

CULTS

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EDITOR'S NOTE

The author of this lesson has studied the nature of cults for many years and is considered one of the most knowledgeable experts on the relationship between so-called totalist cults, human behavior, and psychopathology. While there are numerous harmless cults, most of them religious, mystical, political, or having to do with various approaches to self-improvement, those that are totalist (i.e., a group that exhibits excessive devotion to a person or cause) are potentially dangerous because they use manipulative and/or coercive techniques of persuasion and control and are usually designed to advance the goals of the leaders, thereby functioning in an authoritarian fashion.

Tactics used to increase a recruit's vulnerability include: isolation, control over communication and information channels, physical debilitation, psychological degradation, the induction of fear and confusion, an admixture of harshness and leniency, peer pressure, insistence on the need to identify with the group for survival, assigning monotonous tasks to weaken self-determination, and the performance of acts of symbolic betrayal or renunciation of self, family, and previously held values.

Specific totalist cults are briefly described here. The most common psychopathological condition seen in people emerging from totalist cults is post-traumatic stress disorder, with prominent dissociative features. The author cites various approaches to treatment and rehabilitation.

While many clinicians may not directly encounter totalist cult activities or people involved in them—more often we read about them in the press or professional journals—the more we know, the better we will be prepared to deal with any such situation should it arise.

law enforcement agency findings, and legislative inquiries. The psychiatric symptoms seen in people emerging from totalist cults often meet the criteria for PTSD. Dissociative features are usually prominent, with findings likely to include disturbances or alterations in the normally integrative functions of identity, memory, or consciousness. Such a disturbance or alteration may be sudden or gradual, transient or chronic, immediate or delayed. The six features of the so-called cult indoctrination syndrome, described by West and Singer,² are listed in Table 2.

Treatment of Cult Victims

Often cult members' families are the first to seek help, advice, and even psychotherapy for themselves in their anguish over the loved one who seemingly is lost to them. A few agencies, such as the Los Angeles Cult Clinic,¹⁴ provide specialized services and support for these indirect victims of cults.

In the past, many desperate families were driven to kidnapping their own children in order to rescue them from cults, and then to "deprogram" them in a procedure that involved intensive discussions of the cults' practices, including hard facts about the leadership. However, as more and more people (mostly young adults) have emerged from cults, some are joining the growing ranks of those who now act as "reentry counselors." Most of those who are "deprogrammed" either never go back to the cults (even though they are usually free to do so in a matter of days or weeks) or return only temporarily. Others go back to stay.¹⁵ A number of parents have been charged with kidnapping as a consequence of such failed rescue efforts, but they are virtually never convicted. For those who were not forcibly removed but who escaped or were ejected, reentry counseling, or voluntary deprogramming, represents a relatively effective, legal treatment approach to help cult members cope with the many problems involved as they begin to assimilate information previously avoided or denied them by the cults.

A particular problem of the cult victim's return to the normal world is the reconstitution of relationships with family and friends. Complete rehabilitation is an extensive, time-consuming process. It may take several months before former cult members are ready to work in something resembling ordinary psychotherapy. This should, of course, be geared to the patient's psychopathology but oriented to the realities of the cult experience. Prior to that, the method of group therapy employed by Singer^{13,16} seems to be quite helpful. The full rehabilitation of former cult members may take a year or longer, as described by Goldberg and Goldberg.¹¹

Another aspect of the victim's return to a more normal life may be a decision to seek some reparation for the losses sustained and harm experienced at the hands of the cult leaders. The process of legal redress, including payment of damages or reparations, may be very therapeutic. Financial compensation has been found helpful in the rehabilitation of death-camp survivors, former hostages, victims of torture and other terrorist victims. Stofsel¹⁷ has described his experience with this aspect of aftercare in treating victims of the 1975

Table 2
THE CULT INDOCTRINATION SYNDROME

- Sudden, drastic alteration of the victim's value system
- Reduction of cognitive flexibility and adaptability
- Narrowing, blunting, or distortion of affect
- Psychological regression
- Physical changes, including weight loss, deterioration in physical appearance, mask-like facial expression, often with a blank stare or darting, evasive eyes, or a puppet-like cheeriness
- In some cases, clear-cut psychopathological changes including major dissociative symptoms, obsessional ruminations, delusional thinking, hallucinations, and various other psychiatric signs and symptoms

and 1977 hijackings of trains in the Netherlands. A special aftercare team funded by the Dutch government found that financial compensation represented a psychologically helpful proof of vindication to these victims, many of whom had felt themselves to be "unpaid soldiers" of the state. In a recent South African case, Auret Van Heerden sued 10 officers of the security police in an action for damages, claiming PTSD induced by torture in detention. Following testimony in support of Van Heerden's claim, the Africaner judge ruled that the diagnosis was proved and had indeed resulted from the conditions of detention. This was psychologically very helpful to the victim, even though for technical reasons the large monetary recovery requested was not forthcoming. Victims of the former military regime in Argentina have also been observed to benefit from recent legal actions against their former persecutors.

In my judgment, similar legal remedies should be available for victims of damage inflicted by cults. This view derives both from the evolution of a consumer protection tradition (as exemplified in the health field) and from the older legal matrix of redress for damages and civil wrongs. If former members of a cult find that they have been harmed as a result of activities by the group, they should be able to sue that organization and/or its leaders for the damages or losses suffered. In the secular world, there is general acceptance that detrimental influence and control can be real. Intimidation (through force, threat of force, or even institutional sanctions) is a powerful way to control behavior, and thoughts tend to follow behavior through rationalization and self-justification. Deception is also a well-known method of exploiting people through misinformation, concealment, distraction, or betrayal of trust. Our laws and codes of ethics accept the vulnerability of people to intimidation and deception. They also accept the possibility that relationships of special trust (such as those enjoyed by physicians, nurses, psychologists, other health workers, attorneys, ministers, etc.) may be improperly exploited. However, where cults are concerned, suits for damages invoking such principles have been rare until recently, when a few have been successful. If lawsuits of this type increasingly lead to recovery of damages from totalist cults and as cult victims and their families are provided greater protection under the law, the epidemic of cult-related harms may begin to subside.

In such cases, the defense usually argues that the plaintiff in some way did it to himself or herself, or partici-

pated voluntarily, so that the cult is blameless under the law. The argument assumes that those who enter cults do so (1) as the culmination of a genuine religious pilgrimage, (2) in search of relief from symptoms of psychopathology, (3) as an escape from a bad family situation, or (4) to find an oasis of peace or spiritual serenity in the midst of a stressful and violent society. The attribution of various personal characteristics to those who are drawn into cults, without attention to the forceful maneuvers employed by the cults to recruit and retain members, is similar to a process called "blaming the victim." If an offense is explained primarily in terms of characteristics of the victim, the behavior of the perpetrator need not be analyzed.

There is also controversy over the issue of "brainwashing," or mind control, and whether it is truly possible for cultic groups or their leaders to influence and control the thoughts and behaviors of followers to their detriment. Recently the American Psychological Association (APA) and the American Sociological Association have taken the position that the concept of coercive persuasion in the context of cult-related litigation is not scientifically meaningful. In 1987, the APA joined with certain behavioral and social scientists in submitting an *amicus curiae* brief supporting the defendant in a case brought by two individuals who alleged they had been coercively persuaded, deceived, and manipulated into joining and maintaining membership in a religious cult (*Molko v. Holy Spirit Association for the Unification of World Christianity*, 1988). The APA subsequently removed its name from the brief, but stated that its withdrawal was neither an endorsement of any views opposed to those

stated in the brief, nor an indication that it would not ultimately subscribe to the views expressed within the brief. More recently, the circumstances surrounding the APA's involvement in the *amicus curiae* brief were considered by a federal judge to represent the prevailing views within the scientific community [*sic*] and contributed to his decision to disallow testimony by Dr. Margaret Singer regarding brainwashing techniques used by Scientology (*United States v. Fishman*, 1990).

Totalist cults are able to operate successfully—and profitably—because at any given time most of their members are either not yet aware that they are being exploited or, having come to realize it, are unable to express such awareness because of fear, uncertainty, shame, or impairment of will secondary to PTSD or dissociative disorder. The impairment is itself a consequence of the deceptive practices and manipulative techniques involved in their recruitment and retention. It is extremely difficult for people thus damaged to initiate tort actions. However, on behalf of those few who can and do seek legal remedies, on behalf of their families, and also on behalf of all those still in bondage, or not yet recruited but currently exposed to risk, I hope that the legitimacy of such tort actions will be increasingly affirmed by the courts. I hope also that the psychiatric community will affirm, as the American Psychological Association has not, the scientific legitimacy of more than a century's research on hypnosis and suggestibility, and of the past 40 years' work on coercive persuasion, thought reform, and the psychology—and psychopathology—of totalism.

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