

[Western Psychiatrists Apologize to Hindu Peers](#)

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Chandora, Deen

The American Psychiatric Association (APA) published a report in 1989 labelling the Hare Krishnas as destructive cultists and loosely linked Hindu swamis to Satan worship. APA member Dr. Deen Chandora - a Hindu psychiatrist but not a Hare Krishna member - saw the remarks as gross untruths and felt they had slandered his faith. Steaming a little under his otherwise professionally cool, Advaitic collar, he figured, "If we don't stand up for what is true, we are not doing our social duty." Dr. Chandora then proceeded to rally together a band of prestigious Hindu psychiatrist colleagues to set religious records straight. He succeeded. Two years later, the APA graciously submitted a full apology and promised to be more sensitive in the future. Here is the story in Dr. Chandora's own words:

"In the late 1980's, there were articles appearing in psychiatric journals like the Psychiatric Times accusing various religious groups, in particularly the Hare Krishnas, of being destructive cults, aligning them with the [Christian] cult of Jim Jones. I felt this was a misrepresentation. So I wrote a letter to the editor to correct it. I explained that Hare Krishna has been known in India long before it was introduced to America. It belongs to the Chaitanya school of Vaishnavism and Mahatma Gandhi was one of the greatest Vaishnavs. When I was a child, I used to go with my grandmother to the Hare Krishna temples. Those are the temples of Vallabacharya in Rajasthan. There is no essential difference between the Vallabacharya and Chaitanya sect of Hare Krishnas. But the editor did not publish the letter until a year later and still there were psychiatrists who insisted in calling them a cult.

"Then I attended the World Congress of Psychiatry in Athens in 1989 and reiterated that the Hare Krishnas represent authentic Vaishnav practices that have been around for thousands of years. They are not robots and zombies, but practicing bhakti yogis.

"Then I got in touch with Dr. Prakash Desai, Professor of Psychiatry at the V.A. Medical Center of Chicago and Dr. Velandy Manohar, President of the Indo-Psychiatry Association in Connecticut, and wrote a two-page petition to correct the various misrepresentations about Hinduism in APA writings. Along with several eminent colleagues, I presented it to the president of the American Psychiatry Association, Dr. Elisse Benedek, at a meeting in New York City in 1990.1 quote briefly from it:

Many of the authors included in the APA's task force report [on cults] are mainstream religious ministers. This contributes to the report's dangerously one-sided views. We find a distorted perception of other religions of the world and a neglect of a fundamental sociological principle: that one culture cannot be judged by the standards of another.

In the great melting-pot of America, where freedom is so dearly cherished, we ask that the APA withdraw the task-force report, or at least modify it so as not to denigrate Hindu, Buddhist and Zen philosophies by gratuitously labeling them as "cults." Partly as a result of violence against immigrant Hindus in the Northeastern United States, our nation last month passed public law #101275, known as the 'Irate-crimes' Bill. The purpose of this law is to deter violence against individuals or groups who "look different" or think differently from established norms. We feel the APA must support the spirit of this new law.

Dr. Benedek said to us, 'Why not present a workshop on this whole area.' So we did. On May 14th, 1991, New Orleans, we conducted a workshop, 'Indian Religions are not Cults,' at the 144th Annual Meeting of the American Psychiatric Association. Over 100 people attended. It was extremely successful and corrected much misinformation and educated in a positive way."

Apology

Dear Dr. Velandy,

May, 1991

I am overdue in providing an update to you since last May when you and your colleagues from the Indian Psychiatric Association met with Dr. Benedek, myself and others. Your comments and criticisms from that meeting generated considerable concern and soul-searching on the part of the Religion and Psychiatry Committee. You have stimulated the committee toward useful long-range policies and plans. Your group helped us appreciate that several references within the text of the APA published book, *Cults and New Religious Developments*, were offensive to people of the Hindu faith, especially those statements that characterized the Hare Krishna sect as a new religion or cult. The committee is now better informed by your emphatic pointing out that the ancient and honorable traditions the Hare Krishna sect of Hinduism are not "cultic." We began by inviting Dr. Desai and Professor Diana Eck of Harvard, both of whom have published books about Hinduism and medicine, to a portion of our September meeting in Washington, D.C. Our goal was to educate ourselves, and perhaps we took a beginning step in that direction in the hours spent with our guests. At least we became aware of our relative ignorance of Hindu religious and medical traditions.

The process also generated awareness that the committee's current membership had inadvertently come to include only persons of Judeo-Christian backgrounds. It has been quite a few years since the committee included a member from an Eastern, non-Judeo Christian tradition. The committee therefore concluded that it would be well to seek such committee members for future appointment and to adopt a continuing policy of informal ecumenism in its membership balance. More generally your protests taught the committee that it must, in all public statements or publications, seek relevant informed expert editorial criticism from multiple vantage points that cover all aspects of the subject discussed.

These considerations generated two other embryonic projects for the committee. The first would be the compilation of a roster of experts in specific religious traditions, especially as relevant to psychiatric and medical practice. A second related project is the compilation of brief written summaries of religious belief systems, amply referenced, that if utilized by a practitioner might give a clearer idea of "where the patient was coming from" as regards certain beliefs and aspirations. I hope you will provide further criticism and suggestions, particularly regarding recommendations for committee memberships.

Sincerely, Richard J. Thurrell

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