

# On the Psychiatric Abuse of Falun Gong and Other Dissenters in China: A Reply to Stone, Hickling, Kleinman, and Lee

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Three of the articles published in the previous issue of this journal<sup>1–3</sup> leveled major criticisms against my research findings on the question of the political abuse of psychiatry in China,<sup>4</sup> and I am grateful to the editor for giving me the opportunity to respond to these criticisms. My critics have sought peremptorily to dismiss my research findings in the apparent hope of making the problem itself go away, so an equally clear response must be given. The bulk of my comments are addressed to Sing Lee and Arthur Kleinman,<sup>3</sup> but not because I regard their criticisms as being the most harsh or intense. I respect their expertise in the field of Chinese psychiatry and welcome most of their critical comments as providing a useful occasion for me to clarify several important points of fact and analysis. It is clear that their deep disquiet over my research findings is prompted by an understandable concern that my account of political abuse within Chinese psychiatry could be used as grounds for an unjustified attack on the ethically minded mainstream of the profession in China today—or in their own words: “. . . a witch hunt that attributed to the profession as a whole the misuses and abuses of what may well turn out to be only a

small number of practitioners” (Ref. 3, p 124). As I emphasized in my article in the previous issue of this journal,<sup>5</sup> I share this concern entirely, and my reasons for doing so are set forth at length in that article.

## Stone’s Commentary

Alan Stone’s<sup>1</sup> article advances the academically revisionist theory that the political abuse of psychiatry as a weapon against peaceful dissent did not in fact take place in the former Soviet Union—contrary to the findings of the World Psychiatric Association (WPA) and the later admissions of Soviet psychiatrists themselves. As he candidly states, he is “a voice of dissent” on this subject. To bolster this puzzling and lonely argument, he announces that nothing of a similar kind has occurred in China, either. He consistently oversimplifies or misconstrues the complex issues involving the specific practice of law and psychiatry in the People’s Republic that I tried, in as nuanced and carefully argued a way as possible, to explain in my article in the *Columbia Journal of Asian Law*.<sup>4</sup> I can therefore only refer readers to my previous two articles,<sup>4,5</sup> and to the additional comments and information I present in this article and ask that they make up their own minds about the validity of Stone’s dismissal of my findings on China. However, because there are several more thematic points on which readers will not find any direct answers to Stone’s critical commentary elsewhere in my pub-

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lished work on Chinese psychiatry, I would like to clarify these briefly now.

1. Stone contends that I am an advocate of the antipsychiatry movement and my work on China “echoes with that rhetoric.” In fact, I know little about the antipsychiatry movement and have certainly not knowingly been influenced by it. I was, nonetheless, sufficiently aware of the controversial nature of this movement to have felt the need to distance myself visibly from it in my article in the *Columbia Journal*. Thus, immediately before a passage discussing China’s post-1949 use of insulin coma treatment, electroshock therapy, and prefrontal lobotomy, I was careful to insert the following clear caveat:

A brief outline of the therapeutic regime that came into being in the Chinese psychiatric field in the 1950s may also be useful. In light of the intense controversy that exists in the West over several of these therapies, it is important to bear in mind that the therapeutic resources available to psychiatrists throughout the world at that time were highly limited in both range and effectiveness, especially with respect to the major psychiatric diseases such as schizophrenia. Until the early part of the twentieth century, psychiatrists everywhere were largely helpless to relieve the catastrophic symptoms of these illnesses, and sufferers were for the most part simply warehoused in primitive insane asylums (Ref. 4, p 23).

Does this in any way sound like the perspective of someone ideologically opposed to the theory and practice of psychiatry as a healing discipline? The only psychiatry I am in fact opposed to is that of the politically abusive kind in China, and I leave any criticism of the no doubt numerous other kinds of ethically suspect psychiatry found around the world to those claiming knowledge and competence in those areas.

2. Stone also contends that I am “on the side of the Angels,” in effect painting me as an over-zealous human rights activist who, caught up in the fervor of his “mission,” cannot distinguish between fact and fiction in China’s case. Let me refute this suspicion by pointing out that, as an observer for Human Rights Watch and as the last foreigner observer to leave Tiananmen Square on the morning of June 4, 1989 (at 6:15 a.m.), I publicly reported that no massacre of either students or workers had taken place inside the square throughout the preceding night.<sup>6</sup> As I also reported, a massacre of dreadful proportions certainly did occur in other parts of Beijing that night—but not, contrary to the cover story that appeared in *Time* magazine<sup>7</sup> and most other world news media

thereafter,<sup>8</sup> within the square itself. Insisting on this (now generally accepted) historical truth, to which I had been a professionally qualified eyewitness, made me highly unpopular within certain influential sections of the Chinese dissident movement and even within some parts of the international human rights movement. My belief has always been that governments around the world commit sufficiently serious human rights abuses that there can never be any need or justification also to accuse them of abuses that they have not, in fact, perpetrated.

3. Stone takes strong exception to my use of the terms “forensic” and “judicial” psychiatry to characterize the process by which detained dissidents and others are committed to mental asylums in China. First, he argues that the former term is “confusing” because most Falun Gong detainees have been sent to regular psychiatric institutions rather than to police-run (Ankang) facilities for the criminally insane and also “anachronistic” because China had little in the way of a forensic psychiatric system until quite recently. In fact, China’s forensic psychiatric system has been firmly in place since the late 1950s, and it maintained its activities even during the Cultural Revolution decade, when the country’s regular mental health care system was largely in tatters. Whereas most Falun Gong psychiatric detainees appear not to have been subjected to formal forensic appraisal procedures (this question is actually still far from clear), they were nonetheless first arrested by the police and forcibly sent to mental asylums by the same agency. The fact that the police unlawfully circumvented formal committal procedures in these cases is not an argument for saying that the process itself was not forensic. Rather, as I noted in my original review, this further indicates “a worrying reversion to the widespread pattern of arbitrary political-psychiatric abuse that prevailed during the Cultural Revolution” (Ref. 4, p 109).

Second, Stone’s objection to my use of the term “judicial” is that, as I myself explained, most cases of allegedly mentally ill detained dissidents do not actually come to trial, because if found nonimputable by reason of insanity while in police custody, the criminal charges against them are formally dropped. In China, however, the term “judicial” (*sifa*) encompasses the entire legal system: courts, procuracy, and the police. Moreover, it should again be stressed that findings of lack of mental competence to stand trial do not mean that the detainees (especially political or

religious ones) are then set free—rather, they are in most cases deemed to be *de facto* criminally insane and are sent for custodial psychiatric treatment.

4. Finally, Stone devotes two whole paragraphs to a critique of my alleged use of the term “neoconservative sect” to describe the Falun Gong movement. In fact, this term appears nowhere in my 128-page article—the term I actually used was “neotraditional sect.” (Stone compounds this error by remarking that “[Munro] is less than forthcoming to pass [the Falun Gong] off to uninformed readers as a ‘neoconservative sect’” (Ref. 1, p 109).) The term “neotraditional” is a nonpejorative sociological term that accurately describes the Falun Gong and other late-20th century sectarian movements in China. Its semantic purpose in this case was to differentiate the Falun Gong from the many genuinely traditional movements (e.g., the White Lotus sects) that have persisted in China for the past several centuries and which the more pristine, late-emergent sects such as Falun Gong often unconsciously (or simply without acknowledgment) institutionally emulate. The implications of the quite different term “neoconservative” are best left to Stone to explain.

### Hickling’s Commentary

Turning now to Frederick Hickling’s<sup>2</sup> contribution to this debate: to the extent that his article in the previous issue of this journal presents a clear and powerful case for the equal treatment of people of color within the sphere of psychiatry and for an end to race-based discrimination within the world medical profession, I am of course all for it. Because it concludes (which it unfortunately does) that I am a representative of, and a spokesperson for, Western rightwing ideological forces of repression seeking to subjugate the freedom-loving peoples of the underdeveloped world, I must strongly demur. Hickling seeks to prove that my critique of forensic psychiatry in China is but the latest salvo in a Western plot to undermine world Communism and to denigrate people of color. He also assumes that I am by ideological predisposition entirely blind to the fact that psychiatry has been widely misused for political, sociocultural, and other purposes in Western countries also, especially in my presumed ideological homeland, the United States. In all of this, he is tilting at windmills. First, although I cannot accept Hickling’s view that the accuracy of the message can be easily determined by examining the passport of the messen-

ger, I might point out that I am a citizen of the United Kingdom of Scottish descent, and, in common with most of the British electorate at present, I vote for the Labor Party. Second, and, more to the point, as I noted in my *Columbia Journal* article:

The history of psychiatry is replete with major instances and patterns of the abuse of all these forms of treatment [insulin coma and lobotomies], especially in America and Europe in the 1940s and 1950s. . . . [For example,] tens of thousands of lobotomies were performed in the United States from 1936 until around 1952. The most egregious practitioner was the American neurologist Walter Freeman, who invented a technique known as the “ice-pick lobotomy,” which took no more than a few minutes to perform (Ref. 4, p 23 and Note 50).

Hickling’s operative assumption appears to be that if one criticizes human rights abuses in a non-Western and, especially, a “noncapitalist,” country like China (I place that term in quotes, because there is a strong case to be made that China today is more rampantly capitalist than most other countries of that type), one is therefore blind to the commission of severe human rights abuses in the capitalist West. The reality, however, is quite different. The work of leading international human rights nongovernment organizations (NGOs) such as Amnesty International and Human Rights Watch (both of which I have worked for during the greater part of my career) is based on the post-World War II system of international rights standards drawn up and agreed on, through the United Nations, by the entire international community—most of whose member states are from the underdeveloped or developing world. Both of these NGOs devote much of their time and resources to documenting and protesting rights abuses in the developed capitalist world. Hickling is evidently well aware of this fact, because in support of his blistering critique of the “Munro Doctrine” he cites (although with no apparent sense of contradiction) a detailed report written by my former colleagues at Human Rights Watch on severely abusive prison conditions in the United States.

In short, I would suggest that Hickling take his carefully compiled evidence of psychiatric abuse in Western countries to the World Psychiatric Association and to the relevant bodies of the United Nations, as I have done in the case of China, so that they may assess and respond to it in accordance with prevailing standards of international law and medical ethics. Current abuses in one country do not cancel out or invalidate current abuses in another country, still less excuse or justify them, and historical or “leg-

acy” abuses especially do not do so. To argue that they do is, in my view, a recipe for double standards inspired by a misguided form of cultural relativism. The aim of the post-War system of international legal and ethical standards has been to provide an agreed yardstick acceptable to all nations and cultures. This system is far from perfect, but it is steadily improving, and, in any event, it is the only one we presently have.

### Lee and Kleinman’s Commentary

I am in full agreement with most of what Arthur Kleinman and his Hong Kong-based colleague Sing Lee<sup>3</sup> have to say about the state of general psychiatry in China today. However, their comments on this question have little relevance to the specific issue—political psychiatric abuse—that is the focus of my own current work. Their spirited defense of mainstream contemporary Chinese psychiatry thus does not amount, in my view, to a valid or effective critique of my findings on this other important question. The following issues are ones on which we have a real disagreement of opinion.

### Quality of Evidence

First, Lee and Kleinman state in their article: “Munro has based his essay entirely on indirect accounts and unconfirmed reports from sources that are clearly biased” (Ref. 3, p 122). As should be apparent from even a brief review of the documentation cited in both my *Columbia Journal* article<sup>4</sup> and my contribution to the previous issue of this journal,<sup>5</sup> this claim is wholly and demonstrably false. The overwhelming majority of the evidence I have publicly presented on this question to date consists of facts, commentary, and survey material written and compiled by Chinese psychiatrists and law-enforcement officers themselves, all of it published in China’s officially authorized professional literature over the past few decades. In what plausible sense can such material credibly be characterized as “indirect,” “unconfirmed,” and “clearly biased”? (Lee and Kleinman regularly cite this same scholarly psychiatric literature from China in their own published work.) Above all, nowhere in their critique of my allegations of political psychiatric abuse in China do Lee and Kleinman even attempt to make any substantive rebuttal of the principal evidence I present—namely, the copious documentation drawn from several decades worth of the country’s own professional litera-

ture on psychiatry and the law. On all this, they are disappointingly silent. Instead, they rhetorically conflate this formidable body of evidence with the small quantity of unconfirmed Falun Gong material and then misleadingly dismiss both as being “indirect, unconfirmed, and biased.” Because they have chosen not to address the principal evidence I presented, one must assume that they simply have no answer to it.

### Authenticity of Four Falun Gong Case Accounts

Second, despite their blanket assertion that I based my *Columbia Journal* article<sup>4</sup> “entirely” on unreliable material, Lee and Kleinman focus their criticism on the small section of that essay (amounting to less than one-tenth of the whole and placed at the end) in which I discussed the question of psychiatrically detained Falun Gong believers and presented four actual victims’ accounts, selected on the basis of their illustrative typicality from among several hundred such accounts that have so far been compiled and published by the Falun Gong’s human rights monitoring units. According to the latter’s extensive network of informants in China, already more than 300 Falun Gong detainees have died in police custody nationwide since July 1999, three of them in forced psychiatric detention and all reportedly as a direct consequence of police brutality. The Chinese government’s response to these extensive fatality reports has been to assert that, in all cases, the detainees died after throwing themselves from high prison buildings or through similar forms of suicide. Independent investigations by foreign journalists based in Beijing, however, have confirmed the Falun Gong’s version of events in the cases that have been examined.<sup>9</sup> Because Lee and Kleinman have opted to focus on the Falun Gong cases as a means of contesting the allegations of Chinese political-psychiatric abuse in general, however, I also shall focus on this most recent category of cases in my reply to them.

As a professional human rights monitor, I am well aware of the need to distinguish between facts, allegations, and rumors in reporting cases of rights abuse. The accepted rule is that provided a sufficient preponderance of confirmed facts has first been assembled, some unconfirmed allegations (often these are victims’ accounts) that conform to the general pattern laid down by the confirmed facts may also be included, so long as the distinction between fact and allegation is clearly indicated in the text. (Mere rumors should in all cases be rejected.) In characteriz-

ing the Falun Gong psychiatric abuse accounts, I did precisely this, stating:

These various reports have not yet been independently confirmed by international human rights groups or similar organizations, and instances of factual error or misreporting may eventually come to light; however, there is presently no reason or evidence for doubting their overall veracity (Ref. 4, p 108).

Independent verification of rights abuse reports is the primary task and function of the international human rights community, but the conditions of severe governmental repression surrounding the whole issue of Falun Gong in China today have rendered this task virtually impossible in practice, at least for comprehensive verification of most of the existing case accounts. My critics are uniformly enthusiastic in stressing the “unconfirmed” nature of the modest number of Falun Gong case accounts that appear at the end of my *Columbia Journal* article.<sup>4</sup> I believe, however, that more fair-minded readers will conclude that the more than 100 pages of closely documented evidence of the systematic, decades-long political misuse of psychiatry by the Chinese authorities that directly preceded this short section on the Falun Gong cases served—well beyond the generally accepted minimum standard and threshold of academic evidence—to transfer the burden of proof squarely back onto the Chinese authorities, if they want to convince their own citizens and the outside world that the appalling accounts of extreme physical and psychological ill treatment supplied by detained Falun Gong practitioners since the crackdown began in mid-1999 are either false or substantially inaccurate.

If the Chinese authorities so desire, there is a very simple and easy course of action open to them: they can permit qualified outside observers (including internationally respected jurists, psychiatrists, and human rights experts) to enter the relevant places of psychiatric detention so that the named individuals who have made these shocking allegations can be interviewed and medically examined with a view to establishing independently the truth of the matter. To date, however, not only have the authorities shown no sign of willingness to do this, but also they have jailed (on charges of “revealing state secrets” and similar charges) several Chinese citizens who have bravely tried to gather information on the situation of psychiatrically detained Falun Gong practitioners. Is this truly, as Lee and Kleinman appear to believe,

the behavior of a government that has nothing to hide in respect of these grave allegations?

### **The Chinese Psychiatric Association’s Preliminary Response on These Cases**

Third, Lee and Kleinman state in their article:

[I]n a preliminary investigation (including detailed review of clinical case notes) conducted by the Chinese Psychiatric Association [CPA], which obviously has its own political constraints, four of the cases of alleged abuse of psychiatry cited in Munro’s original review were looked into with the result that the CPA now concludes that these individuals had already had a history of schizophrenia, even before they were hospitalized for the alleged reasons. A full report by the CPA on this issue, which we understand is forthcoming, is clearly necessary (although in our view not sufficient) to sort out the accuracy of the allegations (Ref. 3, pp 120–1).

I await the outcome of the CPA’s investigation with much interest, although, to be frank, I have seen enough “detailed rebuttals” of independently confirmed human rights abuse cases of other kinds issued by the Chinese authorities during my rights-monitoring career not to put too much store on the reliability of this impending one, and I would advise Lee and Kleinman also to reserve judgment on the matter. To say that the CPA “has its own political constraints” is to understate the matter considerably. The leadership of this body, for example, is largely a Communist Party-controlled personnel matter. Moreover, even if genuinely mentally disturbed, there is no hint in the case accounts to suggest that any of the four detainees posed a psychiatric danger to themselves or others.

### **On Qigong-Induced Mental Disorder**

Fourth, again focusing solely on the Falun Gong question, Lee and Kleinman devote a substantial portion of their commentary to the issue of “qigong-induced psychosis,” a culture-bound disorder that was formally included in the Chinese Classification of Mental Diseases (CCMD-II) in 1989 and with which Dr. Lee has personal clinical experience (although not, apparently, of the police-related type of cases under discussion herein). In their view, because this mental condition exists and can sometimes be quite serious, and because all Falun Gong believers also practice a variant form of Chinese traditional *qigong* mind-body exercises, it follows that the Chinese authorities’ committal of Falun Gong practitioners to mental asylums is not necessarily an abuse of human rights. This opinion has much merit, so far as

it goes; but, unfortunately, it does not go nearly far enough. I devoted significant space in my *Columbia Journal* article<sup>4</sup> to the question of “*qigong*-induced mental disorder” and “mental disorder associated with *qigong*” (the terms that actually appear in CCMD-II—only a subgroup of these cases involve psychosis), acknowledging clearly: “[T]here seems to be no reason to suppose that the improper or excessive use of *qigong* may not, in certain circumstances and cases, lead to various forms of mental imbalance or disorder” (Ref. 4, pp 119–20). As I also stated: “It is surely remarkable, however, that there so suddenly occurred, according to the official version of events, such a massive epidemiological outbreak of *qigong*-related mental illness across China during the precise period immediately before and after the start of the government’s crackdown on Falun Gong in July 1999” (Ref. 4, p 120). Concomitantly, in September 1999, a Chinese government spokesperson made the absurdly overblown claim: “Falun Gong practitioners now account for thirty percent of all mental patients in China.”<sup>10</sup>

### A Forensic Analysis of Falun Gong Cases

In an attempt to elucidate this conundrum, let us examine in detail one of the very few forensic studies thus far published in China on this “newly emergent” medicolegal category. Entitled “A First Look at the Forensic Psychiatric Evaluation of Falun Gong Cases” and published in late 2000, it describes four cases.<sup>11</sup> Significantly, it will be noted from the following that in none of the four cases was “*qigong*-induced mental disorder” diagnosed. Indeed, this article, and several others, specifically states that this particular diagnosis should not be made in Falun Gong cases, since: “Falun Gong is entirely different from ordinary body cultivation techniques, and no clear definition of the type of mental disorder that it produces can be found within China’s currently used body of diagnostic criteria for mental illness” (Ref. 11, p 313). Instead, the entirely new diagnostic label of “evil cult-induced mental disorder” (*xiejiao suo zhi jingshen zhang’ai*) (Ref. 11, p 313) has conveniently been coined by Chinese psychiatry, for exclusive use against the Falun Gong and any other spiritual movements in China that happen to be banned by the Communist Party and government.

The first case described in the report concerns a 45-year-old female practitioner who (according to the two psychiatrists who wrote the article) “went to

Beijing to petition the authorities and was then placed under criminal detention, but still she persisted in practicing Falun Gong.” In other words, the reason for her arrest was not that her mental condition had posed any immediate physical or psychological danger to herself or to anyone else, but rather that she had been brave or foolhardy enough to openly express her peaceful opposition to the government’s relentless campaign of suppression. The forensic examiners’ conclusion was: “Mental disorder caused by practicing an evil cult; no capacity to bear legal responsibility [for her crimes]; recommend medical treatment.” The mental symptoms cited by the examiners to justify this conclusion consisted almost entirely of a list of the patient’s Falun Gong-inspired spiritual beliefs. (Although some of these admittedly would strike a Western observer as highly unusual, it is surely not the job of psychiatrists to pass judgment on their patients’ spiritual or religious convictions.) The remaining “symptoms” cited by the forensic examiners included: “flagrantly telling everyone how much she was benefiting from her practice of Falun Gong” and “refusing to be dissuaded from her beliefs and continuing to gather people to practice Falun Gong. . . even after the government declared it to be an evil cult.”

The second case report reads, in full, as follows:

Male, 62 years old, educated to upper middle-school level, a department manager in an electrical equipment factory. After suffering from insomnia for a long time, in 1995 he took up practicing various kinds of *qigong*, and in 1997 he became besotted with the practice of Falun Gong. He soon became solitary and untalkative, and he began giving people valuable presents for no reason. He always ate less than other people and would buy the cheapest of foods, to the point even of buying and taking home items that others had turned down. He said that [this was because] he wanted to be a genuinely “truthful, compassionate and forbearing” person [“Zhen shan ren”: the three cardinal teachings of Falun Gong]. After the government declared Falun Gong to be an evil cult, he not only ignored all efforts to dissuade him from continuing to practice Falun Gong, but also joined with other practitioners in traveling to Beijing to “uphold the dharma” on behalf of Falun Gong.

Psychiatric examination: Consciousness clear and alert; declared that since practicing Falun Gong all his previous illnesses had been cured, and that if allowed to practice for just one more month his white hair would turn black once again, his skin would become softer and clearer, and he would become “thoroughly rejuvenated.”

Diagnosis: mental disorder caused by practicing an evil cult; should bear partial legal responsibility for his crimes [Ref. 11, p 313].

I invite readers to identify, from this account, anything that could plausibly be characterized as posing a “danger” to self, others, or society. Again, the sole reason for this person’s arrest was that he had traveled to Beijing to publicly protest against the crackdown. It is clear from the final diagnosis that the examining psychiatrists partially acknowledged this point; however, the immediate consequence of the detainee’s being found only “half mad” was that, in their view, he must “bear partial legal responsibility for his crimes.” Here, we see in sad but dramatic relief the ethical dilemma faced by Chinese psychiatrists in all such cases: Had they found, as international standards require, that the patient was sane, he would certainly have been sent to prison for his “crime” of peacefully demonstrating in Beijing. A finding of complete insanity would have been ethically absurd in this case, so they instead opted for the middle course. Although we are not told the final disposition of this case, being set free was certainly not an option. The detainee would have received a reduced prison sentence or else would have been sent for some form of custodial psychiatric care, or (as has happened to many Falun Gong activists) would have been subjected to both measures consecutively. Purists might argue that the examining psychiatrists’ only ethical course of action in this case would have been to inform the police that this man is both sane and also innocent of any crime. I would not be so strictly judgmental, because it is all too likely that they would have suffered harsh retribution from the political authorities had they dared to suggest any such thing. Again, this is precisely the kind of scenario that often occurred in Soviet forensic psychiatry during the “bad old days” of the 1960s through the 1980s. Who would claim that because psychiatrists are forced to misuse their skills in this way as a result of intense political pressure that therefore no ethical abuse has occurred? On the contrary, cases like this afford us a vivid glimpse into the deepest institutional and systemic roots of the problem. Is not the appropriate conclusion, rather, that the international psychiatric community should show firm solidarity with their Chinese colleagues by insisting that the Communist Party and government cease politicizing the medical profession in this ethically degrading way?

The third case concerns a young male worker and Falun Gong practitioner who appears to have been genuinely mentally ill:

In 1992 he began to show signs of mental abnormality, with frequent recurrence of symptoms. In 1997, after his family heard that one could cure illnesses by practicing qigong, they told him to take up Falun Gong. Moreover, he then frequently participated in, and gathered others to take part in, trips to Beijing to petition [against the suppression of the group], thereby exerting an extremely bad influence in society.

Psychiatric examination: Consciousness clear and alert; constantly over-excited; declared that since taking up Falun Gong he had gained even greater superhuman abilities than before; that he could summon the winds and rain at will; that he could tell what was going on in people’s minds without the use of any instruments of detection; and that his soul had been fully realized and he was able to maintain frequent contact with aliens from outer space. He said that his purpose in going to Beijing was to use his qigong-acquired merit to make Tiananmen Square become a better and smaller place. His thinking was extremely chaotic.

Diagnosis: schizophrenia; behavior and actions completely dominated by pathological factors, and hence no capacity to bear legal responsibility [Ref. 11, p 313].

From the case details supplied, the forensic conclusion seems to be an accurate and ethically appropriate one. Still, we must look further. Why was the person arrested? It was because, once again, he had gone to Beijing to petition peacefully against the crackdown on Falun Gong “. . .thereby exerting an extremely bad influence in society. . .” and not because his schizophrenic symptoms or behavior had posed any perceptible threat to public safety. Having been accused of this grave “national security” offense, the inevitable outcome of the forensic diagnosis was that he would be sent to a custodial facility for criminal offenders (either the locked ward of a regular mental hospital or an Ankang facility—most parts of China do not yet have the latter, which appears to be why most Falun Gong psychiatric detainees have ended up in the former.) Perhaps the greatest irony here is that, as Lee and Kleinman have pointed out, China’s national psychiatric care system is so severely underfunded that most mentally ill people, even those with schizophrenia, currently receive no medical care, institutional or otherwise. The schizophrenic worker discussed herein, in common with countless other Falun Gong practitioners who have other medical ailments for which they simply cannot afford to be treated under China’s increasingly expensive government-run health care system, was recommended to join the Falun Gong because it claims dramatically to improve practitioners’ health. (Incidentally, several wide-ranging medical surveys conducted by top Chinese physicians prior to the July 1999 crackdown on

Falun Gong concluded that, in the case of most common illnesses, it actually improves health (Ref. 4, p 17 and note 242). Schizophrenia, of course, is quite another matter, but it should also be noted that this particular detainee apparently had the condition well before taking up Falun Gong.) Is it appropriate that extremely scarce psychiatric resources should be allocated in such a way that a schizophrenic posing no evident threat to society and who would otherwise probably have gone totally untreated, is sent by the police for custodial medical care of a kind that, according to all accounts so far provided by Falun Gong psychiatric detainees, amounts to an extrajudicial form of physical and psychological punishment?

On a related point, several Western commentators offer an alternative “scarce resources” argument against my findings. They consider it to be highly improbable that the Chinese authorities would send mentally normal dissident offenders for custodial psychiatric care, when prison is a much cheaper and more obvious option. In fact, it costs the government a substantial amount today to house a convicted prisoner, whereas Falun Gong and other dissenting involuntary inmates of psychiatric institutions are usually billed, directly or through their families, for all hospitalization and treatment charges.

The final case illustrates yet another permutation of the whole sorry business. The complete case account reads as follows:

Female, 41 years old, a cadre, college educated. She began practicing Falun Gong in 1996 and gradually became a die-hard element within her collective practice group. After the government ordered the banning of Falun Gong, and rejecting all efforts to persuade and educate her away from the cult, she continued to organize groups of practitioners to carry out petitioning activities on its behalf.

Psychiatric examination: Consciousness clear and alert; thinking logical and well-ordered; she defended with extreme vigor the various advantages of practicing Falun Gong, and in so doing slandered and vilified [China’s] present social realities; apart from being emotionally over-excited, she showed no signs of hallucination, delusions or other conspicuous mental abnormalities.

Forensic finding: not mentally ill; should be held legally responsible for her crimes [Ref. 11, p 313].

Sing Lee informs us, in his joint commentary with Arthur Kleinman, that in the second half of 2001 he “spoke in depth with at least three respectable psychiatrists from Shandong, Beijing and Shenzhen.” And, he reports:

They all readily admitted to having assessed people who practiced Falun Gong and were referred by the police to see them. They reiterated that their most common response was to tell the police that the person assessed did not have any mental disorder and did not require psychiatric treatment. Only when the person suffered from professionally identifiable signs of mental disorders and/or severe self-harming behavior would a course of treatment be recommended. None of them felt under political pressure to compulsorily treat the referred persons (Ref. 3, p 7).

One hopes that none of these three psychiatrists participated in the last of the four case examinations described herein. On the face of it, no ethical abuse was involved in that case, because the examinee was found to be mentally normal, and hence no psychiatric treatment was ordered. However, the key point that the comments of Lee’s three psychiatrist informants failed to address, but which is conspicuously present in the case account, concerns Chinese forensic examiners’ attitude toward the question of a detainee’s “legal responsibility” for peaceful dissident offenses.

### ***Psychiatric Complicity in Political Cases: The Substantive Legal Dimension***

If the psychiatrists involved in the examination of this and other similar cases had simply confined their conclusions to the medical side of things, then Lee’s anecdotal evidence might stand as sufficient comment on the matter as a whole. But no, the psychiatrists concerned first confirm that the only reason for the female Falun Gong practitioner’s being placed under police arrest was that, “. . .rejecting all efforts to persuade and educate her away from the cult, she continued to organize groups of practitioners to carry out petitioning activities on its behalf.” The examining psychiatrists then, in the medical diagnostic portion of their report, saw fit to make the wholly political comment and judgment: “. . .she defended with extreme vigor the various advantages of practicing Falun Gong, and in so doing slandered and vilified [China’s] present social realities.” Although none of Lee’s three informants may have “felt under political pressure to compulsorily treat the referred persons,” the psychiatrists who assessed this particular case certainly appear to have felt under intense pressure to endorse, enthusiastically and without reservation, the spurious criminal charge that had been laid against the detainee. Either that, or they did so freely and willingly.



As if to dramatize this same point, the authors of the report on the four Falun Gong cases conclude by saying:

If we exercise comprehensive judgment, it is usually not difficult to make a diagnosis of evil cult-induced mental disorder. At the same time, [recently established criteria] will help us to identify and maintain our guard against any die-hard Falun Gong elements who might try to feign mental illness as a way of escaping legal punishment for their crimes [Ref. 11, p 314].

So there we have it: the examining psychiatrists evidently saw it as being one of their most pressing concerns to help weed out, on the government's behalf, any Falun Gong detainee who might deviously pretend to be mad as a means of avoiding stern punishment for what, by international standards, was the entirely noncriminal act of belonging to an unorthodox spiritual group. Is none of this, either, to be seen as evidence of psychiatric complicity and collaboration in the Chinese government's repression of peaceful political and religious belief?

Finally, I would like to reiterate that the target of the current international advocacy campaign against politically abusive psychiatry in China is not, as my critics appear to have assumed, the ethically minded mainstream of the psychiatric and mental health care professionals in that country. The objective, rather, is to work in a targeted manner, through the WPA and its national member associations, to put pressure on the Chinese authorities to end the political misuse of psychiatry within the criminal forensic-evaluations domain, the Ankang police custodial network and the relatively few corners of the general psychiatric system where it still persists. This aim is wholly consistent with the ethical goals and policies of the WPA

and most of its constituent member bodies, as fought for tenaciously since the early 1980s and as enshrined, most recently, in the WPA's Madrid Declaration.<sup>12</sup>

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