

Psychiatrists on the Side of the Angels: The Falun Gong and Soviet Jewry

Alan A. Stone, MD

J Am Acad Psychiatry Law 30:107–11, 2002

The community of human rights activists has been deeply concerned about China's harsh measures against the Falun Gong and has brought the matter to the attention of the United Nations.¹ Since 1999, when the first reports of psychiatric abuse of Falun Gong practitioners began to reach the West, activists have turned to organized psychiatry to rally to their cause. To my knowledge, complaints have in fact been lodged with the American Psychiatric Association (APA), the World Psychiatric Association, and no doubt others. Criticisms of China's psychiatrists include the accusation that they are behaving like the Soviet psychiatrists who were condemned by their Western colleagues back in the 1970s. Robin Munro is a leading figure in this effort. He has published a long paper entitled "Judicial Psychiatry in China and its Political Abuses."²

Munro worked in Hong Kong for Human Rights Watch and since then has spent a great deal of time researching texts and documents dealing with what he confusingly describes as "forensic psychiatry" in China in the second half of the 20th century. This research on published material is the principal source of his evidence. One can sense his deep commitments to human rights on every page of his 120-page paper. Obviously, he is a man "on the side of the angels."

I shall discuss Munro's paper in light of both my experience as a board member and president of the APA and my independent academic efforts. (This includes dealing with allegations against the Soviet Union, meetings with leading Soviet psychiatrists, examining a famous Soviet dissident, leading the APA's investigation of alleged abuses in South Africa,

and participating in the APA's first official visit to China in 1981 that included a tour of psychiatric facilities and meetings with Chinese psychiatrists. In 1987, I was the recipient of a Guggenheim Fellowship for studies in international aspects of the political abuse of psychiatry.)

It is worth noting that the most outrageous violations of human rights in the Soviet Union and China, including torture, summary execution, and forced labor camps, can go only so far in mobilizing world opinion. But add to such documented horrors reports of psychiatrists mistreating political dissidents, and people who have been relatively unconcerned are prepared to rally to the cause. This, I believe, says something about society's profound ambivalence toward psychiatry in general and not just toward Soviet and Chinese practitioners. That ambivalence has been fueled by almost 40 years of "antipsychiatry," which in its most radical form deemed any involuntary psychiatric treatment a violation of human rights and denied the reality of mental illness. Many critics of psychiatry conflate these general claims of abuse with more specific allegations of misuse of psychiatry for political purposes. Munro seems to have been influenced, not only by accounts of specific Soviet abuses but also by the conflated claims of the antipsychiatry movement; his paper echoes with that rhetoric.

Unfortunately, he offers us no new evidence about the Falun Gong situation. Instead, in arguments about political misuse of psychiatry in China that are tendentious, confused, and unsubstantiated, he sets out the thesis that China in the post-Mao regime has adopted Soviet-style political abuse of psychiatry. Building on the case critics have made against the Soviet Union, he points the finger of blame at practitioners of "forensic psychiatry, a small and still se-

Dr. Stone is the Touroff-Glueck Professor of Law and Psychiatry in the Faculty of Law and the Faculty of Medicine, Harvard Law School, Cambridge, MA. Address correspondence to: Alan A. Stone, MD, Harvard Law School, 1575 Massachusetts Avenue, Cambridge, MA 02138. E-mail: stone@law.harvard.edu

cretive field.” (Ref. 2, p 7). Munro claims that working with the Chinese authorities, this cadre of forensic psychiatrists has created a network of “secretive” special security facilities, the Ankang, that are built on the model of the Soviet Union’s infamous Serbski Institute. These Ankang, he claims, are intended for the confinement of nonviolent political dissidents along with the violent criminally insane. Following Soviet practices, political dissidents are charged with nonviolent crimes against the state and then found insane and relegated in large numbers to these Ankang facilities (Ref. 2, p 8). Chinese “forensic” psychiatrists, he alleges, follow the discredited teachings of the Soviet psychiatrists, Morozov and Snezhnevsky (Ref. 2, p 19). Like the Soviets, they are prepared to diagnose political dissent as a symptom of mental disorder.

Many of the documents on which Munro relies are journal articles written by psychiatrists, but he also quotes textbooks and even a police encyclopedia. Munro seems to assume that, because the Chinese authorities allowed this material to be published, it is somehow official and that accounts and statistics drawn from these sources are both official and authoritative. This is the cause of much confusion, both for him and any serious readers. The confusion is compounded by his attempts to combine different studies with different samples to come up with baseline statistical estimates of Soviet-style political cases. He claims to have found a smoking gun in these “official” documents. If so, he has certainly not made a clear and convincing presentation of that evidence. Today, there is a subspecialty of forensic psychiatry in some nations. But in the years Munro describes, there were few trained psychiatrists in China and fewer forensic psychiatrists. Certainly, no one has made the case that psychiatrists were active participants in the Cultural Revolution. So his “preliminary attempt to bring together a significant corpus of new, though sometimes fragmentary, documentary evidence about the theory and practice of Chinese forensic psychiatry since 1949,” strikes this reader as ill conceived (Ref. 2, p 9).

It is not just that Munro is anachronistic about forensic psychiatry, he speaks of “judicial incarceration” in a country that has a rudimentary and far-from-independent judiciary and during the years when China did not have a mental health code or judges enforcing it (Ref. 2, p 60). Most of the authority, *de facto* and *de jure*, remains with the police.

Ironically, Munro notes that the regulations on the confinement of the criminally insane (forensic psychiatric cases) in Shanghai accord complete authority to the “public security authorities” and “the courts had no visible role in the process” (Ref. 2, p 75).

There is no doubt that for many years China officially rejected Western psychiatry and looked to the Soviet Union (China’s leading psychiatrists openly discussed this with the APA delegation in 1981). It is to be expected that China’s psychiatric text books and the medical papers of that era would quote Soviet authorities including Snezhnevsky, Morozov, and the Serbski Institute psychiatrists, who were among the leading Soviet figures in psychiatry.

The particular passages from Chinese texts that Munro actually quotes seem far from the sinister examples of political ideological bias they are presented as being. Every psychiatrist has struggled with patients whose belief systems might be considered somewhere along the continuum from eccentric, to fixed ideas, to delusions that the person can discount, to delusions that precipitate unfortunate destructive or self-destructive acts. Even more complicated is the diagnostic situation when the belief system is shared with others. And grandiosity is a real diagnostic problem, not a specious political misreading. Psychiatrists also recognize that the content of delusions reflect the social context in which the person lives. In the United States our paranoid patients may believe they are being persecuted by the Central Intelligence Agency, the Federal Bureau of Investigation, and others in authority. The John Howard Pavilion of Washington D.C.’s Saint Elizabeth Hospital has a special category of “White House cases.” So, too, in China psychiatrists find patients who think they are being persecuted by the Chinese equivalents.³ The clinical excerpts⁴ cited by Munro in his “short guide to political psychosis” seem to me to be reasonable efforts to deal with these real and difficult diagnostic problems.

Munro apparently had no direct contact with Chinese psychiatrists, their hospitals, or their standards of practice. His lack of basic psychiatric knowledge can be seen in his acceptance of the obviously garbled descriptions of former patients and in his strained reading of the psychiatric literature. Having no direct clinical evidence of his own, he casts a wide net and drags in all the tired antipsychiatry canards of the past. Much of it does not even apply to China. Although he calls on the authority of the heroic Soviet

psychiatrist Semyon Gluzman to defend the methodology of his article, I doubt that Gluzman or any serious scholar would accept Munro's account of "judicial psychiatry in China" or his methods.

Munro concludes his long paper with a section on "The Falun Gong: New Targets of Psychiatric Abuse" (Ref. 2, p 105). He reiterates reports that the Chinese authorities have "detained, arrested, sent to jail or labor camps. . . tens of thousands of Falun Gong practitioners. . . more than seventy. . . have died as a result of torture." However, his focus is on the cases of forced psychiatric hospitalization of Falun Gong practitioners, which he stresses is the "most distinctive" feature of China's repressive measure (Ref. 2, p 107). It is "distinctive" for Munro, because the Falun Gong seem to be the present day example that proves his thesis about Soviet-style "political abuse" of psychiatry.

He presents "reports and victim statements" supplied by "a group of activists and researchers" associated with the Falun Gong's overseas support network. They describe "patients" being given, not psychiatric treatment, but a kind of torture and punishment to force them to give up the practice of Falun Gong. These are allegations that have already been brought to the attention of organized psychiatry.

Horrifying as these reports are, they do not substantiate Munro's lengthy and elaborate account of Soviet-style abuse. There is no suggestion in these patient descriptions that forensic psychiatrists or the Chinese judiciary were involved. There is no "political abuse" of "judicial psychiatry" in these cases. There is no misuse of the insanity defense, no systematic use of the "secretive" Anka network of secure facilities. In the incidents herein, as elsewhere, it is the police and security officials, acting in peremptory and *ad hoc* fashion, who have forced psychiatric hospitalization on some Falun Gong practitioners, instead of the much more frequent imprisonment or labor camps.

Perhaps the most telling description of the role of psychiatrists in this tragic situation is in the following account. Briefly, the hospital at first refused to treat the alleged patient, but, under pressure from government authorities, took her in. The family was given the following explanation, "The doctor said she (the informant's mother) was sent to the mental hospital because she was a Falun Gong practitioner, even though she had no mental illness. Because the police sent her here, we have to give her medicines. If she

continues to go to Beijing to appeal for Falun Gong in the future, we will be in trouble" (Ref. 2, p 112). One hopes that Chinese psychiatrists would have the courage to resist police coercion, but knowing the history of repression in that country, I would be hesitant to condemn a psychiatrist who lacked that courage.⁵

Even Munro recognizes that the current mistreatment of the Falun Gong does not provide any proof of his thesis about Soviet-style political abuse. He writes, "It should be noted that the security authorities' current practice of detaining Falun Gong practitioners in normal psychiatric institutions rather than [by forensic committals to Anka facilities central to his thesis] appears to be a worrying reversion to the pattern of arbitrary political-psychiatric abuse that prevailed during the Cultural Revolution" (Ref. 2, p 109). Munro's account of the Red Guard and the Cultural Revolution under the heading of "political-psychiatric abuse" seems to me both misleading and slightly absurd, as do most of the characterizations of psychiatric material in his paper. It is clear, however, that even he concedes the forced psychiatric hospitalization of the Falun Gong bears no relation to his arguments about the Soviet connection.

Something further must be said about the Falun Gong. Munro characterizes the Falun Gong as a "neoconservative sect," not a dangerous cult. He is certainly correct in emphasizing that the Falun Gong are not dangerous to others, but it is less than forthcoming to pass them off to uninformed readers as a "neoconservative sect." (Ref. 2, p 117; see footnote 243 in which Munro mentions only "hostility toward homosexuality" and the belief "that human intelligence and civilization were originally brought to planet Earth by aliens from outer space.")

The Falun Gong do not consider themselves a religion. Rather, they practice certain physical exercises, engage in a type of meditation, and follow the teachings of their master Li Hongzhi. Portions of the canonical text of Li's teachings, the Zhuan Falun, are available in English on the Internet.⁶

Master Li Hongzhi, the leader of the Falun Gong, has promulgated many beliefs to his followers that combine ancient oriental spiritual concepts and what can only be described as science fiction. These include "your mind is dominated by a being from another space," beings who go about in "flying saucers" (Ref. 2, pp 59-62). Li claims the power to "annihilate"

late” evilness, as he did a Taoist “grandmaster” who “made trouble” against him in 1993 (Ref. 2, p 97). An apocalyptic visionary, Li also teaches that science and technology have actually been created by aliens, and his followers should therefore not depend on them. Apparently, this includes modern health care—a point much emphasized by the Chinese government. The Falun Gong are very much Li-centered, he has unique and supernatural knowledge and powers to protect and rejuvenate his followers (Ref. 2, pp 63–70). Even the briefest reading of the Zhuan Falun will reveal that devotees of the sect have an unconventional system of beliefs not captured by the term neoconservative. Munro failed to share this more troubling information with his readers.⁷ Because China is in fact violating the human rights of the Falun Gong, I believe that Munro is on the side of the angels. But that does not mean that his omnibus indictment of “judicial psychiatry in China” is valid. Indeed, Western mental health professionals who, unlike Munro, have first-hand knowledge of China’s psychiatric facilities and practices, present quite a different picture.⁸

Many of the best-known critics of the Soviet Union I would characterize in similar terms as having been on the side of the angels. Munro is concerned about the Falun Gong; they were concerned about Soviet Jewry. Munro actually describes the Soviet situation very well “along with political imprisonment [of dissidents, many of whom were Jews] and the refusal of the authorities to allow Soviet Jews to emigrate, [political abuse of psychiatry became] a third principal item of human rights contention in Soviet Western relations” (Ref. 2, p 3). As someone who participated in the examination of one of the most celebrated examples of Soviet political abuse of psychiatry, I agree that there were isolated cases of such practices (Ref. 33, chap 1). However, I believe that the omnibus allegations of Soviet critics that have come to be accepted as the true history of Soviet psychiatry are as misleading as Munro’s account of China.

I am well aware of the many publications that claim to have documented the widespread political abuse of psychiatry in the Soviet Union⁹ and that I am a voice of dissent. But in the 30 years that have passed, it seems to me increasingly clear that much of the empirical evidence was exaggerated, much of the motivation was based on our (I am myself Jewish) concern about Soviet Jewry, and much of the criti-

cism of Soviet psychiatry was ideological rather than scientific. Today, Western psychiatry has accepted many of the psychiatric premises for which the Soviets were condemned.

At the center of Western criticism of Soviet political abuse of psychiatry was Andre Snezhnevsky and the Moscow group. Snezhnevsky was portrayed as a sinister figure, the “Lysenko” of Soviet psychiatry, who had wrongly convinced many Soviet psychiatrists that schizophrenia was fundamentally a biological disorder with a genetic etiology.¹⁰ Snezhnevsky and his students did many studies of families affected by schizophrenia, to document the hereditary nature of the disorder. Such studies of heredity were for many years looked at with suspicion by American psychiatrists. Although the specifics of Snezhnevsky’s work has been criticized for its methodology¹¹ (researchers knew which of the sample population were relatives), genetic research has become central to Western psychiatry, and family genealogy is of direct clinical relevance today.

Snezhnevsky was also criticized for classifying schizophrenic disorders by their lifetime clinical course, rather than by Bleulerian methods, based on the prominence of particular symptoms. Here also, Snezhnevsky’s views would garner considerable support today. The course of the schizophrenic disorder is certainly a crucial focus of research and treatment efforts. Once one is convinced that schizophrenia is a biological disorder with a genetic etiology, as most psychiatrists are today, it is not unreasonable to assume, as Snezhnevsky and his group did, that even when the symptoms improve, the underlying disorder remains. Much of the criticism of Snezhnevskyism came from social psychiatrists who were skeptical of such biological thinking. In retrospect, at least on these central issues, it is the Western critics who seem to have been the ideologues.

The most derided Soviet diagnosis given to some political dissenters was “sluggish” schizophrenia. (It could and should have been better translated as “latent” schizophrenia.) The leading critics implied that this diagnosis and the Soviet model of schizophrenia had been designed by Snezhnevsky to make political dissidence into a mental illness. “The Snezhnevsky model of schizophrenia lends itself more than conveniently to a view of dissent as a kind of illness” (Ref. 10, p 160). But in later and, I believe, better-informed commentary, it was recognized that Snezhnevsky’s model and diagnosis of latent schizophrenia

had been in place long before it was applied to political dissidents.

Eventually, some of the strongest psychiatric critics of the Soviet Union were conceding that it was unusual to find anyone willing to stand up to the Soviet authorities who would not seem “strange,” at least to those authorities (Ref. 11, p 219). That kind of “strange” is relevant to psychiatric diagnosis. In my own examination of the famous Soviet dissident, General Pyotyr Grigorenko, his open opposition to authorities had terrible consequences. He and I both recognized that this strange (even self-destructive) behavior was directly related to the Soviet judgment that he was grandiose and paranoid. As the general told me, “I’m trying to help you, Doctor Stone, to understand me. If it so happens that even in the view of American psychiatrists the readiness to risk one’s life is the evidence of mental illness, well then, I’m probably a madman” (Ref. 3, p 22).

In 1985 Reich, breaking with other critics, concluded that it was quite likely that the diagnosis of sluggish schizophrenia may have been given to Soviet dissidents “without a conscious intent to misdiagnose.” He goes on “in many and perhaps most instances of such diagnosis, not only the KGB and other responsible officials, but the psychiatrists themselves really believed that the dissidents were ill” (Ref. 11, p 220). If we can now accept that Snezhnevsky’s basic ideas about schizophrenia were probably correct and that the diagnosing of Soviet dissidents was in most instances probably undertaken in good faith, then there is much less substance to the claims of Soviet political abuse of psychiatry than the critics once claimed. Indeed, Snezhnevsky believed that concerns about Soviet Jewry and Jewish emigration had fueled the criticisms of his scientific ideas, and he may have been correct (based on a personal meeting with Snezhnevsky in 1978). At any rate, I, for one, believe that Andre Snezhnevsky was wrongly condemned by critics who were on the side of angels.

I also believe it is time for organized psychiatry in the West to reconsider the supposedly documented accounts of political abuse of psychiatry in the Soviet Union on which Munro relied. With less self-righteousness and more objectivity, we may discover that our colleagues in the Soviet Union were more deserving of our sympathy than our condemnation. Even in China, where the Falun Gong are being per-

secuted by the authorities, I believe our psychiatric colleagues may be more victims than victimizers. It is particularly important that Western psychiatrists recognize that their Chinese colleagues do not have the professional, social, scientific, or financial independence that we have come to expect. Lest I be misunderstood, I am not defending the human rights record of either the former Soviet Union or the current Chinese regime. Rather, I dissent from the rush to judgment that condemned our Soviet colleagues and now seeks to condemn the Chinese psychiatrists who, facing every kind of adversity, try to provide decent care to patients.

References

1. Report of the United Nations Sub-Commission on Prevention of Discrimination, and Protection of Minorities: The Banning of the Falun Gong and Subsequent Arrests of Practitioners. New York: United Nations, 1999. *See also* People’s Republic of China: The Crackdown on Falun Gong and other so-called “Heretical Organizations.” London: Amnesty International, 2000
2. Munro R: Judicial psychiatry in China and its political abuses. *Colum J Asian Law* 14:1–128, 2000
3. Stone AA: Law, Psychiatry, and Morality. Washington, DC: American Psychiatric Association Press, 1984
4. Anqui Liu, editor: Sifa Jingshenbingxue Jichu Zhishi [Basic Knowledge in Forensic Psychiatry]. People’s Republic of China: Beijing, 1983 (in Chinese). *See also* Qingchan Long, editor: Sifa Jingshen Yixue Jiandeng Zixun Jieda [Consultative Questions and Answers for Forensic-Psychiatric Medical Evaluations]. People’s Republic of China: Beijing, 1994 (in Chinese)
5. Bloch S, Reddaway P: Soviet Psychiatric Abuse: The Shadow Over World Psychiatry. London: Victor Gollancz, 1984, pp 237–9. (See Declaration of Hawaii as updated in 1983 which states “the psychiatrist must refuse to cooperate” in *The Breaking of Bodies and Minds*. Edited by Stover E, Nightingale EO. New York: WH Freeman, 1985, pp 277–9)
6. Li H: Zhuan Falun, Beijing, 1998 at <http://www.falundafa.com> (site visited September 2001)
7. Weiner R: The Falun Gong phenomenon. *Tikkun* 15(Jan/Feb), 2000 (see for contrast to Zhuan Falun Web site)
8. Pearson V: Mental Health Care in China; State Policies, Professional Services and Family Responsibilities. London: Gaskell, 1995 (Munro’s reports of torture in psychiatric hospitals include treatment and methods that are widely accepted by China’s psychiatrists—e.g., acupuncture augmented by direct current from batteries)
9. Smith TC, Olesczuk TA: No Asylum: State Psychiatric Repression in the Former USSR. New York: New York University Press, 1996 (The most comprehensive account of allegations)
10. Bloch S, Reddaway P: Psychiatrists and dissenters in the Soviet Union, in *The Breaking of Bodies and Minds*. Edited by Stover E, Nightingale EO. New York: WH Freeman, 1985, pp 132–63
11. Reich W: The world of Soviet psychiatry, in *The Breaking of Bodies and Minds*. Edited by Stover E, Nightingale EO. New York: WH Freeman, 1985, pp 206–22