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1 Imperial Russia and the Soviet Union took part in many armed conflicts in the course of their history and sent their men into a large number of theatres. In its turn, post-Soviet Russia shortly after the constitution of its army (in May 1992), decided to wage new wars. In the course of 20 years, post-Soviet Russia has conducted two campaigns in Chechnya, has fought in Ossetia and more recently in Georgia. A significant number of men took part in those conflicts. Western military observers agree with official Soviet data on the numbers of 620,000 men who passed through Afghanistan and on 39,000 for the number of wounded. For the Chechen wars, these official data do not exist. But according to Russian military observers and taking into account rotations, 1,800,000 men would have gone through Chechnya without counting special units and units which, during the second campaign consisted of joint departments. The first Chechen campaign involved regular troops of the federal army composed of a majority of recruits, as well as troops from the Ministry of Internal Affairs (MVD), ordinary policemen or OMON (special troops), troops of the Ministry of Justice usually used to subdue rioting prisoners. During the second war in Chechnya, the operating forces were even more diversified: to the regular troops of the federal army - still composed of draftees (at the beginning of the war at least and then of voluntary recruits) -, the elite troops and the police forces of the Ministry of the Internal Affairs are added elements of the highway police, troops of the Federal Border Service, for the protection of the railway facilities, the special forces of the Ministry of Justice, troops of the Ministry of Emergency Situations (MTchS), some members of the reserve and kontraktniki (military contractees recruited in the framework of the professionalisation of the Russian army).

2 How did those men live through the war? What psychological problems did they encounter once they returned to civilian life. What type of tools, expertise and practices
can psychiatry and clinical psychology use to diagnose and heal their psychological wounds? Finally, what system of care and psychological rehabilitation can these men returning from the battlefield expect to find? The psychological trauma caused by combat has been the subject of only a few scientific publications or publications intended for the general public between the beginning of the twentieth century (1917 date of the disappearance of the review Psikhiatritcheskaia Gazeta (Psychiatric Review)) and the end of the first war in Chechnya. It took until the second half of the 1990s to see published in military medical journals and in journals of psychology - whose distribution is very limited - articles devoted to the psychological consequences of the war (and in particular of the Afghanistan and Chechen wars). Why was this publication so late? What is post-Soviet Russia's relationship with suffering and psychological trauma? And what place does Russian and Soviet legacy occupy in this relationship? These are the questions I propose to explore in this article.

This article is based on a field survey carried out in Moscow during the summer of 2010. About 15 interviews were conducted with veterans of the wars in Chechnya (officers, contractees, conscripts), military journalists and a director of a house of rehabilitation for the disabled of the local wars. Six months of preparation were necessary to enable the activation of formal (veterans' associations) and informal (friends and contacts) networks, and persuade the veterans to testify. No access to the Department of Defence could be obtained; it was therefore not possible to meet military psychologists or psychiatrists, or representatives of the military administration. This other part of the research therefore remains to be conducted.

The late but brief recognition of the psychological effects of war

In their design and practice, Russian and Western psychiatry took different paths after the Revolution. In the West, as in Russia, psychiatry and clinical psychology (its first definition was given after the Second World War and is based on the concept of the singular subject and the therapeutic power of words) were based on war experience to build new practices and find new objects of study. But despite the numerous wars crossed by both their practitioners, the concept of psychological suffering from combat appeared at a late stage and treatment followed different paths.

In Russia, before the 18th century, the people demonstrating psychological disorders were housed in religious communities. Under Peter the Great, the State began to regulate the lives of people with physical and mental disabilities, particularly in connection with military service. Under Catherine II, the construction of asylums for the insane started but families preferred to take care of their loved ones themselves. The structure of support constituted by the community was however eroded in the 19th century by settlement in cities. It is in this context that psychiatry emerged in the 18th and 19th centuries. Russian psychiatry's path to legitimacy was closely linked to service to the State, while in the United States, psychiatry was oriented toward the patient as an individual and found it hard to adjust to the conditions of war.

A comparative study conducted by Paul Wanke shows that the progress of American psychiatry has been the result of requests from people wishing to obtain more humane treatment for their relatives, while in Russia, it is the army that inspired the research. For
instance, in 1776, in the province of Vyborg, a military clinic was created for mentally exhausted soldiers. The same year a military hospital was built in Moscow for the training of future military doctors. In 1789 a medical and surgical Academy was founded in St Petersburg. In 1857, an Imperial decree established in its precinct a department for mental and nervous diseases. The effectiveness of Russian psychiatry was then evaluated on the basis of its ability to prevent neuropsychiatric accidents and its ability to send patients back to active duty as quickly as possible, particularly in the context of the Crimean War and the Russo-Turkish War.

**From personal weakness to the psychological suffering**

In the USSR, the treatments for trauma followed, as during the Tsarist period, the same development as in Europe, as Catherine Merridale has clearly shown. Whereas the first studies on stress appeared in the USA at the time of the Civil War in 1861-1865, in Russia, the first experience of "shell-shock" (concussions) occurred during the Russo-Turkish War 1877-1878. But it was the Russo-Japanese War of 1904-1905 and then the First World War, which prompted the specialists to address the issue. The trauma of war received different qualifications depending on the period and the conflict: "obusite" in French, "shell-shock" in English, "kontuziia" in Russian. Soon these symptoms were associated with those of hysteria and the victims were suspected of cowardice. In Russia as elsewhere in the West, these traumas from battles were perceived as a personal weakness or in the English expression as a "moral turpitude". Through the psychiatrists’ analysis, modern war was presented as a "test of manhood". However, "the traumatic shock directly challenges the stereotype of masculinity". Furthermore, some psychiatrists went so far as to formulate the idea that men suffering from "mental breakdown" as a result of combat were "feminine". Within the military psychiatric institution, the underlying idea was still that the "obusite" symptom hid an unconscious desire to escape the war; a few enlightened psychiatrists, however, explored other directions, and it was in France and Germany that were found the most innovative writings postulating that this new neurosis was certainly related to mental problems but also to central nervous system and mechanical brain damage; this type of explanation occurred in Russia also (organicheskie narusheniia golovnovo mozga); Soviet psychiatrists localised the mental trauma related to the war in the body of the patient, thus giving a physiological basis to psychological problems. At the beginning of the First World War, shell shock was still seen as the result of physical injury to the nerves. Few experts believed that the causes might be purely psychological and independent of physical injuries. It was only gradually that exposure to a sustained bombardment or other physical trauma was admitted as plausible source of a nervous shock, and as a sufficient cause for depression. The idea that one did not get used to combat was making its way. Psychiatrists influenced by psychoanalysis linked the act of killing to that of an emotional collapse.

Exchanges between Russian and Western psychiatrists led in 1916 to a call from Russian psychiatrists to open hospitals for traumatised patients. But the revolution of February 1917 discontinued the publication of the Psychiatric Review (Psikhiatricheskaia Gazeta) and with it, the debate on that issue. The psychiatrists paying more attention to this debate (Probrazhanski, Livanov and Fumkin), having remained in office, requested specialised hospitals in 1923. In the meantime, a Committee for the all-Russian support to injured veterans (VSEROKOMPOM) was created but its resources were limited and nothing else...
was planned. The patients were placed in regular hospitals much to the discontent of the local medical authorities who found it hard to manage them. Many of those patients eventually ended up in camps hidden from the public or in exile. In 1923 an experimental institution was set up. This institution was known as "Red Star". According to Merridale: "The principle it upheld were among the most advanced, in therapeutic terms, in the world". Aimed at providing a relaxing environment for the patients on the long term, the establishment based in Yalta in the Crimean coast sought to treat schizophrenia, hysteria, and concussion (kontuzii). The lack of resources (food, clothing) but also the absence of interest and understanding for the project caused it to be closed three years later.

From the individual to the collective

Outside the strict framework of psychiatry, Freud's ideas hit Russia before 1914 and continued to spread during the first decade following the Revolution. But in 1928, everything changed. Psychoanalysis, regarded as an "idealistic" doctrine, was rejected. The place of libido and sexual instinct in this doctrine was disturbing. It was also rejected because the treatments were slow and expensive. Whereas Freud influenced the USA by stating that character, past and environment were crucial to mental health, in Russia the materialistic school - according to which psychological life can be explained by the study of the brain and the nervous system - predominated; it was validated by Pavlov's theory.

It was only in the 1950s that the need to understand the formation of personality from a "deep" biographical point of view surfaced again. For Soviet psychiatrists any person might be subject to a mental disorder but good health and good nutrition could help to keep a nervous system healthy. Heredity and past experiences only played a weak or even no role in the development of neuro-psychiatric disorders; physical traumas were considered to be determinants. In this context, the State was moving toward rehabilitation as a form of treatment. Hypnosis treatment was preferred because it was quick and inexpensive. In addition the patient's state of passivity allowed Soviet psychotherapists to "convey injunctions [...] that fall within [...] morality "... Human engineering was emerging with the search for techniques to influence the masses. All spheres were affected: in the field of psychology and child psychiatry, in particular, while the West was oriented towards education for individual growth and development, the USSR depended on the collective with Anton Makarenko. Bolshevik ideology was going to affect the entire Soviet society including military psychiatry, which started to use its jargon. The words of the psychiatrist Osipov in 1934 are quoted by Wanke: "Above all, the mental faculties of the soldier of the Red Army, his political consciousness of a sustainable class will allow him to triumph over psychotic reactions". Even though in 1941 psychiatric departments appeared in hospitals, Stalin's purges restricted the organisational development of the psychiatric system in Russia. Catherine Merridale identifies the origin of the emphasis on the collective in the ideas of propagandists such as Yaroslavski and Gorki, relayed by the Proletkult movement, but also by the principles of "partiinost" - respect for the spirit of the party - this form of "dedication" to political goals which places the party above the individual and that all Communists must share. The new ideas on crowd behaviour which made their first appearance in the 1920s could also have had a certain impact.
It is in this context that the topic of individual trauma disappeared from public debate in the Soviet Union. Although the 1930s saw famine, purges, followed by the Great Patriotic War, during which the "panekers" or broadcasters of panic were shot, pain and emotions had no place in this new model of society; the return of the war left no room for anything else but the heroism of tales of war and patriotic songs 21 – the only authorised events. Personal weakness was banished. No opportunity whatsoever to complain about individual suffering, no victimisation was possible. The term "military neurosis" however appeared in 1941 thanks to Abram Kardiner, a psychoanalyst who was undergoing his analysis with Freud and was interested in traumatic neurosis 22. But there were very few publications on concussion during the war and the psychological disorders (psikhichesko narushenie) observed were called "voienaiia ustalost' " (military fatigue), " boevoe istoshchenie" (depletion of battle) 23. Soldiers who were the victims of trauma were returned to the front with tranquillisers. The relegation of soldiers with psychological trauma to psychiatric institutions "feeds the myth that Russians are not overwhelmed by suffering" 24.

Further evidence of the removal of "trauma" from the Soviet collective imagination is shown by Catherine Merridale and concerns the child victims of landmines. The works of this period did not refer to any consideration of psychological trauma. On the other hand, the contemporary literature of these studies shows that those victims were stigmatised and ostracised because they were not able to fulfil their military obligations. During the interviews she conducted with veterans of the Second World War, Catherine Merridale was struck to hear on a recurring basis this sentence in the mouth of her interlocutors female or male: "We never wept ", - a euphemism that she rightly interpreted as a sign of internalisation of the myth of the endurance and stoicism which did not allow the expression of suffering.

But at that time psychological disorders related to war experiences were, in general, no more recognised in Russia than in the United States: the authors of the book "Sex, Gender, and War" remind us that shortly after American psychiatrists in 1943 had diagnosed "exhaustion" as psychological manifestations, General Patton slapped two soldiers evacuated for mental health reasons. He later apologised to them 25. In the Soviet Union, literature, press and the cinema relayed the glorified image of psychologically or physically wounded men who managed to overcome the trauma of the war 26 (cf. How the Steel Was Tempered, Ostrovski), - those who were not able to overcome it being the only responsible and not the State; in contrast, in the United States and in Europe an idea was working its way through: namely, that each soldier could fail, and that " Infallibility is no longer expected from him " 27.

The war in Afghanistan or the resurgence of the "self"

Under Brezhnev, the myth of endurance was undermined by the return of the veterans of Afghanistan 28 physically and psychologically destroyed. This war produced a form of psychological trauma which by its similarity with the symptoms of the Vietnam War took on the name of post-traumatic stress syndrome (in the United States Post-Traumatic Stress Disorder PTSD and in Russia Post-Travmaticheskoe Stressoe Rasstroistvo PTSD) 29. Economically unable to support the veterans of the Afghanistan war individually, the Russian State set up a series of tax benefits for their associations: the three major associations of veterans received a tax exemption for the import of goods and food.
products, facilities for banking, financial operations, and for various forms of entrepreneurial activities. These organisations soon became involved in criminal activity. With regard to the psychological care of returning veterans (but also medical – such as prostheses for the disabled and medication), the State passed on responsibility to social networks: wives, families, and friends. The wife often simultaneously provided psychological and financial support. A limited part of medical and psychological care for the veterans was left to foreign initiatives: American networks of veterans organised exchanges and a French initiative of psychological support was also conducted.

16 On the Soviet side, care for the mental and physical suffering of war was absent from the media. And the reason was that this support was very limited, judging by the testimonies collected by the author in the summer of 2010 from officers who fought in Afghanistan: none of the officers interviewed (some were only conscripts at the time) mentioned the existence of psychological care related to the war in Afghanistan. The few items reported in the press at that time were the establishment of relaxation rooms in hospitals located in regions where a large population of veterans live (for example Yekaterinburg). The medical staff were confronted with the psychological consequences of stress in combat and had to improvise care techniques.

17 As far as psychiatry was concerned, it was intended to conduct studies on soldiers sent to Afghanistan, but their results were kept secret. Their recent publication shows that at that time psychiatry was then more anxious to develop tools for predicting the occurrence of psychiatric disorders among combatants than to treat them. Psychiatry stood on the authorities’ side by becoming an instrument of repression: dissidents were sent to psychiatric hospitals. Thus prevention was transformed into social control. It is therefore not surprising that psychiatry has not released the results of its research, but has rather sought to control and contain the dysfunctions rather than reveal them.

18 The foregoing merits two remarks: on the one hand the Soviet Union in the 1980s still offered no place to the individual. On the other hand, by assigning to the associations of veterans benefits concerning exclusively the labour sphere, the Soviet State placed itself directly in the lineage of the late 1940s when rehabilitation measures for disabled of all categories were focused on production, on the fantasy of “moral” rehabilitation and care through labour. The curative powers of labour, - an idea already in vogue in the 1930s -, reappeared during the war, in 1942, with the establishment of boarding home-hospitals designed to stimulate the working ability of boarders, and then in 1948 with the development of a classification of disability by categories on the basis of the loss of ability to work and not the provision of assistance that the disabled might need. This functional and pragmatic approach to physical and psychiatric disability thereby highlights an economic goal taking precedence over individual interest.

The war in Chechnya as a factor of development for clinical psychology and psychiatry in the Ministries of Defence and Internal Affairs

19 We have seen that war allowed medical and psychological sciences to develop: they find in it a field of observation and a laboratory. However, psychiatry remained confined within a functional role (send soldiers back to the war) and not a curative one. The ability to think of war "differently" in order to prevent it or relieve the damage it causes was
atrophied. The disappearance of the Soviet Union allowed a reduction of censorship. The army became a topic of debates. It was however necessary to wait until the end of the first campaign in Chechnya to see articles published by military psychiatrists and psychologists or clinicians from other Power Ministries about the trauma of war.

More than the relevance of the experiences presented in these articles, it is the comparison of results from studies carried out on combatants at the time of the war in Afghanistan, and the Chechen war as well as the discourse of the authors-practitioners and clinicians on trauma and war that I have focused on: in four scientific articles published by military psychiatrists and psychologists attached to the Ministry of Defence from 1996 onwards and in seven other articles published by doctors and psychologists of the Ministry of the Internal Affairs from 2007 onwards.

The production and publication of studies on the war in Chechnya

From 1996 to 1998 a series of articles written by psychiatrists and psychologists from the Ministry of Defence (MO) were published in civilian and military specialised journals as well as in the military supplement to Nezavisimaiia Gazeta, the weekly Nezavisimое Voennoе Obozrenie (NVO). They testify to a number of advances and some state the need to pay special attention to the prevention of stress and to the rehabilitation of soldiers suffering from psychological trauma.

The first article published in a military medical journal in April 1996 is written by V. S. Novikov, a military psychiatrist. It presents the results of a study on stress in a combat situation, conducted with 1,312 soldiers during the first war in Chechnya. The time spent in the battle zone is presented as a stress factor. Of these soldiers, 32% had an experience of extreme stress during their combat training. The author notes a greater number of cases of post-traumatic stress syndrome for Chechnya than Afghanistan. Combats in urban areas are qualified as more traumatic and more violent than in natural terrain of the Afghanistan type. Therapies, and drug treatments, have been offered to combat stress and insomnia. The author makes a few recommendations for the military institution: evaluations before, during and after the battle; the establishment of a group of specialists (two psychosomaticians, a pharmacologist, a psychiatrist, a psychologist) in each type of army, as well as assistance to non-combat units who support the activities of combat.

The second article published at the beginning of 1997 in the weekly NVO, entitled "It is not so simple to withdraw from the battlefield", is written by P. Korchemnyi, professor at the chair of psychology at the military university. The author puts forward the idea that stress symptoms experienced by combatants are temporary because the nature of man is adaptive and "internal energy" helps him to recover. It nevertheless recommends immediate assistance during battle and rest periods. An announcement is made about the creation of rehabilitation points (punkt reabilitatsii), psychological consulting centres and the creation of rest areas at three levels: in military units, in sanatoriums and military rest homes and the regional governmental and non-governmental establishments for rehabilitation.

The third publication entitled "Life after the military service" appears also in the weekly NVO toward the end of the year 1997. It is written by Aleksandr Kucher, military psychologist, leader of the group for psychological help and rehabilitation of military personnel of the Main Directorate for training of the Ministry of Defence. The article asks some simple questions which have never been publicly stated and which remain to this
date without reply: "How many veterans are there? How many need our support and our understanding?". For the first time also the various components of the post-traumatic stress syndrome are described for the general public and the fact is mentioned that the latter may declare itself many years after the traumatic episode. The author calls on the State to finally set up a system of rehabilitation and on society to provide support for these men: the attitude of the public vis-à-vis the conflicts and their direct impact on the state of veterans is debated.

25 The fourth article, which appeared in 1998 in a journal of non-military psychology, is signed by A. Maklakov, doctor in psychology, chief collaborator of the Russian Military Medical Academy. It concerns the results of a comparative Afghanistan/Chechnya study which focused on the mechanisms of the onset of psychiatric disorders among veterans, for the purposes of prognosis. Without judging the scientific value of such a study, it is interesting to note that it introduces radically new concepts concerning the impact of the attitude of society and the State on the veterans’ psyche, - ideas outlined in the previous article:

“In the appearance of disorders due to post-traumatic stress among soldiers involved in military conflicts, a non-negligible role is assigned to their relations with the State and society. It is admitted that one of the basic conditions for preventing the appearance of symptoms of PTSD among those who took part in military operations, is the possibility of preserving or quickly restoring an order of values and a mental balance. The attitude of the entourage and the official policy of the State are determining factors for that.”

26 The author introduces the idea that the lack of recognition is a cause for the emergence of psycho-pathological problems and continues with a comment more political than clinical:

“Unfortunately, if we compare the situation in which the veterans of Chechnya and Afghanistan found themselves, we find that the combatants in the North Caucasus are much worse off. Whereas the veterans of Afghanistan were able, for a period of time, to feel like haloed heroes - which worked in favour of the improvement of their mental health, at the beginning of the rehabilitation process, if, thanks to social and economic benefits, they could feel more assured -, the veterans of Chechnya, on the other hand, have had to encounter, since the end of the fighting, the same problems as the rest of the population at the time of the socio-economic crisis.”

27 The article concludes with a comment of an activist kind:

“What is more, their status, including social and legal, is still not determined. We are still waiting today for an official position, explaining why it was necessary to conduct these military operations on the North Caucasus territory; but more important is that the State has not set any policy concerning the people who were called on to take part in this armed conflict.”

28 As for the publications of the Ministry of the Internal Affairs (MVD) relating to the psychological trauma of war, these appear much later. In one issue of the year 2007, the journal Professional simultaneously announced the creation of new centres of medical and psychological care for MVD Staff, launched a discussion of professional rehabilitation and virulently denounced the selection system for psychologists used in the Ministry. For the first time, at the beginning of the year 2008, the “military” and potentially traumatic character of the missions assigned to the forces of Internal Affairs in Chechnya was recognised: the term “spetsificheskie služebno-boevoye zadachi” (specific combat missions) used by Zlenenkii makes its appearance as well as the concept of post-traumatic
stress⁴²; this term was also used the same year in the medical journal of the MVD, Meditsinskii Vestnik MVD by the psychologist Morozov⁴³. Let us recall that until 2006 Professor Vlakhov, head of the Department of psychological problems of the Ministry of the Internal Affairs, refused to speak about a Chechen syndrome: "There is no Chechen syndrome. All those who have experienced extreme situations suffer from the same syndrome: veterans of Chechnya as well as those who have lived through the earthquake in Armenia or the Chernobyl disaster."⁴⁴ In addition, while the therapeutic arsenal previously described by the journals of the MVD contained only relaxation techniques⁴⁵, such as the one used by the cosmonauts to relieve stress⁴⁶, the introduction of speech as a mode of therapy the same year was a significant step forward for the MVD⁴⁷.

**The emergence of new thinking about the impact of wars**

All the articles published by the psychologists and psychiatrists of the Ministry of Defence and the MVD have served the purpose of introducing several concepts unknown to the general public and presenting several major ideas. Also, although observed for a long time (as early as the First World War⁴⁸) by the Americans and the Western world, such notions as the possibility of the emergence of a nervous shock not only in combat but during training, at the rear or even several years afterwards are new concepts in Russia. The time spent in the battle zone as a possible stress factor is another example. There is greater recognition of the need to treat the trauma of war and the psychiatric institution is opening up to foreign techniques and experience: for instance, in 1998, the president of the central military medical Commission, General Kulikov, informed the daily newspaper Izvestia that the new measures for the selection of conscripts (tightening of the evaluation criteria), and their follow-up (establishment of psychological rehabilitation units in military hospitals in each region) had been inspired by the experience of the Israeli army where a high number of conscripts suffer from depression⁴⁹. Two levels of intervention by psychiatry seem therefore to be developing in parallel: management of the human factor (selection, optimisation of staff, etc.) and care. The recognition of what the psychologist Françoise Sironi has described as "the link between the development of psychopathological problems of a traumatic or depressive nature and the lack of social recognition as veterans"⁵⁰ is also visible in these publications. The non-recognition of veterans and the absence of care can have serious psychological implications, which Sironi has highlighted in the case of afgantsy (veterans from the Soviet-Afghanistan war)⁵¹.

These texts reflect a growing understanding of the impact of what Bruno Cabanes named “the moral economy of demobilisation”⁵² on veterans’ mental health and therefore on the aggravation of war trauma. This concept, used in the context of demobilisation after the First World War, brings together all the procedures for recognition and compensation implemented on the return of the men. Maklakov denounces the non-recognition of the war in Chechnya, and promotes the idea developed by Sironi that one cannot recognise the veterans if there has been no recognition of the war. The absence of markers showing the nation’s gratitude to the soldiers results in the worsening of the trauma. The clinical approach shows that psychological disorders are the result not only of wars. In the case of lost or not officially recognised wars, “the impact of a non-addressed or non-organised transition from battle life to civilian life” must be taken into consideration, because it leads to a specific suffering⁵³. The same applies to the impact of the unspoken, of the
shameful wars that do not say their name (such as the one in Chechnya) - or whose purpose is not well understood - can cause psychological after-effects: "Isolation, pseudo-depression" writes Sironi, is an individual resistance to the official history. Finally, one of these publications denounces the fiction according to which the State and the society would provide a full support (psychological, social, vocational) to veterans (Maklarov and Kucher).

**Advances on the field and in the ministries**

Some of the measures announced or requested by these articles were actually put in place within the structures of the MVD and the MO. Although, as we have seen, psychiatry has been an integral part of the military institution since the 18th century, psychology and the profession of psychologist have only been truly developed in the army since the year 2000. Courses in psychology gradually found their place in military institutions beginning in 1992 thanks to the transformation of the Chair of pedagogy and psychology of the Lenin Political-Military Academy (now the Military University) into a Chair of psychology, with full status in the institution. The wars in Chechnya have clearly contributed to the introduction of the post of Chief of the psychological services in the Directorates for Training of various armies as well as to the emergence of the function of psychologist in units' sections. Psychology is today an integral part of military training. In 2005, there were 44 centres of assistance and psychological rehabilitation (TsPPiR psikhologicheskoi pomoshchi i reabilitatsii), 155 posts of aid and rehabilitation (PPPiR) established under the aegis of the Department for Training. In 2006, these centres apparently received more than 58,000 military personnel and members of their families and among them more than 9,000 kontraktniki. According to the specialised press, 75% of them were given a follow-up.

Although in 2001, only 45% of the Armed Forces' psychologists had a basic training in psychology, 4-5 years later, the level of professionalisation had improved. The number of military psychologists graduates increased by 30%. The first cohort of officers qualified in psychology graduated in 2003 from the Faculty of Psychology of the Moscow Military University. Meanwhile, the civilian faculties of psychology train reserve military psychologists but provide few civilian psychologists to the army. The priority in the work of the sections is to provide assistance to the wounded and psychological rehabilitation to the injured and disabled. The objective as it is defined by the psychologists of the Department for Training is the preservation of the troops' psychological stability (podderzhanie psikhologicheskoi ustoichivosti) and the preparation of military personnel to carry out missions as required, preventing suicides among conscripts; and provide psychological assistance to the military in the centres and points of support described above. However, the idea of "conducting psychotherapy with the military who exhibit signs of post-traumatic stress" appears only in the middle of a list of fifteen priorities for the future.

The MVD is also open to psychology. It now has three sections for the medical and psychological rehabilitation of veterans. In the mid-1990s Centres of psycho-diagnostics (psychological diagnosis) were created. Their function is to perform psychological assessments of members of the MVD in order to send them to rehabilitation if needed. Finally psychological services were established by the decree of 26 June 2000 (n°690). Their purpose is to "assess candidates for posts in the MVD and decide on transfer opportunities," to "ensure a suitable climate in the groups ", "to support the staff of the
MVD, ensure rehabilitation, help restore the working ability of collaborators of the MVD", and "assist in the adjustment to the job". A new decree in 2006 (N° 770) strengthened the selection criteria for psychologists: while any member of the MVD was entitled to the position of a psychologist without any specialisation in that area, the new decree imposed a specialisation in psychology, validated by a degree. The decree also organised the work of psychologists within the ministry and introduced the concept of confidentiality.

**Areas of Intervention and Soviet Reflexes: the Limits of the Post-Soviet Experience**

Despite the advances noted, a number of facts testify to the limits of the development of psychiatry and clinical psychology in the “Power ministries” (defence, internal affairs, justice) and their ability to care for psychological suffering: the ambiguous status of practitioners within the institutions, and a willingness to focus on the management and optimisation of the human factor at the expense of care, are impediments. Added to this is the weight of Soviet history with a suppression of individual speech about psychological suffering. The internalisation of this denial now affects the ability of veterans to turn to these practitioners and to see psychotherapy as a possible way of coping with their trauma.

**The status of practitioners and biased diagnoses**

The desire to develop the psychological services within the Ministries of Defence and of the Internal Affairs as quickly as possible, in the face of the urgency of the war, led these closed institutions, hostile to intrusion, to use their own staff to fill the posts of psychologists newly created. Furthermore in the Ministry of Defence, the psychologists wear two hats since they are psychologists and officers at the same time. The integration of civilian psychologists remains marginal. Although in 2005, an improvement was announced in the standard of professionalisation of psychologists, the fact remains that a majority of them still have no training in psychology.

There is a similar issue within the Ministry of Internal Affairs. The interviews conducted by Asmik Novikova for the study of police Chechnya veterans mentioned previously shed a new and instructive light on that situation. The psychologists occupy an ambiguous position within the institution: on the one hand, they are subject to the same system of rank and career as their colleagues – they may not exceed the rank of lieutenant and they are likely to participate in patrols if the police station is put on alert; on the other, they depend on the Directorate for Personnel and, as such, are responsible for selecting the personnel who are likely to work or to be fired - the police therefore are reluctant to confide in them, seeing them as part of the police institution.

In addition, the integration of these practitioners in the military and the police hierarchy makes any critical distance impossible. Their diagnoses often have economic repercussions (granting or refusing pensions) or administrative ones (transfer or job change). The question of neutrality is however not specific to Russia; psychiatrists working for the army have often been confronted with it. Joanna Bourke reported in her book *An intimate history of killing* the testimony of a psychiatrist, psychoanalyst William...
Needles, who remembers having been disturbed by the pressure exerted on him during the Second World War to diagnose in some soldiers a "constitutional psychopathy" rather than a "war neurosis" that would have allowed these men to get a lifetime pension (the "constitutional psychosis" excluding any form of compensation).

**A functional approach rather than a clinical one: curing the institution rather than the individual**

The traditional field for the intervention of the psychiatry of war is the treatment of suffering: to care for, repair, erase the marks caused by the war, "respond to the patients' suffering, restore, advance scientific knowledge on the nature of their disorder". But psychiatry can, like clinical psychology, be "mobilised" by state imperatives such as the defence of the Nation or institutional imperatives, which transform it into a tool in the service of the Nation. These disciplines (psychiatry and clinical psychology) are then diverted to another area of intervention at the expense of their initial vocation. That other area of intervention, which we call management of the "human factor" or management of the individual for the benefit of the collective, focuses on the optimisation of the capacities of men, their selection according to their psychological and physical aptitudes, and becomes a form of assistance to combat; here, the concepts of adaptation and selection take precedence. Aptitude tests were introduced during the First World War for that purpose. Getting the men into "working order" and returning them to their positions remained a constant concern.

In the case of the Ministry of Internal Affairs there are explicit instructions to that end. Regulation No. 770 of 26 June 2000 (Ob utverzhdenii polozheniia o poriadke organizatsii psikhologicheskogo obespechenia sotrudnikov organov vnutrinikh del rossiiskoi Soveta) organising the work of psychologists within the institution specifies their four areas of intervention: the psychological services must evaluate candidates for positions in the MVD and decide on transfer opportunities; they must promote a good state of mind in the teams; they must support the staff of the MVD, accomplish rehabilitation work, help to restore the working capacity of MVD collaborators; and finally help adjust them to the jobs.

The evidence collected by Novikova from members of the police shows that psychologists are perceived as being required mainly to improve the effectiveness of the police without helping the individuals. Officially they must devote themselves to "forming a potential for resistance to stress and maladjustment after the mission". In practice their mission is to detect potentially failing elements before they are sent out to the field of operations. This means that any manifestation of post-traumatic stress syndrome is in itself a proof of their professional incompetence in the eyes of their hierarchy. It is therefore not surprising that only a small number of post-traumatic stress syndromes are detected by psychologists of the Ministry of Internal Affairs each year. This willingness to detect the failure of men in order to strengthen the effectiveness of the troops is very present in the work of psychologists of the Ministry of Defence: although the psychologist Maklakov is very innovative on the role of the State in the care for veterans, he devoted his full study published in 1998 to the development of indicators for predicting the number of men who would be affected by post-traumatic stress syndrome during combat in order to make a selection at the outset.
This orientation of military psychiatry is developed in particular in a study conducted by Fokin, responsible for the Chair of Psychiatry at the Military Medical Academy in St Petersburg, entitled "On the possibilities to prognosticate the development of post-traumatic stress among the veterans of local wars" published in 2001 and carried out among 161 participants in the wars of Afghanistan and Chechnya (first campaign). This functional approach of psychiatry is corroborated by some of the comments made by the articles mentioned above that confirm this desire not to treat in priority but rather to send the men afflicted by war trauma back to work as quickly as possible. Korchemnyi’s article, published in 1997, mentions the necessity of making the men "regain [their] ability to work “ and not, as might be expected on the part of a clinical psychologist, to find, for example, a satisfactory psychological balance. At the date of publication of his article, Korchemnyi indicates that "20,000 soldiers [have been] helped to return to work".

Maklakov, Shustov and Chermyanin’s article, published in 1998, is highly innovative and introduces concepts then unknown to the Russian public; it begins with these words: "For some time, many researchers have been interested in the way the people who have lived in extreme situations can preserve their health and their ability to work “. An ideological approach rather than a clinical one, which can come as a surprise to Western practitioners and clinicians.

Finally, it should be noted that the only rehabilitation home for the disabled of local wars in Russia, the Cheshire House (Dom Sheshira), does not have a psychologist and does not offer psychological support to its residents. When questioned about this, the director of the home, Yuri Nauman, former general in the Soviet army, gave this very pragmatic response: "There is a doctor and we call on German [ortho-] prosthetists to get them back on their feet, so that they can find a job and start a family ".

**The veterans and their relation to trauma and speech: the weight of history**

How do veterans of post-Soviet wars experience the relative "freeing" of speech in the public space and the opening of the “Power Ministries” to psychology? How do they relate to speaking out, to clinical psychology, how does the Soviet legacy weigh on this relationship? The difficulty of meeting veterans of the Chechen war, and in particular the conscripts, attests to their difficulty with speaking about their experience of war and their potential trauma.

 Barely integrated in veterans’ associations, marginalised, the former draftees of the Chechen Wars contacted through a network of personal contacts either declined the invitation to participate in any interview or their wives prevented contact with them arguing that the recurrence of painful memories from that time could harm them. It was therefore with the assistance of the association of veterans of Afghanistan Boevoe Bratsvo (Brotherhood Combatant) headed by Boris Gromov, the governor of Moscow Oblast (region) and the Director of the only rehabilitation home for the disabled of local wars, Nauman, that contacts were made and interviews with 13 veterans of the wars in Chechnya scheduled.

Some of my interlocutors (in particular those met through Boevoe Bratsvo) confessed that they mainly responded to the request of the association, feeling indebted for the assistance it has provided to them in difficult times. Three of them admitted that they were very interested in speaking to a sociologist. Eight admitted they had never had the...
opportunity to speak about their war experience in an interview but they were curious to do so eventually.

During the discussions, the idea that the Soviet man is accustomed to being left alone with his problems, his suffering, was frequently referred to. Sergei’s testimony is a good example of this internalisation of the impossibility to communicate on the trauma. Drafted during the first war in Chechnya Sergei was seriously injured during the assault on Grozny in October 1994. He underwent several operations during which he almost died more than once. He started to drink continually for a year after his release from the hospital where he had remained a year and a half. For ten years he has had difficulties in falling asleep and has had nightmares reliving the war.

"You know, a psychologist, psychology, - this is my point of view -, this is something particularly individual. But what can a psychologist bring? You who have lived more democratically, [...] you know that this institution can help you effectively, it can relieve you. We have lived in the Soviet Union; everyone has always managed alone with his problems. We don’t know anything about this institution [...] we are far from psychologists ".[70]

Dmitri, 40 years old, was a sniper during the two campaigns in Chechnya; he spent three years there between 1995 and 2001. During our meeting he refused to say anything about the nature of his missions. He suffered 7 concussions and received 63 bullet impacts in his body. He spent 8 months in hospital. To the question "Have you felt the need to consult a psychologist? Have you had this opportunity? " he replied: "Yes I know that it is possible, but I don’t need it. We have a psychologist [in the army], but no one will see him, he is without work (on bez raboty sīdit) ".[71].

According to military psychologists, scepticism toward speech therapy is more prevalent among the military than among civilians. The experience of the Centre for Rehabilitation 625 of the North Caucasus military region of confirms this: the psychologists of this first care and psychological rehabilitation (TsPPiR) centre to have opened its doors indicate that 30% of the troops sent to hot spots exhibit symptoms of post-traumatic stress but that only a tenth of them are ready to work with a military psychologist 72. This scepticism is in fact fed by experiences with psychologists that the veterans have had or that were reported to them. Valentin, 27 years old, a voluntary recruit during the second war in Chechnya had his foot injured by a mine while crossing a minefield laid by the Russians themselves, in order to chase "Chechen bandits". The crossing of the minefield was ordered by his commanding officer (particularly inebriated on the occasion of Armed Forces Day). Operated on several occasions, victim of multiple infections, he left the hospital after a year and a half of care, and a week after his release he lost the use of his left eye. The military hospital refused to take him back arguing that this problem was not linked to his mission in Chechnya. He subsequently lost 60% vision in his right eye. During his former stay in hospital, he was visited by a young psychologist who asked him questions and recorded him for two hours: "She exhausted me, she tormented me," he recalled. "She left and, two days later she came back and said: ‘You're all sick, you should get help’. She left again and never came back".[74]."

The role of the psychologist as it was described by many of those veterans in July 2010 is that of a practitioner who limits themselves to the administration of tests, who does not have time to discuss with their patients, not even to help them mitigate their distress, the suffering aroused by the interviews and tests. The relationship with psychology was discussed in a substantially different way by the officers who evaded the issue by
establishing themselves as "psychologists". All the officers interviewed considered that they did not need a psychologist because they themselves had learned to manage a collective and that know-how required certain knowledge of psychology. This was the case with Mikhail, 32 years old, a section commander who served during the second war in Chechnya: "I am myself a psychologist. We were trained for 5 years, that is why I know how to control myself". It is also the case with Andre, 44 years old, a former lieutenant colonel in the infantry:

"Your famous hero of literature, D’Artagnan, said that each Gascon is an academician from childhood. In the novel, when D’Artagnan arrives from his province in Paris, he goes to the commander of the regiment and requests to join the Royal Guard. The commander answers: "First, we need to get you back to the Academy and then you can join the elite regiment ", - "No need for the Academy, all Gascons are academicians from childhood". An officer who has gone through school, military academy, served in Tajikistan, in Russia, 5 years in Mongolia, knows a little bit about psychology, philosophy and personality. I would even say that a psychologist sometimes does not know what a man who has made such a journey can know. What can a psychologist do? He never went where I went. Of course he is a man who has been specifically trained, but officers themselves after 20 years of career are psychologists, capable of giving psychological advice for themselves and others […]. In the framework of the service, it is unlikely that an officer will need the advice of a psychologist".

Although several veterans claimed they were able to control their emotions (in particular the officers), they did not necessarily intend to conceal their suffering or their traumatic experience. Most of them believe they lived the war in Chechnya as a traumatic experience that has affected their lives and they feel free to talk to relatives, comrades in arms or sometimes even to their wives about it. None of them consider the trauma as a sign of their own failure.

In this, the veterans differ from their institution’s (and, in particular the Ministry of Internal Affairs), which remain frozen in a Stalinist concept of psychological suffering and trauma (see the first part of this article). It is important to realise that the return of those concepts to public space on the occasion of the campaigns in Chechnya in a context of glasnost’ and perestroika allowed minds to loosen up. The veterans interviewed bear witness to this evolution by accepting their suffering without being ashamed of it but without taking the small step towards therapy. The veterans have internalised the fact that trauma should not be disclosed, or shown (which is why they speak about self-control) but to the extent that it is no longer regarded as a weakness. The practitioner, caught in an institution to which they owe allegiance, curbs their clinical mind, and individual care, in favour of highly institutional goals. Treating patients then becomes secondary. Their role is limited to administering tests in the view of the optimisation of the human factor. They seek in priority to identify and eliminate signs of potential weakness in military personnel.

The inability of the State to organise a proper, not ideologically marked system of care and effective psychological rehabilitation, capable of functioning when soldiers return to civil life, places the veterans in a difficult situation. Returning marked by their experience in the battlefield, bearers of a dislocated psychological organisation because of the traumatic situation they have endured, the veterans are being offered only very limited means to allay their sufferings. The denial and withdrawal of the State vis-à-vis their psychological suffering constitute a symbolic violence against men who, at its request, took the risk of sacrificing their lives or the risk of injury. Finally, a question
ignored by the state arises: the risk of war violence transposed into civil society. The circulation of violence, the porosity between the battlefield and society, are still at the heart of the problematics of a post-conflict situation.

NOTES


2. In Russia, there are several ministries or organs - outside the Ministry of Defence - which possess their own fully armed and trained troops as well as special units for specific tasks.

3. They are an integral part of the public security police but were created late (1980s) to counteract political demonstrations before being extensively used on "hot spots".

4. "An event is said to be "traumatic" when a person is faced with death, the fear of dying or when his physical integrity or that of another person could be threatened. This event should also cause an intense fear, a sense of powerlessness or a feeling of horror " (American Psychiatric Association, 1994).


14. Famous for his doctrine on conditioned reflexes.


17. Merridale, “The collective mind…”, op. cit., p. 44.

18. Makarenko was the author of educational theories directly linked to work through the organisation of two colonies. The group played a very strong integrative role.

19. P. Wanke, “Inevitably every man has his threshold…”, op. cit., p. 87.
20. As to the success of collectivism, Merridale explains it with three historical reasons: Orthodox faith (sobornost' - the Trinity and not three separate entities), peasant culture with a preference for the collective which also made Stolypin's reforms difficult, collective apartments where private emotions had no place because everything was shared publicly.


26. Phillips, “There are no invalids in the USSR !...”, op. cit.

27. Capdavila, Rouquet, Virgili and Voldman, op. cit.

28. The decision to intervene in Afghanistan was taken by Leonid Brezhnev in December 1979.

29. It was added to the International Classification of Diseases (ICD10) in 1995.


31. Creation of four types of boarding home for disabled veterans in the 1920s which continued to exist after the Second World War: 1) for the elderly and disabled, 2) for persons with disabilities only, 3) for the veterans of labour, 4) for those diagnosed with psycho-neurological problems.


36. A. Maklákov, S. Chermanine, E. Choustov, “Problemy prognozirovaniia psikhologitcheskikh posledstvi lokálnikh voennych konfliktov”, op. cit.

37. Study conducted during the war in Afghanistan among 36 pilots participating in the war (place and date not specified) and during the first campaign of Chechnya among servicemen taking part in the fighting (sample, place and date not specified).

38. It must be emphasised that even if the troops of the Ministry of the Internal Affairs were involved in the Chechen conflict during the first campaign (1994-1996), they were involved even more systematically and more massively during the second (1999-2006). Nevertheless, the introduction of psychology services did not occur until the years after 2000.


41. A. Adaev, “Problemy organizatsii psikhologitcheskogo obespecheniia deiatel’nosti organov vnutrennikh del”, Professional, # 1, 2008, pp. 42-44

46. Interview with the director of the Centre for protection against stress, Khasaem Aliev, “Kliuch”, kotoryi vsegda s toboi”, Sodruzhestvo (Journal for the Council of the CIS Ministries of Internal Affairs), # 1 (3), 2007, pp. 47-51.
47. E. Sokolov “Psikhoterapevtitcheskaia sluzhba v deiatel’nosti sotrudnikov MVD”, Professional, # 4, 2007, p. 8-9; Kaliaev, “Terapevtitcheskaia pomoshch’ v meditsinskikh uchrezhdeniiakh sistemy MVD Rossii...”, op. cit.
51. F. Sironi, Psychopathologie des violences collectives. Ibid. Clinician and researcher in psychology, Françoise Sironi has worked with veterans of many conflicts, from draftees in Algeria to child soldiers of the recent wars in Africa, and ran a project in the 1990s with Russian veterans of the Afghan war in Perm region.
54. The first campaign aimed to "restore constitutional order" and the second was conducted in the name of the "fight against terrorism".
57. Ibid.
64. Novikova, op. cit., p. 62.
65. Maklakov, Cherryianine, Shoustov, “Problemy prognozirovaniia psikhologicheskikh posledstvii lokal’nikh voennych konfliktov”, op. cit.
68. Maklakov, Cherryianine, Shoustov, “Problemy prognozirovaniia psikhologicheskikh posledstvii lokal’nikh voennych konfliktov”, op. cit.
69. Interview with the Director of Dom Sheshira [Cheshire House], Moscow, 13 July 2010.
70. Interview with Sergei, 35 years-old, voluntary recruit during the second campaign in Chechnya, Moscow, 14 July 2010, see in this issue http://pipss.revues.org/3992.
71. Interview with Dmitri, 40 years-old, sniper during the first and the second campaigns in Chechnya, Headquarters of the Association Boevoe Bratstvo, Moscow, 6 July 2010.
73. Starting from the second Chechnya campaign (1999), conscripts were sent to Chechnya only with their consent.
74. Interview with Valentin, 27 years-old, voluntary recruit during the second campaign in Chechnya, Moscow, 13 July 2010, see in this issue http://pipss.revues.org/3990.
75. Interview with Mikhail, 32 years old, section commander, headquarters of the Association Boevoe Bratstvo, Moscow, 8 July 2010.
76. Interview with Andrei, 44 years old, a former officer in the Russian army, headquarters of the Association Boevoe Bratstvo, Moscow, July 6, 2010.

RÉSUMÉS

In 1996, a study conducted by a psychiatrist among Russian military conscripts who took part in the first campaign in Chechnya showed that there had been proportionately more victims of psychiatric disorders in Chechnya than in Afghanistan. Since then, a second campaign has followed which is considered to have sent 1.8 million men into the field. Despite its experience of conflicts in recent decades (Afghanistan, two Chechnya campaigns, Ossetia, Georgia), the system for the care and psychological rehabilitation of veterans remains fragmentary. Although psychiatry has been existed for a long time in the Russian army, it has long been oriented towards the optimisation of the capacity of men rather than the care of their suffering. Psychology has emerged recently and its effectiveness is limited. Within the Ministry of Internal Affairs, which has sent a number of policemen to the battlefield, psychiatry has developed in a very limited way and remains oriented towards the selection and management of the human factor (personnel), while psychology, introduced later, is still at an early stage. Several explanations are considered. First of all the non-recognition of the war and incidentally the impact of combat on men; then a system of psychological expertise deeply marked by a conception of the individual and his psychological state of mind in which trauma is linked to personal weakness. Here I examine the post-Soviet understanding of psychological suffering generated by war and the weight of history in the organisation of help for the transition from combatant to civilian life. This contribution is based on interviews with veterans of the Chechen wars conducted in Moscow in July 2010.

INDEX

Thèmes : Sociology
Keywords : War Veterans, War Trauma, Psychological Suffering, Rehabilitation
Index géographique : Russia, Chechnya
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