the market economy was partially restored in order to save the regime from the disaster provoked by the civil war. The People's Commissariat of Health sought primarily to increase the number of psychiatric hospitals

[1] On the establishment of a new administration in the field of public health, see [1].

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and to improve their "medical productivity" – the organization and the quality of assistance and patient care – by increasing budgetary allocations and better training. Having received unlimited authority, Stalin decided to accelerate the pace of reforms in the country and escalate the class struggle. The NEP was wound up, and the socialist offensive began. According to a 1929 resolution, outpatient psychiatry had become a priority, and its task was to help people who due to the drastic situational changes could be suffering from mental and nervous disorders. This resolution made outpatient psychiatry a part of industrialization policy. However, this situation did not last long, as less than two years later a new resolution required that the People's Commissariat of Health focus on the hospital network and return to the approaches of the 1920s. The criticism, which from 1932 psychiatry community had been subjected to, was unfolding at a time when the class struggle was seen as an instrument of social justice [5].

On the basis of numerous publications, and extensive archival materials, we try to conceive how a private approach to mental disorders could acquire the status of health care policy during an interim period of time[2]. In describing the institutionalization process, emphasis is placed on the work carried out by all actors associated with the sphere of insanity, to cast doubt on the legitimacy of the power relations and create unique new structures. Proponents of outpatient psychiatry, striving for universal acceptance of psychiatry as a separate medical specialization, were able to enlist the support of the leadership of the country and thereby ensure the balance of power in their favor. They pointed out that psychiatrists could play an essential role in the restructuring of the public consciousness. However, their success was sustained only for a short while: a period of relative freedom was replaced by restrictions. Nevertheless, it provided for an understanding of what role the government could derive from psychiatrists within the Soviet restructuring project, and how serious was the medical care provided to individuals involved in building a new society.

[2] The bibliography of psychiatry in the interwar period is rather limited, most of the research is dedicated to the pre-revolutionary period with occasional excursions into the 1920s, and the period after the World War II. About the end of the 19th century to the beginning of the 20th century, except for the politicized Meshalkin thesis [3], see [6–9].

The system of hospital psychiatry

During the course of the revolution, the *Bolsheviks* supported psychiatrists and gave them complete freedom to implement long-planned reforms aimed at creating an independent, structured and recognized psychiatry community. With this in mind, a Neuropsychiatric commission was created in the spring of 1918. The convergence of psychiatry and neurology began long before that (in the 19th century). Both subjects were taught within the one university specialization and homes for the mentally ill took in patients suffering from nervous disorders. A clearer distinction began to emerge during World War I, when doctors defended their specialization [7, p. 7]. Despite the institutional proximity of psychiatrists and neurologists, the rivalry between the two continued, it was a source of tension in an increasingly competitive environment, coupled with increasing differences in approaches, such as eugenics and psychoanalysis [10, p. 402–443; 11]. Over time, the commission was renamed as per its internal reorganization and changes in the structure of the People's Commissariat, on which it depended. Named as a result of changes in the Neuropsychiatric section, by 1920 it had received about 60 hospitals and colonies under its administrative and partial financial accountability [10, 11][3].

During the Civil War, when the country was experiencing serious deprivations, the commission was engaged not so much in reform as in meeting the most pressing needs. From its point of view, many institutions faced a disturbing and even catastrophic situation[4]. The issue of nutrition was most worrying: even in Moscow, according to the report, "hunger" was the cause of "mentally ill dying off". Rations were becoming poorer, sometimes there was not enough food. Patients had to be content with low-quality bread and substitutes[5]. The most vulnerable were those who did not receive help from relatives due to weakening or disruption of contacts associated with hospitalization (for example, because of the remote location of the hospital from relatives' residences). These patients tried to survive on the

[3] State Archive of the Russian Federation (GARF) a-482/3/212/1.

[4] GARF a-482/3/9/1.

[5] GARF a-482/3/9/15; GARF a-482/3/9/31.

meager hospital rations.[6] The staff, too, suffered from malnutrition and permitted themselves to rob patients, thus violating one of the basic professional rules – to take care of patients. Weakened people were vulnerable to typhus, tuberculosis, cholera, dysentery and scurvy, the breeding grounds of which were homes for the mentally ill. In Moscow, under the influence of hunger and epidemics, the pre-war mortality rate of 8-9 percent increased to 30 percent in 1918 and reached 70 percent among those hospitalized for the first time[7].

The rapid spread of disease was also associated with poor hygiene and overcrowding of patients. Psychiatric hospitals were overwhelmed, despite the fact that they only housed some of the sick (according to some estimates, no more than 15 percent, who were extremely sick, and could not be left in the care of their families – "wild", "anti-social elements" as well as weak and "unpleasant" patients)[8]. Schizophrenics, as well as those suffering from manic-depressive psychosis and oligophrenia, accounted for more than half of patients in 1922 [12, p. 25]. Patients with different illnesses were often kept in the same room, slept on beds without mattresses or on the floor and did not receive the necessary medicines for their treatment. They wore old clothes, which were too light for going outside in winter. The rooms were poorly heated because of a shortage of firewood, and therefore, there was no possibility to wash or take a bath.[9] Many institutions faced with similar challenges were closed. Thus, in the Petrograd province, a sanatorium, a patronage, a private clinic for children and the central psychiatric hospital for soldiers were closed[10]. Facing this situation, the commission sought to meet the needs of the functioning institutions[11]. It tried to prevent new closures, which would have resulted in many patients remaining without help or supervision, further complicating the fulfillment of its mission.

In hospitals, labor organization was routinely flouted for various reasons. Internal hierarchy was based on the competencies of medical personnel performing different jobs according to their skills and training: doctors diagnosed and prescribed treatments, nurses performed procedures, and hospital attendants helped patients meet their basic needs. Not only doctors and nurses but also orderlies were required to perform on-call duties. In practice, due to a lack of staff (including doctors), roles were reassigned and functional separation was violated.[12] The carrying out of necessary work had to be constantly agreed: any employee, including senior medical, staff had to feed, care for and look after patients, even after hours. The working day was not limited to the set eight hours; additional hours were common, and night shifts exhausted the staff.[13] Sometimes patients, left to themselves, remained without supervision for several hours[14].

Was medical care in hospitals improved?

In the first post-revolutionary years, psychiatric hospitals provided a very depressing spectacle: destitution and poverty, individuals who could not take on personal responsibility and who were abandoned to their fate. In order to improve healthcare, the management of the psychiatric sector sought primarily to change the hospital situation and strengthen the service relationship [13, p. 55]. Appropriate measures and programs were presented and received support at conferences and in specialist literature. The described provisions were used by the commission to justify the legitimacy of its existence and activities. The resulting decision eliminated the preexisting differences, and the committee reached a consensus. In other words, the disputes and conflicts between its leaders were put to rest. The argument put forward was quite simple in general: it boils down to the reformation of psychiatric institutions and flexibility in the activities of the commission which, in order to accomplish the task, managed to overcome the tsarist legacy and existing difficulties.

Three main points were noted. Firstly, there was an increase in budget revenues for psychiatric institutions and better equipment for them. There are indications that in the second half of 1922, food rations improved, hospitals became better heated and received more equipment.

[6] GARF a-482/3/22/4v.
[7] GARF a-482/3/9/31.
[8] GARF a-482/3/9/2.
[9] GARF a-482/3/9/15, 60.
[10] GARF a-482/3/9/15.
[11] GARF a-482/3/9/1.
[12] GARF a-482/3/213/2.
[13] GARF a-482/3/9/22.
[14] GARF a-482/3/213/2.

Mortality decreased and returned to pre-war levels [14, p. 6–7; 12, 25–28]. Secondly, efforts were being made not only to maintain the remaining institutions but also to open new ones. Small structures appeared in Bryansk, Ivanovo-Voznesensk, Sasov and Rostov-on-Don [12, p. 27]. Thirdly, work was underway in respect to illiterate or semi-literate (as was the majority) employees. Many mental health services suffered from a lack of experienced personnel due to staff turnover. Courses were organized and schools opened for staff directly in hospitals. As a result, employees' training levels increased [15]. But the situation in the country's hospitals changed at different rates. One of the leaders of the Moscow psychiatric sector, V.A. Grombakh, acknowledged that the capital was in a privileged position compared to the province where psychiatrists had to make, he said, "heroic efforts". According to V.A. Grombakh there had been marked progress in Moscow since 1920, and the work of hospitals had even normalized, although overloading continued to complicate the fulfillment of medical tasks [16, p. 105].

Indeed, it is difficult to assess the scale of change. The findings on the changes that were carried out are based list of measures taken to achieve them, and sometimes on statistical data. Leaders in psychiatric institutions were simultaneously doctors, specialized medical corporation officials and administrators. In other words, they were at the intersection of several fields of activity (*mondes d'action*) [17]. They were interested in how to build a logical connection: the doctor determines the state of psychiatric hospitals, and his assessment is taken up by the administrator, who takes note of the changes that have been made. The ambiguity of the changes strengthens the bonds, the quality of which depends on the ability to meet the expectations of people who belong to different worlds. Thus, these relationships can be subject to criticism and can be refuted in the case of non-compliance with their requirements. In reality, the argument about the success of patients' admission and care can be refuted by a number of reports drawn up by different actors.

Already in 1923, the Central Committee of the All-Russian Trade Union of Health and Medical Workers painted a sad picture, which remained virtually unchanged during the interwar period. At almost all hospitals, patients were confined to their wards; wet wraps, straitjackets and isolation were in widespread use, as well as the practice of tying patients to their beds [18]. Low levels of healthcare can be explained by the lack of qualified staff and difficulties filling vacancies in connection with low wages and poor working conditions: in some institutions there was no doctor, half the staffing positions were left unfilled and there was no permanent staff[15]. In 1927, the chief doctor of Moscow's Kashchenko Hospital warned about the risk of "them [*hospitals*] turning into the old asylums."[16] The notion that the hospital structures were not carrying out their medical mission was shared not only by their leaders. An address to the People's Commissariat of Health at the Council of the People's Commissariat (Sovnarkom) emphasized that "psychiatric hospitals, which were overcrowd and could not carry out treatment regimens, were being transformed into prisons, factories for the chronically incurable"[17].

Rethinking the role of the psychiatrist

From 1919 in Moscow, the first experiments in organizing outpatient psychiatry were carried out. The city was divided into eight districts, each of which had its own psychiatrist. The psychiatrist was commissioned to treat patients at home, observe hospital patients who had been released and hospitalize those whose condition could only be improved by hospital treatment.[18] The aim of outpatient clinical examinations was to reduce the load on hospitals and prevent the hospitalization of patients at institutions that were not adapted to provide necessary treatments. Care for patients included methods used in physiotherapy (such as massages and baths) and psychotherapy (such as hypnosis and psychoanalysis). From 1923, psychiatric service became a field for mental health policy, expanding on the initiative of Bauman district psychiatrist I.A. Berger. The few staff available to Berger were mobilized to organize a conference on diseases of those

[15] GARF a-482/3/505 / sheet number lost.
[16] Central Archive of the City of Moscow (TSAGM) P-389/1/6/2.
[17] GARF a-259/12b/3868/52.
[18] GARF a-482/3/130/12. See also [16, p. 108].

working at factories and how to prevent them. At the largest factories, clinics offering free medical care were opened. After a few months a commission was created at the health department of the local executive committee to conduct sanitary inspections, care for the ill and protect their rights. Structures modeled upon it appeared in other areas from the moment when Moscow authorities decided to expand the mental health program across the city [19]. The appearance of district psychiatry was unprecedented in Europe, where it only appeared after World War II. It only appeared in France in 1960, when the use of antipsychotics reduced the amount of time need for hospitalization[19].

Outpatient psychiatry was in sharp contrast to lunatic asylums, the functioning of which was based on a specific concept of the individual and society, described by M. Foucault and R. Castel. The tradition of psychiatric hospitals suggested that the insane always retained some sense of reason. In accordance with this concept a search for this sense was proposed, removing patients from the pathogenic environment in which they found themselves and placing them (including by force) in a psychiatric hospital – a strictly organized and regimented place, which represented a kind of ideal society, different from reality, but a part of it. As a result of their special knowledge, chief physicians wielded absolute power, and patients became completely dependent on them. It was namely chief doctors who were in charge of the selection of the appropriate treatment for each patient. Their role even went beyond this competence: they acted as guarantor of order in the hospital, the maintenance of which was entrusted to the junior medical staff (hospital attendants) [22–24]. In Russia, the main criticism of the authority given to chief doctors at psychiatric hospitals arose during the revolutions of 1905 and 1917. The method of their appointments changed: henceforth they were to be elected by staff and carry out joint leadership[20]. But the proposal to abolish the post of chief doctor was rejected each time, and the chief doctor remained a key figure in the hospital during the interwar period.

[19] On the reform of psychiatry in the post-war France, see [20]. Avg. [21].

[20] GARF a-482/3/22 / 17-18. See also [25].

Outpatient psychiatry not only abandoned the principle of isolation as a basic requirement for the treatment of insanity, in which a psychiatric hospital is the first therapeutic step, but also redefined the role of the doctor. District psychiatry strengthened the value of the patients' communication with their social environment and provided them with some autonomy. Keeping the patients in their communities, in their regular social environment, as well as in their social relationships (with family, work), was considered more effective than isolation within hospital walls. However, a psychiatrist was required to monitor the conditions in which the patient was located. The decisions of the Second All-Russian Conference on psychiatry and neuropathology stated in a style typical for the era that it was necessary that "the psychiatrist and neurologist have an approach to life, to participate in the organization of work and life by enlisting the support of the broad sections of the people through organized groups" [26, p. 59]. The psychiatrist ceased to be an all-powerful figure, around which the hospital mechanism functioned: the psychiatrist should work in contact with the population and in accordance with social actors (social organizations) to ensure a balanced medium in which patients live. With the help of community psychiatry, doctors had an impact on virtually the whole of society in order to eliminate or, at least, reduce the causes of nervous and mental disorders.

This expansion of psychiatry's area of influence was based on two arguments. P.B. Gannushkin developed the concept of "small psychiatry", classifying pathologies that presented acute psychotic symptoms but required, however, appropriate treatment [27]. Secondly was an updated social environment. According to the theory of degeneration, attributed to the French psychiatrist Benedict Augustin Morel who was known in Russia since the 1880s, the environment may have a negative impact on individuals and their descendants who have a particular genetic predisposition [28, 29]. Appealing to the ability to influence the behavior of the individual and the environment, advocates of outpatient psychiatry pointed to the fact that it can provide necessary assistance to the population. The task was important, since it was a question of consolidating the legitimacy of their profession,

which for a long period had been undervalued by colleagues – other doctors and representatives of tsarist power. Some of them accepted the revolution because of the refusal of the autocracy to provide psychiatrists with autonomy and the funds required for the development of the sector. This attempt at legitimization through outpatient psychiatry was observed not only in Soviet Russia. It was also adopted in France, where the League of Psychoprophylaxis and Mental Hygiene defended outpatient mental health services, which allowed specialized care to be provided to patients whose condition did not require their hospitalization in a psychiatric hospital [30].

Establishment of the State Neuropsychiatric Clinic

Outpatient psychiatry corresponded with a special concept of mental illness, based on criticism of the hospital system. Its main proponent was L.M. Rosenstein, who sought its recognition for many years. Rosenstein, a graduate of the medical faculty of Moscow Imperial University, began his career in the university psychiatric clinic in 1908, but in 1911, following the example of several colleagues, he resigned in protest against the restrictive policy of the Ministry of Education. After that, he worked at the Preobrazhenskaya hospital, and then at the Alexeyevskaya hospital. In those pre-war years, he was engrossed by the works of A. Meyer – a key figure in American psychiatry and an advocate of mental healthcare [31]. Rosenstein was close to Z.P. Solovyev, one of the organizers of the Commissariat of Health and Semashko's deputy. After the revolution, Rosenstein was among those who participated in the formation of a new psychiatry leadership. Later he became an adviser to the People's Commissariat of Health and a member of the committee founded in 1922 to be in charge of Soviet psychiatry. The position allowed him to attract new supporters. Working as a psychiatrist in the Don region hospital providing outpatient care, he continued to increase the number of his supporters [32].

In the role of official administration representative, Rosenstein tried to reconcile the two different forms of mental healthcare – inpatient and outpatient – creating an inextricable link between the two on the basis of psychiatric clinics. In a report presented at the second national conference on psychiatry and neuropathology, he noted that only through this structure could a new type of "psychiatric approach to psycho-hygiene and psychoprophylactic problems arise from the general principles of Soviet medicine and from the evolution of mental health" [33]. Rosenstein first drew on a parallel between mental hygiene and social hygiene, which was supported in Russia by Semashko, who said that disease prevention was the main task of medicine. Social hygiene clinics were to play a major role in society, combining the ideas of care and education, and doctors were to perform a dual function in this way – to treat and educate the population [4, p. 49–51]. Rosenstein also insisted on the need to expand mental health on a global scale.[21] In June 1922, the French League of Psychoprophylaxis and Mental Health organized the First Congress of Mental Health, which brought together delegates from 22 countries (Russia did not take part in it). One of the topics discussed at the congress regarded the role of dispensaries in helping the mentally ill. It was during this same period in France that the first psychiatric clinic was founded at St. Anne's Hospital [34, p. 43].

In Russia, Semashko attracted the attention of the country's senior management to the problem of nervous disorders, pointing to their negative impact on the health of the party leaders. [35] He managed to get permission for Rosenstein to found and head the State Neuropsychiatric Clinic, which was placed in charge of outpatient psychiatry throughout the Russian Soviet Federative Socialist Republic. One such dispensary was opened at the Moscow State Psychoneurologic Institute in June 1924 in the Krasnaya Presnya district. The First All-Union Conference on Psychiatry and Neuropathology, which took place a year later, was almost entirely devoted to a discussion of the work and objectives of the clinic. The dispensary combined practical assistance with research work and had three departments: a day clinic, in which patients received medical referrals, a laboratory, and a doctor's office for assistance and consultations. [36] After the closure of the institute in 1925, the dispensary

[21] The movement originated in 1909 in the United States in connection with the foundation of the National Committee for Mental Hygiene. In 1917–1923, similar organizations appeared in Canada, France, Belgium, England and Brazil.

received full autonomy. The institutionalization of outpatient psychiatry thus appears to be a combination of two fields. On the one hand, the "hygienization" policy promoted by the Soviet leaders considered hygiene as a tool for social transformation, and on the other – the politicization of outpatient psychiatry, the purpose of which became its participation in the renewal of society. The dispensary becomes part of a network of institutions designed to maintain social care and conduct activities aimed at improving public mental health.

The work of outpatient psychiatric facilities

Moscow had a network of psychiatric institutions that was unique for the Soviet Union as well as Europe, but its activities were nevertheless hindered due to a lack of necessary funds. Due to its status, the State Neuropsychiatric Clinic was in a rather favorable position and launched a storm of activity. In 1926, doctors and nurses were receiving tens of thousands of patients: 3,733 came for appointments for the first time, 31,733 were placed on the registry, 2,363 were referred to the district in which the dispensary was located and in total 77,122 medical procedures were carried out. The dispensary carried out sanitary inspections in factories and detox centers, it conducted research on alcoholism, studied the link between this disease, professions and patients' living conditions [37]. These works met the demands of the People's Commissariat of Health, which, in turn, guided by the directives of the Council of People's Commissars, sought to deal with alcoholism through medical care [38]. The dispensary ran professional development courses on neurology and psychiatry, with emphasis placed on prevention, psychotherapy and medical examination: in 1926, out of 105 students, 95 were sent to provincial healthcare departments, and the remaining 10 were non-degree students from Moscow. In addition, the clinic established a commission to combat epilepsy [37, p. 216-218; 39, p. 236].

In the archives there are practically no available documents containing criticism of the clinic's work, but they contain many complaints from district psychiatrists, who at local health departments meetings spoke of the impossibility of performing their assignments. They did not have the premises to receive patients. In the Krasnaya Presnya district, doctors received patients in their homes. Patients disrupted them at any time. Patients stayed in the houses where psychiatrists' apartments were located, they disturbed neighbors and sometimes littered public places[22]. The Sokolniki district psychiatrist had to move his reception three times over the space of several months. As a result, he was forced to run his reception in a kitchen.[23] The Bauman region fared no better: at first, a psychiatrist did not receive any premises and those provided later proved to be lacking. For these reasons, consultations were only conducted four times per week[24]. Securing permanent working premises for doctors along with the opening of further consultation services was a priority, and would allow many patients to receive decent care[25].

Psychiatrists spoke of being fully overloaded. Grombakh confirmed that they had no standardized reception hours[26]. The multifarious work of doctors took up a very large amount of time. Consultations took most of the day. They received patients almost every day. In 1925, a reception at the Bauman district saw 5,190 patients, of which 194 were hospitalized on the recommendation of the district psychiatrist[27]. In addition to receiving patients, doctors regularly paid house calls (for example, once a month in the Krasnaya Presnya district).[28] In addition, psychiatrists had to answer emergency calls received from patients or general practitioners. In Bauman district in 1925, a psychiatrist was called out 517 times, with some if these calls not even related to psychiatry[29]. Psychiatrists were also involved as experts in investigations by authorities, who needed detainees examined and decisions taken on placing some of them into care. For example, in 1925, the Bauman district psychiatrist was summoned 71 times to court and to the criminal investigator[30]. Thus, the district psychiatrist served multiple roles in cramped

[22] Central State Archive of the Moscow region (TSGAMO) 2129/1/252/17.
[23] TSGAMO 2129/1/254/55.
[24] TSGAMO 219/1/250/31.
[25] TSGAMO 2129/1/254/55v.
[26] TSGAMO 2129/1/252/17.
[27] TSGAMO 219/1/250/31.
[28] TSGAMO 2129/1/252/17v.
[29] TSGAMO 219/1/250/31.
[30] TSGAMO 219/1/250/31. On the role of psychiatrists in the law enforcement system, see [39].

conditions. Many doctors believed that in this situation it was impossible to properly work with the sick and provide the minimum work needed to prevent illness[31].

Mental health commissions were not organized in all districts. In 1925, one was created in the Zamoskvorechye district, and measures to create such a commission were adopted in the Krasnaya Presnya district. I. Berger also stated that provision of preventive mental health care would soon cover the whole of Moscow [19, p. 76], and this was despite the fact that at the end of 1926 a total of five committees were working with few or no teaching materials, which were in deficit [19, p. 153]. In the Bauman and Zamoskvoretsky districts, commissions worked actively, organizing campaigns and carrying out checks (108 in a year in the Bauman district). Representatives of the commission in the department of health considered that they were dealing with responsible and interested staff. However, in the Krasnaya Presnya, Khamovniki and Rogozhsko-Simonovsky neighborhoods the commissions' work was considered unsatisfactory. Several reasons are listed, according to available sources. In these neighborhoods, the staff were described as few in number and incompetent. In the Krasnaya Presnya neighborhood, the staffing team was described as falling apart. In Khamovniki and Rogozhsko-Simonovsky neighborhoods, lone psychiatrists were so overworked that were unable to follow the work of the commissions. The results of rare verifications revealed that these psychiatrists worked poorly, and the assistance provided by dispensaries did little to improve the situation[32].

Despite financial difficulties, outpatient psychiatry still functioned in Moscow. Outside the capital, it was more difficult. On the whole, in the Moscow region the situation was satisfactory. In 1927, in 12 of 17 districts consultation centers worked two to three times a week. Consultations were carried out by two dozen doctors, some of whom were not psychiatrists. In the provinces, outpatient psychiatry was practically nonexistent. Neuropsychiatric clinics were opened in 11 cities in the European part of Russia (Vyatka, Voronezh, Leningrad, Rostov-on-Don, Ufa, Bryansk, Orel, Penza, Tambov, Tver and Nizhny Novgorod). However, these dispensaries existed only on paper, as their managers were not able to give an account of the work done, with the possible exception of Vyatka, where sanitary inspections were organized at factories. [40] Proponents of outpatient psychiatry dreamed of introducing it in the provinces and rural areas for the treatment of "the vast mass of the mentally ill, including border guards, who live among the population" [37, p. 216].

The "great breakthrough' in psychiatry

The beginning of the socialist offensive led to significant changes in psychiatry, a rethinking and expansion of its use. In the spring of 1928, Stalin imposed collectivization, industrialization and intensified the class struggle. The draft decree of the Central Executive Committee and the Council of People's Commissars pointed out the negative consequences of socialist construction, which could affect the nervous and mental health of those who were too involved and not taking care of their health: "Our socialist construction, accompanied by the industrialization of the country, a sharp rise in the cultural level of the masses, the rapid pace of development – all this must inevitably increase the number of nervous illnesses and borderline mental illness. This is due to contingents, participating in this construction, who in a burst of enthusiasm are not sparing any effort and are not adapted to the intense, exhilarating work, often switching from one track to another"[33].

To limit the growth of pathologies and protect citizens' mental health, a priority was given to outpatient psychiatry in a decision by the Council of People's Commissars of April 1929 [41]. Reform was entrusted to the Institute of Neuropsychiatric Prophylactic Treatment, which in the previous year had been renamed the State Neuropsychiatric Clinic. The turning point in psychiatry was a result of the successful work of doctors who in a gradual transition to a new area of study (from the influence of political changes on mental states to somatic diseases and occupational illnesses) managed to convince the leadership of the importance to society of outpatient psychiatry. Already in 1925, Rosenstein said that scientific-research work had identified persona deformation as a result of the influence of professions [42]. This transition

[31] TSGAMO 2129/1/254/55.
[32] TSGAMO 2129/1/238/44.
[33] GARF 393/74/126/4, 6.

would not have produced such consequences if the leadership of the country had not been informed of the research results.

However, without a change in the political situation, this "transition" operation, in the words of B. Latour, could not have succeeded. The idea of the socialist offensive, designed to accelerate the transition to socialism, was based on the fact that willpower is capable of anything, and that each individual should devote himself or herself entirely to the common cause. The efforts of each individual for the common good should not only lead to economic changes in the country, but also allow each individual to achieve self-actualization as a social unit, in harmony with the environment, in the formation of which he or she took part[34]. Socialist construction was intended to create a person who was wholly devoted to the team, who saw the upcoming future liberation and could not allow oneself to abandon this on one's own initiative.[35] However, if the individual failed to fulfill his or her potential, the intervention of a psychiatrist was needed. Psychiatry was assigned the task of regulating the erratic behavior of the individual whose actions and judgments were assessed as pathological. Psychiatry became a tool for the modeling of subjectivity and thus the whole social body. This vocation could lead to the labeling of pathological manifestations in the conduct of people's capability for productive activities. The medical and social framework coincided in this case, and individuals' freedom would be determined by the requirements of society in the name of "universal higher" benefit [45].

In a sense, the leading role given to outpatient psychiatry testifies to the concern of the country's leadership that the social environment could escape from its influence due to excessive overload experienced by individuals in the conditions of accelerated industrialization. These concerns were characteristic not only at the end of the 1920s: research over the NEP period showed that decision-making was guided by doubts rather than utopian ideas [46–49]. These concerns can be explained by the particularities of the revolutionary project, which sought to build the new from the old. But the human and social fabric was quite time-consuming and difficult to process. Suicide – a more specific prevalence of this phenomenon, considered a relic of the past – can be regarded as an indicator of difficulties that arose after the October Revolution and were faced by the government while trying to fully dominate the minds of its citizens [44, 50]. Outpatient psychiatry was an unprecedented instrument, mobilized to achieve this objective, at least for those whose loyalty and partisanship had already been recognized. A series of repressive measures was used for others (repression directed against different categories of people who were deported to colonies and labor camps in remote areas with harsh climatic conditions) [51].

From indifference to criticism

A decision of the Council of People's Commissars in 1929 led to the reorganization of psychiatry, which took place in the framework of the establishment of general control of Soviet scientific and cultural institutions. Psychoanalysis was criticized, eugenics was subjected to a ban [10]. New appointments had joined the *Bolsheviks* and the intelligentsia had to prove its loyalty. Rosenstein, who already headed the Institute of Neuropsychiatric Prophylactic Treatment, also received a seat as head of the Department of Psychiatry at the Central Institute of Medical Professional Development and headed the commission for the restructuring of outpatient psychiatry at the People's Commissariat of Health. The Moscow Society of Neurologists and Psychiatrists was officially disbanded under the pretext of non-compliance with requirements of the epoch. In November 1929, new members were accepted and new heads appointed. It was renamed the Moscow Regional Society of Neurologists and Psychiatrists and was led at first by Rosenstein, later by Berger. The society's S.S. Korsakov Journal of Neuropathology and Psychiatry – one of the largest in the Soviet Union – also underwent reorganization: a new editorial board was appointed [52]. From 1930, it ceased to be named after Korsakov, and in 1932, it was renamed to Soviet Neurology, Psychiatry and Mental Hygiene[36].

[34] For the theory of adaptation, developed before and after the revolution, see [29].

[35] The work of V. Velichkin [43], citation from [44].

[36] From 1936 to 1957, the magazine was called Neuropathology and Psychiatry; its original name was restored in 1952.

Given the atmosphere of the socialist offensive, outpatient psychiatry can be seen as an instrument for social subordination, which at the time of mobilization in the industrial sector tended to subordinate the people (work force) in order to include them in production relations [22, 24, 53]. This required the authorities to be guided by a real political pursuit. In fact, outpatient psychiatry did not play the role that it could have performed in a social or medical field. At a meeting of the leaders of the People's Commissariat of Health in December 1931, Rosenstein criticized the authorities' irresponsibility. According to him, they paid little attention to psychiatric institutions and were accustomed to "disorder" and "failures" in the work of these institutions as "necessary difficulties". Government decisions had not brought about the desired changes.[37] Officially outpatient psychiatry continued to be supported. A series of new measures was adopted[38]. In reality, the People's Commissariat of Health did not back it: the Commissariat Workers' and Peasants' Inspectorate was authorized to monitor the work of public institutions and ordered the People's Commissariat of Health to direct its efforts towards psychiatric hospitals. [54] This decision was part of a shift that affected the Commissariat, and became the pretext for its failure to comply with the foundations of class struggle. Semashko was removed and was replaced by apparatchik (a member of a communist party apparat) M. Vladimirsky [4, p. 204].

The state's weakening support for outpatient psychiatry was accompanied by sharp criticism from its opponents. In 1932, an article in the magazine Soviet Neurology, Psychiatry and Mental Hygiene refuted widespread psychiatric dogma and practice. Authors demanded psychiatry reform in order to bring it more in line with the *"homo sovieticus"* individual [55]. From Stalin's viewpoint, the increased class struggle had led not only to a new person, but also the disappearance in the society of the "remnants" of the old regime. In order to provide these affirmations with a veneer of reality, it was necessary either to keep silent about those social phenomena that had been attributed to capitalism (such as suicide), or re-qualify them so they were not associated with socialism (such as prostitution) [56]. The organization of mental healthcare required, according to the authors of the text, the refutation of the existing Western nosology and the creation of a new doctrine for disease with the further development of unprecedented therapy. It was argued that Soviet psychiatry should be endogenous and unified: these characteristics would ensure its uniqueness. Rosenstein was sharply criticized for a mechanical extrapolation of the theories of American psychiatrists, whereas previously there had been the necessary materials for the foundation of outpatient psychiatry on a Marxist-Leninist basis [56, p. 19–21].

Conclusion

In the 1920s, outpatient psychiatry received government support. Medical concepts were adapted in accordance with the political goals that were being faced. Such changes in psychiatry became possible due to the fact that existing psychiatric theory turned out to be in tune with the Bolsheviks' idea to create a new man. The changes in particular concerned the etiology of diseases and clinical programs, and also included criticism of the hospital system provision of psychiatric care. Psychiatrists received the right to intervene in the social sphere to ensure the nervous and mental health of every citizen. The relationship between medicine and the government was rebuilt and psychiatrists' views on madness were changed. The psychiatric clinics created in Moscow and several other Russian cities were a result of these changes and a response to them. Despite all the difficulties, these institutions formed a unique medical network, serving hundreds of patients every day.

The resolution of 1929 was a victory without a future for outpatient psychiatry. The socialist offensive was a necessary condition for this victory, and the reason for its inability to survive long-term. The appointment of outpatient mental health supporters to senior positions was followed by the resignation of their advocates and allies. Without their support, Rosenstein was forced to remain inactive. He himself and the concept of psychiatry, of which he was the official representative, were subjected to devastating criticism. Nevertheless, Rosenstein managed for two years (until the end of his life)

[37] GARF a-482/24/3/303.
[38] GARF a-482/24/3/318-322.

to retain his position. From 1936, attacks on the psychiatry community became stronger, and mental hygiene was finally defeated. The Institute of Neuropsychiatric Prophylactic Treatment was reorganized and renamed to the V.V. Cramer Central Psychiatric Institute of the People's Commissariat for Health of the Russian Soviet Federative Socialist Republic[39] and its leaders were repressed. From then on, the institution was engaged in the study of psychosis and diseases of the nervous system. Veering off from its previous course, Soviet psychiatry was rebuilt in the spirit of Pavlovian physiology [57]. However, outpatient psychiatry continued to exist within district clinics where doctors used new methods of treatment, but the main target of its action had now become not the social environment but the individual patient.

[39] The current-day Moscow Research Institute of Psychiatry at the Ministry of Health of the Russian Federation.

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