

Beware the medicalisation of deviance in Russia: remembering the lessons of history

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The medicalisation of deviance occurs when the prevailing mores of a particular country, culture, social group or historical era influence the designation and diagnosis of illness and disease. This issue has again risen to the fore in the debate over the nature of homosexuality in the wake of the 2014 Winter Olympics in Sochi, Russia. In July 2013, Russian President Vladimir Putin signed into law a statute criminalising public dissemination of ‘propaganda’ supporting non-traditional relationships, arguing that such ‘unnatural acts’ threaten the social stability of the country. These actions pose a challenge to Russian health professionals who may find themselves under increasing pressure to yield to popular social and political fashion. A recent poll of Russian citizens by the non-partisan Pew Research Center found widespread domestic support for Putin’s stance, with nearly three-quarters of Russians surveyed rejecting the acceptance of homosexuality by society.¹

In their seminal study on the medicalisation of deviance, Conrad and Schneider examined the history of social problems and how they change over time in response to claims-making groups. They found that the shift in deviance designations from ‘badness to sickness’ begins with authorities who exercise control in religious (moral) and legislative (legal) domains, eventually culminating in the medical (scientific) sphere. They identify five phases that behaviours pass through until gaining acceptance as a medical condition: (1) defining the act as deviant; (2) medical discovery; (3) claims-making by competing interest groups; (4) establishing legitimacy by securing medical turf and (5) institutionalisation.² The medical community must be wary of attempts by political bodies and social movements to influence the outcome of the scientific process.

Given President Putin’s vigorous repudiation of homosexuality, his recent attempts to legislate against it, and his claim that it poses a threat to Russian society by lowering the birth rate and perverting traditional morals, we can expect attempts to lobby the

Russian medical community to re-assess the status of homosexuality. Putin’s comparison of homosexuals to paedophiles, and his warning of the need to ‘cleanse’ Russian society of such behaviours, has been linked to increasing levels of intolerance towards homosexuals in Russia and an influx in reports of harassment and violence.³

The political momentum against homosexuality in Russia, and the perceived threat to society, is chillingly reminiscent of early Nazi Germany, which imposed a series of increasingly restrictive laws against Jews between 1933 and 1938. These laws were supported by Nazi physicians and psychiatrists who employed dubious ‘scientific’ schemes to classify Jews as physically and mentally inferior by employing such methods as Phrenology, which used the morphology of one’s skull or nose, to segregate an entire group of people, accompanied by theories of racial hygiene and Aryan superiority.

It would be a mistake to misconstrue the recent events in Russia through the prism of cultural relativity. Methodologically sound, evidence-based science trump’s thinly veiled political attempts to impose moral and behavioural codes onto marginalised members of society. History is replete with examples of the inappropriate placement of medical and psychiatric labels onto minorities engaging in behaviours that were once viewed as unpopular, illegal or immoral. A conspicuous historical example was the attempted ‘rehabilitation’ of political dissidents in the former Soviet Union through psychiatric treatment.

The Royal College of Psychiatrists has reviewed the now considerable body of research on sexual orientation, concluding that it has a biological foundation that is ‘determined by genetic factors and/or the early uterine environment’. Hence, while sexual behaviour is a choice, sexual orientation is not. They also conclude that lesbian, homosexual and bisexual people (LGB) exhibit behaviour ‘compatible with normal mental health and social adjustment’.⁴ It is worth remembering that the shifting historical

discourse on the medical status of homosexuality reflects corresponding changes in social and cultural values, as evidenced in the 1973 decision by the American Psychiatric Association to discard the diagnosis of homosexuality as a disorder. With the rise of secular authority and legal/scientific bodies, its status was re-evaluated on more objective grounds. Transcultural studies revealed the condition to be far more common than previously thought and did not meet the criteria of a mental disorder as it was not perceived as causing distress, impairing social functioning or causing harm *per se*.⁵

Historically, mixing politics with science has met with catastrophic results, with an array of unpopular behaviours and acts having been erroneously labelled as diseases or disorders. The first insane asylums were filled with social undesirables: indigents, orphans, prostitutes, the aged and unmarried debauched girls.^{6,7} These were soon followed by other fashionable diagnoses such as 'masturbatory insanity'. Attempts to stop masturbators included castration, clitoridectomy, ovariectomy, lobotomy, incarceration and chastity belts.⁸ During the mid-19th century, African-American slaves who tried repeatedly to escape plantation servitude were diagnosed as suffering from *drapetomania*: a position rationalised on the grounds that slavery offered the 'inferior' Negro an advantage over their 'primitive' African existence.⁹ Another study has identified instances of medicalisation by Western physicians and psychiatrists who have mistranslated local idioms of distress in non-Western cultures as exotic mental disorders.¹⁰

The medical profession must stand firm against any attempt to mix science with politics, lend support to their Russian colleagues and be guided by evidence-based findings as the ultimate arbitrator of knowledge. Continued attempts to portray LGB people as psychologically disturbed, 'sick' or suffering from paedophilia, in the absence of supporting evidence, reveals more about the ignorance and biases of those constructing these categories, than those who are being categorised and labelled. Human beings exhibit a remarkable degree of social, ethnic and

biological diversity. We should embrace our common genetic heritage and learn to appreciate our social and cultural differences.

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