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**Book Review: Paul Wanke, *Russian/Soviet Military Psychiatry, 1904 1945*,
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Paul Wanke, *Russian/Soviet Military Psychiatry, 1904–1945*, London and New York: Frank Cass, 2005; 145 pp; £80.00 hbk; ISBN 0415354609

Russian psychiatry has a distinguished and proud history. Academician Pavlov transformed our understanding of the nervous system and paved the way for the most successful of the current psychotherapies, whilst A.R. Luria was the founder of modern neuropsychology. Yet most of my colleagues in Britain remain ignorant — and suspicious — of Russian psychiatry. Paul Wanke's account is therefore a welcome attempt to dispel some of our myths and prejudices.

Wanke focuses on the development of first Russian and then Soviet military psychiatry. The last two decades have seen an outpouring of scholarship on the British and American experiences of war psychiatry, chiefly but not entirely around the shell-shock heritage. Recent works have even managed to move beyond the Sassoon/Owen Craiglockhart story to consider the problems of the ordinary soldier, for whom poetry and recreation in a pleasant Scottish cottage hospital was not an option. But until this volume little has been written about the Russian legacy. This is all the more remarkable given the central role Russia played in the two world wars and the unparalleled nature of its suffering.

Along with many other branches of science or medicine, Tsarist psychiatry was neither backward nor inward looking. The first modern accounts of what would soon be labelled shell shock come not from the Western Front, as many believe, but from the Russo-Japanese war. But it was Soviet psychiatry that took a different course from the rest of Europe.

It was not that the bolsheviks turned their back on psychiatry. True, they resisted the infatuation with psychoanalysis that for half a century took over much of European and American psychiatry. Instead, Pavlovian, not Freudian, thinking suited the communists, since it gave a pseudo-scientific basis to attempts to shape a new citizen, *Homo sovieticus*. But if psychology was relevant to understanding child development, mental illness was seen within an exclusively organic neurological framework, and never more so than in wartime.

Wanke is correct to use the term neuropsychiatric (NP) in preference to other labels such as shell shock, war neurosis, battle fatigue, combat stress reactions and so on. The only form of breakdown that the Red Army would recognize was indeed neuropsychiatric. Even if there was no obvious evidence of damage to the nervous system, it was assumed that it must be present anyway.

Wanke draws heavily on the series of papers and conferences on the nature and treatment of neuropsychiatric casualties that was produced by Soviet psychiatrists during the war. The main and, for some, only cause of breakdown was 'contusion' to the brain. Treatments were largely based on rest, exercise, work, sleep and morale boosting — not actually very different from what was on offer to most British and American servicemen.

The same literature also claimed that the actual rate of psychiatric casualties in the Red Army was low because soldiers were fighting for a just cause, on

their own soil and for their own homes. Military psychiatrists, at least until Vietnam and now Iraq, are prone to make such announcements, at least in public, since to say otherwise would suggest that one's own side was indeed in trouble. When Edgar Jones and I researched the success rates of British psychiatric units in the second world war, we had no trouble in locating the figures for those units claiming that they had returned large numbers of soldiers to fighting duties — these had been published during the war in the main medical journals. But in the Public Record Office we found by accident an even larger set of reports of units whose rates of success were far lower — these reports were all marked secret and 'not to be published'.

But, almost as an aside, Wanke suggests that Soviet psychiatric casualties might have been low for different reasons. He speculates that many of those with mental breakdowns were disposed of either by the Germans, in the appalling conditions of the POW camps, or by their own side, as a consequence of Stalin's notorious Order 227 of 1942. This is the other side of the coin of the Soviet treatment of war breakdown. Because Wanke primarily relies on published papers and the 26-volume but self-serving official history of the medical services during the Great Patriotic War, he is largely silent on the fate of the ordinary soldier. For that one must turn to Catherine Merridale's recent work (*Night of Stone, Ivan's War*) drawing on direct testimony and archival records.

For those soldiers who broke down and were not considered to have organic brain injury, the outlook was bleak. Failure or refusal to fight was deemed to be due either to poor morale and faulty political consciousness at the group level or cowardice at the individual level. The penalties were draconian, and no Soviet soldier could fail to be aware of Order 227 and its consequences — either an immediate death from a firing squad or a probable delayed death in a penal battalion and disgrace for one's family. There are no figures on the numbers of Soviet military executions — Beevor estimates 50,000 for the Stalingrad campaign alone, not including those killed in the Punishment Battalions. As Zhukov said when it was all over — 'it takes a brave man to be a coward in the Red Army'. Among Merridale's veterans, even looking back over the years, any hint of personal or traumatic stress seemed alien and irrelevant. They could not afford the luxury of introspection. 'We would have been happy if there had been enough to eat,' says one veteran in *Night of Stone*, whilst a doctor reported that the most useful front-line psychiatric treatment was vitamins.

Now, we see things differently. We can and do point to the introduction of the diagnosis of post-traumatic stress disorder in 1980 as proof of our contemporary enlightenment and recognition of the importance of psychological stress in breakdown in and long after combat. Not for us the crude organic fixation of Soviet psychiatry. But even as I write, the US military is investing millions of dollars in researching a new phenomenon, which they label mild traumatic brain injury (mTBI) and call the 'signature injury' of the war in Iraq. Even when tests and examinations of the neurological system are normal,

mTBI is still said to be the cause of many symptoms previously labelled psychological. Yet although this is old Soviet 'contusion' in new American bottles, the absence of any historical reference in the media and journals is striking. They could do worse than read Wanke's elegant monograph.

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