

BRAINWASHING, DEPROGRAMMING AND MENTAL HEALTH

ANTONY FLEW
Bowling Green State University

Some years ago a journal enjoying a wide circulation in Britain among doctors in general practice (GP's) published a news item under the characteristically arresting headline: "GP warns on the menace of the Moonies." Between the opening paragraph, addressed to "fellow doctors who are called to deal with the victims of the cult religion," and the conclusion, giving particulars of "the organization set up to help the families of young people caught up in cult religions," this anonymous GP is quoted as saying, among other things: "My daughter was recruited two years ago, when she was only 17 and on holiday in America.... The whole thing is desperately difficult because I just don't know what to do. Trying to disillusion a convinced Moonie is as hopeless as trying to convince a devout Catholic that transubstantiation is rubbish." (*Pulse*, 16/V/81)

True, no doubt, only too true. Certainly I myself do not propose, either here or elsewhere, to challenge this doctor's implicit assessment of the cognitive status of the teachings either of the Unification or of the Roman Catholic Church. (A fine one I would be—resent Vice-President of the Rationalist Press Association and hailed by Jerry Falwell as a leading philosophical atheist—to attempt any such thing!) I too should be just as concerned as the anonymous GP, were either of our own two daughters to become converted to any religion at all; whether one of the new "cult religions" or one of the older and, I suppose—odd though this sounds—non-cult kind. But the questions for us here and now are altogether different. Why should it be thought that such conversions, however regrettable, present any sort of medical problem; and are there circumstances in which it really is or would be proper for doctors or for psychiatrists, acting in their professional capacities, to try to change the religious or irreligious beliefs of their patients?

WHAT IS BRAINWASHING?

That same issue of *Pulse* provided the merest hint towards some answer to the first of our two questions. For the news item from which the previous quotations were taken refers readers to a later feature: "How GP's Can Help the Mind-Thief Victims." When, however, we turn to that we find that the psychiatrist author, John Gleisner, confines himself to a significantly more limited question: "How do you cope with a young person who presents in the surgery saying he or she has been brainwashed?" Gleisner's answer refers in the main to one particular case coming to "a therapist who helps disturbed people at a community mental health centre near Manchester"; and this patient, Christine Nixon, gives her own story elsewhere in the same issue.

(a) This case is very different from that of the anonymous doctor's daughter. The complaint and the problem there arose from and for the father: the daughter was not complaining about her own condition, did not see it as a problem, and had never asked for any kind of help or treatment, whether medical or non-medical. We thus have opportunity to remark that those who think of themselves as members of helping or caring professions would do well to ask, much more often than they do: "Who is it who actually is complaining, or who actually does see the situation as a problem; and precisely what is *their* complaint, or *their* problem?"

Many problem children, for instance, who nowadays get sent out of class for counselling rather than for punishment, are not problems, or at any rate not perceived problems, for themselves; however serious the all too serious problems which they impose upon their parents, their teachers, or their peers. Many too of those so fashionably categorized as disturbed (passive) might more accurately be described as disturbing (active). Remember the story of the three Boy Scouts assuring their Scoutmaster that they had duly performed their good deed for the day: "We helped a poor old lady across the road." "Surely it didn't need three of you to do that?" "She didn't want to go!"

By contrast, it appears that Christine Nixon did, albeit with some hesitation, bring herself to make a complaint. She complained that "she had been brainwashed." Both she and Gleisner provide in their articles good reason for accepting his (different) judgment on her condition; a judgment which, we should perhaps notice, contains no conjectures about the causes of that condition. "Christine Nixon," he says, "suffered a complete breakdown after a week's course with the Moonies." Yet for us the next question is: "What is meant by 'brainwashing'; and would such treatment—supposing that this girl and others have in fact been subjected to it—justify the application to them, if necessary under constraint, of other treatments designed to secure the reversal of any conversions originally effected by such means?"

(b) That this is indeed the question comes out very clearly from a letter, written by a spokesperson for FAIR, "the organisation set up to help the families of young people caught up in cult religions," and published in another British medical journal, *The Nursing Mirror*. (30/VII/79) Under an appropriate headline, "Beware the 'brainwashing' religious cults," this correspondent argues that "without programming there would be no need of deprogramming!" The letter continues: "The methods used by these pseudo-religious cults are a dangerous misuse of psychology.... There are many reports by...experts in mental health of the effects on the mind caused by a cult's programming and the obvious conclusion to be drawn...is that deprogramming carried out properly and sympathetically, is the only possible way of restoring the individuality of a convert and his ability to think and act freely."

Now I will not, at least on this occasion, dispute the hypothetical contention that—were it once granted that certain people had been converted to new systems of belief when physically confined, and by the use of drugs, violence, starvation, sleep-deprivation or other manifestly improper means—then it might well become licit to employ similar, normally unacceptable means in the attempt to restore the, or their, previous condition. Fortunately that difficult question does not in the present case arise. Certainly the enemies of the various minuscule sets which those enemies like to call "cult religions," or "pseudo-religious cults," are very free with vivid, metaphorical charges of soul-snatching, mental rape, mind-thievery, brainwashing, and the like. They appear nevertheless unable or unwilling to spell out any literal, specific, and suitably scandalous content for all this scarifying abuse.

For example: Ferdinand Mount, a journalist more genuinely critical than most, put a key question in *The Spectator*: "But is there really a distinction in kind between the Moonies' methods of indoctrination and conversion and the methods of recognized religions?" (4/VII/81) He got no answer either from FAIR or from anyone else, neither in private nor published in the Letters Column of his magazine. But I was able to add my own further contribution there: "Like most of those who have attended academic conferences organized and financed by the Moonie cultural foundation I myself have received many letters of private protest. To every one I have replied with an assertion and a question: the assertion, that the conferences which I have attended were all conducted with absolute academic propriety; and the question, what outrageous and peculiar methods of persuasion employed by the Moonies are being denounced as 'brainwashing?'" No correspondent has ever given me a clear and definite answer revealing the basis of the accusation.

There is here, endemic, a crucial equivocation. Where charges are being brought against disfavoured religious ultras, the word "brainwashing" is intended to carry implications of well nigh if not

altogether irresistible pressures; with suggestions of the cruel and unusual techniques employed by the Chinese Communists on helpless prisoners captured in the Korean War. But when evidence is demanded to justify such charges, we find that the word is once more being construed only in its weaker sense—the sense in which it has become commonplace to speak of anyone accepting any item of unexamined and conventional foolishness having been brainwashed into that acceptance.

RELIGIOUS CONVERSION: A FRESHLY IDENTIFIED MENTAL ILLNESS?

Yet we cannot simply leave things there, with a strong warning about the ambiguity of the term “brainwashing”. For in the USA, and to a much lesser extent elsewhere, things have already gone much further. Some people have already made careers out of offering to the anxious families of young converts, in return for substantial fees, their own services as deprogrammers. Consider, for instance, his publisher’s advertisement for Ted Patrick’s *Let Our Children Go*: “Patrick is the man whose profession is the rescuing of brainwashed youngsters from cults like Hare Krishna and Sun Myung Moon. With their parents’ help he snatches them off the street and takes them to a hideout to ‘deprogramme’ them. He almost always succeeds—he has saved more than 1,000—and the youngsters themselves are intensely grateful. Now he tells how he does it.”¹

Mr. Patrick himself, who is not by any standards psychiatrically qualified, and who had been operating without the protection of the law, was in September 1980 sentenced by the San Diego Superior Court to one year’s imprisonment, five years probation, and a fine of \$5,000. According to the *International Herald Tribune* this sentence was for Patrick’s part “in the kidnapping of a 25-year-old Tucson waitress whose family feared that she was controlled by a religious zealot.” Judge Norbert Ehrenfreund ruled: “We must observe the law that makes it a crime to abduct another human being.” Allowing that Patrick had done a deal of good work, the judge insisted nevertheless: “There must be no further deprogramming. That part of his life must exist no longer.” (20/IX/80)

This, however, was by no means the end of the affair. For others have been labouring to secure the protection of the law for the confinement of converts, and for their compulsory subjection to the deprogramming treatment. Some qualified psychiatrists are also arguing that conversions to disfavoured minority belief-systems fall within their own professional bailiwick, and should therefore be diagnosed and treated by and only by themselves and their colleagues. The effort to obtain legal sanction for forcible deprogramming takes the form of either appeals to existing laws, or moves to introduce new laws, under which converts can or could be made wards of some

other member of their families; who then will, or would, with the full backing of the state power, see to it that the convert gets the treatment. This treatment is in fact, to put it mildly, harsh; while everyone, most especially including the patient, must know that, once they have been so confined, there will be no escape either from the legal guardianship or from that harsh treatment until and unless the deprogrammers become persuaded that they have effected a sound and thorough deconversion.

The psychiatric argument is that the original conversion has to be diagnosed as either being, or being the symptom of, a mental illness; a freshly identified syndrome for which someone has suggested the uncomfortable Anglo-Saxon label "faith sickness". Since it is an illness it must be bad for the patient. After all, as Ted Patrick said, when it is all over, "the youngsters themselves are intensely grateful."

By the way: this particular argument does not possess the same force in the present case which it must be allowed to have when deployed to justify the forcible frustration of suicide attempts. For it is, surely, one criterion of the soundness of a deprogramming job that the persons deprogrammed should be content in the belief-system to which they have now reverted. Any Englishman of my generation must, therefore, be reminded of the immortal words of Miss Mandy Rice-Davies, when told of men who had denied her assertions about their sexual activities: "Well, they would, wouldn't they?"

SUITABLE CASES FOR TREATMENT?

It is not, of course, surprising that there are some psychiatrists eager to diagnose unpopular belief systems as symptomatic of such a "faith sickness," and even more eager to offer their services (suitably remunerated) in order to cure even unwilling patients of this alleged affliction. Certainly these are not the only professional workers ready to welcome every chance to extend the area of application of the skills by which they earn their living. So we must not be shy of challenging them to make good their contention that these are indeed suitable cases for psychiatric intervention. (After all, what are experts for—as they often need to be reminded—is to determine the least costly means to secure whatever ends their lay employers may see fit to choose.)

The evidence actually offered is of three kinds. First, it is asserted that the belief-systems of all these peculiarly unloved "pseudo-religious cults" are so irrational and so absurd that no sane person could by any open and above the board programme of persuasion be converted to them. Second, it is claimed that the aforesaid cults have succeeded in developing almost if not quite irresistible techniques of conversion; techniques which, unlike those to which the then new coined label "brainwashing" was originally applied, do not require the physical confinement or coercion of their subjects. Third, it is

maintained that the effect of such improved Mark II brainwashing is to deprive its victims of freewill, making them the zombie creatures of the persons or of the organization effecting this transformation.

(a) Proponents of the first of these three contentions reveal no more than the extreme narrowness of their own experience. For anyone having any familiarity with the fabulous variety and extreme preposterousness of the religious beliefs for which otherwise sane and sensible people have been willing to live and even, if required, to die, must realize that there is nothing in any of these fresh-formed cults which would entitle unbelievers to draw the comfortable conclusion that their converts cannot but have been won by means incontestably illicit. The suggestion that adhesion to any such belief-system constitutes a decisive demonstration of some fundamental unsoundness of mind is reminiscent of nothing so much as that old stubborn, bigoted insistence that any act of or attempt at suicide must be proof positive that—however temporarily—the balance of the agent's mind was disturbed.

(b) The second contention, being of a less sophisticated logical type than the first, seems to be just plain false. No one has been able to cite any technique of persuasion employed by these tiny modern sects for which it is not possible to find plenty of precedents or parallels in earlier times or in other places. Furthermore, our best evidence indicates that whatever methods are in fact current in the Unification Church remain very far from one hundred percent effective.²

(c) The third contention is not of a kind to be expected from psychiatrists or, for that matter, from practitioners of any other psychological discipline.³ Such persons are all much more likely to feel that their cloth requires them to minimize if not to deny the reality of freewill, rather than to promise to restore it to those deprived. Be that as it may, this contention does possess the great merit of direct relevance. For, if it could be made out, it would show these conversions to "pseudo-religious cults" either to be, or to produce, paradigm cases of affliction with mental illness.

Consider first how we must in the present context interpret talk of a loss of freewill.⁴ Presumably it means that the victims of such a loss are, at least in certain respects, like the victims of a paralysis or of St. Vitus Dance. They cannot, that is to say, as the rest of us can, at will move themselves or certain parts of themselves; or, as the case may be, prevent either certain parts of themselves or even their whole bodies from moving. If, furthermore, these victims are said also to be "zombie creatures of the persons of the organization" which has effected "this transformation" from their previous normal condition of being able at will to move or to prevent the movement of those various parts of themselves; then again what this implies, presumably, is that they are not themselves, at least in certain respects, truly agents. Instead they are, as it were, executing irresistible post-

hypnotic suggestions from those dark and sinister persons, or that dark and sinister organization, offstage. (Perhaps there are further implications about glazed eyes and a general woodenness in movement, recalling presentations of "soul-snatched zombies" in horror movies with a Haitian setting. But these extras we may for present purposes ignore.)

If this is indeed the correct reading of the expression "a loss of freewill," and certainly no alternative has been offered here, then the conditions of the victims of such a loss must most closely parallel that of several of Freud's early patients—those, that is to say, who were afflicted with tics and paralyses not attributable to any organic lesions or other physical deformations. What sufficiently justified these patients in reporting sick was this incapacitation, their inability either to move or to stop the movements of certain bodily parts normally subject to the will. What warranted speaking of mental rather than physical disease was the facts: that there were no relevant organic lesions or physical deformations; and that the incapacitations could be accounted for in psychological terms, and sometimes perhaps removed by psychotherapy.

But again, allow that these are the correct readings of "a loss of freewill," and of the other similar expressions applied to supposedly brainwashed converts to "cult religions." And we must emphasize: both that no other readings are suggested; and that it is only in these readings that such converts could become suitable cases for psychiatric treatment—especially compulsory psychiatric treatment. Then we also have to notice that no sufficient reason is ever given to warrant the application of such expressions to these converts. The complaint—which, typically, is made not by the intended patient but by the intended patient's family—is: not that the convert cannot abandon the principles and practices of his or her new "cult religion"; but that he or she most stubbornly and persistently refuses so to do. And that, however deplorable, is a totally different matter.

WHAT SHOULD WE MEAN BY "MENTAL ILLNESS"?

So far, in the previous sections I have been taking two fundamentals for granted: first, that ideas of mental health and mental illness ought to be modelled very closely upon ideas of physical health and physical illness; and hence, second, that actual sickness of either kind must involve discomfort and/or incapacitation in the patient. It is only and precisely as consequences of these two fundamentals that we become entitled to draw certain inferences which are in fact persistently and universally drawn and maintained, both within and outside the medical world, even by many who have long since lost their grip upon the premises needed to warrant these accepted conclusions. It is because, and in so far as, sickness is essentially painful and/or incapacitating that some forms of sickness may become acceptable excuses for failures to perform duties, or even for more

positive delinquencies. Again, and much more to the present point, it is only and precisely if sickness is essentially painful and/or incapacitating that the providers of relieving or curative treatment can normally be presumed to be doing something both desired by, and in the interests of, the patient; rather than, for example, simply advancing their own personal ideals or serving either the interests or the wishes of that many-headed monster Society. Even when the patient genuinely is, in this traditional understanding, sick, whether physically or mentally, the libertarian must scruple to connive in any compulsory therapy: the only exception being where sickness in that particular form constitutes a real and present danger to others.

Once we are fully seized both of these important consequences and of the interpretation of the premises which is required if we are to be entitled to draw such consequences therefrom, then we can see that we absolutely must not tolerate—at any rate in either a penal or a therapeutic context—any definition of “mental illness” not demanding that its patients must be as such substantially incapacitated or otherwise seriously incommoded. Thus it will not do, notwithstanding that it all too often has been and is done, to define the putative mental illness of psychopathy in terms only of dispositions to act in various anti-social ways, with no reference to any debilitating discomfort or relevant incapacitation in the psychopath. When this is nevertheless done it is, or ought to be, obvious: both that psychopathy cannot any longer serve either to excuse or to extenuate such behavior; and that any treatments imposed on the psychopath will have to be justified by reference to the good of others rather than in terms of the Hippocratic duties of the psychiatrists to their patients.⁵

Again, if “schizophrenia” is to be defined similarly, in terms of the harbouring of “reformist delusions,” or of actual conduct offensive to the ruling party and government—conduct perhaps including brave protests against the 1968 reconquest of Czechoslovakia or other more recent manifestations of Soviet imperial policy in Poland, Afghanistan, Ethiopia, Indo-China, or wherever next—then the “deprogramming” treatments inflicted on such schizophrenics certainly cannot be presumed to be either desired by them or even directly in their interests. It is the more necessary to labour such points since many of those playing a leading and honourable part in condemning and resisting psychiatric abuses of individual liberty, both in the USSR and in the USA, have been curiously reluctant to engage with the general questions of the nature and scope of mental health or mental sickness. This is true, for instance, of the authors of both *Russia's Political Hospitals* and *New Religions and Mental Health*.⁶ Urgently and conscientiously concerned to insist that Soviet dissidents are victims not of “reformist delusions” but of totalitarian tyranny, and that converts to unfashionable and perhaps authentically delusive religious belief-systems cannot properly be dealt with as if they were carriers of catastrophically infectious physical diseases, these friends of

freedom and dignity have not taken the time to spell out what makes some condition a mental illness, and as such a suitable case for treatment by the mind-doctors.

In particular they have failed to explicate the relevance and irrelevance of normality. In the commoner understanding normality is absolutely nothing to the point. Sickness can be quite normal, in the sense that most or even all members of a population are so afflicted; just as open dissidence under total socialism is by the same token very much a sacrificial eccentricity. "Disease" however, as opposed to "sickness" or "illness," may be defined in terms of failure to fulfil natural or normal functions; a failure which may well be, in the commoner sense, in fact normal. Most actual specimens of whatever it may be, that is, can be in fact diseased. The Compact Edition of the *Oxford English Dictionary* explains "health" thus: "Soundness of body; that condition in which its functions are duly and efficiently discharged". "Disease" in the relevant sense becomes, correspondingly, "A condition of the body, or of some part or organ of the body, in which its functions are disturbed or deranged."

Certainly this is a viable notion of disease, and one with which it is possible for pure scientists to work without making any disputatious normative commitments. For certainly it is possible to achieve agreements on the function or functions of some organ; and to achieve this even when all available specimens are, through their inability to fulfill that function or those functions, to be accounted defective. (In World War II German technical intelligence, working with nothing but mutilated specimens, succeeded in reconstructing both the blueprints and the operating manual of the US Norden bombsight!)⁷ But if we do admit this notion, then we must never forget that it is, and should remain, not categorically imperative but strictly non-normative. So we have to make a very sharp and very firm distinction: between disease, in this neutral and surely scientific understanding; and the committed concepts of sickness and illness, as already elucidated.⁸

We can at this stage best enforce this point by referring to the sex organs. It can scarcely be denied that their biological function is reproductive. Yet by this neutral criterion every homosexual employment of these organs, as well as every heterosexual employment in which effective contraceptive precautions are taken, becomes diseased. I trust that there is no one who, at this late hour, remains prepared to urge that such a disease is a sickness or an illness; and hence that such employment constitute appropriate occasions for Hippocratic intervention; for the sake, of course, of the suffering or incapacitated patients!

1. Ted Patrick, *Let Our Children Go* (New York: Balantine, 1977).

2. Eileen Barker "Who'd be a Moonie? A Comparative Study of Those Who Join the Unification Church in Britain," in B. Wilson (ed.) *The Social Impact of New Religious Movements* (New York: Rose of Sharon, 1981), p. 66; and compare her "Living the Divine Principle," in *Archives de Sciences Sociales des Religions* 1978.

Eileen Barker reports, on the basis of what appears to be a sufficiently representative sample, that of those who attend Unification Church workshops in Britain—the alleged brainwashing sessions—only a very small proportion persist to become full-time members: "...82% completed the two-day course; 44% started, and 31% completed, the seven-day course. Of the 28% who proceeded to the twenty-day workshop, only 14% graduated (the other half leaving before the course was completed)." Only 18% of those exposing themselves to any of this so ultra-high powered and so inescapably effective "brainwashing" ever signed up as full-time members, an additional 9% becoming part-timers. Another study, by the same independent sociologist, shows that about half of all those who join, on either basis, withdraw within two years—without benefit, if that is the right word, of any compulsory deprogramming.

3. Allow me to present here, in the comparative privacy of a footnote, the shamefully trendy coinage, "psychoperson." This, along with its equally new-minted cousin "socioperson," fills what at least should have been a long felt want. The former term refers indiscriminately to psychotherapists, psychometrists, and practitioners of all the other psychological disciplines, both theoretical and practical; while the latter correspondingly, and with equally indiscriminate abandon, embraces sociologists, demographers, social anthropologists, social workers, and all others trained in or practicing the actual or aspiring social sciences.

4. For further treatment of freewill, in the present understanding of that term, and of the attitudes of psychopersons thereto, see my *A Rational Animal* (Oxford: Clarendon, 1978), especially Chapters 3-4 and 7-9.

5. Compare my *Crime or Disease?* (London: Macmillan, 1973), *passim*.

6. S. Block and P. Reddaway *Russia's Political Hospitals* (London: Futura, 1978) and H. Richardson (ed.) *New Religions and Mental Health* (New York and Toronto: Mellen, 1980).

7. See Christopher Bourse "On the Distinction Between Disease and Illness," in *Philosophy and Public Affairs*, 1975.

8. Compare, finally, "Mental Health, Mental Disease, Mental Illness: 'The Medical Model,'" in Philip Bean (ed.) *Mental Illness: Changes and Trends* (London: John Wiley, 1983).