A Sociohistorical Perspective on Deinstitutionalization: The Case of Late Imperial Russia

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Article:

I. INTRODUCTION

An astute observer of the Russian scene commented at the turn of the century that the response of a society, and in particular its ruling class, to the mentally disturbed is an excellent indicator of its level of development (Iakobii, 1900:119). The author's statement served to introduce his extensive analysis of the role of psychiatry and mental institutions in Russia and the West, a central thesis of which was that the isolation of the insane in custodial asylums was in large part motivated by the bourgeoisie's desire to protect itself and its property. Ironically, Iakobii's treatise was published on the eve of a major shift in policy toward mental institutions in Russia. In the early twentieth century Russian policy makers began to withdraw support from the asylum and urge instead the development of community-based programs for the mentally disturbed.

Russia's early experimentation with deinstitutionalization is noteworthy for several reasons. In the first place, it represented a dramatic policy reversal in Russia. Secondly, the decision in the tsarist empire to deemphasize the asylum provides a striking contrast to the policies which were in place in the majority of Western countries at that time. Examination of the circumstances surrounding those Russian policy decisions thus has the potential to add a further dimension to our understanding of the relationship between the social control of deviance and the changing structure of society. Finally, the Russian case is valuable because of the light it may shed on recent events in certain Western societies, and especially in the United States.

The decades since World War II have seen a dramatic change in the official response of American society to its mentally distrubed members. After more than a century of almost total reliance upon the state mental hospital as the solution to the problem posed by that particular group of unfortunates, the asylum has been rejected as both harmful to its inhabitants and excessively expensive. In its stead reformers have sought to return the mentally disturbed to the community. Stressing the negative effects of "total institutions" upon the human personality, advocates of deinstitutionalization have insisted that most mentally disturbed individuals can be adequately cared for without incarceration. They have insisted that the vast majority of such persons thrive in more "natural" environments, and that our enlightened society owes its mentally incapacitated members the opportunity to live amongst the rest of us.

Policy makers would seem to have accepted the validity of those arguments, as mental hospital populations have declined precipitously in recent years. From a high of 558,922 in 1955, the population of American mental hospitals had fallen to 137,810 by 1980 (Morrissey, 1982). However, critics of deinstitutionalization have marshaled substantial evidence which suggests that "community care" is not the panacea its advocates had led us to anticipate. Instead, many of the individuals who have been removed from mental hospitals appear merely to have moved from one "circle" of hell to another. Social science researchers as well as the mass media have chronicled the fates of those returned to the

community. All too many have ended up on the streets of the nation's ghettoes or living in privately managed boarding homes, the conditions in which appear little different than those which proliferated in the era of the so-called first psychiatric revolution more than a century and la half ago (Lamb and Goertzel, 1971; Newsweek, 1978; Schmidt et al.; 1977). Their disturbing findings raise questions as to the meaning and significance of what has been touted as the "third psychiatric revolution."

Critics of deinstitutionalization have offered a variety of explanations for the adoption of that strategy for dealing with this particular "problem population." A critical dimension of the most cogent of their arguments has been the historical one. Examination of the past demonstrates clearly that the ideas of the late-twentieth-century psychiatric reformers are not new ones. Both the eloquent critique of the asylum and the suggestion that it be replaced by more "natural and humane" care in the community appeared in an earlier era yet were for the most part rejected (Grob, 1983; McCandless, 1979; Scull. 1977).

Recognition that the theories of contemporary reformers are not new ones means that those who seek to explain the success of those individuals must look beyond the possible merit of their ideas. It is no longer sufficient to credit "new discoveries" or a higher level of human caring. Rather, one must first account for the fact that present-day reformers have succeeded where the great majority of earlier ones -employing almost identical arguments and possessed of considerable political influence and skill" did not (Scull, 1977:123).

Yet, as suggested above, earlier advocates of deinstitutionalization did not consistently fail to convince. Critics of the asylum in early-twentieth-century Russia were quite successful in their efforts to establish community-based programs for mental patients. This paper chronicles the history of the "deinstitutionalization movement" in late imperial Russia and offers an explanation for its ultimate success. Just as the study of past failures at deinstitutionalization has proven critical to the interpretation of events of recent decades, so too careful examination of the factors which contributed to the little-known success of earlier Russian psychiatric reformers adds to our understanding of the reasons for the later success of those in advanced capitalist societies of the West.

II. EMERGENCE OF INSTITUTIONAL PSYCHIATRY IN RUSSIA

The earliest asylums for the insane were established in Russia in the late eighteenth century during the reign of Catherine II ("the Great"). However, they remained rather small and insignificant institutions until almost a century later. Although lip service was paid to their "therapeutic role" the principal function of those early madhouses was clearly one of social control (Brown, 1983).

The transformation of "madhouse" into -mental hospital- and the appearance of an organized psychiatric profession were developments which occurred during the era of the so-called Great Reforms, which in the mid- nineteenth century brought an end to serfdom and restructured many of the major institutions of Russian society. The reforms altered the educational, military and judicial systems. In the effort to fill a power vacuum in the countryside which had been produced by the elimination of serfdom and to offer the rural gentry a small measure of participation in governmental affairs, the zemstvo system of local self-government was established in early 1864. The zemstvos were given responsibility for the provision of a variety of services in provincial Russia, among them education, public health, roads, insurance and famine relief. Thereafter, psychiatric developments in Russia were closely tied to the fate of the local self-governments.

There were a few self-designated psychiatrists in Russia in the early nineteenth century; however, the Russian psychiatric profession first emerged as a cohesive group during the reign of Alexander 11 (1855-1881). The conditions which facilitated its emergence were in a very direct fashion created by the tsarist government. Having sponsored a "reformed" mental hospital after the fashion of many Western societies, the government subsequently undertook to ensure a supply of "technical experts" with which to staff the institutions (Brown, 1981).

The origins of the Russian psychiatric profession were thus somewhat different than those of its counterparts elsewhere and its appearance an event of a slightly later era. Nonetheless, the problems faced by the members of the profession and, at least initially, the solutions they proposed to those problems were strikingly similar to those of their Western colleagues. As Russian psychiatrists saw it, the major problems facing them included solidifying their control over institutions for the insane and convincing the public of the importance of utilizing those establishments. Successfully eliminating these obstacles was essential if the profession was to establish itself as an autonomous and authoritative body.

A key element in the strategy adopted by psychiatrists both in Russia and in the West was to emphasize the centrality of the mental hospital in the treatment of insanity. Although there were a few who took exception to the insistence upon institutional treatment for *all* mentally disturbed individuals (Dranitsyn, 1867), the dominant position of the international community of psychiatrists in the mid–nineteenth century was that every mad person should be hospitalized as early as possible after the illness was detected. "All psychiatric specialists everywhere are agreed, that the sooner an individual is hospitalized, the greater are his chances of being cured" (Kovalevskii, 1889:16).

Institutionalization was essential, according to psychiatrists, not only because cure was impossible without it, but also in order to ensure the well-being of the rest of society. All insane persons were potentially dangerous, the profession charged, and so long as any remained at large both the property and the persons of the healthy were at great risk. Russian psychiatrists argued forcefully and at every possible opportunity that Russia needed to institutionalize all her insane. Their principal arguments were encapsulated in a presentation made by Dr. S. I. Shteinberg to a meeting of the local self-government (zemstvo) assembly of the province of Saratov in late 1883. The insane must be hospitalized, stressed Shteinberg, because if left to wander freely and without adequate supervision, the results would be catastrophic. Not only would they remain uncured, thus becoming a permanent moral and economic burden on the community, but madmen could endanger an entire village: "One lone mad individual is capable of terrorizing an entire city" (Arkhiv, 1884:299-321). Even the most passive of the insane, he went on, poses a potential threat to himself and to others. Unanticipated hallucinations could lead such a person to commit murder, suicide, arson or other acts of violence. Rapid mood swings could cause the insane to squander the family fortune, spread damaging false rumors and accusations or violate any and every law. Last, but not least, unless institutionalized, the insane would pass on their dreadful characteristics to the succeeding generations, The long-term implications of that were obvious.

III. EARLY PROPONENTS OF COMMUNITY CARE IN RUSSIA

Having based their claims to professional status—indeed to their very existence—on their unique relationship to an "indispensable" institution, it is not surprising that psychiatrists proved reluctant to embrace alternative approaches to the treatment of insanity. As was true of most of their Western counterparts, Russian psychiatrists vehemently opposed early suggestions that the insane could be cared for successfully outside of the asylum.

That issue was first raised in the empire of the tsars at a national gathering of psychiatrists which took place in Moscow in 1887. The great majority of psychiatric physicians were in attendance at the conference, as it was their first opportunity to meet as a body to discuss common concerns. The focus of the meeting was the problem of how to organize psychiatric care throughout Russia and to ensure the dominant role of psychiatrists within that organization.

Among the papers presented at the Moscow meeting were two which challenged the notion that psychiatric care could mean only institutional care. Their presenters were dynamic individuals, each of whom although quite young was already well-known to the profession. First to speak was N. N. Bazhenov, a psychiatrist employed by the Riazan provincial zemstvo. Bazhenov described a system of extramural psychiatric care he had introduced at the provincial psychiatric hospital in Riazan which he

char, acterized as "colonization at the gate to the hospital" (Bazhenov, 1::7:244) His program involved deinstitutionalizing "harmless, chronic" patients by placing them in the homes of peasant families who lived near the hospital. As they were close by, he insisted, the hospital staff was able to supervise their care. According to Bazhenov, the system benefited all of those involved. The patients profited from the opportunity to live in a more "natural" environment, the peasants were provided with an additional source of income, and the provincial zenstvo experienced a significant reduction in costs.

Bazhenov's presentation was followed by a similar one delivered by his friend and colleague, S. S. Korsakov, a Moscow psychiatrist. Korsakov too touted the advantages of extramural care and stressed its especial appropriateness to Russian society. To emphasize the latter he described a Gheel-like setting (see below) which he had observed on the outskirts of Moscow. Near the city, he said, was an ancient monastery within which resided a monk famous for his skill as an exorcist. Peasants and townsfolk alike brought their insane kinsmen to the monastery in the hopes that the monk could relieve them of the evil spirits which were presumed to be responsible for their disorder. As the exorcism could take a number of weeks, patients were frequently left in the care of the peasants who lived in the vicinity of the monastery. The latter cared for the sick in return for which they were reimbursed by the families. This example proved, according to Korsakov, that ordinary Russian people could learn to provide humane care to the insane (Korsakov, 1887).

Both Bazhenov and Korsakov based their support for "community care" in part on the baneful effects of lengthy institutionalization on patients, In doing so they cited the works of their Western, mostly British, counterparts whose mid–nineteenth–century critique of the asylum so eloquently presaged that of Goffman and others. They were obviously familiar with the various alternatives to institutionalization which had been tried in other countries, particularly the so-called cottage system and the well-known community care systems which had been implemented in parts of Scotland and around the shrine of Dymphna in Gheel, Belgium (Grob, 1966; Parry-Jones, 1981).

The core of their. argument, however, was economic. Russia was a poor country. Korsakov and Bazhenov reminded their listeners, and the demand for psychiatric care was great. Only a minute fraction of the empire's insane were institutionalized. The nation simply could not afford the cost of continued construction of new mental hospitals. Community care for the insane represented a less expensive means of providing supervised care for those chronic patients who could not in any case be helped by the hospital. Removing them from expensive institutional settings would free space for acutely disturbed individuals who could be successfully treated there.

The discussion which followed the presentations by Bazhenov and Korsakov was brief and acrimonious. Few of those in attendance were willing even to entertain the suggestion that community care could be a positive influence on Russian society. Their criticisms echoed those of their Western counterparts who had also overwhelmingly rejected alternatives to the asylum, and as Parry-Jones (1981:210) has pointed out, "the case against the {community care] system was easily made." The vast majority of psychiatrists still insisted that institutional care was essential if insanity was to be cured. They also expressed great concern about the potential for abuse in noninstitutional settings where supervision would almost of necessity be inadequate. To suggest that the Russian peasantry was capable of caring for the mentally disturbed was, in the view of many psychiatrists, preposterous. Charging that the peasants abused their own relatives when those individuals ceased to contribute to the family larders, the critics challenged Bazhenov or Korsakov to provide evidence that they would treat nonfamily members any more delicately. Could anyone forget, they asked, the horrendous conditions under which the insane were kept in rural villages: filthy, battered, covered with insects, and tortured by festering wounds from the chains which bound them hand and foot.

One critic reminded the speakers of the lethal consequences of the "foundling trade– which had developed in many areas. The governmental practice of "farming out" abandoned infants to peasant families which

were paid a stipend for their care had resulted in the growth of a veritable industry in babies. However, infant mortality rates in the villages which participated in the program were astronomical—not only among foundlings but among village infants as well (Ransel, 1978; Trudy, 1887). Why should we expect the results to be any different, they asked, if the trade is in equally defenseless mad men and women?

To the presenters' accusations that the asylum had deleterious effects on the human personality, the audience responded that such charges may have been applicable to the older madhouses which had yet to be totally eliminated from the Russian provinces. However, they failed to describe modern mental hospitals. With governmental support for the asylum and psychiatrists at the helm of the institutions, the future of insitutional care in Russia promised to be a bright one. We have progressed beyond Gheel, they proclaimed.

While most of the profession was unwilling to abandon the asylum, its members acknowledged the fiscal burden institutional psychiatric care represented. For that reason, they proposed alternatives which were more in line with their conception of the proper scheme of things, Several psychiatrists advocated the development of agricultural colonies for chronic mental patients. Those institutions would resemble "hospitals," yet would be self-supporting, as the patients incarcerated within them would be engaged in productive agricultural labor. Some went so far as to argue that the colonies could become profit-making enterprises. Others argued that costs could be controlled by lowering the living standards in the asylum. It is unreasonable to expect, they pointed out, that the government should maintain the insane in institutions under conditions which are superior to those in which they live on the outside. As the great majority of asylum inmates were peasants accustomed to a "modest" life style, it should be feasible to keep the cost of institutional care to a bare minimum (Trudy, 1887:250).

The unwillingness of Russian psychiatrists in the 1880s to discuss alternatives to institutional care for the insane was similar to the response of their colleagues in England and the United States to the same idea. In each setting the profession's reasons for rejecting the idea of community or "home" care for the mentally disabled were fundamentally the same:

> Psychiatrists were most concerned with expanding the existing system, placing their own institutions on a firm and stable foundation, and creating a professional self- identity; they were not especially interested in innovating or experimenting with their relatively young hospitals (Grob, 1973:322).

IV. CONTINUED OPPOSITION TO COMMUNITY CARE

Despite the opposition of the great majority of their professional colleagues, a few Russian psychiatrists continued to experiment with community care into the 1890s. Bazhenov's initial attempt to "colonize" chronic patients in Riazan lasted a mere three months, after which the experiment was terminated by suspicious zemstvo officials. In retrospect, it appears that much of the nervousness of those zemtsy was focused on the person of Bazhenov rather than the program he attempted to put into place. He was, in fact, fired by the zemstvo less than two years later for his "liberal" persuasions.

After he left Riazan, Bazhenov moved to Moscow where he participated in the development of a community care program in the village of Semenovskoe on the outskirts of the city. This attempt was somewhat more successful than his earlier one. Affiliated with two separate hospitals in the city, Semenovskoe served as a center for the evacuation of chronic patients. The patients were housed with peasant families each of which provided a home for one to three individuals. The family care program in Semenovskoe grew slowly but steadily throughout the 1890s; however it met its demise at the decade's end. Observers attributed the downfall of the program to the failure of its organizers to enlist the cooperation of the communal (mir) elders. As the latter stood to gain nothing from supporting the program, they were "too easily" persuaded against it by wealthy peasants who had refused to participate but then grew envious of the additional income so easily earned by their neighbors (Brukhanskii, 1900).

The first large-scale attempt to introduce family care was in the province of Ekaterinoslav in southwestern Russia. The founder of this program was Dr. A. A. Govseev, who had been among the few inspired by the presentations of Bazhenov and Korsakov in 1887. Govseev had returned home from the Moscow meeting eager to experiment with family care at his hospital. His early efforts failed, however, as his local professional colleagues would have no part of Govseev's wild schemes. Nonetheless, he managed to interest zemstvo officials in the idea. In 1892 he was granted permission to begin to deinstitutionalize a few patients.

Like the other programs which have been described, Govseev's "family care" entailed the placement of patients in families other than their own.[1] The local peasantry eagerly embraced the idea. The zemstvo continued to support it, and within three years nearly one-third of the insane of the province had been removed from the hospital and placed in private foster homes (Govseev, 1897, 1898).

The psychiatric profession as a whole remained extremely hostile to the notion of extramural care until after the turn of the century. Although psychiatrists did not convene again as an independent body until 1905, their participation in the psychiatric section of the Pirogov Society of Russian Physicians, the professional association of the empire's medical doctors, provided them with periodic opportunities to discuss common concerns. The subject of "family care" was consistently on the agenda. It was harshly denounced at both the Fifth and the Sixth Meetings of the society (1893 and 1896, respectively). At the latter conference Govseev made a lengthy presentation on the program in Ekaterinoslay. His enthusiasm was unqualified. He reported that both the physical and the mental condition of the deinstitutionalized individuals had improved, the peasant foster families were pleased with their new occupation, and the cost to the zemstvo had been reduced by one-third (Obozrenie, 1896).

The response to Govseev's description provided clear indication that psychiatric opinion had changed little over the preceding decade. Critics charged that his program was "dangerous" and that the lower cost he reported was "illusory." Any patient for whom his "home care" was suitable, declared one respondent, could instead be sent to his own home at no cost to the zemstvo whatever (Obozrenie, 1896:563).

Response to Govseev and the form of care he came to represent remained negative. Although a few observers (Zbarskii, 1897) commented favorably on the Ekaterinoslav system, most were unwilling even to consider it. One critic went so far as to catalogue all of the arguments which had been presented on the subject. According to his tally the negatives outweighed the positives by more than two to one. Under the circumstances, he concluded, how could anyone possibly regard home care as a viable alternative (Shteinberg, 1896)?

The credibility of both Govseev and "home care" was further diminished by the appearance in late 1896 of a highly critical account of the Ekaterinoslav program written by one of Govseev's associates, Dr. N. 1. Shcherbinin. Shcherbinin charged that the patients who had been deinstitutionalized lacked medical supervision and were shamelessly exploited by their peasant hosts. The system was causing the moral corruption of the entire population, he alleged, and should be abolished immediately.

Shcherbinin's book was favorably reviewed by the psychiatric press and was frequently cited over the next several years as evidence of the weaknesses inherent in the very notion of extramural psychiatric care. Whenever rumors would circulate to the effect that some other province was discussing the possibility of initiating a program, journal editors would dredge up the Ekaterinoslav "failure" and offer it as evidence of the folly of it all: "Yet another attempt, which of course, threatens to produce the same horrors as previous ones" (Nevrologicheskii, 1899:187).

V. THE POLICY REVERSAL

At the turn of the century community care for the mentally disturbed was still a little-known idea to which the vast majority of psychiatrists were adamantly opposed. Yet, by the eve of World War I more than half of all the provinces in the empire had active family care programs, and many of the rest were busily planning to implement them (Prozorov, 1914; Serebriakova, 1965). Professional opposition to extramural care for the insane had virtually disappeared, and a number of influential members of the psychiatric profession had emerged as leading proponents of the idea.

The concept itself remained essentially unchanged. The new home care programs implemented in the early twentieth century were for the most part replicas of the earliest ones which had been advocated by Bazhenov and Govseev. Although there were minor variations, the majority of home care programs (oftened referred to by the French term *patronage familial*) placed "harmless" chronic patients in peasant households. On occasion deinstitutionalized individuals were returned to their own families, but as a rule they were consigned to a foster family. Most families housed several individuals at a time. Usually, entire villages were selected as locales for a home care program. At times a village was selected because of its proximity to the provincial hospital, but, as will be discussed below, more often there were other criteria which were regarded as more important.

The reasons for this dramatic turnabout were complex. Despite the origins of the idea within the psychiatric community and the profession's subsequent assumption of the leading role as advocate for it, psychiatrists can scarcely be credited with major responsibility for the widespread implementation of extramural care. The profession began enthusiastically to promote the concept only after it became apparent that failure to do so might well prove the equivalent of professional suicide. Rather, in order to understand what transpired, one must examine both the politics and culture of the Russian countryside and the ongoing power struggle between psychiatric and other physicians in provincial Russia.

Throughout the late imperial period the interests of psychiatrists and other doctors were frequently at odds. This was due in large part to the limited market for medical services which produced intraprofessional competition for scarce governmental resources (Brown, 1981; Frieden, 1981). The organization of medical care in the zemstvos further exacerbated the situation. The local self-governments were created at both the provincial (*guberniia*) and district (*uezd*) levels (roughly equivalent to American states and counties, respectively). Most medical care was provided at the district level, and zemstvo physicians developed an intense professional commitment to the decentralization of health care services. They prided themselves on their rural medical programs and their success in dispersing medical personnel and facilities throughout the countryside (Frieden, 1981).

The zemstvo medical practitioners were extremely hostile toward those medical institutions which were funded at the *guherniia* level, primarily the old provincial hospitals. Many of those hospitals were decrepit relics of the prereform era, costly to operate and notoriously ineffectual. Most zemstvo physicians wanted to see them eliminated and all medical care resources directed instead to the districts.

This position was diametrically opposed to that of the psychiatric profession. In contrast to other medical services, psychiatric care was centered at the larger provincial level. In many cases "psychiatric care" was synonymous with the provincial hospital. Often the provincial psychiatric hospital was little more than a separate wing or department of the provincial somatic hospital. Even when a separate building had been constructed for the insane, the two institutions remained closely linked both in a fiscal sense and in the mind of the public. Thus, in contrast to other physicians most psychiatrists were hired by the provincial zemstvos, and the profession had staked its future on the growth of provincial hospitals.

In the early years of the new century, zemstvo physicians began to insist that psychiatric care be decentralized along the same lines as somatic care. They remained resentful of the funds which were spent on the provincial hospitals and were well aware that a growing proportion of that money was spent on insane patients.[2] They made an effort to convert the local self-government officials to their point of

view and sought support from within the psychiatric community. Zemstvo physicians were evident in large numbers when the psychiatric section of the Pirogov Society convened in 1902 and 1904. At the latter meeting a zemstvo sanitary physician addressed the assembled body and urged that it give its support to decentra]ization. Such a resolution was indeed passed, prompting an outcry from many psychiatrists who regarded the presence of nonspecialists a, inappropriate. As one lamented:

> The most important resolution passed by the psychiatric section was the result of a dictatorial incursion into four] domain by zemstvo sanitary physicians who have lately acquired much influence and are attempting to dictate a program of activities to us (Krainskii, 1904:238),

The supporters of psychiatric decentralization began to win converts. Those psychiatrists who had been early advocates of community care were generally quick to support the idea. More significantly, zemstvo assemblies jumped on the bandwagon in steadily increasing numbers. As those bodies began to vote for decentralization despite the opposition of their psychiatric experts, the profession was compelled to reassess its position.

The implications of decentralization were potentially devastating to psychiatrists. As it was generally proposed, the goal was to provide care for the insane within the small district hospitals which already dotted the countryside. Those hospitals were too small and too numerous for anyone reasonably to expect that each would employ a psychiatrist. It seemed obvious that if psychiatric care were decentralized it would in the process be handed over to the nonpsychiatric physicians who already staffed those small institutions.

In short, psychiatrists deduced rather quickly that decentralization would not be in their best interests. Their sudden enthusiastic support for "home care" for the insane seems best understood as a counterattack measure. The local self-governments seemed determined to deemphasize the provincial hospitals: Home care, while far from an ideal solution to the problem faced by psychiatrists, was at least *their* program. In theory, if not always in practice, the *patronage familial* could be under the direct supervision of a psychiatric specialist, Thus, unlike the other alternatives under consideration it promised to preserve at least a measure of independence and autonomy for the profession.

Continued psychiatric ambivalence toward "community care— is evident even in the most enthusiastic declarations of support for the concept (Brown, 19811. The profession's primary reason for advocating deinstitutionalization was its recognition of the fact that the local self-governments intended to do that with or without their participation. The program they proposed was one particularly well-suited to the interests of the local gentry which dominated the zemstvo organizations. Many psychiatrists, however, harbored the fear that it contained the potential for exploitation of both the insane and their peasant hosts.

VI. ELITE SUPPORT FOR DEINSTITUTIONALIZATION

The most important reason for the success of community care for the insane in late imperial Russia was the support of the local self-government assemblies. Those bodies were dominated by the rural gentry, a group whose interests differed markedly from those of the elites which rejected deinstitutionalization in the West. Instead of allying itself with the forces supporting industrialization and capitalistic development, the gentry had in the late nineteenth century firmly recommited itself to a traditional agrarian way of life.

By the end of the century a series of economic reversals had left many gentry estates in shambles. Decades of relative neglect complicated by the elimination of serfdom and subsequent efforts by the tsarist government to improve Russia's position in the world economy finally provoked the gentry into reassessing its priorities. In droves gentry families made the decision to leave their sophisticated urban existence behind in the capital city and devote themselves to the revival of agricultural production on their rural estates. Their vision of the future was of a traditional society guided by semifeudal values and institutions. As Leopold Haimson describes them on the eve of the "Great War":

> Most of these noble landowners still regarded themselves as defenders of the *ordre etabli*, upholders of sound, conservative, moral, religious, social, and political values and institutions—for themselves and especially for the peasants over whom they ruled (Haimson. 1979:269).

There were several reasons why extramural care for the insane would have struck a responsive chord with the gentry-controlled zemstvo assemblies. Its lower cost was, of course, appealing. The zemstvos were chronically strapped for funds, and their ability to generate income was further reduced by changes in the tax regulations in 1903 (Seton-Watson, 1967). Even some of the most ardent defenders of "home care" acknowledged that it cost as much to maintain a mental patient in a foster home as in a hospital. The advantage of the *patronage familial* was that it eliminated the need for new construction, and the system was elastic: it could readily expand or contract as demand fluctuated.

Nonetheless, the experience of other societies suggests that cost alone is not sufficient to explain the movement away from institutional care, Many other countries remained committed to the asylum despite the extraordinary expense it entailed and its obvious therapeutic failures. That the rural elite in Russia chose to forsake the asylum whereas those of Great Britain and the United States, for example, did not is largely a reflection of differences in their response to individuals who were dependent and unproductive. Characteristic of the two Western societies were

> stress on the principle of "less eligibility" (enforced in large part through the discipline of institutions like workhouses and asylums); and the abhorrence of payments to individoals in the community (so-called outdoor relief) . . (Scull, 1977:129).

In Russia, on the other hand, most relief was of the "outdoor" variety.[3] Mutual responsibility (*krugovaia poruka*) was "both a long-established traditional function of estate societies and a legal obligation for at least, the peasantry" (Lindenmeyr, 1980:l). "Family care" for the insane bore a superficial resemblance to traditional forms of mutual assistance, such as the *po ocheredi*, a system whereby each family would in turn offer shelter to the village's "idiots," its homeless widows, and whatever other unfortunates happened to belong there.

"Family care" also provided a means by which traditional values and institutions could be encouraged and even strengthened. That this was at least a latent goal of the programs' supporters is evident from the manner in which they selected both communities and individual families to participate. Urban areas were regarded as totally inappropriate because of their "noisy existence . . . especially in industrial centers like Moscow" (Prozorov, 1910:264). Planners sought villages somewhat removed from the cities and uncorrupted by industrialization: "The absence of taverns and the sobriety of the population are essential— (Kopystynskii, 1909:294). The ideal setting was described as

> a quiet, healthy, densely populated community, the population of which is engaged in agricultural work and is not too poor. Its people should have retained a commitment to patriarchal values (Reformatskii, 1908:457).

Frequently, the organizers of home care programs actively involved the village communal structure, the mir, in the planning process. In certain instances the elders were given a role in its management once it was put into place. In such cases their reward was financial as well as political. In the village of Voskresensk in Moscow province, for example, payment was made to the mir directly. It in turn paid each family seven and half rubles per patient and retained two rubles for its own coffers (Prozorov, 1909).

Certainly psychiatrists had learned from their experience in Semenovskoe that mir opposition could undo all of their efforts. The communal elders were also as a general rule a powerful bastion of traditionalism.

As such their involvement could help to further the goals of maintaining order and stability in the countryside: to make a reality the gentry's "bucolic vision of rural Russia" (Haimson, 1979:266).

Advocates of deinstitutionalization emphasized again and again that participation in "home care" programs for the insane brought to the fore those traditional qualities of the Russian peasant which were being undermined by modernization and industrialization. They even quoted Leo Tolstoy (cited in Stupin, 1911:277), notorious for his idealization of peasant existence:

> A wealthy man has a 15 room house for three people, yet refuses to permit a beggar to come in to warm himself overnight. A peasant shares his tiny hut with seven others, yet he readily opens his home to a stranger.

The longer the peasants participated in the program, its supporters proclaimed, the more caring and generous they became.

The organizers of "family care" clearly sought to encourage certain values in the peasant hosts while discouraging others. They tended to reject those who were "extremely uncultured" as well as those who had been contaminated by the influence of alien values. The risk of relying on the former was made clear by an incident in Voronezh in which a female patient was returned to the hospital after it was discovered that she had been telling fortunes and "healing" the sick. She had set up shop in her foster home and was making quite a profit at her business (Vyrubov, 1908). Psychiatrists reported such incidents with horror.

They actively sought communities which were "near to a city yet without factories, and whose members were reasonably sophisticated yet whose morals had not been corrupted" (Brukhanskii, 1900:624). Once such a setting had been located and a family care program put into place, the community benefited in a variety of ways. It gained, of course, from the extra income generated by the presence of the deinstitutionalized patients, which in contrast to its usual sources was steady and dependable. The families which housed patients also acquired additional workers. Women patients were expected to help with the housework and child care and the insane men took their place in the fields along with their hosts. If patients were too feeble or incapacitated to work, the families usually received a higher stipend.

The zemstvo provided other kinds of assistance as well. The foster families were helped to renovate their homes and improve their farmyards, New roads were built to connect the village with the outside. In short, a variety of measures were utilized to ensure the well-being of the communities and their members.

Community care for the insane not only represented a means by which a "desirable element" could be rendered assistance. It also enabled the rural gentry to reduce the influence of what it had come to regard as a particularly "undesirable" one. During the tumultuous years of 1905 and 1906 provincial psychiatric hospitals had frequently been the settings of large-scale workers' demonstrations. Asylum workers had demanded not only higher pay and better working conditions but an active role in hospital administration. Stunned by the explosive events, many local self-governments had capitulated. As they began to regain control of the situation, they removed the workers from positions of authority in the hospitals (Brown, 1981). Nonetheless, they remained suspicious of the institutions and worried that because of their size and influence the provincial hospitals could once again serve as a "destructive" force bringing unwanted change to their rural society.

VII. CONCLUSION

Deinstitutionalization gained support in late imperial Russia because it appeared to represent a relatively inexpensive means of dealing with a group of deviants who could not reasonably be abandoned to the whims of fate, while simultaneously offering both moral and economic support to a segment of the population which was deemed especially valuable. It might have been preferable to the rural gentry had the asylum never been introduced into the Russian countryside as a substitute for more traditional means

of dealing with the insane. However, that was not the case.[4] Once those individuals had been removed from society, their future outside of institutions became problematic. It was not feasible merely to throw them out onto the streets of the provincial cities. Returning them to their own families was also for the most part not a viable alternative. Often their families did not want them or could not take them. Only rarely did any0ne suggest that families might be paid to care for their own insane members. Most seemed implicitly to understand that the implications of that were enormous. By psychiatrists' estimates only one in 10 of the empire's insane was institutionalized. If families were led to believe that they could be paid a stipend for the burden they had been bearing without recompense, the cost of "community care" would increase beyond belief. Foster care seemed the ideal solution.

The rapid expansion of the *patronage familial* in Russia was halted by the traumas of war, revolution and civil war. Those events reduced the populations of psychiatric institutions by as much as 50% and the demands upon the rest of the society for other contributions to national causes resulted in the virtual elimination of "family care" for the insane. As stability began to return in the mid-1920s the Soviet authorities turned their attention to the psychiatric institutions which had survived the preceding decade. They were shocked by the horrendous conditions they discovered. Annual mortality rates in some asylums approached 40% (Serebriakova, 1965:56).

The First All-Union Conference on Psychiatry and Neurology, which was convened in 1926, called for the revival of the *patronage familial* as an integral component in the organization of psychiatric care. However, its role was no longer to be limited to the provision of care to chronic patients. The new *patronage familial* was conceived as both a curative and a prophylactic agent. This concept was not without its critics during the 1920s, although the grounds for objection had changed, reflecting the different priorities of the new society (II' on, 1940; Serebriakova, 1965).

Psychiatric care remained a low priority during the next two decades, as the Soviet Union directed its resources first to the rapid effort to industrialize and then to World War II. In the postwar era Soviet psychiatrists have continued to emphasize noninstitutional psychiatric care and prophylaxis, both themes developed many decades ago. In the interim, however, the *patronage familial* gave way to the neuropsychiatric dispensary (Shereshevskii, 1976). In consequence, the Soviet Union has not experienced deinstitutionalization as a "revolutionary" policy. The process of sequestering the insane in institutions never reached the scale in Russia that it did in the West, and the effort to deemphasize the asylum began three-quarters of a century ago.

Certain distinctive themes emerge as one compares the deinstitutionalization movements of past and present. Where deinstitutionalization has succeeded, as in late imperial Russia and the post—World War II West, it has attracted elite support.[5] On the other hand, it has failed when that support has not been forthcoming (as in late-nineteenth-century Great Britain and the United States) (Lerman, 1982; Rose, 1979; Scull, 1977). Careful examination of the phenomenon thus provides further evidence of the close relationship between the political economy of a society and its structures for the social control of deviance.

The evidence also suggests that when deinstitutionalization has become official policy the concept has had the support of the psychiatric profession. However, professional endorsement appears less a cause than a consequence of the policy decision. As has been true in so many other respects, “psychiatry-despite its claims about its scientific and medical character-reflected the role assigned to it by society” (Grob, 1973:132).

Finally, it seems clear that the consequences for those most directly affected by the decision to use or abandon the asylum have also consistently been a secondary concern. The welfare of the mentally disturbed has been waved as a banner over all camps. Yet, insofar as the fate of individuals affected by changing policy decisions on the asylum has been documented, the evidence suggests that the benefits to

them have been few and far between. Those with power and influence have been able to change institutional arrangements so as to improve their situations or, at least, to adapt comfortably to new ones. Lacking their resources, many of the mentally disturbed have not managed so well.

Notes

1. Similar programs were developed in many Western countries. For a somewhat later description of them see Pollock (1936).
2. In 1901 the zemstvos spent a total of 2,389,300 rubles on their psychiatric hospitals, a sum equivalent to 23% of all zemstvo expenditures on hospitals and clinics. In several provinces the cost of maintaining the psychiatric hospital was greater than that for all the district hospitals combined (Brown, 1981:310).
3. For a recent analysis of urban welfare reform in late imperial Russia, see Bradley (1982).
4. A complete examination of the tsarist government's initial reasons for supporting psychiatric institutions is necessarily beyond the scope of this paper. Suffice it to say that concern for the well-being of those "chronic and harmless" insane individuals who were subsequently returned to the community was not a major consideration (Brown, 1981).
5. Stephen Rose (1979:445) nicely summarizes the arguments of the critics of the current deinstitutionalization effort: "the policy of deinstitutionalization is best understood as a political and economic measure designed primarily to sustain near-bankrupt state governments and to establish the basis for transferring funds from public services to the private sector."

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@inproceedings{Brown2011ASP, title={A Sociohistorical Perspective on Deinstitutionalization: The Case of Late Imperial Russia}, author={Julie Vail Brown}, year={2011} }. Julie Vail Brown. Published 2011. Psychology. An astute observer of the Russian scene commented at the turn of the century that the response of a society, and in particular its ruling class, to the mentally disturbed is an excellent indicator of its level of development (Iakobii, 1900:119). The author's statement served to introduce his extensive analysis of the role of psychiatry and mental institutions in Russia and the