CHAPTER 13

Pathological spirituality

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> It is possible to fall into the heights, as well as the depths.
>
> Holderlein, in Lind (2000)

'Pathological spirituality' is, on one level, a misnomer and a contradiction in terms. The quality of spirituality, for the purposes of this book (see p. 4), is by definition the opposite of pathological dysfunction and disease, though it does embrace an approach to suffering.

The Jonestown massacre in the jungle of Guyana in 1978, the deadly Sarin nerve gas attacks in the Tokyo underground by Aum Shinrikyo in 1995, the suicide bombers of 9/11 in the USA in 2001 and the 7 July bombings in the UK in 2005 all illustrate how pathological and harmful spiritual values can be when doctrines take precedence over human health and well-being.

Two questions can be asked about the concept of pathological spirituality:

1 When do spiritual beliefs, practices and experiences become pathological?
2 Can apparently psychopathological mental states ever be understood as spiritual?

The second question has been explored in the context of a transpersonal understanding of the psyche in chapter 11, see 'spiritual emergency' (pp. 227–230).

Path or pathology?

The past hundred years has witnessed immensely destabilising changes within our society. Traditionally cohesive social structures, such as the church and the family unit, are losing their status (Murray, 2004). Different influences are exerting their effects far more powerfully than before via the media and the internet. We use, and are influenced by, technology beyond our understanding and are bombarded by information beyond our absorptive capacity. 'Information disease' (Conway & Siegelman, 2005)

is a new category of disorders describing the lasting changes of mind and personality that may be brought on by, among other things, reckless or excessive use of popular spiritual and personal growth practices. Our cultural background and education has often not prepared us to navigate safely this new territory.

Seeking a clearly guided path that promises relief from suffering, answers important existential questions and offers some form of self-improvement or self-transformation feels necessary to many. The advent of psychoanalysis in the 20th century, with its own controversial dismissal of religious or mystical experience as merely regressive, the subsequent evolution of numerous different schools of psychology and psychotherapy, together with the New Age movement and popular psychology self-help books, each provide a different perspective on what it is to be human. But when does adherence to a spiritual, religious or therapeutic path lead to pathologically de-humanising or even life-threatening consequences?

Healthy v. pathological spirituality

A distinction needs to be made between those spiritual practices and beliefs that foster the healthy development of a person within his or her community and those that have been incorporated into a person's lifestyle and subsequently cause them or others harm.

The issue of harm is complex. Kendall (2006) notes that some groups (including religious and spiritual groups) may be positive in certain respects, display sect-like (or cult-like) characteristics in other respects and be innocuous in others.

Rather than attempting to classify groups into 'good or bad', 'harmful and not harmful', and their beliefs into 'true' and 'false', it can be helpful to consider a continuum with a critical point after which a group can progress to become harmful, if it takes its beliefs and/or practices to the extreme (Chambers *et al*, 1994; Kendall, 2006).

Battista (1996) describes pathological spirituality by exploring both spiritual defences and offensive spirituality.

Spiritual defences

Spiritual defences are spiritual beliefs that prevent people from expressing their actual, embodied, emotional self, for example:

- submission to 'the other', or to authority, rationalised as the spiritual quality of humility;
- inability to develop intimacy in relationships, rationalised as God being the primary and only necessary relationship in life;
- failure to deal with interpersonal or sexual needs, rationalised as ascetic practice;
- failure to deal with the practical materialistic aspect of life rationalised as 'God will provide'.

Spiritual defences enable a 'spiritual bypass', a premature transcendence of personal pain and suffering and denial of the real substance of a grounded life that, if not ignored, can instead be viewed as the 'ore' that shapes our development and yields valuable qualities (Hillman, 2004).

Offensive spirituality

This refers to the assertion of one's self as spiritually developed as a means of constraining another person. It is the narcissistic use of a spiritual persona or spiritual identification (Battista, 1996). The narcissistic misuse of both spiritual and psychoanalytic principles has been addressed by cultural critics (Lasch, 1979; Frank & Frank, 1993; Masson, 1994; Raubolt, 2006). Lack of recognition of this quality can be a serious pitfall for those on the path of psycho-spiritual exploration.

False spiritual teacher or guru

Storr (1996) defines a guru as a teacher who 'claims special knowledge of the meaning of life, and therefore feels entitled to tell others how life should be lived' (p. xi). He differentiates between 'morally superior individuals [who] exist [with] integrity, virtue and goodness … beyond the reach of most of us' (p. xii), and self-appointed experts who promise their followers new ways of self-development and new paths to salvation. The latter tend to demonstrate narcissistic personality traits. Storr observes that guru-types tend to have experienced isolated childhoods. They possess a limited capacity to form friendships, tend to be elitist, anti-democratic and are often intolerant of criticism. They hold their belief systems with unshakeable conviction and this certainty, together with their persuasiveness, adds to their charisma. Barker (1989) states that: 'Almost by definition, charismatic leaders are unpredictable, for they are bound neither by traditions or rules; they are not answerable to other human beings' (p. 13).

Unshakeable convictions may follow a period of chaotic suffering in the guru's life, thus giving meaning to it. They may have experienced a period of mental illness, involving paranoia or grandiosity. Regardless of whether their experience fulfils psychiatric diagnostic criteria, the essential question remains: is their behaviour harmful to others or not? Deikman (1983) asserts that a teacher who is guilty of financial or sexual exploitation represents a drastic failure of responsibility that disqualifies them from any special consideration. Various cult disasters illustrate how grandiose and paranoid cult leaders occasionally self-destruct, taking their group with them.

Harmful groups

The beneficial aspects of belonging to a group, be it religious or otherwise, are well-recognised in psychological and sociological literature. It is a matter of moral, ethical, religious, political and sometimes clinical opinion

whether the influences of being part of a particular group have, or have not, been good for the individual and, hence, society.

Definitions of groups that may be harmful derive from different epistemologies and can be ambiguous, pejorative and controversial (Barrett, 2001; Langone, 2007). Attempts at defining and understanding lead to polarisation of views (Lalich, 2004). Although there are a good number of attempts at defining harmful spiritual groups, the following categories, from the cultic studies field will be considered:

- cults
- sects
- new religious movements
- charismatic groups.

Cults

There are numerous definitions of cults: dictionary, theological, psychological (which describe the effects of cult involvement on individuals' and their families' psychosocial well-being) and sociological (which tend to view behaviour as it occurs in social interactions with a group or a movement). Langone (1993) defines a cult from a psychological perspective thus:

> A cult is a group or movement that, to a significant degree, (a) exhibits great or excessive devotion or dedication to some person, idea, or thing, (b) uses a thought-reform program to persuade, control, and socialise members (i.e. to integrate them into the group's unique pattern of relationships, beliefs, values, and practices), (c) systematically induces states of psychological dependency in members, (d) exploits members to advance the leadership's goals, and (e) causes psychological harm to members, their families and the community [p. 5].

At the extreme, the term 'destructive cult', sometimes called 'doomsday cult' (Singer, 2003), can be used to refer to quasi-religious groups that have intentionally killed people.

There are many religious groups, new and old, that are not cults as defined here. A group should not be assumed to be a cult simply because it exhibits one or two of the above features.

Sects

A sect is generally viewed as 'a separate, exclusive entity, with abstract ideas, existing within another, larger religious organisation' (Reber & Reber, 2001: p. 656).

New religious movements

The term 'new religious movement' (Barker, 1989) was adopted by sociologists of religion in the 1970s to refer to a religious faith or an ethical, spiritual or philosophical movement of recent origin that is not part of an established faith tradition. Some modern religious groups have been called thus by writers attentive to the potential of cult-style groups for finding a place in society.

Charismatic groups

The model of the charismatic group has been developed by Galanter (1989), who uses this term to describe modern cults and zealous self-help movements. He proposes that members of charismatic groups are characterised by the following psychological elements:

- a shared belief system
- a high level of social cohesiveness
- strongly influenced by the group's behavioural norms
- impute charismatic (or sometimes divine) power to the group or its leadership (ibid.: p. 5).

Galanter asserts that charismatic groups, including some therapy groups, can relieve certain aspects of psychopathology, as well as precipitate psychiatric symptoms.

Harmful v. *healthy groups*

Religious, spiritual and therapy groups can be positive and life-affirming or inherently authoritarian and manipulative. Some key differences are drawn out in Table 13.1.

Group dynamics are powerful and can exert considerable influence on their members' psychiatric status (Galanter, 1990). Certain therapy

Table 13.1 Healthy and potentially harmful spiritual groups, comparison (adapted from Haworth, 2001)

Healthy religious/spiritual group	Potentially harmful, cult-style group
Conversion or 'worldview shift' (Lalich, 2004)	Coercion or 'coercive persuasion conversion' (Lalich, 2004)
commitment freely chosen	commitment via psychological force
between individual and God	between individual and group
empowers members	dis-empowers members
increases discernment	decreases discernment
unconditional love for members	conditional love for members
recognises and values the family	alienates members from the family
growth and maturing of members	regression and stunting of members
individual uniqueness	cloned personalities
happiness and fulfilment	artificial 'high'
unity	uniformity
truth leads to experience	experience becomes 'truth'
accountability of leadership	no accountability of leadership
questioning encouraged	questioning discouraged
honesty prevails	the end justifies the means
does not hide behind fronts	hides behind fronts

groups have been described as applying orthodox methods of psychological treatment in an unorthodox and ill-directed manner (Singer, 2003). Both professionals and non-professionals alike have been involved in such groups (Temerlin & Temerlin, 1982; Temerlin & Temerlin, 1986). Some psychoanalysts have commented on the cult-style aspects of psychoanalytic training and institutes (Arlow, 1972; Kernberg, 1986; Masson, 1994; Raubolt, 2006).

Frank & Frank (1993) take the view that all psychotherapies are a vehicle for influence and persuasion. Indeed they define psychotherapy as a form of influence, characterised by: a healing agent, 'typically a person trained in a socially sanctioned method of healing believed to be effective by the sufferer'; 'a sufferer who seeks relief from the healer'; and 'a healing relationship' in which the healer 'tries to bring about relief of symptoms' (p. 2). Their definition of psychotherapy therefore encompasses Western psychotherapy, the placebo effect in medicine, religio-magical healing including religious revivalism, the activity of cults, thought reform and brainwashing. They refer to the power imbalance in the therapeutic encounter and comment that 'in long term therapy, the patient and therapist progressively shape each others' behavior, with the patient increasingly fulfilling the therapist's expectations' (p. 176).

The reality is usually less polarised, but there is a warning here for the psychiatric and psychotherapeutic professions to be aware of the inherent power imbalance and to avoid causing harm (Table 13.2).

To empirically measure the abusiveness of groups while acknowledging the continuum of healthy to harmful, and to address academic disputes as

Table 13.2 Key differences between healthy and potentially harmful therapeutic groups (adapted from Haworth, 2001)

Healthy therapeutic group	**Potentially harmful, cult-style therapy group**
rehabilitates	debilitates
objectives: goals agreed by client	objectives: therapist or leader's goals
promotes healthy relationships with others	fosters alienation from others
aim: independence of client	aim: dependence of member
psychologically enables the client	psychologically disables the member
questioning encouraged	questioning discouraged
decision making ability enhanced	decision making ability impaired
therapist accountable	cult leader not accountable
qualifications recognised by outside body	self-appointed
fees agreed in advance	fees often inflated once member fully involved
for benefit of client	for benefit of leader
does not hide behind fronts	hides behind fronts

to whether or not 'thought reform' or 'brainwashing' exists, Chambers and colleagues (1994) developed the Group Psychological Abuse Scale (GPA). The 28-item GPA was originally built from a 20-page questionnaire with 112 descriptive items. The items fall into three domains of interest:

- the purpose of the group
- the relationships within the group
- the relationships with others outside the group.

This was developed in the USA from a factor analysis of 308 former cult members' descriptions of the characteristics of their groups; 101 groups were represented (Chambers *et al*, 1994).

Some descriptions of cult dynamics

Terms such as 'conversion', 'brainwashing', 'coercive persuasion', 'mind control techniques' and 'snapping' are all attempts to describe psychological methods employed by cult-style groups to recruit and maintain new members.

Conversion

It is widely recognised that conversion to a religious faith is, for many, deeply significant, life-enhancing and can bring with it a huge sense of relief (Storr, 1996).

The term is used here in a broader sense. Lalich (2004) notes that conversion is typically thought of as a process of religious change but that it also takes place in social contexts. She notes that conversion is a process by which a person develops a new perspective on life; that external pressure may or may not be present; and it may be sudden or gradual. Again, it occurs on a continuum. Conversion may, in some cases, be genuine in spite of external pressure or coercion.

Lalich (2004: p. 15) adopts the term 'worldview shift' to describe the internal change that takes place as a person adopts this new perspective (the term is not restricted to religious settings). If the worldview shift has taken place within a coercive environment (a 'coercive persuasion conversion'), the initial sense of relief at 'having found the answer', which is associated with a kind of personal freedom, may also result in a loss of sense of self and the development of the cult pseudo-personality (Lalich, 2004; Jenkinson, 2008).

Brainwashing and thought reform

'Brainwashing' is a popular term coined in 1951 by journalist Edward Hunter and is a loose translation of the Chinese *hsi nao*, 'wash brain'. It describes the process by which individuals captured in the Korean War and in Communist China could quickly reverse their allegiance and confess to fictional war crimes (Lifton, 1989; Hassan, 2000).

Robert Jay Lifton (1989), who studied this process, noted that the term 'brainwashing' quickly 'developed a life of its own', sometimes causing fear

at one end of the continuum or ridicule at the other. He noted that the term is 'far from precise with a questionable usefulness'. To describe the process of conversion from one ideology to another, Lifton preferred to use the term 'thought reform'. He describes eight psychological components that are used to create the 'totalist' environment in which this takes place:

1 milieu control – the control of information and communication;
2 mystical manipulation – the manipulation of experiences that appear spontaneous but in fact were planned and orchestrated;
3 demand for purity – the world is viewed as black and white and the members are constantly exhorted to conform to the ideology of the group and strive for perfection;
4 confession – sins, as defined by the group, are to be confessed either to a personal monitor or publicly to the group;
5 sacred science – the group's doctrine or ideology is considered to be the ultimate truth, beyond all questioning or dispute;
6 loading the language – the group interprets or uses words and phrases in new ways which restrict critical thinking and that the outside world does not understand;
7 doctrine over person – the member's personal experience is subordinated to the sacred science and any contrary experiences must be denied or reinterpreted to fit the ideology of the group;
8 dispensing of existence – the group has the prerogative to decide who has the right to exist and who does not.

Lifton (1999) later came to believe that thought reform could be accomplished without physical coercion (as used with Korean and Chinese prisoners of war) and acknowledged that it is used in some cults. There is some evidence of this type of psychosocial conditioning in the training of terrorists and suicide bombers (Stahelski, 2004; Lalich & Tobias, 2006).

Coercive persuasion

Coercive persuasion is a term coined by Edgar Schein (1961), following his study of the Chinese prisoners' of war indoctrination. Schein asserted that the essence of coercive persuasion is to produce ideological and behavioural changes in a fully conscious, mentally intact individual. Psychologist Margaret Singer has adapted these theories and applied the term 'co-ordinated programs of coercive influence and behavioural control' (Ofshe & Singer, 1986) to the practices of certain religious, spiritual or other types of groups.

Mind control techniques

Mind control techniques are strategies to manipulate another person's thoughts, feelings and behaviour, within a given context over a period of time, resulting in a relatively greater gain for the manipulator than for those being manipulated (Zimbardo, 1993). Examples include: hypnosis, sleep deprivation and control of diet, peer group pressure, rejection of old values, financial commitment, forbidding questioning, fear and replacement of relationships (Haworth, 2001).

Snapping

Conway & Siegelman (2005) applied the term snapping to describe the phenomenon of 'sudden, drastic alteration of personality in all its many forms' (p. 6), precipitated specifically by intentional manipulation by others. Their research concluded that this phenomenon was more than a superficial alteration of behaviour or belief, and that it could bring about deeper, 'organic' changes in awareness and personality structure.

Who joins or is recruited?

There is no particular type of person who joins or is recruited into a cult (Lalich & Tobias, 2006). Individual vulnerability factors, such as being friendly, obedient, altruistic and malleable, are a more accurate predictor than personality type. The individual may be vulnerable to cult recruitment simply because they are at a transition point in their lives, bereaved, slightly depressed, lonely (Singer, 2003) or simply in the wrong place at the wrong time (Langone, 2007). Most individuals go into a religious or spiritual practice or group in the hope that it will be life-enhancing. Some groups mask their true intention using deceitful recruitment techniques (Martin, 1993).

The researches increasingly refer to those joining cults as adults as 'first generation' and those spending all or part of their childhood in a cult as 'second generation' (Kendall, 2006).

Psychiatric intervention

Occasionally, a psychiatrist or psychotherapist will be asked to help someone who has recently left a cult, or be told that the patient under their care has been under the influence of such a group. The patient may present with symptoms of anxiety, depression, a dissociative state, perhaps with psychotic symptoms, or be described by their friends or relatives as having completely changed in their personality. It may also be the case that a person with a strong psychosis talks about being damaged or chased by a cult. Some cults continue to threaten their former members after leaving and so this information may need to be verified (Singer, 2003).

The following case studies (13.1–13.3) are compositions based on real clinical situations. All names and identifying details have been changed.

Case study 13.1

Taylor: born and raised in a cult, recovering from and re-engaging with spiritual practice

Taylor is a 44-year-old married woman, of Anglo-Native American (Cherokee) descent, originally from the southern states of America. She was born into a religious-group that was later exposed as a cult in the 1970s. This group held a mixture of

Case study 13.1 *(contd)*

fundamentalist, charismatic, Christian teaching and pseudo-Christian views, along with ideas from other sources. It included teaching on the need to 'crucify the shadow'; that there would be 'a second coming of Jesus'; predicted 'the tribulation' (a 7-year interval where a world religious–political leader called the Anti-Christ takes power); 'Armageddon' (a terrible war provoked by the Anti-Christ in which most people on earth will die); and 'The Rapture' (a miraculous event when Christ will descend from the heavens and save 144 000 believers).

Taylor's mother was a member of the group but her father lived away from it. He was a highly intelligent man, 'a genius' in mathematics, a recluse who lacked some social skills, but who she describes as gentle in nature. Taylor describes her mother as a beautiful, strong, impassioned woman, who had spiritual gifts such as prophetic dreaming and the ability to speak in tongues, but who also had a dark, violent side to her nature.

Ritualistic abuse occurred on a regular basis. At the age of 5, Taylor took part in a staged 'live judgement day'. The right hand side of the room was cast as heaven with cult members, including her mother, dressed in white, singing to beautiful angelic music. The other side was cast as hell with people dressed as Satan moving to loud demonic music. Her aunt was painted white, lying as if dead in a coffin, waiting for resurrection. Her uncle was cast as God, directing cult members to one side or another. Taylor and her little brother were cast over to the devil's side. She remembers her little brother screaming hysterically, wanting to be with his mother. The children were indoctrinated with the fact that they were part of the devil from then on.

Sunday school lessons consisted of learning from a book called *Lucifer*. There were hundreds of demonic names associated with each of the negative emotions that needed to be rote learnt and chanted. Anger was not thought to come from the self, it was thought to be given in spirit from the devil.

Rebuke circles were common events, where the person thought to be full of demons would be surrounded by cult members dancing, speaking in tongues, singing in rapture, and touching them to force out the devil. Taylor was defiant, she disagreed that she was the devil. She was beaten, so severely that her whole face and body would be covered in welts, and remembers looking at herself in the mirror shouting to the adults 'now I am like Jesus.'

She was also sexually abused in the cult by one of its elders and two of her brothers. Her source of refuge was her father's home outside of the cult. Sexual abuse was a regular occurrence here also, from both her father and grandfather, but the environment and experience of it was much gentler, so she would prefer it to the cult environment.

By the time she was 12, she was so full of anger and murderous rage that she declared that if any man ever touched her again she would kill them. She was believed, and the abuse stopped. Following this she started to experience nightmares full of terrifying, violent, dark and erotic material. Severe panic attacks started lasting up to 30 minutes at a time, at least three times a day, that lasted for years.

She left the cult aged 14, the age when parents were no longer deemed responsible for the souls of their children. She survived in the outside world. Soon after, the group was exposed as a cult in a local newspaper.

Case study 13.1 *(contd)*

Part of Taylor's recovery has been to work on connecting with her spirituality without dissociating from her body. The practice of martial arts has been useful in this regard. In her recovery, she has also needed to recognise felt emotions such as joy or anger and to disentangle these from the alternative demonic or spiritual names attached to them in her psyche. She has had to learn to recognise emotions as coming from herself. This also meant that later in her recovery she had to accept that the dark negative energies which she naturally experiences are also from within her. This was especially hard, as her early survival from the cult had been to defy her elders' projections that she was a demon. As a mature woman she has been able to work on integrating both sides of herself at a deep level.

For the vast majority of the time she spent in the cult, both she and the other cult members were in various altered states of consciousness, 'as if we were all hypnotised.' Traumatic memories from that time were stored at that altered level of consciousness, and were barely accessible in everyday normal waking consciousness. Straight-talking therapy, therefore, provided vital containment and support, but it was not able to touch and hence adequately process the unconscious, damaging material in her psyche, driving her agoraphobic symptoms and 'emotional seizures'.

Taylor has since engaged in well-run shamanic and breath-work practices. These processes have allowed her to access this material in a safe setting with the guidance of a qualified practitioner and in doing so her symptoms have completely abated. She currently has a strong psychotherapeutic and spiritual focus in her life. She works as a mental health professional within the psychiatric system, drawing upon her experience working with indigenous cultures, as well as her own training in shamanic and breath-work techniques.

Case study 13.2

Steve: anxiety, quasi-psychotic thoughts and dissociation

At the age of 15, Steve became involved in a pseudo-Buddhist group which promoted the idea of enlightenment. He had been seduced into the group by an older woman whom he recalled had stared at him in a strange and powerful way, exerting a hypnotic effect on him; he had fallen in love with her. He later discovered that the founding leader of the group was homosexual and was himself persuaded over time that he was in fact homosexual, although he had never previously had sexual inclinations towards men. He was traumatised by the cult leader who had homosexual sex with him when he was just over the age of consent. This act, apparently necessary for 'enlightenment,' was essentially non-consensual, but Steve complied due to subtle threats that non-compliance would lead to expulsion from the group and therefore loss of enlightenment.

Part of the group practice would involve long periods of time meditating, chanting and rocking back and forth. At irregular intervals someone would stand at a microphone giving out very loud injunctions to 'surrender to the Buddha', via the cult leader.

Case study 13.2 *(contd)*

Steve left the group when he was in his mid-twenties and had considerable problems adjusting back into mainstream life. He sought specialist help for his panic attacks and episodes of feeling 'spaced out.' Because Steve had spent long periods of time effectively in a dissociated state, he was now struggling to focus his mind and critical faculties.

During the therapeutic intervention it was noted that some of his ideas sounded rather paranoid; for example, he was convinced that the group were out to kill him and remembered someone mentioning making him into a suicide bomber. He remembered veiled threats about what would happen to him if he left the group. He also expressed some bizarre ideas, that people are really reptiles, which his group had believed along with more classic Buddhist beliefs. He believed he had a reptile living in him and said he could see the reptile eyes blinking inside others.

Steve was calmly helped to recall what he could in a non-judgemental atmosphere. His fears relating to threats to his safety and that of others, from this apparently peace-loving Buddhist group, were taken seriously. He was encouraged to challenge the more bizarre ideas by using cognitive techniques including critical thinking and reasoning.

His levels of dissociation and the bizarre ideas indoctrinated into him began to lessen as he adjusted to the 'real' world. He had a supportive family and was slowly able to normalise back into a functional day-to-day routine.

Case study 13.3

Gina/Martha: cult pseudo-identity

By her mid-twenties, Gina had become disillusioned with being a teacher and was disenchanted with her local church. She heard about a new radical Christian community that had started up a few miles away and although she heard it was a bit 'wacky', and knew little about it, she felt there would be no harm in going along and seeing what they were up to.

She quickly became involved with the community, drawn in by their apparent genuineness, caring and desire to see her join. The leader was attractive, charismatic and seemed to think she was special.

Gina visited increasingly often, not fully listening to her gut feeling that perhaps it was too good to be true, yet not seeing anything that she felt should put her off. She spent a good deal of time in groups reading the Bible and being taught new ways of interpreting it. This included a teaching that you must leave your family and friends to show commitment to 'God'. She decided to leave her flat and job and to give her full time to the community. Her family and friends were very concerned about this but she didn't care as her new friends were pushing her to 'lay down her life for Christ' and to 'surrender' herself for the work of the community. She was excited at being accepted into this special group of people. They suggested she change her name to Martha to show her commitment to God and to them. She felt more connected to them than ever.

Case study 13.3 *(contd)*

After being a member for some months she was asked to cook the evening meal but politely declined as she was busy. The demeanour of her new 'friend' suddenly changed. She became cold, hard and chastised her. Gina/Martha was shocked by this sudden change. She could barely comprehend it and became confused. Initially, she felt a spark of anger, but quickly turned this anger against herself for questioning in the first place. This incident was followed by a period of silence from members of the group. Gina/Martha soon learnt that if she complied, she would feel accepted, and if she did not, she would receive similar rebukes and silences.

One Sunday Gina/Martha went for a walk and came back 'full of the joys of spring'. The leader told her to make some breakfast and she immediately felt resentful and let him know by a small huff that she did not want to. He insisted and so she complied. When the community met for their worship meeting later that day, Gina/Martha was received with a chillingly cold atmosphere, was told God was angry with her for her 'bad attitude' and that they wanted to talk to her privately. She was filled with dread. Later, they told her God would reject her if she did not change her attitude – Gina/Martha was deeply shocked by this and was shaking and frightened. From that time Gina became Martha in actuality. She became quiet, serious and religious, complying fully with the beliefs and practices of her new group of people, her new 'family'. She dressed differently, wore her hair differently and had no contact with her own family.

Not long after, she was told that God wanted new members to join the community and although at one time Gina would have questioned 'going out and dragging people in', and would have absolutely refused, on some level Martha remembered the anger and shock of being rebuked, which had happened unpredictably many more times, and she complied. She was told that any tactics were sanctioned in order to bring people in. She was assigned to bring men into the group. Martha understood the implications and Gina was truly buried deep within. Martha believed that sleeping with men in order to 'convert them' and obeying without question was the work of God.

Gina's personality was profoundly altered by this experience. She had grown up in a middle class, well-adjusted family, done well at school and as a young woman enjoyed partying, travelling and fun. She had had a few boyfriends and had slept with one but since then had felt she wanted to wait until she was in a long-term, stable relationship before sleeping with anyone again.

After she left the group, Gina said: 'Martha was "born" in order to become the person they expected me to be: hating my parents, rejecting all outside the community, and doing things I would never have done before – I was a stranger to myself. Martha is still present in me, and her voice is different to mine.'

Gina's therapist understood that she had developed a 'cult pseudo-personality' which was compliant with the cult, and informed her that this is usual following an abusive cult experience. Her therapist held in mind the fear that Gina had been under and took a gentle, non-challenging, empowering stance with her. Gina was helped to recall what she was like before her time in the community and she began a process of remembering and reconnecting with her pre-cult personality.

Her therapist encouraged her to get in touch with her family and old friends again, to think carefully about what she wanted to wear, how she wanted her hair and what she wanted to eat, in order to assist this process. She was encouraged to

Case study 13.3 *(contd)*

use critical thinking and challenge the way the Bible and her belief in God had been used to control her, including finding other ways of interpreting the Bible. Gina's family were supportive and learnt as much as they could about harmful and abusive cults. They supported Gina financially for some months as she had no savings – the cult had taken all her money and she struggled with dependency issues. In time, she began to reconnect with her pre-cult self, although her therapist could see her 'floating' between the two personas.

She talked about how ashamed she felt having had sex with men to bring them into the group. Her therapist explained to her that within the coercive belief system of the community it made sense (Lalich, 2004). This helped normalise her feelings and to disarm her shame. She suffered traumatic reactions, such as nightmares and flashbacks and these were worked with, again, in the context of helping Gina understand the cult control and helping her to ground herself in the reality that she had been abused. (Adapted from Jenkinson, 2008.)

Post-cult psychopathology

Leaving a cult-style group is often a traumatic experience. The way individuals leave may have an impact on their recovery process. They may walk away, be expelled (Singer, 2003), leave by means of an intervention by an ethical 'cult exit-counsellor' (Giambalvo, 1995) or leave when their parents leave the cult (Kendall, 2006).

Post-cult psychological problems include increased social dependency and decreased autonomy (Walsh & Bor, 1996), high degrees of dissociation (Martin *et al*, 1992) and significant adjustment difficulties (McKibben, *et al*, 2000). On top of these specific findings, there is generally a wide degree of agreement between a number of authors and researchers concerning general post-cult characteristics and symptoms, including: persistent emotional states such as shame, guilt, fear and cognitive deficiencies, dependence, conformity, difficulty in decision-making, cult-induced phobias, anxiety and panic attacks, depression, dissociation, derealisation, depersonalisation, complex post-traumatic stress disorder including persistent nightmares, and psychotic symptoms (Langone, 1993; Martin, 1993; Hassan, 2000; McKibben *et al*, 2000; Singer, 2003; Conway & Siegelman, 2005; Lalich & Tobias, 2006). Individuals have also attempted suicide, manifested eating disorders and been rendered mute following traumatic cult experiences (Tylden, 1995).

The term 'cult pseudo-identity' describes the phenomenon where a person's identity has been distorted or altered, and as a result a different persona emerged. It is well acknowledged that certain types of childhood trauma can be psychodynamically understood as contributing to a resulting clinical picture of dissociative identity disorder or other conditions along the same spectrum, such as fugue, amnesia or somnambulism. Not so well studied, however, is how particular forms of environmental stress in

adults can disrupt the normally integrative function of identity. A pseudo-identity can be generated by particular types of external stress in a person who may have previously been quite free of any signs or symptoms of personality malfunction (West & Martin, 1996; Jenkinson, 2008). There can be an abrupt switching back and forth between behaviours characteristic of the two identities, with the new personality primarily reflecting the new situational forces and requirements. Lalich (2004) suggests that the pre-cult personality fades into the background, whereas the cult persona emerges and becomes stronger:

> This is not schizophrenia, not the eruption of a split personality, as might be described in the psychology literature. Rather, the cult member undergoes the development of a personality that stands for, and with, the newly adopted world view and its practices. Total and unquestioning commitment requires a new self [Lalich, 2004: p. 19].

Kendall (2006) looked at whether the indications of harm and/or benefits were different for those becoming part of a cult as adults (first generation), as compared with those who spent all or part of their childhood in a cult (second generation). She compared their scores on psychological distress scales in adulthood as well as childhood experiences and concluded that the second generation had higher scores in adulthood for psychological distress than the samples of either first-generation former members or those who had spent no time in a sect.

Diagnosis

Perlado (2003) reviews some diagnostic proposals on the clinical complexity of those affected by cult-like organisations. He concludes that criteria unification as well as more work on specific diagnostic outlines could help in the research of this problem. He suggests that diagnosis should increase understanding of the complex psychopathology involved and warns against it adding to 'a sense of omnipotence and control over the problem'.

Martin *et al* have stated that 'the collective profiles for these [ex-cult member] populations appear to be sufficiently dissimilar to established clinical profiles as to warrant labelling as a distinct syndrome' (Martin *et al*, 1992: p. 239). Sirkin (1990) raises the difficulty of discerning whether the psychopathology is a function of cult involvement or whether it was pre-existing. He notes this question may never be resolved but suggests DSM–IV diagnosis on Axes I and II should be the rule rather than the exception. Rapid resolution of symptoms that are cult-related should usually be achieved on exiting the cult, and if so, this fits in with Axis I spectrum disorders. More long-standing personality problems that may have rendered the person vulnerable to the cult initially would be in line with Axis II.

Hassan (2000) recommends further research into the cult phenomenon and predicts that a study of in-patients in mental hospitals in the USA will reveal that a significant percentage have been recipients of destructive cult-style behaviour. Haworth (2001) notes there are well over 500 different

cults operating in the UK and Hassan's prediction may therefore also be true for the UK.

Treatment

Psychiatric and psychotherapeutic help is unlikely to be of benefit to former members unless the full history and context of their cult involvement is known and understood (Martin, 1993; Singer, 2003). Psychiatric care will be dictated by the nature of the illness, the pre-morbid personality and the patient's remaining available strengths.

Specialist counselling with first-generation cult members needs to focus on:

- discerning between cult-induced psychopathology and inherent mental illness; attention to what the individual has been taught in the group will be necessary;
- education aimed at empowering the ex-cult member to understand their cult experience and undo indoctrinated teachings, beliefs and practices that compromise their autonomy;
- addressing cult-related issues before any childhood or family of origin issues;
- disarming shame (cults often use shame as a control mechanism (Lalich & Tobias, 2006) and ex-members can feel a sense of shame at having been involved);
- attending to post-traumatic stress and post-traumatic stress disorder;
- reconnecting with the pre-cult personality and moving away from the cult pseudo-identity (which may include changing appearance, reconnecting with creativity and learning to trust family, friends and new people) (Jenkinson, 2008);
- integrating the experience and moving on (see Langone, 1993; Martin, 1993; Hassan, 2000; Singer, 2003; Lalich & Tobias, 2006).

John Clarke, from Harvard Medical School, in 1979 testified before a special committee of the Vermont State Senate investigating 'the effects of some religious cults on the health and welfare of their converts'. In his statement he cited the known health hazards, both physical and psychological, and concluded:

> The fact of a personality shift in my opinion is established. That this is a phenomenon basically unfamiliar to the mental health profession I am certain of. The fact that our ordinary methods of treatment don't work is also clear, as are the frightening hazards to the process of personal growth and mental health [Conway & Siegelman, 2005: p. 78].

Specialist counselling for second-generation cult survivors needs to acknowledge their different and unusual needs. They will have no, or very little, pre-cult experience and may need a wide range of practical as well as psychological support in order to integrate into the very different and alien world outside the cult.

Conclusion

The modern world is characterised by a search for meaning in the midst of the breakdown of traditional structures and beliefs. Many people are exploring new ideas and are being attracted to a wide range of spiritual approaches. Amid this chaos a significant number will fall victim to false gurus and pathological spirituality.

Mind-altering techniques exert their influence along a continuum, but when used in an environment where there is an imbalance of power, they may cause harm. Groups that use techniques such as 'brainwashing', 'persuasive coercion', 'thought reform' and 'mind control' may be damaging to individuals, their communities and society at large. When such techniques are used, spiritual beliefs, practices and experiences may become pathological.

Psychiatry must be prepared to understand the potent effects of 'pathological spirituality' not only on the mindset of individuals but also, from the cultic studies' perspective, on the dynamics within groups. Only then can psychiatrists hope to recognise the signs and help those involved in the most effective way.

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