DEPROGRAMMING, BRAINWASHING AND THE MEDICALIZATION OF DEVIANT RELIGIOUS GROUPS*

THOMAS ROBBINS
DICK ANTHONY
Center for the Study of New Religions,
Graduate Theological Union

Critics claim the brainwashing techniques cults use to win converts have pathological consequences. Deprogramming has restored numerous converts to a state accepted by parents and therapists as normal. The medicalization of the cult phenomena, and its conceptualization as a mental health problem, has expanded the jurisdiction of the medical profession into the areas of religion and social movements.

For more than a decade, the United States has witnessed an upsurge of deviant religious and therapeutic movements—popularly referred to as cults—which have elicited intense hostility from church leaders, parents of converts, disillusioned ex-converts and some mental health workers. The most persistent complaint is that these groups employ highly manipulative tactics to recruit and indoctrinate converts. These tactics allegedly brainwash participants, damage their personalities and mental capacities and render them incapable of rationally evaluating their continued participation (Delgado, 1977; Enroth, 1977; Shapiro, 1977).

The media currently uses the label “cult” loosely and clear definitions are hard to find, even in anti-cult circles (Shupe and Bromley, 1980a). Nevertheless certain manipulative and authoritarian groups which allegedly employ mind control and pose a threat to mental health are universally labeled cults. These groups are usually: (1) authoritarian in their leadership; (2) communal and totalistic in their organization; (3) aggressive in their proselytizing; (4) systematic in their programs of indoctrination; (5) relatively new and unfamiliar in the United States; and (6) middle class in their clientele. There is some tendency, however, for any group linked to an atrocity such as mass murder or suicide to be labelled a brainwashing cult, even if its characteristics differ from those listed above. Examples of movements which are universally stigmatized as cults are: The Unification Church (Moonies), Hare Krishna, The Way, The Children of God, Scientology, The Alamo Foundation, Synanon, and The Divine Light Mission. All of these movements claim to be churches. Although there has been some discussion of political cults, stigmatized groups are generally religious and/or therapeutic in their primary aims.

Controversies over mind control by cults entail a redefinition of certain deviant religious movements as induced mental pathologies which require an expansion of the jurisdiction of the medical profession. Other brainwashing issues in the 1970s and the apparent success of “deprogramming,” which has effectively restored converts to “normality,” facilitated this redefinition.

Although the impetus for stigmatizing cults came from the parents of converts, disillusioned ex-converts, and some clergymen (Shupe and Bromley, 1980a), the role of the medical profession and the mental health community is becoming increasingly important in giving plausibility to pathological conceptions of cultist involvements. The opportunities which the medicalization of cults provides for psychologists, psychiatrists, and social workers as counsellors, rehabilitators, therapists and deprogrammers for cult “victims” contribute to the medicalization process.

The interpretation of involvements with cults in psycho-pathological terms ignores research indicating therapeutic and integrative consequences associated with conversion to the so-called

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"new religions." Objections may also be raised to the application of a medical model to deviant religions on civil libertarian grounds.

A NEW PSYCHOPATHOLOGICAL SYNDROME

"Destructive cultism is a sociopathic illness which is rapidly spreading throughout the U.S. and the rest of the world in the form of a pandemic." So concludes Dr. Eli Shapiro (1977:83), whose son had joined the Hare Krishna sect, in an article entitled "Destructive cultism" that appeared as the cover story of the February, 1977, issue of American Family Physician. He continues:

Destructive cultism is a distinct syndrome. It includes behavioral changes, loss of personal identity, cessation of scholastic activities, estrangement from family, disinterest in society and pronounced mental control and enslavement by cult leaders. Management of this sociopathic problem requires confrontation, sociologic, psychotherapeutic and general medical measures (Shapiro, 1977:80).

Psychiatrist John Clark (1977, 1979) identifies "depersonalization," the drastic and pathologic transformation of personality, as a direct result of indoctrination in cults. Conway and Siegelman, in their widely read Snapping: America's Epidemic of Sudden Personality Change, claim that cult ritual and indoctrination can impair a convert's capacity for rational information processing. The victim sinks into a kind of trance, displaying symptoms ranging from "narrowed or reduced awareness" to "the complete dissolution of personality" (Conway and Siegelman, 1978:154).

These afflictions [are] physical impairments of thought and feeling, protracted alterations of awareness and personality that can be diagnosed, in the strictest sense, as varieties of information disease (1978:151, emphasis in original).

Defining prolonged involvement with a cult as an induced mental illness or incapacity represents the medicalization of the cult phenomenon. This is only one aspect of the current trend in which "the belief system underlying medical science [is being] applied to more and more social problems" (Taber et al., 1969:349). Medicalization refers to a process of "defining behavior as a medical problem or illness and mandating or licensing the medical profession to provide some form of treatment for it" (Conrad, 1975:12). When a behavior or phenomenon is medicalized, other perspectives on evaluation, treatment, and policy-making are downgraded. Many conditions defined as illness have been or could be defined as crimes or sins, using a religious or moral perspective, or rights, using a civil libertarian perspective (Kittrrie, 1971). Examples of pervasive medicalization tendencies in modern society "include alcoholism, drug addiction, and treating violence as genetic or brain disorder" (Conrad, 1975:12). Controversies over medicalization tend to involve psycho-emotional problems and the definition of mental illness (Szasz, 1969). Chorover (1977), Robbins (1979), and Scheflin and Opton (1978) have dissented from the emerging medicalization of cults.

BRAINWASHING ISSUES IN THE 1970S

The concept of brainwashing was developed in the 1950s. Initial attention was focused on the treatment of U.S. prisoners of war in Korea, whose susceptibility to communist propaganda provoked concern. Some of the influential studies (Lifton, 1961; Schein et al., 1961) combined research on Korea with studies of Maoist thought-reform programs used to re-educate western civilians and Chinese intelligentsia. The Patty Hearst case, the Jonestown massacre, and the U.S. hostages in Iran were three issues of the 1970s that revived public interest in brainwashing. The interpretation of each of these issues in terms of brainwashing reinforced the tendency to view brainwashing as a widespread threat. Brainwashing experts have become recognized and their expertise is generalized to diverse contexts.

The Hearst Case: Tapes made by Patty Hearst declaring her solidarity with her kidnappers, the
Symbionese Liberation Army, produced widespread speculation that her personality had been systematically deranged by indoctrination in a context of extreme stress. At her trial for armed robbery in 1974, psychiatric experts in brainwashing such as Louis J. West and Robert Lifton testified that Hearst underwent experiences similar to those of U.S. prisoners in Korea (Schefflin and Opton, 1978:63–85). Dr. Margaret Singer, who had also studied POWs, testified on behalf of Hearst and in other cases involving brainwashing allegations against cults. Although Hearst was convicted, many observers viewed her sympathetically as a victim of brainwashing by terrorists.

*Jonestown:* The link between cults and brainwashing was widely discussed in the mid–1970s. But after a California appeal court invalidated a lower court ruling granting conservatorship of adult Moonies to parents who wanted to deprogram their children (LeMoult, 1978), the issue died down. However, the 1978 massacre at Jonestown seemed to vindicate the claims of anti-cult activists (Shupe and Bromley, 1980a). In explaining “how [Jim] Jones and his staff were able to bring the mass murder/suicide to completion,” the media has drawn “largely on the explanations of psychiatrists who have promoted the concept of ‘brainwashing’” (Hall, 1979:52).

*Iran:* Interest in brainwashing was rekindled in 1979–80 when some of the U.S. hostages in Iran expressed sympathy for the viewpoints of their radical Islamic captors. The media consulted several psychiatric experts on cults such as John Clark, who equated the mental conditioning of the hostages with the brainwashing of cult converts (O'Toole, 1979). In an essay in *The Washington Post,* a father who forcibly extracted his son from a Moonie camp commented: “Any parent who has ever seen his child after a cult programming can recognize in the hostages’ demeanor the chilling signs of mind control” (Adler, 1980:B7).

What these cases have in common is the theory of brainwashing, which provides the most parsimonious “explanation” for the events. Yet critics have argued that collaborating POWs or hostages, or children turned cultists or terrorists, are stigmatized as victims of induced mental pathologies so their defection from the family or the nation can be explained in a manner that comforts their families and society and promotes their rehabilitation. “When a society would turn its eyes away from the deepest questions of responsibility, brainwashing becomes an explanation that avoids the responsibility of looking inward” (Schefflin and Opton, 1978:50).

**MEDICAL MODEL**

*Pathology*

The medicalization of cults redefines prolonged involvement with stigmatized groups as induced mental pathology. Taber *et al.* (1969:351) defined pathology as “the belief in an illness process within the organism persisting over time. The process is inimical to normal functions, and a struggle is sometimes posited between the personality and this malign process within.” Thus Clark (1977) distinguishes between the “original” personalities of cult converts, which emerge from normal socialization and maturation, and their subsequent “imposed” personalities, which entail cognitively and linguistically impoverished thought and behavior patterns established through indoctrination. Shapiro (1977:81) refers to cultist indoctrination as “menticide... a dangerous form of mental coercion in which the free mind is attacked.”

*Involuntary Behavior*

Essential to Taber *et al.*’s (1969) disease model of deviant behavior is the involuntary behavior of deviants. To the extent that “sick” persons are the victims of inner pathological processes which interfere with normal behavioral functions, their behavior is assumed to be beyond their control. Medicalized conceptions of addiction, homosexuality, and psychopathology generally entail some notion of compulsion which “denotes that the individual 'cannot help it,’ since the behavior is caused by ‘forces’ beyond his or her control” (Conrad and Schneider, 1980:27). How-
ever, the notion that “the sick person has lost control of his behavior legitimizes the suspension of normal expectations and rights of the patient over his person” (Taber et al., 1969:351).

Despite the absence of any evidence or widespread physical coercion, it is now commonly accepted that converts to cults are not voluntary adherents. Dr. Kevin Gilmartin, who supervised the rehabilitation of ex-cultists at the Freedom of Thought Foundation in Tucson, Arizona, stated in an interview that in cults, devotees “are held against their will because the cognitive and volitional state known as will is removed from the individual” (Sage, 1976:47). Similar allegations are made in the proliferating pamphlet campaign against cults. Cult members “are not exerting their own free will. Their free will has been given up to the whims of their leaders by the isolation, lack of sleep, sexual acts, poor eating, and the sophistication of the psychological manipulations of the leaders” (Merritt, 1975:3).

Neutralizing the Civil Liberties Argument

Supporters of a medical approach to cults propose therapeutic intervention to “rescue” the “cult victims” and restore them to personal autonomy. The allegation of lack of free will on the part of converts neutralizes the arguments of civil libertarians who claim the therapy is not requested by the “victim.” Supporters of a medical approach to issues involving controversial movements deny claims that freedom of religion protects the cults from government intervention and coercive deprogramming. As one deprogrammer said: “We deal with the Unification Church as a mental health program, not a religion” (New York Daily News, 1981:11). Shupe et al. (1977:945) note that anti-cultists “maintain that the freedom of religious worship is not a relevant issue. Freedom of religion, as they interpret it, means the freedom to rationally and freely select the religion of one's preference.” The conditions of cultist brainwashing or “pseudo-conversion” necessarily “dissociate deprogramming from First Amendment considerations.”

Medical Decision Rule

Explicit allegations of coercion aside, advocates of the medicalization of cults argue that the mental health considerations are so great that other considerations must be excluded. If cultism is essentially a medical issue, it cannot also be a civil liberties issue, for the sick must be healed. “The cult issue has nothing to do with any question of religious freedom” (Siegelman and Conway, 1979:A31). What sociologists call the medical decision rule, the assumption that it is less reprehensible to impose a possibly unnecessary course of treatment than to risk leaving a pathological condition untreated (Scheff, 1966), has been used to defend coercive deprogramming. Delgado (1977) argues that cultists who are unnecessarily detained and treated are merely inconvenienced, while if intervention and treatment is withheld, they may never be able to leave the cult of their own accord. “The risk-aversiveness that we ordinarily afford to decisions to impose treatment on possibly competent objecting adults is overborne by consideration of the greater risk of withholding treatment” (Delgado, 1977:73).

MEDICALIZATION AND DEPROGRAMMING

Deprogramming is the process of persuading cult converts to relinquish their involvement with cults. The process is frequently coercive: the convert is abducted from the cult and physically detained during deprogramming. Coercive deprogramming has often been described as a confrontational technique in which stress is used to break up “programmed” mental patterns (Kim, 1979; Melton, 1980; Shapiro, 1977).

Clark (1977:E6895) notes that depersonalization induced by cultist indoctrination “does not respond to the most effective antipsychotic drugs or treatment customarily applied by mental health professionals to restore effective thinking.” However, methods of forcible therapy or counter-indoctrination developed by non-professionals such as deprogrammer Ted Patrick ap-
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pear to have been effective in “liberating” converts from cultist bonds. The effectiveness of deprogramming has been interpreted as confirming the psychopathology of cultist involvements. Clark (1977:689) views this effectiveness as a “rather compelling piece of evidence” that de-personalization is in fact produced by cult indoctrination. “The deprogramming process as it is now practiced effects, in a large number of cases, a fairly rapid return to the old language skills and memories, original personal relationship patterns and of course the old problems.” According to Conway and Siegelman (1978:69), “deprogramming confirms that some drastic change takes place in the course of cult experience, for only through deprogramming does it become apparent to everyone, including the cult member, that his actions, and even his expression, speech, and appearance, have not been under his own controls.” The widespread success of deprogramming has helped discredit the cults by suggesting that cult conversions are not authentic (Shupe and Bromley, 1980a).

Early accounts of deprogramming emphasize its stressful and confrontational nature. Shapiro (1977:81–82) notes the use of “abreactive” techniques: “Much emotional turmoil is produced in the mind of the cultist as he hears blasphemous allegations against his charismatic leader and his beliefs. It is demonstrated to him how Bible passages have been torn out of context and misused [by cultist leaders].” The arousal of excitement and anger are thought to be necessary to break down behavior patterns produced by conditioning. According to Shupe et al. (1977:950), “verbal abuse targeted at the cult believer, his beliefs, and cult leaders is a fundamental tactic of deprogramming.”

Overt violence and confrontational trauma has diminished in more recent deprogrammings. Indeed, a critic of deprogramming has conceded that it “works without spectacular brutality or fancy ‘counter-brainwashing’ methods” (Robbins, 1979:44). Given the significant voluntary turnover in cults (Bromley and Shupe, 1979a; Galanter, 1980; Judah, 1977; Skonovd, 1981), it is likely that some deprogrammed ex-converts would have eventually left their movements anyway. Many cultists are not deeply committed to a deviant belief system, but are experimenting with a novel and exciting role (Balch, 1980; Bromley and Shupe, 1979b). However, such deviant and innovative roles may require immediate and continuous reinforcement, and hence such roles may be easily undermined by removing cultists from their socially supportive milieux. This interpretation is consistent with recent analyses of deprogramming processes in terms of reference group theory (Solomon, 1981), role theory (Shupe and Bromley, 1980b), and symbolic interactionism (Kim, 1979). The effectiveness of deprogramming in producing identity transformation and restoring pre-conversion “normality” in a short time period has proved to be a potent factor in increasing the acceptance of both deprogramming and medical model perspectives on cults.

LEGAL STATUS OF DEPROGRAMMING

Deprogrammers who physically confine an adult convert on the authority of the convert’s parents are usually not penalized. Police frequently sympathize with parents, prosecutors are reluctant to press charges, grand juries are hesitant to indict, and juries often do not convict. Judges frequently instruct juries in the “choice of evil” rule, whereby they may clear the defendant if they believe that parents and deprogrammers were justified in their actions by the sincere and plausible belief that involvement in a cult was injurious to the deprogrammee (Kirsch, 1979; LeMoult, 1978). The use of justification as a defense often leads to the introduction of psychiatric testimony about mind control in religious rituals and practices (LeMoult, 1978).

By the mid-1970s deprogrammers began to obtain court orders authorizing their activities. Thus, adherents to cults were said to be disabled, and hence fit subjects for forcible restraint under existing conservatorship and guardianship statutes (LeMoult, 1978). In Katz v. Superior Court (1977), a California Appellate Court invalidated sections of the California Probate Code (under which conservatorships had been issued to parents of five Moonies) on the grounds that
they were unconstitutionally vague regarding the criteria for forcibly confining an adult. According to the court, an individual must be "gravely disabled" to justify deprivation of freedom of action and association (LeMoult, 1978).

The Katz decision is not legally binding beyond California but has proven influential. Most state statues now require that a court must find an individual "gravely disabled" to issue a custody order; nevertheless, "many states permit court proceedings to start without notifying the cult member, who is unable to present his or her side of the issue until later" (Slade, 1979:81). It is thus still possible for superior and probate court judges to issue court orders granting temporary custody of cult members to parents. Bills aimed at legalizing deprogramming through guardianships or conservatorships have recently been promoted in several state legislatures including New York, Connecticut, Texas and Oregon. Such a bill (State of New York, 1981) has twice been passed by both houses of the New York State Legislature but has been vetoed each time by the governor.

Extra-legal deprogramming is also flourishing and rarely results in criminal convictions, although professional deprogrammers who "treat" numerous individuals each year risk eventual conviction (Kirsch, 1979). Unsuccessfully deprogrammed converts have attempted to sue parents and deprogrammers for false imprisonment or deprivation of rights, but the results have been mixed (Babbit, 1979). The Minnesota Supreme Court has held that forcible confinement of an adult by parents or their agents does not constitute a deprivation of personal liberty sufficient to support a judgment of false imprisonment if parents have a reasonable belief that the child's judgment has been impaired and if the child at some point in the process (not necessarily at the outset) consents to what is being done (Peterson v. Sorlien, 1980). A number of deprogrammed ex-devotees have sued cults for damages and received awards (Siegelman and Conway, 1979). Cults, in turn, have sued critics. Mental health and mind control issues have been raised in attempts to prevent the opening of spiritual retreats. Trials of civil suits and zoning hearings involving cults generally feature psychiatric testimony about brainwashing (e.g., New York Times, 1981).

ROLE OF THE MEDICAL PROFESSION

 Psychiatrists and psychologists have been in the forefront of the drive to medicalize cults. They have stressed the psychological hazards of participation in cults (Clark, 1979, 1977; Gelper, 1976; Singer, 1979) as well as their tendency to attract individuals already afflicted with emotional problems (Galanter et al., 1979). Psychiatrists and psychologists are understandably concerned about the mental health consequences of authoritarian movements. Nevertheless, there are other factors involved in the opposition to cults. Controversial spiritual masters such as Baba Muktananda or Bhagawan Rajneesh and controversial movements such as EST, Scientology, or the Divine Light Mission have emerged as competitors of licensed psychotherapy (Anthony et al., 1977; Marshall, 1978). Furthermore, deprogramming, rehabilitation services and counseling of converts and ex-converts expand vocational opportunities for mental health workers.

Defending the Medical Monopoly

As Freidson notes, "The medical profession has claim to jurisdiction over the label of illness and anything to which it may be attached." (1970:251). The monopoly of the medical profession extends to healing practices, the definition of pathology and its causes, and the power to declare that certain phenomena (e.g., smoking) are dangerous or that certain individuals are to be absolved from responsibility for violating rules. However, "in contrast to established religion, the dominant medical system has the power to sanction strongly or to eliminate competing systems" (McGuire, 1981:181). The history of medicine in the United States has witnessed a successful struggle on the part of the medical profession to stigmatize and eliminate competitors, including homeopathy, osteopathy, naturopathy, Christian Science, chiropractic and faith healing. Non-
scientific factors such as monopolistic considerations sometimes intruded into these disputes (Wardwell, 1972). Cults present a threat to the medical monopoly of healing:

Though the physician is all too likely to become aware of the more destructive effects of cult memberships through clinical experience, he may not immediately appreciate the degree to which the medical profession as a whole is under attack by these organizations. For one thing, almost all embrace magic in many forms, including faith healing, and in their general rejection of their surrounding culture discard scientific linear thinking: Thus, they reject modern medicine and consider physicians as enemies. In practice even those cults who occasionally use medical facilities are extremely reluctant to seek this help or to pay the bills (Clark, 1979:280).

Psychologists for Social Action (1980:3) complain that cults offer a “substitute for therapy.” One aspect of “the fraud issue” arising from cult proselytizing and indoctrination entails “the substitution of the closed logic system of the cult for desperately needed professional therapy.”

Decision-making in medical diagnosis and classification of disease syndromes is sometimes influenced by questions of whose institutional interest is served (Goleman, 1978; Schacht and Nathan, 1977). These concerns are particularly salient where the channeling of vast resources associated with third-party health and insurance plans are at stake. The psychiatric profession favors increased subsidies for psychiatric care, but also wishes to exclude “unscientific” therapies from these programs (Marshall, 1978).

Expanding the Opportunity Structure

“In recent years, a small number of psychiatrists and psychologists around the country have begun deprogramming efforts, supplementing Ted Patrick’s basic deprogramming method with various psychiatric and psychological tools” (Conway and Siegelman, 1978:85). Professional involvement in deprogramming and rehabilitation will continue to grow as long as cults continue to be stigmatized and medicalized. The need for extensive medical and therapeutic assistance for ex-converts after deprogramming has been widely affirmed (Clark, 1977; Levine, 1980; Shapiro, 1977; Singer, 1979). Moreover, some arguments have made deprogramming conditional upon medical supervision and follow-up treatment (Delgado, 1977; Levine, 1980). Therapy has also been urged for families traumatized by the involvement of a child in a cult (Schwartz and Kaslow, 1979). “Exit counseling,” a non-coercive process in which professional counselors assist individuals to leave cults, is flourishing on the West Coast, although defenders of cults have questioned the voluntary nature of the process. A psychiatrist has urged the use of government funds for therapy for Jonestown survivors (The Advisor, 1979). In the summer of 1979 there was speculation in anti-cult circles about government support for the rehabilitation of cultists. Subsequently, a closed meeting of officials of the National Institute of Mental Health and deprogrammers and other cult critics was interrupted by demonstrating Moonies (Washington Post, 1979:A3).

Psychiatrists and Families

The factors identified above partly explain the receptivity of the medical and psychological profession to the application of a medical model to deviant cults. However, the initial impetus for

1. Discussing psychiatry’s “image problem,” Marshall (1978:19) notes that “psychiatrists who want to receive an insured income must get the public to believe that all forms of mental therapy are hogwash, except for those forms practiced by psychiatrist, psychologists or their assistants. . . . Psychiatry has proclaimed itself a science, and now it wants to reap the institutional rewards that other forms of medicine have won in the U.S. If there is to be a national health insurance plan, for example, the APA [American Psychiatric Association] wants it to be ‘non-discriminatory’—by which it means that psychiatric care should get the lavish subsidy that is given to physical health care. Yet the APA would impose an important limitation: mental therapy is not to be subsidized unless it is given under the direct supervision of a psychiatrist or a psychologist. No gurus or social workers are to be allowed in on their own.”
stigmatizing cults has not come from the medical profession but from the families of cult members (Shupe and Bromley, 1979). A number of scholars have argued that the integrity of the family is declining in part because psychotherapy and social institutions such as schools, hospitals, social welfare agencies have appropriated many of its functions (Keniston, 1977; Lasch, 1977). Yet parents are nevertheless still held “responsible” for how their children turn out. Parents have adopted a psychiatric metaphor—brainwashing—to account for the apparent repudiation of conventional family values by young persons who have joined cults.

Parents of cult members are caught between their own allegiance to conventional society and their children’s repudiation of it. They are drawn to a style of argumentation identified with the institutions which have appropriated their authority and upon which they feel dependent. By using the medical-psychiatric style of explanation to account for their children’s behavior, they hope to enlist the aid of those institutions to which they have ceded their authority (e.g., psychiatrists, social scientists and courts) in subduing their children’s desertion of the family and their world.

MEDICALIZATION AND SECULARIZATION

Modern medicine values rational and scientific problem solving and derogates magic and mystical-intuitive orientations toward life. Medical attitudes toward cults reflect these values. Modern psychiatry has extended the influence of secular rationality as a value orientation in modern life. Beginning with Freud’s The Future of an Illusion, written in 1928, conventional psychotherapy has been critical of religion, which it sees as an obstacle to the triumph of objective rationality. Within this context, professional therapists and new religions compete for converts to their models of reality. Furthermore, the new religions and therapies are thriving while the mechanistic conception of human nature embodied in traditional psychotherapy is under assault (Anthony et al., 1977). Allegations of brainwashing against cults can be seen as a rhetorical counter-attack designed to restore the cognitive hegemony of traditional mental health values.

Behind the medicalization of cults is the latent premise that certain kinds of religion—emotionally fervent religion, stridently supernaturalist religion, authoritarian sectarianism, life-consuming religion, spiritual ecstasy and mysticism—are socially regressive and thus hostile to mankind’s deepest aspirations. The cults are at least as different from each other as they are from the mainstream, but they all repudiate the modern ideal of the rationalized psyche. The more authoritarian and totalistic movements also repudiate the segregation of religion from other social spheres. Today’s religion is not supposed to challenge the compartmentalization of life into mutually exclusive religious and secular spheres. Groups which depart from these norms appear to many to be not legitimate religions but psychopathologies and sinister infringements on the personal autonomy of the individual (Beckford, 1979).

CRITIQUE OF MEDICALIZATION

A number of social scientists have criticized the application of brainwashing and medicalization concepts to cults (Anthony, 1980; Chorover, 1977; Kelley, 1977; Robbins and Anthony, 1980; Shupe et al., 1977). Civil libertarians have also criticized deprogramming (LeMoult, 1978; Robbins, 1979). These criticisms can be divided into several issues.

Socio-Emotional Consequences of Involvement in New Religions

Critics of cults are generally slow to acknowledge their documented therapeutic benefits. These include: (1) termination of illicit drug use (Anthony and Robbins, 1974; Downton, 1979; Harder and Richardson, 1971; Petersen and Mauss, 1973); (2) renewed vocational motivation (Mauss and Petersen, 1975; Robbins and Anthony, 1972; Robbins et al., 1975; Tipton, 1981); (3) mitiga-
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...tion of neurotic distress (Babbie and Stone, 1977; Galanter and Buckley, 1979; Galanter et al., 1979); (4) suicide prevention (Horton, 1973); (5) decrease in anomie and moral confusion (Anthony et al., 1977; Anthony and Robbins, 1982; Bird, 1980; Gordon, 1974; Tipton, 1979, 1981); (6) increase in social compassion or social responsibility (Nordquist, 1978; Stone, 1980; Wuthnow, 1981); (7) clarification of ego-identity (Gordon, 1974; Marx and Holzner, 1975); and (8) general problem-solving and therapeutic assistance (Anthony et al., 1977; Snelling and Whiteley, 1974; Zaretsky and Leone, 1974). Ungerleider and Wellisch (1979) found an absence of mental illness in their study of present and former participants in several cults. An absence of non-superficial personality change (for better or worse) has been observed by several researchers (Balch, 1980; Pilarzyck, 1978; Simmonds, 1977).

Positive therapeutic consequences of involvement with cults are not incompatible with the possibility of serious pathological effects. Nevertheless, the anti-cult publicity has presented a one-sided picture of a complex situation (Anthony, 1980).

Methodological Considerations

Studies imputing brainwashing and serious psychopathology to converts tend to draw inferences largely from interaction with and observation of persons who have left (or have been abducted from) cults. Ex-devotees have manifested psychological disabilities (Clark, 1977, 1979; Singer, 1979). Some of these difficulties may reflect the traumatic manner in which some of these persons have been removed from sects and subjected to confrontational deprogramming (Melton, 1980), or to the difficult situation of ex-devotees who are stigmatized for their past involvements with a cult. Problems of adjustment subsequent to leaving an authoritarian communal milieu are understandable and do not warrant stigmatization of either the "victim" or the group.

Many studies identifying converts as victims of mind control are based largely on retrospective accounts of ex-converts (Conway and Siegelman, 1978; Enroth, 1977; Singer, 1979), many of whom have been deprogrammed and/or have undergone intensive therapy. As Beckford (1978) has pointed out, the accounts of such persons have been negotiated with significant others such as parents, therapists, and deprogrammers, who have assisted them in the reconstruction of their past experiences. Solomon's (1981) study of 100 ex-Moonies has revealed that both hostility to the Unification Church and interpretations of Moonies' experiences as brainwashing are correlated with the degree of "intervention" (i.e., deprogramming, rehabilitation, or therapy) experienced during or after leaving the movement (see also Skonovd, 1981).

Former members of cults develop interpretations of their experiences in a difficult context. Singer (1979:80) describes the guilt experienced by ex-cult members and the "agony" they experience in trying to make others understand why they joined. Although Singer does not draw this conclusion, deterministic interpretations of brainwashing may be psychologically rewarding for ex-converts by absolving them of responsibility for their involvement. Apostacy from a stigmatized group may be viewed as a social role mandating both recriminations against the group and interpretations of one's prior involvement as unmotivated (Bromley et al., 1979; Robbins and Anthony, 1979).

Most studies of cults or cultists are limited "snapshots" without a time dimension, rather than longitudinal studies. Thus, what is judged to be permanent cognitive or personality derangement

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2. Although some of the above studies deal with "moderate," (i.e., non-residential) groups, others refer to groups frequently labeled "destructive cults," such as the Unification Church (Galanter et al., 1979; Ungerleider and Wellisch, 1979), Hare Krishna (Snelling and Whiteley, 1974). The Divine Light Mission (Anthony et al., 1977; Downton, 1979; Galanter and Buckley, 1979; Pilarzyck, 1978), and other close-knit communal groups (Harder and Richardson, 1971; Nordquist, 1978; Petersen and Mauss, 1973; Simmonds, 1977).
may actually be a temporary effect of the euphoria and enthusiasm of recent conversion. Some studies (Anthony et al., 1977; Downton, 1979) have identified initial euphoric phases of conversion in which the convert feels "blissed out." Psychiatrists may interpret "blissed out" devotees as depersonalized, but this "enthusiasm phase" (Downton, 1979:157) or "honeymoon period" (Anthony et al., 1977:867–873) usually passes. Several sociologists have interpreted the seeming depersonalization or sudden personality alteration of cult converts as reflecting merely role-playing and rapid role learning (Bromley and Shupe, 1979b; Balch, 1980).

Coercive Persuasion and Free Will

Several scholars have identified key factors distinguishing conversion processes in relatively authoritarian cults from classic brainwashing contexts such as POW camps. These include the absence of physical coercion or brutality in cults (Galanter et al., 1979; Kim, 1976; Schefflin and Opton, 1978), absence of a "stripping" or deconditioning process preceding positive indoctrination (Barker, 1978; Richardson et al., 1972); and a lesser degree of isolation and information control in sects (Robbins and Anthony, 1980; Schefflin and Opton, 1978).

Supporters of the medicalization of cults assert that devotees have lost their critical reasoning ability and are therefore incapable of leaving cults without assistance. In contrast, Shupe et al. (1977:954) affirm "that such cults do in fact witness defections of conscious, disgruntled members." A number of observers have concluded that even highly authoritarian groups such as the Unification Church or Synanon manifest a large voluntary turnover (Bromley and Shupe, 1979a; Judah, 1977; Ofshe, 1976; Skonovd, 1981; Shupe and Bromley, 1980a).

Finally, some scholars will question whether religious behavior or beliefs can be adequately conceptualized in purely mechanistic and reactive terms as products of conditioning (Hargrove, 1980).

Freedom of Belief

Delgado (1977:59) offers a sophisticated defense of legal deprogramming:

"The refusal of treatment of an indoctrinee may be overridden, consistently, with traditional notions of liberty and nonsubstitution of judgment if it appears that the indoctrinee is incapable of fully understanding the conditions to which he has been subjected that account for his recent change of outlook."

Thus, for Delgado and others, imposed treatment should try to make the convert comprehend the brainwashing he has undergone, but should not overtly attack cult beliefs. But it can also be argued that freedom of belief includes the freedom to define one's experiences within an ideological group, in other words to define oneself as having been "awakened" rather than "brainwashed" (LeMoult, 1978:614). On the other hand, deprogramming frequently entails direct assaults on the content of belief systems (Kim, 1979; Shapiro, 1977; Shupe et al., 1977; Skonovd, 1981).

CONCLUSION

Several factors have encouraged the medicalization of cults. These include: (1) the distress of some converts and ex-converts; (2) the interests and orientations of the medical profession; (3) the occurrence in close proximity of several brainwashing issues in the 1970s; (4) the seeming efficacy of deprogramming; and (5) the context of a secular culture in which religion is expected to "know its place." Opponents of medicalization interpret this tendency as a threat to religious liberty; they protest the arbitrary labeling and radical transvaluation of religious processes:

A religion becomes a cult; proselytization becomes brainwashing; persuasion becomes propaganda; missionaries become subversive agents; retreats, monasteries, and convents become prisons; holy ritual
becomes bizarre conduct; religious observance becomes aberrant behavior; devotion and meditation become psychopathic trances (Gutman, 1977:210–211).  

The existence of authoritarian communal movements in a highly differentiated, pluralistic and democratic society has understandably produced controversy and raised serious issues. Converts are perceived as overly dependent on exploitative groups whose diverse involvements in healing, commerce, politics and social services brings them into competition with traditional institutions and, moreover, contravenes norms pertaining to the limited and specialized role of religion in modern society (Beckford, 1979; Robbins, 1980; 1981). Conceptualization of these issues as essentially mental health problems has helped consolidate an anti-cult coalition including mental health professionals, who will play a prominent role in the diagnosis and healing of pathological cultism. Parents and clergy have good reasons for opposing cults (Shupe and Bromley, 1980a). The rhetoric of mind-control allegations and mental health consequences allows them to disavow intentions of persecuting beliefs and, moreover, provides them with a prestigious ally—the medical profession.

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3. Shapiro (1978:795) argues that deprogramming violates freedom of religion when mental pathology or coercive mind control is inferred from phenomena such as the convert’s total immersion in his religion or the suddenness or seeming irrationality of his conversion. The inference of pathology or coercion from such observations is simply an arbitrary transvaluation of the intensity of the convert’s faith. Converts who subordinate their reason to imperatives of faith and “demonstrate the depth of their commitment by insisting upon their belief as ultimate concerns, should not find the intensity of their faith being used as proof of their incompetence.”
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