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On: 26 November 2012, At: 07:22

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Mental Health, Religion & Culture

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/cmhr20>

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Version of record first published: 26 Nov 2012.

To cite this article: Stephen A. Kent & Terra A. Manca (2012): A war over mental health professionalism: Scientology versus psychiatry, *Mental Health, Religion & Culture*, DOI:10.1080/13674676.2012.737552

To link to this article: <http://dx.doi.org/10.1080/13674676.2012.737552>



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A war over mental health professionalism: Scientology versus psychiatry

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(Received 30 July 2012; final version received 3 October 2012)

Over 60 years ago, founder L. Ron Hubbard began what has become Scientology's greatest battle. Scientology emerged from Dianetics, which Hubbard hoped would replace the psychiatric profession. In this article, we discuss how Scientology attempted to position itself as a rival profession to psychiatry and the consequences of those attempts. Scientology's battle with psychiatry gained some success from the social conditions during which it emerged, but it continues in a time that has seen increasing success with various psychiatric treatments. As such, Scientology's direct influence on the psychiatric profession may be difficult to measure, but its actions have coincided with substantial challenges to psychiatry.

Keywords: mental health; professions; pseudo-science; psychiatry; Scientology

Introduction

For decades, Scientology has waged a worldwide war against psychiatry. This war began with Scientology founder, L. Ron Hubbard (1911–1986), and continues under his successor, David Miscavige (b. 1960). It aims to eradicate psychiatric practice (especially psychiatrists' use of pharmaceuticals) from the planet and replace it with Scientology's own techniques. Scientology began as Dianetics, which was a supposed alternative to other 1950s mental health therapies. Scientology's membership, which in the United States was approximately 25,000 in 2008 and included notable celebrities, promotes its various goals consisting of religious doctrines, “political aspirations, business operations, cultural productions, pseudo-medical practice, pseudo-psychiatric practice, social services . . . , and alternative family structures” (Kent, 1999a, p. 4; 2011, p. 134).¹

In this article, we focus on Scientology as a pseudo-psychiatric profession by demonstrating how Scientology was competing for psychiatry's professional jurisdiction. In examining this competition, we follow the seminal work of Andrew Abbott (1988) who argued that when a profession has control over a jurisdiction, no intellectual space or “vacancy” exists in which another profession can enter. Nonetheless, competitors can create vacancies by brute force or dislodge (“bump”) a profession by direct attack. “Bump chains” can begin with groups entering the system for the first time or with old groups seeking new turf (Abbott, 1988, p. 89). We examine Scientology's attempt to “bump” psychiatry from its jurisdiction in order to replace it with Hubbard's theories and

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techniques about mental illness and therapy. Scientology's failed attempt resulted in over 60 years of anti-psychiatric attacks.

We first overview Scientology and psychiatry within Abbott's discussion of professions, and explain how Scientology utilised pseudo-science to seek public support. Second, we demonstrate that psychiatry was vulnerable to attack at the time that Scientology emerged in the early 1950s because of societal events and internal issues (such as psychiatry's treatment practices). Third, we argue that Hubbard exploited psychiatry's weakness when he attempted to delegitimise it and professionalise his organisation. Fourth, we use reviews of Hubbard's foundational *Dianetics* book to demonstrate how psychiatry and medicine delegitimised Dianetics and Scientology. Finally, we conclude by discussing how Scientology attempts to undermine psychiatry by its oppositional campaign, while remaining unable to provide a workable, effective alternative to psychiatric pharmaceutical practice.

Professionalisation, Scientology, and psychiatry

Abbott (1988) stated that early professionalisation theories prioritised the *structure* of professions, as if they lacked history, emerged homogenously, and progressed towards a similar end. Theorists refined lists of professional attributes, such as "competency testing, altruistic service, public service, application to the needs of others, fiduciary relations to clients, loyalty to clients, and fee-based remuneration" (Abbott, 1995, p. 547). In addition, professions usually have a single set of ethics, which dictate behaviour for dozens to hundreds of schools and affiliated professionals (Abbott, 1988, p. 80). Attributes such as these are applicable to Complementary and Alternative Medicines (CAM), including Scientology – although Scientology has alternative practices and beliefs beyond health concerns (see Kent, 1999c; Manca, 2010).

In their discussion of the professionalisation of CAM, Crellin and Ania (2002, p. 114) argued that almost all of the various perspectives and definitions of professionalism emphasise power and authority. Professionalisation theories about battles for power and authority explain the structure of the professions system, which involves constant struggles between and among professions to maintain dominance over their jurisdictions (Abbott, 1988, p. 33). Professions maintain dominance through public confidence and/or state support. As such, knowledge credentials are central to a profession's continued existence:

The ability of a profession to sustain its jurisdictions lies partly in the power and prestige of its academic knowledge. This prestige reflects the public's mistaken belief that abstract professional knowledge is continuous with practical professional knowledge, and hence that prestigious abstract knowledge implies effective professional work. (Abbott, 1988, pp. 53–54)

Maintaining the appearance (not necessarily the reality) of effective practice, therefore, is necessary for jurisdictional dominance.

When Scientology emerged in the 1950s, psychiatry's public support was dwindling along with its ability to hold exclusive power (power "at others' expense" [Abbott, 1988, p. 87]). Psychiatry's difficulties holding exclusive power in the mental health field continued into the 1980s:

a number of forces—religious, legal, scientific, and intellectual developments; internal contradictions within psychiatry; new approaches to patient care and mental disorder; and the rise of new social activism and the patients' rights movement—converged to place psychiatry on the defensive in a way never before experienced in its history. (Dain, 1989, p. 3)

A profession relies on both “its professional knowledge system and its internal structure” to maintain its jurisdiction (Abbott, 1988, p. 98). In the 1950s, however, psychiatry was losing on both fronts. Disputes arose over psychiatry’s physical interventions at the same time that psychotherapists claimed increasing success with their treatments. As we demonstrate in the next section, psychiatry’s professional history created its vulnerability to anti-psychiatric attacks.

Psychiatry up to the early 1950s

In 1847, the American Medical Association was founded and opened membership to psychiatrists (Grob, 2008, p. 538). At that time, psychiatrists refused to join because they received higher status and greater income than medical doctors (Abbott, 1988, p. 22; Grob, 2008, p. 538). This status, however, declined as psychiatric practices raised public controversies. Between World War I and World War II, psychiatry utilised several controversial therapeutic interventions to treat some severe conditions.

The most common of these controversial treatments were insulin shock treatment and electro-convulsive shocks in response to severe, chronic depression, and prefrontal lobotomy ostensibly as a response to severe behavioural problems (Grob, 2008, pp. 544–545).² No psychiatrist could explain why the first two of these treatments proved somewhat effective against depression, and contemporary psychiatry still uses electro-convulsive shocks to treat major depression, manic aspects of bi-polar disorder, and some instances of acute schizophrenia (Swartz, 2009; Townsend, 2012, p. 346). Lobotomies, however, caused irreparable brain damage in patients, greatly reducing their quality of life and ability to function. Worldwide, there may have been up to 150,000 lobotomies performed (Rodgers, 1992, p. 47), and “[d]uring its peak between 1949 and 1952, approximately 5,000 lobotomies were performed each year in the United States” (Valenstein, 1986, p. 229). Hubbard’s *Dianetics* came out during this period, and he likely would have heard about or read the 1949 *Newsweek* article that chronicled the growing opposition to the practice of lobotomies within the psychiatric community (see Valenstein, 1986, p. 254).

An additional factor that diminished the professional image of psychiatry between the 1940s and 1960s (especially in America) was the widespread use of psychoanalysis (Dain, 1989, p. 6; Gifford, 2008, p. 639). Without scientifically based diagnoses, the psychoanalytic focus on talk as treatment destabilised psychiatry’s professional and medical status (Dain, 1989, p. 7). Even so, psychiatry maintained that it was based in scientific knowledge (Abbott, 1988, p. 30), and pseudo-scientific psychoanalysis remained a viable sub-field within a small number of university departments into the early 1990s (MacFarquhar, 1994).

Generally speaking, public acceptance of a profession requires measured results, but professions create the basis for measuring those results through the abstraction of knowledge. This abstraction, rather than scientific evidence, allows professions to measure results and treat problems (such as illness or mental health) through profession-specific practices (Abbott, 1988, p. 38). Consequently, despite its modest (at best) results, the elaborate intellectual system of psychoanalytic publications helped maintain psychiatry’s professional status, at least in the eyes of some other professionals and lay people.

In addition to these internal issues, psychiatry faced substantial external influences following World War II. External forces can disturb directly the system of professions by opening new task areas for jurisdictions or destroying old jurisdictions

(Abbott, 1988, p. 90). One war-related external factor that impacted psychiatry was the unexpectedly high levels of psychiatric casualties and resultant high need for mental health treatment (Gifford, 2008, p. 640). Furthermore, psychiatry's clientele changed. In the 1900s, psychiatrists began seeing more patients with chronic conditions, but by 1950, 40% of their clients were psychotic (which was an increase from 18% percent in 1920 and 31% in 1941 [Grob, 2008, p. 539]).³ Therefore, the need grew for treatments of psychosis, but psychoanalysis lacked effective responses to psychosis as well as several other dire mental illnesses and disorders.

Although it could not adequately respond to external factors, psychoanalysis's stature within psychiatry rose. Psychoanalysts "wrote the textbooks, staffed the university departments, and sat on examination boards.... From the 1940s to the late 1960s or 1970s, American psychiatrists, generally speaking, were not psychoanalysts but were psychoanalytically *oriented*" (Shorter, 1997, p. 173; emphasis in original). Nonetheless, other psychiatrists widened divisions within psychiatry when they criticised psychoanalysis and emphasised the importance of either preventative community programs or the reactive asylum-based therapeutic care that had dominated the field since the 1800s (Grob, 2008, p. 548).

Attempted professionalisation of a pseudo-science

Pseudo-sciences use research techniques and results that the scientific community and other rigorous researchers do not accept. While undertaking such techniques, moreover, pseudo-sciences claim to practice science (Hansson, 2008). Within such frameworks, both L. Ron Hubbard and the psychoanalysts of his time practiced pseudo-science. At the very least, both therapeutic psychoanalytic psychiatry and its Scientology contender based numerous treatments on dubious research. Even with its limited success rates, psychiatry survived this period because of cultural legitimacy and state support, which Scientology never gained. Despite success stories about the efficacy of various Scientology techniques, "[s]ocieties have little time for experts who lack cultural legitimacy, irrespective of their success rates" (Abbott, 1988, p. 54). For example, in the nineteenth century, before medicine became more successful at curing disease than homeopathy, homeopathy fell in popularity because it lacked cultural legitimacy (Abbott, 1988, p. 54). Likewise, for numerous reasons about which we lack the space to elaborate, psychiatry maintained cultural legitimacy despite its often-divided knowledge base.

Even so, when Scientology emerged, psychiatry's divided state left it susceptible to attacks from opportunistic alternative claimants like Hubbard. In response, psychiatry's attempt to control knowledge in the face of competition from such alternatives as Scientology likely confirmed its own legitimacy: "Control of knowledge and its applications means dominating outsiders who attack that control. Control without competition is trivial" (Abbott, 1988, p. 2). Yet, Scientology probably influenced psychiatric practice beyond what one would expect, given the problems that psychiatry had with both its public and legal claims to legitimacy.

Scientology's goal to "bump" psychiatry did not materialise, but Scientology's increasingly malicious attacks had substantial effects on its followers and some of the bystander public (i.e., people who were not members or conscious supporters of either group). Hubbard (a former fiction and science fiction writer who lacked medical, psychiatric, or other health care training) developed pseudo-scientific mental health techniques and related claims that lured some people away from psychiatric and other

medical treatment. Indeed, Hubbard integrated his techniques into a professional-looking system replete with journals and doctoral titles, which encouraged followers to regard themselves as knowledgeable beyond the confines of the psychiatric and medical professions.

Prior to initiating his war on psychiatry, Hubbard promoted Dianetics to psychiatrists with hopes that Dianetics could supplement or even replace psychiatry's knowledge base. For example, in his 1950 book, *Dianetics: The Modern Science of Mental Health*, Hubbard marketed unique therapies as solutions to problems that legitimate professions of the early 1950s could not relieve. Perhaps the most well-known of these therapies is the technique called "Dianetics auditing," which involved a partner (called an auditor) directing a patient or "preclear" to return mentally and verbally to various traumatic occurrences (called engrams) repeatedly until they were erased ("cleared"). Hubbard divided the mind into three components in a way that was similar to psychoanalysis. These components included the reactive mind, somatic mind, and the analytic mind (Hubbard, 1950b, p. 39). Engrams reside within the reactive mind, and with enough auditing one "cleared" one's reactive mind and became immune to a number of diseases and mental problems at the same time that one's memory and IQ soared (Hubbard, 1950b, p. xi, 39, 90, 91–108, 171). He insisted:

Dianetics offers a therapeutic technique with which we can treat any and all inorganic mental and organic psychosomatic ills, with assurance of complete cure in unselected cases. It produces a mental stability in the 'cleared' patient which is far superior to the current norm. (Hubbard, 1950a, p. 85)

In addition, Dianetics techniques and theories are supposedly:

A system for the analysis, control and development of human thought evolved from a set of coordinated axioms which also provide techniques for the treatment of a wide range of mental disorders and organic diseases. (Hubbard, 1956, p. v)

According to Hubbard's assertions, therefore, Dianetics (and later Scientology) were based upon scientific principles, and were equivalent to or better than the science of psychiatry.

In March 1952, Hubbard attempted to increase Dianetics and Scientology's professional image by introducing E-meters into his diagnostic repertoire (Kent, 1999c, p. 102). This introduction is in line with Abbott's (1988, p. 40) assertion that the professional process generally involves gaining the ability to diagnose, infer, and treat – all of which Hubbard said the E-meter's use would advance. This device purportedly gave

accurate measurements of emotions through small electrical currents that flowed through the machine's wires into tin cans that the preclear [i.e., a person receiving auditing] held and which registered on a dial that was adjustable to sensitivity. (Kent, 1999c, p. 102)

Within a few years, Hubbard took additional steps to elevate the legitimacy of Dianetics and Scientology by awarding himself an advanced degree in Scientology's study on the doctoral level, while fraudulently claiming expertise in several disciplines (Lane & Kent, 2008; Manca, 2012). Claims of what-turn-out-to-be spurious credentials are commonplace among pseudo-scientific persons who seek professionalisation (Pratkanis, 1995, p. 21).

Hubbard's attempted elevation of his creations to the level of science was unmistakable:

Dianetics is *not* psychiatry. It is *not* psycho-analysis. It is *not* psychology. It is *not* personal relations. It is *not* hypnotism. It is a science of mind and needs about as much licensing and

regulation as the application of the science of physics. (Hubbard, 1950b, p. 168 [italics in original])

It was its own science, according to Hubbard, and worthy of professional respect (see McCall, 2007, p. 442).

Fighting de-legitimation: reactions to Dianetics in book reviews

Professions clarify and define the boundaries of their jurisdiction in order to maintain dominance (Abbott, 1988, p. 56). In doing so, professions maintain the public image that they are unified, but internally, they are quite heterogeneous (Abbott, 1988, p. 61). This heterogeneity is apparent in the fact that, despite general opposition, some professionals initially supported Dianetics's therapies.

Hubbard sought support from credible professionals, even if their areas of expertise fell outside of Scientology's claims (Manca, 2010; see Prior, 2003, p. 52). Before Hubbard published *Dianetics*, one of Hubbard's supporters – a medical doctor named Joseph Winter – sought professional legitimacy from the scientific community by submitting “a brief resume of the principles and methodology of dianetic therapy” to the *Journal of the American Medical Association*. This journal rejected Winter's submission. The *American Journal of Psychiatry* also rejected the article. Both journals did so “on the grounds of insufficient evidence” (Winter, 1951, p. 18).

Those rejection reviews have not survived, but numerous reviews from psychiatrists and other doctors have survived after *Dianetics* hit the bookstores. Examining reviews from 1950 and 1951, we found three main types. First, supporters argued that *Dianetics* offered significant insights for health care professionals. Second, dismissive professionals disregarded its relevance entirely. Third, defenders of psychiatry attacked it as a threat to their profession. We provide a sample of numerous critiques that appeared in various 1950s magazines and journals.

Supportive reviewers claimed that Dianeticists were possible complementary professionals who could work alongside medical or psychiatric professionals as would a nurse or chaplain. For instance, a review in *Science Digest* stated,

[i]t would seem that there is no harm, and probably some benefit, in two persons testing out dianetic methods on one another, provided that they do not try to take on the job of the doctor, or of the psychiatrist dealing with psychotics. (F.L., 1950, pp. 45–46)

Likewise, Dr. E.B. Wolffe concluded (with some reservations) that Dianetics “is an important new mental therapeutic process” that “can achieve results not possible with any other known method” (Wolffe, 1951, p. 70).

Dismissive reviewers ridiculed Hubbard's work, but did not perceive him as a threat to psychiatry's professional status. For instance, Dr. Morris Fishbein's editorial in *Postgraduate Medicine* mockingly attested “[t]he writer of this weird volume suffers apparently from a *cacoethes scribendi* [i.e., an incurable itch to write]” (Fishbein, 1950; emphasis in original). Similarly, the review in *American Scientist* implied “[a]ny intelligent reader with scientific orientation will find serious flaws in the Hubbard logic and will be aware of the fundamental shakiness of the substructure” (Gittleston, 1950, p. 607). *Scientific American's* review began ominously with “[t]his volume probably contains more promises and less evidence per page than has any publication since the invention of printing” (Rabi, 1951, p. 57).

Reviewers defending psychiatry attacked Hubbard and Dianetics. For example, in *The American Journal of Psychiatry*, one physician wrote that “[t]he whole project

[of Dianetics] was irresponsible by accepted scientific standards” and that Hubbard’s science fiction writing likely prepared him for a “nice ignorance of reality” (Peck, 1950, pp. 477–478). Finally, the editorial on *Dianetics* in *Clinical Medicine* began with the observation, “[i]f the present signs are not deceiving we are up against a new system of quackery of apparently considerable dimensions” (Stearns, 1951, p. 53). These last reviews demonstrated that, as far as many psychiatrists were concerned, no room or vacancy existed in psychiatry’s jurisdiction for Dianetics to enter.

As we mentioned, professions (such as psychiatry) dominate power relations at the expense of other professions (Abbott, 1988, p. 87) – a pattern that we see from the first approaches that Dianetics (and soon Scientology) made towards psychiatry. Therefore, vituperative competition became part of Dianetics and Scientology’s professional knowledge and practice towards psychiatry. The Dianetics community, for instance, fought against reviewers by “bombarding the offending publications with indignant letters” (Miller, 1987, p. 161). In return, by January 1951, medicine and the supporting profession of law aggressively counter-attacked Dianetics. At that time, the New Jersey Board of Medical Examiners accused Elizabeth, New Jersey’s Hubbard Dianetics Research Foundation of “teaching medicine without a licence” (*Elizabeth Daily Journal*, 1951; see Miller, 1987, p. 174). Moreover, in the years to follow, several state committees investigated Scientology’s therapeutic practices and additional Dianeticists were charged with practicing medicine without licenses (Kent, 1996, p. 30). Worldwide, governments and state agencies (such as the United States Food and Drug Administration) criticised, and in some countries, outlawed, Scientology’s practices in various historical periods (see Manca, 2010, pp. 5–6; Wallis, 1976, pp. 101–102).

Few contemporary psychiatric professionals and their supporters publicly critique Scientology. Nonetheless, their accusations demonstrate that Scientology remains an undesirable and crafty opponent. For instance, mental health professionals wrote into the *American Journal of Nursing* requesting that the journal no longer publish anti-psychiatric advertisements from the Scientology front group, Citizen’s Commission on Human Rights (CCHR [Searls, 2009]). Likewise, a medical doctor wrote an article requesting that mental health professionals counter Scientology attacks (Fritz, 2006). Other mental health professionals offer guidance about the potential difficulty of treating patients affiliated with Scientology and other organisations that are hostile to psychotherapy (Rosenfeld, 2010).

Professions exist as an interconnected system of diverse jurisdictions that seek to annex new areas through cognitive domination (Abbott, 1988, p. 102). Hubbard had massive tasks ahead for his aspiring profession, because “one competing group raises its standards or organisational efficiency and thereby threatens the public and perhaps legal jurisdiction of its enviroing competitors” (Abbott, 1988, p. 97). Dianeticists and Scientologists believed that they had created new knowledge in an effort to annex a jurisdiction. With narcissistic overconfidence in his abilities and the value of Dianetics (see Lane & Kent, 2008), Hubbard (falsely) believed he had raised the standards of mental health.

The war

Rejection and hostility from the medical and psychiatric professions preceded Hubbard’s determination that Dianetics and psychiatry were rivals in a struggle over the fate of humanity. Scientology initially used anti-psychiatric documents to appeal (unsuccessfully)

to legitimating groups and organisations (such as the American government) and the public. When these efforts failed, Hubbard warned his adherents that a “war exists” between them and “the psychiatrist-psychologist-psychoanalyst clique” (Hubbard, 1955, p. 267).

In his attempt to claim psychiatry’s jurisdiction, Hubbard utilised tactics common to competing professions. Professions’ dominant form of attack involves reducing another profession’s work to their own work in an attempt to overtake a jurisdiction (Abbott, 1988, p. 36). Following this pattern, Hubbard reduced psychiatry to an ineffective and dangerous version of Scientology. In *Dianetics*, he condemned psychiatric and medical techniques:

Many persons investigating the treatment of the mentally ill by psychiatrists and others in charge of mental institutions are prompted, when they discover just what the pre-frontal lobotomy, the trans-orbital leukotomy and electric shock actually do to patients, to revile the psychiatrist as unworthy of his trust and accuse him of using it to conduct vivisection experiments on human beings.... By contagion of aberration such people have been subjected to enormous stresses in this work, having had their own engrams in continual restimulation. They can be cleared [by Dianetics] and their experience is valuable. (Hubbard, 1950b, p. 151 n.)

In one document, Hubbard even attempted to legitimate Scientology by aligning it with American values while claiming that psychiatry, psychology, and psychoanalysis respectively came from Russia, Germany, and Austria (Hubbard, 1957, p. 64). Thus, Hubbard appealed to patriotism and Cold War mentalities (see Manca, 2012; Urban, 2011).

In a 1968 directive named, “The War,” Hubbard announced that “[p]sychiatry and ‘Mental Health’” together, through their techniques of electric shocks and brain operations, were “a vehicle to undermine and destroy the West!” (Hubbard, 1968, p. 1). Hubbard indicated that during Dianetics and Scientology’s 18-year history, “[p]sychiatry and ‘Mental Health’” were the “only one small group” that “hammered” Scientology and provided “lies and slander” to the press and government agencies. Moreover, this group’s members had infiltrated every aspect of society, including banking, the military, and education. In response, Hubbard restated his determination to bump psychiatry from these areas: “Our error was in failing to take over total control of all mental healing in the West. Well, we’ll do that too” (Hubbard, 1968, p. 2).

The following year, Hubbard intensified his war efforts. In 1969, an anonymous high-ranking Scientologist (presumably Hubbard) initiated through the Guardian’s Office (the group’s intelligence gathering arm of “the war”) a major set of operations against the psychiatric profession. This anonymous author informed the organisational operatives of Scientology’s “defensive” measures:

Our war has been forced to become ‘To take over absolutely the field of mental healing on this planet in all forms.’

That was not the original purpose. The original purpose was to clear Earth. The battles suffered developed the data that we had an enemy who would have to be gotten out of the way and this meant we were at war. (Hubbard [probable author], 1969, p. 5)

Likewise, a Scientology sub-organisation named the International Association of Scientologists [IAS] published a commemorative edition on its twenty-sixth anniversary in 2010. In it, an article entitled, “Psychiatry—Global Eradication,” highlighted the IAS’s campaign against psychiatry (IAS Administrations, 2010, p. 17).

Nearly two decades earlier, a 1982 IAS bulletin asserted that psychiatrists and psychologists cause crime:

So what IS the cause of crime? The treatment of course! Electric shocks, behavior modification, abuse of the soul. These are the causes of crime. There would be no criminals at all if the psychs [sic: psychiatrists] had not begun to oppress beings into vengeance against society. (Hubbard, 1982a; capitals and emphasis in original)

Notably, Hubbard labelled psychiatry the *sole* cause of humanity's decline. These claims combined with powerful images, such as a cartoon sketch on the front cover of the first international edition of a Scientology newspaper called *Freedom* that represented psychiatrists as horned, goateed, cloven-hoofed, pointed-tailed devils performing electro-shocks and lobotomies on the peoples of the world (College of Scientology, 1969, p. 1).

When Hubbard supplemented his pseudo-scientific claims with supernatural allegations, he both prevented Scientology from gaining professional legitimacy from the public and offset legal and medical criticism. Professions that develop specialised knowledge in several jurisdictions often struggle to gain/maintain control over any of them: "A new task appears, and some profession achieves jurisdiction over it, at the expense of weakening its other jurisdictions" (Abbott, 1988, p. 91). For example, clergy once had authority over medicine, religion, and other jurisdictions (Abbott, 1988, p. 75). Yet, boundaries between medicine and religion are now quite strong. Between psychotherapy and clergy, however, the boundaries are weaker because some people understand psychological distress and spiritual malaise to be the same (Abbott, 1988, p. 76).

In what possibly weakened its pseudo-scientific claims, Scientology constructed its fight against psychiatry as a cosmic battle that has continued for eons, which Scientology could win by undoing the negative effects that psychiatrists and mental health personnel have had on humans (Hubbard, 1968, p. 1). Hubbard claimed that people are reincarnated and suffered psychiatric abuse in prior lives. Various Scientology documents allege that, in a cosmic catastrophe seventy-five million years ago, psychiatrists and priests together implanted ideas and images into lost and confused souls (called thetans) who subsequently would forget their eternal nature and reattach to bodies. Therefore, psychiatrists (and priests) were the ultimate embodiment of evil, who hindered thetans from realising their true, individual, and isolated eternity (see Kent, 1999b, p. 103–108).

Hubbard boasted that Scientology was fighting back and "the effectiveness of our means will become history" (Hubbard, 1968, p. 2). Indeed, Scientology solidified its defence against the psychiatric profession with its sub-organisations that made the war against psychiatry its primary, self-defining activity. For two years (beginning in 1969), Scientologists in the United Kingdom attempted to take over the National Association of Mental Health, (Rolph, 1973), and between November 1973 to July 1974, Scientology had a member surreptitiously planted in the national office of the American Psychiatric Association (United States District Court for the District of Columbia, 1980, p. 39). Albeit through different tactics, this battle against psychiatry continues and involves repeated, multi-dimensional attacks against both the profession (see Dain, 2000, p. 290) and individual psychiatrists' ethical violations. It includes repeated claims that Dianetics and Scientology techniques can cure numerous medical and mental health conditions.

Disseminating propaganda: Citizens Commission on Human Rights (CCHR)

Scientology created a number of subgroups and worksites to promote its goals, including its ideological attacks on psychiatry, which primarily fall under the subgroup called the

CCHR. Similar groups exist in most established professions: “The mature profession typically has hundreds of professional associations, many or most of which are open only to members of some large, dominant association” (Abbott, 1988, p. 79). Subgroups can be lobby groups, informational groups, or groups that work to regulate practitioners (Abbott, 1988, p. 79). In the context of Scientology, CCHR is an informational and lobby group. It functions under Scientology’s code of ethics and is comprised primarily of Scientologists. According to a CCHR publication, “In recognition of the need to eliminate destructive psychiatric practices, the Church of Scientology established the Citizens Commission on Human Rights in 1969 with the purpose of cleaning up the entire field of mental healing” (CCHR, 1992, p. 53). This subgroup hides Scientology’s multi-jurisdictional and spiritual claims by focusing exclusively on bodily harms associated with psychiatry. CCHR conducts national campaigns that, it asserts, “are inflicting severe losses in the ranks of psychiatry” (Religious Technology Center, 1990, p. 8).

CCHR’s claims about inflicting severe losses are spurious; nonetheless, the subgroup has received some government legitimation. In 1993, the American Internal Revenue Service granted CCHR and at least five dozen Scientology groups charitable status. As such, the federal government determined that its activities are publicly beneficial and worthy of tax deductions (Department of the Treasury—Internal Revenue Service, 1993, Section III. C. 5). Through their pursuit of public and government officials (both of which offer legitimacy to fledging professions), CCHR and Scientology have gained some professional legitimacy.

CCHR portrays itself as a champion of rights for psychiatric patients: “CCHR will continue to fight until psychiatry’s abusive practices cease” (CCHR, 2008, p. 3; see Bowles, 1996). In rare instances, CCHR (and thereby Scientology) has uncovered real instances of questionable (if not dire) psychiatric care, which bolstered its credibility. In 1978, for example, CCHR was instrumental in publicly exposing deep sleep/sedation therapy at Chelmsford Private Hospital in Sydney, Australia. This discovery resulted in a Royal Commission (Slattery, 1990, see his numerous articles in the December 21, 1990 edition of Australia’s *Sydney Morning Herald*) and fundamental changes regarding psychiatric practice, patient care, and government regulation (Bromberger & Fife-Yeomans, 1991, pp. 173–177). CCHR’s efforts found some success because in Western countries, “. . . it is ultimately through public opinion that professions establish the power that enables them to achieve legal protection” (Abbott, 1988, p. 60). Persuading some members of the public of psychiatry’s shortfalls aids Scientology’s efforts to claim its jurisdiction.

Among CCHR’s high-profile campaigns have been its relentless attacks against particular psychotropic medications. CCHR and Scientology’s Office of Special Affairs launched a major campaign against Ritalin in 1987, targeting that drug because psychiatrists often prescribed it to children whom they diagnosed as hyperactive. Scientologists and other critics charged that these diagnoses of hyperactivity (attention deficit/hyperactivity disorder [ADHD]) were fraudulent – a supposed illness manufactured by a pharmaceutical company seeking wealth through the sale of a supposed treatment and the American Psychiatric Association colluding with the company and others in return for financial contributions (Charatan, 2000; Thomas, 2002, p. 1). According to the Scientologists and CCHR supporters, the drug’s damaging effects among some children included “violent and assaultive behavior, stunted growth, hallucinations, suicidal depression, headaches, and nervous spasms” (West, 1991, p. 6). In the 1980s, parents (some represented by Scientology lawyer and CCHR legal advisor Kendrick Moxon) claimed medical negligence against a number of psychiatrists (‘\$5-million damages’, 1987; West, 1991). Ritalin remains a prescribed drug especially for ADHD, and many of

CCHR's allegations against it seem unfounded or exaggerated. Concerns remain, however, with CCHR and even in medical circles about over-prescription and the uncertainty about long-term effects (Doward & Craig, 2012; 'Highest ever', 2005; Haislip, 1996).

Likewise, among its attacks against countless psychotropic medications, CCHR coordinated attacks against the anti-depressive pharmaceutical Prozac, manufactured by Eli Lilly and approved by the American Food and Drug Administration in 1988 (Pringle, 2007). Through television appearances and newspaper ads, CCHR insisted that Prozac heightened patients' risk towards violence and suicide ('No proof', 1991; 'Anti-Prozac groups', 1994). Following CCHR's campaign in mid-1991, Prozac dropped from 25% to 21% of the market sales for antidepressants (Fieve, 1994, pp. 92, 92). Moreover, its campaign likely helped initiate "nearly \$1 billion in Prozac-related damage suits filed against Eli Lilly and prescribing psychiatrists" (CCHR, 1991, p. 1). Partly in response to CCHR's campaign, many psychiatric patients in both the United States and Canada feared Prozac's alleged dangers and they stopped taking their medication (see Fieve, 1994, p. 93). One Harvard psychiatry professor concluded that "[t]he public's fear of Prozac as a result of this campaign has itself become a potentially serious public health problem as people stay away from treatment" (Burton, 1991, p. A1; see also Waldholz, 1990).

Eventually, however, some of CCHR's concerns proved to be somewhat justified, with American and European drug regulators (in 2003) imposing "restrictions on prescribing [Prozac and other selective serotonin reuptake inhibitors, or SSRIs] to people under 18" ('Leaked documents', 2005). In 2004, Eli Lilly itself issued a warning that SSRIs like Prozac could cause some paediatric and adult patients to harm others or themselves (Eli Lilly, 2004, p. 2). Then, in 2005 and 2006, evidence indicated possible harm to fetuses from mothers who took SSRIs (Parker Waichman, 2012, p. 1). Anti-Prozac lawyers continue to sue Eli Lilly over a list of birth defects (see Parker Waichman, 2012), and, for the first time in North America, a judge (a Canadian in Winnipeg, Manitoba) ruled (in December 2011) "that a teenage boy murdered his friend because of the effects of Prozac" (Blackwell, 2011).

Diagnosis and treatment of psychosis: two competing views

The contraindications with Prozac around suicide and violence with some patients suggests how difficult the treatment of severe mental illness can be, without magic bullets or magic words sufficient to cure. Among the most serious psychiatric conditions is psychosis, which appears in various disorders as forms of hallucinations, delusions, perceptual distortions, and breaks from reality that significantly hinder a person's ability to function. Controlling psychosis remains a major challenge for psychiatry, and in the early 1950s, this challenge gave Dianetics and Scientology opportunities to criticise the profession's competence. In classification, diagnosis, and treatment of psychoses, however, psychiatry has made great strides, especially when compared to Scientology's failures. As such, forgoing psychiatric treatment, even for alternatives like Scientology, can endanger patients. One way to make this comparison is to look at how the two competitors classify, diagnose, and treat psychosis (broadly defined).

Although we believe that Scientology's treatments, especially those encouraging patients to forgo what appears to be an effective psychotropic drug regimen, are dangerous, it is important to recognise that Scientology and psychiatry have very different codes of ethics. As such, individual Scientologists, like psychiatrists who have engaged in

dangerous treatment regimens for their patients, may or may not believe that they are professionally ethical.⁴ Scientology's ethical code, however, places expansion as a priority that could overshadow clients' needs: "We can make every org [organization] a safe island and then, by expanding and joining those orgs, bring peace and a safe environment to all the world" (Hubbard, 2007, p. 225). In addition, Scientology's ethical code includes a plethora of punishable acts and crimes, which Scientology handles with an internal justice system. As such, *for many practicing Scientologists*, Hubbard's guidelines on handling subjects may appear to be the best and safest treatment. Scientologists, therefore, undertake treatment based on their internal ethical system as well as what they believe to be their specialised knowledge base.

Important elements of professional power involve professionals' ability to organise or colligate material, then classify it in ways that facilitate understanding and treatment (Abbott, 1988, pp. 40–41). Abbott unravelled the relationship between colligation and classification this way:

Colligation is the assembly of a 'picture' of the client [or subject]; it consists largely of rules declaring what kinds of evidence are relevant and irrelevant, valid and invalid, as well as rules specifying the admissible level of ambiguity. Classification means referring the colligated picture to the dictionary of professionally legitimate problems. A classification is a profession's own mapping of its jurisdiction. (Abbott, 1988, p. 41)

Psychiatry's colligation and classification systems have undergone dramatic changes since Hubbard and his followers began criticising them in 1950, while Scientology's colligation and classification systems have remained relatively unchanged throughout its history and especially since the 1970s.

The major event occurring in modern psychiatry involving its colligation and classification systems was the appearance, in 1952, of the first *Diagnostic and Statistical Manual of Mental Disorders (DSM-I)*. It:

divided mental disorders into two major groups, The first represented cases in which the disturbed mental function resulted from or was precipitated by a primary impairment of brain function. . . . The second category encompassed disorders resulting from a more general inability of the individual to adjust, in which the brain function disturbance was secondary to the psychiatric illness. (Grob, 1991, p. 428)

Psychodynamic and psychoanalytic concepts dominated, "which emphasized the psychological mechanisms that mediated between instinctual biological drives and the pressures of the external environment" (Grob, 1991, p. 429). The *DSM-I* was also influenced by psychiatrist Adolf Meyer (d. 1950), who suggested "that mental disorders represented reactions of the personality to psychological, social, and biological factors" (American Psychiatric Association [APA], 1994, p. xvii). The *DSM-II* appeared in 1968, and was similar to the *DSM-I*, except that it removed Meyer's influence regarding the reactive nature of mental disorders (APA, 1994, p. xvii).

The next revision of the *DSM* – the *DSM-III* in 1980 – revolutionised psychiatric classification, and initiated the colligation and classification system that the profession currently uses. It jettisoned all discussions of etiology, psychoanalysis, and psychodynamics and replaced them with descriptions of "easily observable symptoms" (Wilson, 1993, p. 405). This third edition also introduced a formal multi-axial system that allowed psychiatrists to record different classes of information about a patient, which is a system that continues (albeit with refinements) through the *DSM-IV TR*. Taken together, the revisions that first appeared in the *DSM-III* re-medicalised psychiatry while remaining sensitive to socio-cultural contexts, and has allowed for the accumulation of reliable data

concerning the distribution of mental illnesses and disorders within populations (see Wilson, 1993, p. 399).

By contrast, Scientology's colligation and classification systems have lacked on-going scientific studies and internal debates. One person – L. Ron Hubbard – devised Scientology's systems without the benefit of systematic, peer-reviewed research or inter-rater reliability and validity tests, and these writings have become part of the group's "closed" scriptures. Moreover, he had some awareness of the classification system that German psychiatrist Emil Kraepelin (1856–1926) developed near the end of the nineteenth century, but completely rejected its utility. As eulogised by medical historian Edward Shorter:

It is Kraepelin, not Freud, who is the central figure in the history of psychiatry... Kraepelin... provided the single most significant insight that the late nineteenth and early twentieth centuries had to offer into major psychiatric illness: that there are several types, that they have very different courses, and that their nature may be appreciated through the systematic study of large numbers of cases. (Shorter, 1997, p. 100)

Later Shorter added that the 1899 version of Kraepelin's psychiatric systemisation resulted "in a classification of illness that provided the basis of the later *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association, the authoritative guide for world psychiatry in our own time" (Shorter, 1997, p. 106). Hubbard, however, saw no merit in it whatsoever.

Writing "On Human Behavior" in 1953, Hubbard dismissed this early, and highly influential, classifications scheme:

Kraepelin in Germany a long time ago made a long and varied psychotic classification. This has been refined and made, if anything, even more unwieldy in modern times. It is valueless since it does not lead to the immediate remedy of the situation. Further, we are not very interested in types. There is really no such thing as a special type of psychosis or neurosis, beyond those types which are quite aberrative around the preclear. (Hubbard, 1953, p. 473)

Apparently what he meant was that his only concern with psychoses or neuroses was when it impacted a Scientologist's ability to operate.

Hubbard's additional comments about psychosis are scattered throughout his writings. In 1960, for example, Hubbard asserted that "[a] psychotic is that person who cannot receive orders of any kind, who sits unmovingly or goes berserk at the thought of doing anything told him by another determinism" (Hubbard, 1960, p. 136). Six years later, Hubbard devoted an entire publication to psychotics, which he also reprinted in 1976. In this document, once again Hubbard dismissed psychiatry's systemisation about psychosis, claiming "[t]he number of 'psychoses' which have been listed over the years has become so great that classification has become relatively meaningless. Further, the names given mean different things to different schools of psychiatry" (Hubbard, 1966, p. 133). Subsequently in the publication, Hubbard listed numerous characteristics of what he considered to be psychosis:

The actual psychotic is covertly or overtly destructive of anything the rest of us consider good or decent or worthwhile.

Sometimes such a being is 'successful' in life, but the end result of his activities are what you would expect—total smash.

....

The true psychotic brings about an hysterical, apathetic, or deranged mental condition in others. He or she does it for 'many good reasons', does it for no reason at all, or doesn't even notice that he is doing it.

The true psychotic worships destruction and abhors reasonable, decent or helpful actions.

... One of the primary characteristics of the true psychotic is a total lack of introspection, a total irresponsibility to the pain of suffering of others, coupled with a logic which explains it all away, but uses reasons which are not sensible to any of the rest of us.

... He is often entirely emotionless, completely cold-blooded and apparently perfectly controlled. (Hubbard, 1966, p. 133)

These vague and unsystematic assertions suggest that Hubbard lacked actual experience dealing with people suffering from various mental illnesses, and therefore he described psychosis with inconsistent banalities probably applicable to several mental conditions. Nevertheless, from these banalities, Hubbard devised a treatment for psychotics that he saw as a direct challenge to psychiatry's efforts, even though it can have dire consequences for patients.

Differing treatments of psychoses

A. Psychotropic medications

Within two years of Hubbard's criticisms of psychiatry's failures around psychosis, that profession began a new era by introducing the drug chlorpromazine, which revolutionised the treatment of psychotics and began pharmaceutical treatment for major psychiatric conditions (Healy, 2002, pp. 77–101). In 1952, the first academic papers about the new drug indicated that it had "a general antipsychotic effect. This effect was not only on agitation, but also on hallucinations, delirium, autism, and affective symptoms" (Olié & Léo, 1999, p. 166).

Other pharmaceuticals followed. In 1955, scientists synthesised chlordiazepoxide, and a few years later realised its anxiety-reducing properties. "It was marketed in the United States in 1963, and by the end of the 1960s had become the best-selling psychotropic drug in the Western world" (Healy, 1999, p. 172). Today psychiatrists utilise over a hundred drugs (see Sadock, Sadock, & Sussman, 2011). For better or worse, from this increasing use of psychotropic drugs, "the symbiotic relationship between drug companies and the medico-psychiatric establishment was cemented" (Bendelow, 2009, p. 86). This relationship leads some patients and even some professionals to be suspicious of the supposedly objective science behind drug trials and approvals, and these suspicions drive them to seek alternatives to pharmaceuticals through alternatives that may include Scientology. Although psychoanalysis lost esteem in mainstream psychiatry, other talk therapies proved successful, and the mental health community realises that a number of conditions respond best to a combination of pharmaceuticals and therapy. These conditions include depression, panic disorder, bulimia nervosa, posttraumatic disorder, and alcoholism and substance abuse (Baker, McFall, & Shoham, 2009, pp. 89–94).

B. Scientology's attempts to cure psychoses

Supplementing CCHR's attacks against psychiatric treatment in general are Scientology's claims that it can cure psychosis. In the first edition of *Dianetics*, for example, Hubbard alleged that auditors successfully treated psychosis through "the resolution of an insanity to a neurosis" (Hubbard, 1950b, p. 172 n.). Subsequent publications made stronger claims about psychotic cures. Frequently in these claims were instructions to isolate psychotics in quiet environments without distractions and allow them to rest (see Hubbard, 1965, p. 3; 1969, p. 3). The strongest claim about treating psychotics appeared in a 1974 publication

about Hubbard's "discovery" of something he supposedly developed in 1973 called the Introspection Rundown. In the second revision of the Introspection Rundown, Hubbard (1974a) proclaimed, "THIS MEANS THE LAST REASON TO HAVE PSYCHIATRY AROUND IS GONE" (Hubbard, 1974a, p. 346 [capitalisation in original]). He instructed Scientologists to isolate the psychotic, not speak to him or her, give the person-specific vitamins and minerals, and begin auditing (Hubbard, 1974a, p. 347). The auditing case supervisor, whose only required training was Scientology, had the responsibility to decide when to release a supposed psychotic patient from isolation (Hubbard, 1974b, p. 261). As we demonstrate below, these alleged therapies had dire consequences for many upon whom Scientologists imposed them.

C. Psychotic treatments compared

Issues related to treatment are crucial in establishing legitimacy and maintaining professional dominance. Consequently, many properties of a "treatment classification system influence the vulnerability of professional jurisdiction to outside interloping" (Abbott, 1988, p. 45). Both "treatment failure," therefore, and the "measurability of the results" (Abbott, 1988, p. 46) can be important indicators of vulnerability from challengers.

With these indicators in mind, we compare the efficacy or success rates for treating mental illnesses between psychiatry and Scientology. In essence, low success rates or poor efficacy for psychiatric treatments could create vulnerabilities to incursions from Scientology if indeed Scientology's therapeutic techniques seemed to be efficacious.

Precise figures vary among sources that discuss psychiatric treatment successes. The National Alliance on Mental Illness (1997) made a comparison between successes in mental health treatment and general medications, and provided some basic numbers concerning success rates:

Treatment outcomes for people with even the most serious mental illnesses are comparable to outcomes for well-established general medical or surgical treatments for other chronic diseases. The early treatment success rates for mental illnesses are 60-80 percent, well above the approximately 40 to 60 percent success rates for common surgical treatments for heart disease. (p. 2)

The Illinois chapter of that same organisation indicated that treatment success for bi-polar disorder was 80%, major depression was 65%, and schizophrenia was 45% (National Alliance on Mental Illness Illinois, 2012, p. 2).

Of course, treating mental health problems successfully involves numerous issues, including the progression of the condition at the time of intervention, patients' compliance with prescription regimes, co-existing conditions, possibly age, gender, and various social factors, etc. Nevertheless, conservative estimates place psychiatry's success rates for containing or reversing symptoms (not "curing") between 45% and 80%. Treatments also exist for various personality disorders (Maxmen & Ward, 1995, pp. 389-418; Ronningstam, 2005, pp. 183-184). Significantly, half or more of the people who seek psychiatric treatment for a range of conditions are likely to receive positive outcomes.

Evaluating or comparing the success of Scientology's isolated treatment of psychotics is impossible, because Scientology does not publicise the number of its members who suffer from that condition (as the organisation defines it) or undergo its supposed treatment regime. Nor has it run randomised controlled trials to test its techniques, as would be required by contemporary science. What we do have, however, are accounts of Scientology's dismal failures to effectively treat psychotics, even to the point of apparently

harming some of them. Well before Hubbard detailed his techniques in the 1974 “Introspection Rundown” publication, Scientologists had been isolating members who appeared to have mental breakdowns in what they thought would be quiet environments in failed efforts to calm them sufficiently so that they could be audited. The first account about which we know was from the mid 1950s.

In mid 1955, a person named Estrid Anderson Humphreys received an out-of-court-settlement in a lawsuit that she filed against L. Ron Hubbard, the Church of Scientology, the Hubbard Dianetic Research Foundation, the Hubbard Association of Scientologists, and others for \$9000 in damages. She had claimed that her house (near Phoenix, Arizona)

was extensively damaged by ‘persons’ the suit charged ‘with seriously deranged minds’ who were placed there for care and treatment. It charges these deranged persons broke windows, tore out entire window casements, pulled loose electrical fixtures, tore and broke great holes in the walls and ceilings, and broke off doors, screen doors, and cabinets, and did other serious damage. (‘Woman sues’, 1955; ‘House owner’, 1955, ‘\$9,000 suit’, 1955)

Another account occurred in the early 1970s, when Hubbard was commodore of the Scientology ship, *Apollo*. Scientologists allegedly locked up and isolated someone who apparently had severe mental problems. In a 1985 deposition, former member Homer Schomer spoke about a man named Bruce whom crew members had locked in a cabin (Schomer was unsure if it had been for weeks or months). The man literally tore the cabin apart while he lived in his own excrement. He ripped wood off the walls, and even tried to knock a hole in the door. All the while his custodians hoped that he would rest (Schomer, 1985, p. 30).

Similar isolations continued into the 1990s. In 1990, 31-year-old Marianne Coenan had Scientology family members lock her up in a “cell-like” bedroom in a house near Los Angeles. When authorities located her, she “was wearing a shirt and pants but no shoes. Her legs were bruised, and scratches covered her wrists and neck, but she was otherwise uninjured” (Freed & Ahn, 1990, p. B1). Press accounts strongly suggested that her family had placed her on the “Introspection Rundown” (Lee, 1990, p. B15).

In 1994, the British newspaper, *The Independent*, ran a detailed account about Scientologists whom the organisation had put into isolation. After one German man lost control and started screaming in 1991, Scientologists put him in an isolated room and locked him up for two weeks before sending him back to Germany. During that time he was incontinent, and his custodians only tried communicating with him through writing (so as not to have sound upset him). Another German was put in isolation in 1993, but she eventually escaped and police sent her back home.

After treating a number of persons who had either been in isolation or had guarded isolated Scientologists, British psychiatrist Betty Tilden indicated, “They come out of it suffering from something very similar to Post-traumatic Stress Disorder, the ‘prisoner’ syndrome. There is hyper-arousal, flashbacks, fear and obsessions. It is very nasty....” (Tilden quoted in Kelsey & Ricks, 1994).

The most widely known failure of Hubbard’s treatment of psychotics involved Scientologist Lisa McPherson (d. 1995). Apparently, McPherson attempted to leave the organisation, which Hubbard’s writings stated was diagnostic evidence of psychosis. Consequently, fellow Scientologists attempted to treat McPherson by holding her in isolation in hopes that she would calm down sufficiently to undergo auditing. Instead, she “pulled things off shelves, destroyed furniture broke lights, threw a ficus plant at one of her watchers, screamed, banged her head on the wall, floor and bed” (Reitman, 2011, p. 218). She refused to eat or drink, so she lost a significant amount of weight. After 17

days under the control of Scientologists at the Fort Harrison hotel, McPherson died while her caretakers were seeking medical care for her.

Scientologists claimed to believe that after isolation, McPherson would communicate through auditing (see Hubbard, 1974a, pp. 240–241). According to Scientology's attorney and spokesperson, Elliot Abelson, McPherson "was ineligible to receive Scientology counselling there [at the Fort Harrison Hotel] because she was having trouble sleeping." He said, counselling cannot be done until a person had six to eight hours sleep and become sufficiently stable to receive counselling. As such, Scientology's isolation treatment regimes for psychotics appear to have shown dire consequences with little to no measurable improvement in patients' mental conditions. On a broad level, psychiatry's *Principles of Medical Ethics* present members' professional responsibilities to patients' rights, dignity, and access to medical care, and under their guidance no ethical psychiatrist would participate in the kinds of confinements, constraints, and pseudo-medical treatment that Scientologists apparently imposed upon their fellow members (*American Psychiatric Association*, 2010).

Conclusion

Based on Abbott's classic discussion of the system of professions, a portrayal of Dianetics and Scientology's war against psychiatry as a professionalism battle between an ideology and a science would misrepresent the nature of psychiatry in the early 1950s. Psychiatry's professional reputation was weak because none of its techniques (except perhaps the mysterious electro-shock) could control (much less cure) major diseases. Its major therapeutic tool throughout the 1950s and (in some circles) into the 1990s was psychoanalysis, which eventually most members of the discipline abandoned because it was unscientific. When psychiatrists used it, it was expensive and slow, and at best cured some neuroses only. Medical doctors dominated its application. Dianetics, perhaps even more than its immediate successor, Scientology, claimed to be fast, cheap, and remarkably successful regarding a wide range of afflictions, with laypersons learning its basic techniques quickly. While a few doctors did not reject it, many did, and some of them saw Dianetics as a potential threat to psychiatry. Indeed, Hubbard constructed Dianetics as a threat, when he attempted to elevate its professional image by claiming academic degrees that he did not have and establishing Scientology journals along the lines of scientific disciplines.

Within two years of Dianetics's appearance, however, a scientific revolution began in psychiatry to which Hubbard could offer no equal. Pharmaceuticals appeared that had dramatic effects on controlling some major mental illnesses, and psychiatry's professional image improved. As a narcissistic ideologue committed only to his own viewpoints, Hubbard rejected any value of pharmaceuticals, and eventually launched a war against them and the psychiatrists who prescribed them. This war had effects – both positive and negative. For instance, on the positive side, Scientology was somewhat correct about the dangers of Prozac (at least on some people), and it helped to expose psychiatric treatment abuse in Australia. On the negative side, some people who could have benefitted from Prozac probably avoided it because of Scientology's ideologically driven attacks against it.

Other major events in psychiatry began in 1980, when the discipline's major classification guide to mental disorders began focusing on identifiable characteristics rather than aetiologies. Classification became more scientific, so the application of psychotropics gained precision. Hubbard, however, rejected the very foundations of this new system and instead constructed an imprecise one around his notion of psychosis.

Regarding the effectiveness of treatments, which is a major factor contributing to a group's professional image, psychiatry's combination of drugs and some therapies achieved moderate to considerable successes in many areas of mental health while Hubbard's techniques purportedly to cure psychoses appear to be disastrous. While Scientology continues to criticise aspects of psychiatry, its shortfalls suggest that it will never replace the profession with its own mental health techniques.

Scientology will never replace psychiatry, but its failure will not be for lack of trying. Immediately after the 11 September 2001 attacks against the World Trade Center in New York, Scientology set up nationally available telephone hotlines under the guise of National Mental Health Assistance, which many people probably confused with the respected National Mental Health Association. It directed "crying and upset" people to Scientology centres for assistance (O'Neil, 2001). At the disaster site itself, Scientologists wearing yellow T-shirts identifying themselves as Volunteer Ministers pitched in during the clean-up effort, but had their own agenda for doing so.

As revealed in e-mails that Scientologist Simon Hare sent to Scientologists at the time and which critics of the organisation obtained, one of their goals there was:

...we are trying to move in and knock the psychs out of counselling to the grieving families Due to some brilliant manoeuvring by some simply genius Sea Org Members [i.e., full-time Scientologists] we tied up the majority of the psychs who were attempting to get to families yesterday in Q&A [questions and answers], bullbait [techniques of confrontational insults on which Scientologists train] and wrangling. They have a hard time completing cycles of action and are pretty easy to disperse. But today they are out in full force and circling like vultures over these people and all of our resources are tied up in the support efforts in the disaster zone at present. (Hare, quoted in Graham, 2001, p. 1)

Explaining further what role traditional mental health and psychiatric professionals were playing, Hare continued:

The other religions here with their ministers have shown their true colors and are working hand in hand with the psychs to give these people as much false data and restimulation as they can. They HAVE NO TECH and they're not even trying to hide it anymore. They've crossed over and abandoned anything spiritual and to hell with them. (Hare, quoted in Graham, 2001, p. 2 [capitals in original])

Whatever other goals the Volunteer Ministers had, a primary one was to get Scientology's techniques to distressed workers and families in place of traditional mental health and psychiatric counselling. In the language of professional competition, the Volunteer Ministers wanted to "bump" the psychiatrists and related professionals from the scene (Abbott, 1988, p. 89).

Moving ahead some 11 years later, Scientology announced the opening of a national office in Washington, DC, ostensibly to "coordinate its many social and humanitarian initiatives on a national and international level" (Church of Scientology, quoted in Bedard, 2012), but also presumably to lobby government officials on issues related to Scientology's interests. (Two of the dignitaries who spoke complimented Scientology on previous lobbying efforts.) One of the programs that it hoped to strengthen was the "Scientology Volunteer Ministers, the world's largest independent relief force providing emergency response at major disaster sites for more than a decade." Unstated, of course, is the goal of the Volunteer Ministers to eliminate the role of psychiatry and mental health professionals at those sites. Consequently, the United States now has a federally tax exempt organisation, inclusively called the Church of Scientology, using taxpayers' money in the nation's capital to lobby officials and agencies about the destruction of psychiatric practices.

In addition to these efforts, Scientology continues to solicit public support through its websites and offline events, including CCHR's "Psychiatry: An Industry of Death" exhibition. Moreover, some critics of Scientology highlight what appear to be harmful practices at Narconon centres, which use a Scientology affiliated drug rehabilitation program that avoids psychiatric or traditional mental health assistance.⁵ Scientology's war against psychiatry is far from over; in fact, it just may have entered a new phase.

Acknowledgements

The authors used documents from the Kent Collection on Alternative Religions, which is housed at the University of Alberta Library, to conduct this research. One of the authors (Manca) was supported by the Social Sciences and Humanities Research Council and the University of Alberta's President's Doctoral Prize of Distinction.

Notes

1. More information on Scientology's various structures is in Kent (1999a) as well as other sources that we cite.
2. In reality, however, lobotomy's major advocate, Walter Freeman (1895–1972) used the procedure on "depressed, anxious, phobic, paranoid, 'frigid,' homosexual, hyperactive delusional, violent, neurotic, psychotic, and schizophrenic patients," whose pre-lobotomy lives ranged from merely disrupted to completely disordered (Rodgers, 1992, pp. 6, 7).
3. We can assume that former combat soldiers from World War II played a significant role in the 1950 increase. We know, for example, that combat produced "an enormous variety of stress-related behavior," including psychosis (Spiegel, 2000, p. 58).
4. For instance, "Psychology has often accommodated to the political ideology of the day" (Pettifor, 2007, p. 314). Psychiatrists and psychologists in Nazi Germany, apartheid South Africa, and Soviet Russia often supported segregation and what are arguably unethical regimes (Pettifor, 2007, p. 314).
5. News articles report deaths and injuries associated with these centers as associated with the removal of all medication in the drug rehabilitation program, which resulted in various health concerns including suicide attempts (Reynolds, 2012). Nonetheless, there is no legal evidence that Narconon's practices have caused these deaths (see Wade, 2012).

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