



Has “Iron” Felix Dzerzhinsky been affected by post-traumatic embitterment disorders?

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ABSTRACT

Retrospective psycho-historical personality analysis of “Iron” Felix Dzerzhinsky presents an opportunity to evaluate development and progression of events and behaviors associated with the killing of hundreds of thousands during the “Red Terror”. A biopsychosocial assessment provides evidence suggestive of the presence of post-traumatic embitterment disorder (PTED) as an underlying pathological catalyst for his actions. The introduction of PTED as a possible psychopathology leading to such violent and destructive events promotes the significance of understanding the diagnosis and how negative events may lead to maladaptive behaviors on a broad scale.

1. Introduction

Some names have become infamous in relation to their past involvements and actions, oftentimes erroneously diminishing the roles of associated individuals. A prime example is the notable legacy of Adolf Hitler as the principal perpetrator of the atrocities of the Holocaust, with companions such as Hermann Goering considered of secondary importance. While this may be seen as historically accurate, it diminishes his involvement as the creator of the Gestapo, the secret police of the Nazi party. Lasswell was one of the first scholars to examine how the personalities of political leaders become projected and rationalized as social policy. His research on psychopathology and politics described the consequences of “externalized” internal conflicts. Many psycho-historians have used a “Lasswellian” perspective to analyze Adolf Hitler and the policies of Nazi Germany (Young and French, 1996). Despite all the evidence suggesting that Adolf Hitler suffered from a severe mental disorder, no specific diagnosis has been generally accepted (Lieb, 2008). A similar paradigm is seen when examining the brutal nature of the communist party in the Union of Soviet Socialist Republics (USSR) at the time of Joseph Stalin. While embedded in history, the name “Felix Dzerzhinsky” is often overlooked, notwithstanding his alleged involvement in at least 50 thousand (to almost a million) deaths between 1917 and 1926. Post-traumatic embitterment disorder (PTED) has recently been introduced as a subgroup of adjustment disorders related to stressful life events. Embitterment is defined as persistent feelings of inadequacy or hoping for revenge after being insulted but

feeling helpless after experiencing a life stressor. Although frequently mixed with the widely known post-traumatic stress disorder (PTSD) to which PTED is highly comorbid, patients with PTED seldom receive specific care for embitterment due to the fact that the origin of their psychological distress is rarely elucidated (Sabie et al., 2018).

In this review article, data related to the psychobiography of “Dzerzhinsky” will be overviewed with the aim of better understanding the psychopathological entity of PTED. It is expected that a biopsychosocial approach toward assessing Felix Dzerzhinsky’s biography provides opportunity to evaluate the potential impact of the interactions and experiences on his perceived pathologies. The objective of this literature overview on “Dzerzhinsky”’s biography is to provide insight into etiology and extreme symptom manifestation of PTED. However, it should be pointed out that not every occurrence of PTED will result in behaviors akin to those of “Dzerzhinsky”. This adds to evidence regarding the need for identification, diagnosis, and subsequent treatment as measures to prevent untoward conclusions.

2. Childhood and development

Felix Dzerzhinsky was born on September 11, 1877, one of nine children born to Polish aristocrats Edmund Dzerzhinsky and Helena Januszewska. Edmund was a graduate of the physics and mathematics department at St. Petersburg University where he reportedly seduced Helena while working for her father (Ratkovsky, 2014, 2015).

Some historians suggest that Edmund’s and Helena’s subsequent

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marriage was forced, while other records indicate their matrimony was by choice and content (Ratkovsky, 2014, 2015). In 1868, the controversy required the family to leave and relocate to Taganrog where Edmund continued to teach physics and math. Anton Chekhov, a former student and subsequent historian of the school, reported that Edmund “was a pathologically irritable man who tormented boys.” It is reported that Edmund contracted tuberculosis and was forced to retire due to health conditions in 1875 and ultimately died in 1882 at the age of 42, leaving Helena a widow (Ratkovsky, 2014, 2015). Helena was able to survive and care for her children with Edmund’s pension and her mother’s financial assistance.

3. Early life

“Dzerzhinsky” was born and raised to a family that was acutely cognizant of the troubles of local peasants. Edmund reportedly provided free lessons to children of peasants, who experienced oppression at the hands of the wealthy and the policy. Historians have suggested that Helena would tell Felix and his sibling’s stories of repression against the Polish peasants in Russia (Ratkovsky, 2014, 2015).

In a letter written on June 11, 1914, “Dzerzhinsky” recalled these stories and how they influenced him: “...the indemnities levied against the people, the reprisals against them, and vexing taxes...“This was the moment of truth. This, among other things, led me to choose the road that I later traversed, and every violent act I learned about, I felt as an act of violence against me personally” (Dzerzhinsky, 1956).

Only five years old when his father died, his mother and oldest sister, Aldona, took on the responsibility of raising him and his siblings (Ratkovsky, 2014, 2015). He was taught to read and write in Polish at the age of six and in Russian by the age of seven; at this time the family moved to Vilna, Lithuania. At this time Aldona assisted in preparing him to begin attending school in 1887 at the first Vilna Gymnasium (Ratkovsky, 2014, 2015).

4. Education

In her memoirs, Dzerzhinsky’s wife Sofia recalled Felix’s contempt for his time at the Vilna Gymnasium (Dzerzhinskaya, 1975). She discussed how he remembered his time there as a brusque experience, saturated with strict discipline, Russianization, mandatory attendance, and spying on student activities. In a letter he wrote in 1914, he described how his memories of Vilna Gymnasium ‘do not enrich my soul, but rather make me hate their rhetoric which aimed to produce so-called intellectuals (Dzerzhinsky, 1956).

5. Rebellion

In 1895 he joined the Lithuanian Social Democratic organization in Vilna (Ratkovsky, 2014, 2015; Rayfield, 2004). His journey from Christianity to Communism was a dramatic as well as a traumatic one. “Dzerzhinsky” engaged in revolutionary agitation - he became a dedicated revolutionist and was involved in underground politics. However he was betrayed by a comrade; it was a lifelong lesson for “Dzerzhinsky” (Ratkovsky, 2014, 2015; Rayfield, 2004). He realized that treachery was everywhere and it degraded the masses. Hence he lost basic trust; he became more cynical.

“Dzerzhinsky” spent eleven years in czarist prisons facing gruesome events. For long periods he was put in solitary confinement. He experienced torture; a number of times he was beaten unconscious by the prison guards (Ratkovsky, 2014, 2015; Rayfield, 2004). Violence became a constant element of “Dzerzhinsky”’s life. Physical beatings caused permanent scars in his face and he sustained disfigurement of mouth and jaw; his psyche was damaged beyond repair.

In prison Dzerzhinsky kept a diary. According to his diary entry on the 14th May 1908 Dzerzhinsky wrote: “There is nothing to take the eye, nothing to soothe the one’s frayed nerves ... the ceiling resembles a

coffin lid, there is the treacherous peephole in the door, and the ghastly, pale daylight. And on the other side of the door the hushed tread of the gendarme who every now and then raises the flap of the peephole to make sure that the victim has not cheated the hangman” (Dzerzhinsky, 1956).

On the 31 st of December 1908 Dzerzhinsky wrote: “I have matured in prison in torments of solitude, in torments of longing for the world and for life. And, in spite of this, doubt in the justness of our cause has never risen in my heart” (Dzerzhinsky, 1956). “Felix” called the jail “the house of the dead”. The prison experience was so awful. He had spent the best part of his adult life in jails and penal exile (Figs, 1996). “Life would not be worth living”, he wrote from his jail cell, “were it not for the light shown to humanity by the star of socialism, the star of the future” (Dzerzhinsky, 1956).

He came out of the prison in 1917 with severe mental scars. In the same year his brother was murdered by the deserters from the Russian Imperial Army at Dzierzynowo (Ratkovsky, 2014, 2015; Rayfield, 2004).

The memories of humiliation and physical and psychological sufferings in the Tsar’s jails made drastic changes in his personality. He turned in to an emotionally numbed cold person. A man with a bruised psyche he saw conspiracy and injustice everywhere and trusted no one. He dealt with suspects in a callous manner.

6. Transformation

Dubbed “Iron Felix,” “Dzerzhinsky” is known for leading the first two state security organizations in the former USSR and establishing a secret police for the government (Cheka; Figs, 1996).

The Red Terror alleged by Felix Dzerzhinsky commenced in August of 1918 as a response for a failed assassination attempt on Vladimir Lenin and the murder of the Cheka leader in St. Petersburg (Figs, 1996; Rayfield, 2004). The incident was used as rationale for the deployment of the Cheka to apprehend individuals suspected of involvement in counter-revolutionary activities. “Dzerzhinsky” famously said, “to save the revolution, we must first destroy the counterrevolutionaries” (Figs, 1996; Rayfield, 2004).

Although he was a committed revolutionary he became a Bolshevik in 1917. He took orders only from Lenin. Lenin appointed “Dzerzhinsky” as the head of the Cheka (Figs, 1996; Rayfield, 2004)

Cheka was the first of a succession of Soviet state security organizations. It was created by a decree issued on 20th of December 1917, by Lenin. Cheka founded with 23 employees, by 1921 the figures went high as 145,000 (Rayfield, 2004; Satter, 2011).

Straight from prison “Dzerzhinsky” moved to a decisive post and overnight became a powerful Commissar. He was given immense powers. In February 1918, after just two months in power, the Bolsheviks gave the Cheka the formal right to shoot its victims without anyone else’s sanction, even without charge or trial (Rayfield, 2004).

“Dzerzhinsky” accepted terror as a normal administrative method that ought to be implemented to clean the post-revolutionary society. He used his traumatic prison experiences to impair his victims. He copied many of these torture methods and interrogated suspects (Figs, 1996; Rayfield, 2004).

Felix Dzerzhinsky publicly stated: “We stand for organized terror - this should be frankly admitted. Terror is an absolute necessity during times of revolution. Our aim is to fight against the enemies of the Soviet Government and of the new order of life. We judge quickly. In most cases only a day passes between the apprehension of the criminal and his sentence. When confronted with evidence criminals in almost every case confess; and what argument can have greater weight than a criminal’s own confession?” (Rayfield, 2004).

Satter (2011) states that from 1918 to 1919 ten thousand persons were shot on “Dzerzhinsky”’s orders. After eliminating so called the enemies of the people he had no remorse or any guilt. He gave clear orders to arrest counter revolutionists. Most of these arrests were based

on class origin. In 1918 following instructions were issued to Cheka officials: “First you must ask him to what class he belongs, what his social origin is, his education and profession. These are the questions that must determine the fate of the accused. That is the meaning of the Red Terror”.

On February 17, 1919, the head of the Cheka, Feliks Dzerzhinsky, delivered a speech (first published in 1958) in which he said: “Besides sentencing by courts, it is necessary to retain administrative sentencing, namely the concentration camp. Even now the labor of prisoners is far from being utilized on public works, and I propose to retain these concentration camps to use the labor of prisoners, gentlemen who live without occupation, those who cannot work without a certain compulsion, or, if we talk of Soviet institutions, then here one should apply this measure of punishment for unscrupulous attitude to work, for negligence, for lateness etc. With this measure we can pull up even our own workers” (Pipes, 2014).

The Cheka’s task was to settle accounts outside the court system. In all of man’s history it represented a unique kind of repressive organ—one single authority entrusted with spying on citizens, with arresting them, with conducting investigations of them, with directing their prosecution, furnishing their judges and carrying out sentences upon them (Solzhenitsyn, 2003). In 1918 alone Cheka killed over 50,000 people. In the first five years Cheka’ admitted that 1.86 million “class enemies” were “liquidated,” among them 6000 teachers and professors, 8800 physicians, 1200 clergy, 5400 military officers, 260,000 sergeants and lower ranks, 105,000 police officers, 12,800 officials, 350,000 intellectuals, 192,000 workers and 815,000 farmers (Solzhenitsyn, 2003).

7. Psychopathology

Traumatic events are oftentimes noted as causative factors for post-traumatic stress disorder, indicating their negative long-lasting effects. While this may be accurate in certain cases, when discussing “Dzerzhinsky”, his apathetic and almost volatile reaction to past adverse events suggests a different diagnosis. PTED is defined as a pathological reaction to negative life events, oftentimes deemed dramatic and excessive. Linden (2003) described PTED as a reactive disorder, in which untoward events are seen as unjust and of a personal nature.

To better understand PTED, it is important to identify what constitutes normal yet dramatic events, as well as pathological reactions and embitterment, as the terminology renders itself open to interpretation. Dobricki and Maercker (2010) argue that while it is not possible to specify an empirical criterion for differentiating which traumatic and non-traumatic life events, conflict(s) and loss(es) may appropriate fit into either category. This can be understood when evaluating an event such as a death, which while distressing, is an expected occurrence in one’s lifespan. It is notable to highlight that the American Psychiatric Association has classified PTED within the adjustment disorder category, in contrast to PTSD which is within the newly formed Trauma- and Stressor-Related Disorders category (American Psychiatric Association, 2013). The differences between the two diagnoses are seen in how the events are experienced and accepted, emphasizing the pathological overreaction of PTED.

According to the DSM-5, the primary diagnostic criteria for PTED is the “development of clinically significant emotional or behavioral symptoms following a single exceptional, though normal negative life event.” The criteria then specifies that the traumatic event is seen as the cause of illness, it is perceived as unjust, the response involves feelings of embitterment, rage, and helplessness, and the person reacts with emotional arousal when reminded of the event (American Psychiatric Association, 2013). Additionally, there are repeated intrusive memories and a persistent negative change in mental well-being in addition to impairment in daily roles and activities that persists for more than six months.

When evaluating his life in the context of the PTED diagnostic

criteria, a number of events appear to be candidates as the “trigger.” Between historical and anecdotal evidence regarding “Dzerzhinsky”’s disdain for religious and social oppression, it seems that most any event that occurred could be construed as a personal insult, as it fed into his ideology of subjugation. Nevertheless, in reviewing said evidence, the death of his younger sister, potentially at his hand, remains the primary culprit in this etiology. A chief indication of this as the likely cause is the lack of agreement regarding the cause and the propensity of “Dzerzhinsky” to deflect from discussion on the topic.

Another differential diagnosis that might be evoked in the case of Felix Dzerzhinsky is the presence of an antisocial personality disorder (ASPD). Classic conceptions of ASPD highlight fundamental incapacities to feel such higher human emotions as empathy, anxiety, or guilt and to form loving attachments with others. Perhaps the first suggestion that there are variants of ASPD appeared in Karpman’s classic distinction between primary and secondary ASPD. Although the two variants are phenotypically similar, but primary ASPD is underpinned by a heritable affective deficit, whereas secondary ASPD reflects an environmentally acquired affective disturbance. Accordingly, the secondary ASPD’s hostile behavior can be understood as an emotional adaptation to factors such as early childhood adversities and is viewed as more amenable to treatment than primary ASPD (Skeem et al., 2003). However, ASPD and PTED can co-exist, with symptoms at times difficult to categorize as belonging to one condition or the other. On the contrary, ASPD suggests lack of empathy and may be innate, whereas PTED is a learned response/strategy that may be a result of trauma. In the case of “Dzerzhinsky”, callous and aggressive behavior seems to have resulted from his years of imprisonment so that these behaviors would be more logically integrated under the clinical diagnosis of PTED or of an ASPD of the secondary type. We speculate that for the sake of differentiating the clinical manifestations of PTED from those of an ASPD, clinicians may be interested in looking at the domains in which the aggressive behaviors manifest. While it is theoretically expected that patients with PTED manifest their aggressive behaviors exclusively in the domains of functioning related to their lived psychological trauma, patients with ASPD are expected to extend their aggressive behaviors to several life domains. Studies are needed to support this point of view.

Another important diagnosis to consider is the paranoid delusional psychosis. The paranoid delusional psychoses are generally chronic, of varying severity, arranged in a particular structure and previous personality. They are credible, plausible, logical delusions. Passionate idealists or idealists concerned with justice, as described by De Clerambault, Serieux and Capgras, have a combative form of delirium, the subject can be both religious and political. For them, the end justifies the means, which always makes them dangerous. Their ideological fanaticism cannot handle criticism and leads them to commit against the prevailing social norm (Caire, 1990). Accordingly, “Dzerzhinsky”’s cruel acts could have been related to a paranoid delusion of having been doing the right thing to save the system from the revolution in order to restore justice.

8. Relevance of the psychopathology of “Iron” Felix Dzerzhinsky to current psychiatric practice

The case of “Iron” Felix Dzerzhinsky and how it degenerated towards criminality, possibly through the development of a mental disorder such as PTED, raises the question whether imprisonment is a risk factor for the development of mental disorders. In addition, it raises the question whether after being traumatized there are available therapeutic measures that can be taken in order to prevent any degeneration towards mental disorders and/or criminality.

As a matter of fact, conduct disorder, attention deficit hyperactivity disorder, depression, substance abuse, post-traumatic stress disorder, and psychotic disorder are more frequent among psychiatric disorders in adolescent prisoners than in age and sex-matched patients without

any criminal record (Ceylan et al., 2019). Psychosocial childhood difficulties such as parental separation, low socioeconomic status and interruption of education are more frequently encountered in imprisoned adolescents (Ceylan et al., 2019). From another part, it is currently known that during imprisonment, factors like overcrowding or lack of privacy, imposed loneliness or meaningless activities, inadequate facilities, behavioral issues of employees and fellow prisoners, or insecurity about future can lead to the development of severe psychological disorders. Psychological symptoms such as sleep difficulties, anxiety, somatic symptoms, anger and manic symptoms are frequently found in imprisoned individuals. Interestingly, anger levels seem to correlate with the number of crimes committed by the imprisoned (Ishfaq and Kamal, 2019). Thus, we can speculate that childhood adversities such as emotional and/or physical abuse and/or negligence that are known to lead to mental disorders are also a risk factor for getting imprisoned (Nemeroff, 2016). Moreover, adverse imprisonment conditions may increase the risk of vulnerable individuals to develop mental disorders and possibly crime relapse.

Exposure to violence in youth has detrimental effects on children's mental health (Fausiah et al., 2019). PTSD, anxiety and depression are known psychiatric disorders that can frequently develop after having been through a major life event in childhood or during adolescence (Marthoenis et al., 2019). Individuals who are prone to develop PTED after a major life event seem to be more affected by anger and hopelessness, arising from feeling unjustly treated by other people or fate (Sabic et al., 2018). These individuals with high embitterment may suffer, in addition to the psychological distress related to their traumatic life event, from poverty, joblessness, continuous maltreatment, discrimination, etc. Accordingly, they do not feel that they are sick and believe that the problem is not related to their behaviors, thoughts or emotions and instead see that the problem lies in the society. Trauma stabilization techniques such as psychoeducation, distancing techniques, flashback management, improvement of emotion regulation, resource activation, enhancement of control, strengthening of coping skills and increasing feeling of safety may be useful in this situation (Mattheß et al., 2019).

9. Conclusion

PTED is an interesting type of adjustment disorders that have been mentioned in the DSM-5 during which the victimized patient presents a pathological overreaction to an event which may change his/her perception of life forever. The most important aspect of the possible diagnosis of PTED in the case of Felix Dzerzhinsky is that it can be clinically close to secondary ASD or to paranoid delusional psychosis of the 'passionate idealist' type. Age of onset of the disorder and its clear relationship to a traumatic event are the most important features that may orient the diagnosis.

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