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Jonestown: The Social Psychology of Official Stories and Accepted Truths

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Everybody “knows” what happened in Jonestown, Guyana in 1978. At the behest of their charismatic leader, all the members of the Peoples Temple religious cult—the residents of Jonestown—“lined up in a pavilion in front of a vat containing a mixture of Kool-Aid and cyanide” and “drank willingly of the deadly solution” (Aronson, Wilson, & Akert, 2005, pp.4-5). That citation is taken from a popular Social Psychology textbook, and is a resounding demonstration of the phenomenon that this paper will attempt to explore: you see, the authors of that textbook are so secure in their conception of the events surrounding the deaths in Jonestown that they feel no need to provide a reference for it. It is entered into the student consciousness as common knowledge. The fact that the popularly-accepted truth that Aronson, et al are parroting in this example is plainly false is almost beside the point, although this paper will provide a brief examination of some of the evidence which contradicts that accepted truth. The problem is much broader than the debunking of a single myth, and demands that some very important and difficult questions receive systematic evaluation: how is it that entire populations “know” things that contradict all available evidence, and what can be done to mediate this effect?

In considering the events of Jonestown, we might do well to start out by questioning our own credulity. What do we actually know about Jim Jones and the Peoples Temple, and from what sources? Does our understanding of the events stand up to logical scrutiny? Furthermore, as social psychologists, let us ask ourselves this very important question: In light of our current understanding of the power of social influence, do we believe it is plausible that 900 people took their own lives, simply because they were asked to? If so, are we willing to believe that we would behave in the same manner if subjected to similar social influences? As Aronson, et al (p. 14) point out in their discussion of the Peoples Temple, “it is tempting and, in a strange way,

comforting to write off the victims as flawed human beings. Doing so gives the rest of us the feeling that it could never happen to us.” The problem is that they use this rationale to imply that people would behave in a way that no empirical evidence has verified. There is an argument from paranoia, having arisen out of its conclusion and stating as truism that which is both counterintuitive and unsupported. The idea here is not merely to pick on the authors of a textbook, but to pinpoint a mindset that is pervasive enough that it remains largely invisible in our society.

As Eileen Barker, the President of the Society for Scientific Study of Religions, has noted, “the belief in irresistible and irreversible mind-control techniques is so widespread that the democratic societies of Western Europe and North America appear to give ‘permission’ to citizens to carry out criminal attacks on someone merely on the grounds that he or she is a member of an unpopular religious group” (1996). Her research, however, does not support this belief. Furthermore, although there is very little research into the matter aside from her own, a small number of academics have taken up careers as “expert witnesses,” providing fervent yet unsubstantiated support to the idea. In the case of Jonestown, that man’s name was Dr. Hardat Sukhdeo. Jim Houghan writes:

Dr. Sukhdeo is, or was then, "an anti-cult activist" whose principal interests (as per an autobiographical note) are "homicide, suicide, and the behavior of animals in electro-magnetic fields." His arrival in Georgetown on November 27, 1978 came only three weeks after he had been named as a defendant in a controversial "deprogramming" case. It is not entirely surprising, then, that within hours of his arrival in the capital, Dr.

Sukhdeo began giving interviews to the press, including the New York Times, "explaining" what had happened.

Jim Jones, he said, "was a genius of mind control, a master. He knew exactly what he was doing. I have never seen anything like this...but the jungle, the isolation, gave him absolute control." Just what Dr. Sukhdeo had been able to see in his few minutes in Georgetown is unclear. But his importance in shaping the story is undoubted: he was one of the few civilian professionals at the scene, and his task was, quite simply, to help the press make sense of what had happened and to console those who had survived. He was widely quoted, and what he had to say was immediately echoed by colleagues back in the States. (1999)

The idea that a charismatic individual can completely overtake the decision-making power of random victims and use their mindless bodies to do his bidding even to the point of inciting a uniform mass suicide, with 600 adult individuals willfully—even joyously—killing themselves and their children is startling, anxiety-provoking, ambiguous, and enticing. It is, in short, good material for conversation. It is precisely the stuff of which rumors, gossip, and urban legends are made (Guerin & Miyazaki, 2006). It is not a realistic causal evaluation of plausible events, but is rather a good example of what is called “magical thinking,” the type of credulity typically associated with the pre-rational thought processes of young children. However, research indicates that the abandonment of magical beliefs that people tend to exhibit as they mature is generally in word only. “Indeed, in their general patterns of judgments, actions and justifications, adult participants seem to be prepared to respect both scientific and non-scientific causal explanations to an equal extent” (Subbotsky, 2001).

By sharing rumors amongst ourselves in the course of conversation and by receiving fantastical official versions through the media, this tendency toward fascination becomes manifest. Wherever mass media is the source of the information, we must also take into account the social component of individual judgement, which is a considerable influence (Joslyn, 1997). For, as McLuhan noted, sociality of mass media is profoundly experienced—when we watch television, we are influenced not only by the content of the programming but also by the knowledge that a large number of our peers are watching as well (1964). This may help to explain why so many of us have accepted a version of the Jonestown events that is implausible: through mass-media repetition, it is tacitly condoned by millions of perceived peers in the viewing audience.

In addition to the psychological discrepancies we have already noted, let us observe that death by cyanide poisoning is a painful and grotesque affair. Central nervous system signals become scrambled, causing both voluntary and involuntary muscular systems to spasm violently. Twisted, contorted limbs and a terrible grimace known as *cyanide rictus* are typical of this cause of death (Jaffe, 1983 as cited in Judge, 1985). However, none of the more than 150 available photographs of the victims reveal these symptoms. Furthermore, the victims were laid out in neat rows, and some of the closer range photos reveal drag marks on the ground, indicating that the corpses were arranged in this way after their death. Based on an investigation that included the testimony of Dr. Leslie Mootoo, the top Guyanese pathologist who served as Chief Medical Examiner for the case and who personally examined many of the Jonestown bodies, a Guyanese grand jury concluded that only two of the 913 dead had committed suicide. Dr. Mootoo found fresh needle marks near the left shoulder blades of the vast majority of the victims he inspected,

with some others exhibiting gunshot wounds or strangulation as the likely cause of death. The gun with which Jim Jones is purported to have shot himself in the head was found lying nearly 60 feet from his body (Judge, 1985; Hougan, 1999; Schnepper, 1999). It is evident, then, that the supposed “mass suicide” was actually a massacre; but who would slaughter nearly a thousand U.S. citizens, nearly all of whom were African Americans, women, and underprivileged children?

There is a substantial body of evidence connecting Jim Jones and his Peoples Temple to the covert operations of the United States government intelligence community, not least of which are his longstanding ties with CIA operative Dan Mitrione, his adeptness at infiltrating and exploiting local governments, the suspicious circumstances surrounding the assassination of Congressman Leo Ryan in Guyana the evening before the massacre (whose escort was a high-ranking CIA officer), and the enormous cache of psychiatric drugs found on the premises of the Peoples Temple colony—all of the type being experimented with at that time under the CIA’s MKULTRA mind-control program (Judge, 1985; Hougan, 1999). Additional evidence of U.S. government involvement in the affair involves the self-proclaimed “anti-cult activist” Dr. Sukhdeo, whose own attorney has stated that his trip to Guyana was funded by the U.S. State Department.

The possibility therefore exists that Jonestown, Guyana was indeed one of the many government experiments in mind-control of the 1970s. If this is the case, it would seem that the experimental subjects included not only the members of the Peoples Temple, but also the public at large. Regardless of intention, we have here a clear case of a governmental bureaucracy producing and disseminating misinformation, and the public—including the scientific

community—accepting it without question, repeating it with authority, and even *using it as a basis for social theory*. The danger that this phenomenon presents to free society is unspeakably enormous, and the need for a concerted scientific effort to understand its limits and to develop safeguards is equally enormous.

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