

DESTRUCTIVE CULT CONVERSION:
THEORY, RESEARCH, AND TREATMENT

by

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FOREWORD

This is a preliminary report on the psychology of destructive cultic conversions which includes treatment and counseling guidelines. It is directed toward those who are increasingly called upon to help the victims of a widespread process of radical personality changes, mental dysfunctions, and family schisms.

The report owes its origin to the clinical observations made by John G. Clark, Jr., M.D., in his private psychiatric practice. Deeply impressed by the distress of scores of former cult members and their parents who came to him for help, Dr. Clark joined in 1978 with Dr. Michael Langone, a psychologist, to study destructive conversions in a more rigorous and formal way. Together, they established "Studies on Cult Membership and Forced Conversion," a project they conducted at the Massachusetts General Hospital, where Dr. Clark, also an Assistant Clinical Professor of Psychiatry at the associated Harvard Medical School, is a Consulting Psychiatrist.

The aim of the project was to combine a survey of the professional and popular literature on the subject with an analysis of clinical reports to provide some clearer understanding of the mechanisms involved in destructive conversions, thus pointing the way toward more effective therapy for an ill-understood and indeed frequently mis-diagnosed problem.

In order to better achieve this, Drs. Clark and Langone joined in 1979 with Rev. Roger C.B. Daly, already deeply involved in counseling cult victims and their families, and Dr. R. E. Schechter, an historian with an interest in cultic organizations, to form the Boston Personal Development Institute, a non-profit group dedicated to treating former cult members, advising their stricken parents, and consulting with fellow professionals working in the same field.

Despite this experience, we are deeply impressed by the gaps in our understanding of the psychology of destructive conversions and by the tentative quality of the treatment guidelines we suggest. Yet we are encouraged enough by the therapeutic success which these conclusions undergird to share them with others as we continue our work. And much work still needs to be done.

Theoretical formulations and clinical approaches must, of course, be further developed. But equally important, human service professionals who are confronted more and more frequently by the problem must be educated to recognize and deal with it, while the general public, the population at risk, must be forewarned about the sometimes grievous results of the destructive cult involvements.

As part of our own effort to meet this challenge in a comprehensive and unified way, we became affiliated in the fall of 1980 with the American Family Foundation (AFF) - well known for its periodical, The Advisor, which deals with cult-related issues. At AFF we aim to provide a national focus for theoretical research, the development of professional counseling expertise, and preventive public education.

We hope that others interested in ameliorating the destructive cult problem will join in this effort. And we trust that they will do so in the spirit with which we have addressed the issue, not as a defense of traditional psychiatric and allied approaches to human difficulties, or as an attack on religion and religious beliefs, but in order to help solve and even prevent the developmental problems caused by the groups whose effects so concern us.

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The authors alone, of course, take full responsibility for the content, and defects, of the report.

CHAPTER ONE
OVERVIEW OF THE PROBLEM

It has become clear in recent years that American society is experiencing an epidemic of rapid and destructive conversions to one or another of a host of new religious as well as therapeutic and political cults. Although the Jonestown tragedy led initially to a certain public awareness of the problem, misconceptions about the nature of these conversions and reluctance to investigate what appears superficially to be a matter only of intense personal belief have impaired the ability of mental health professionals to understand and treat effectively the victims of this widespread process.

Although a few professionals have discussed in print some of the clinical aspects of the problem, more detailed analyses and therapeutic guidelines are sorely needed. Here, we attempt to provide these. First, we investigate the nature and effects of destructive conversions as seen from the perspective of clinical research. Secondly, we examine the relevant professional literature. Then, we offer a tentative theoretical formulation to explain the personality changes which such conversion frequently induces. And finally, we suggest guidelines for the treatment of both current and former cult members as well as their families - a group usually neglected in such considerations.

The term "cult" has certainly acquired a pejorative sense in popular usage, conjuring up as it does bizarre, extravagant, usually secret rituals, deviant social practices and theological heresy, all involving people who have shunned many of the basic styles of the cultural mainstream. In fact, one hears this derogatory connotation in earliest recorded English use of the word, where "cult" refers to the worship of non-Christian deities such as the gods of ancient Greece and Rome, or when a member of one Christian denomina-

tion labels disapprovingly with the epithet "cult" the particular beliefs and practices of another Christian sect. And even though contemporary scholars may use the term in a value-free way to identify certain religious activities in non-Western societies, "cult" clearly becomes pejorative when used to describe apparently similar kinds of devotion in our own culture.

This damning usage is of course partly due to a culture-bound indignation felt by many toward beliefs and practices which go beyond the limits of acceptability established by even so tolerant and pluralistic a society as ours has become. But the negative connotations of "cult" in America today also stem from rapidly accumulating evidence attesting to the destructive effects of many contemporary cults on both their members and society at large. Investigations by local and federal government agencies, for example, have uncovered immoral and sometimes clearly illegal cult practices including consumer fraud, the violation of tax-exempt status, the imposition of servitude, so-called brainwashing, and the vicious harassment of critics.^{1,2,20,21,27,37,40,51,56,57,58}

Mental health professionals, moreover, now frequently note seriously impaired functioning among both current and former cult members, while hundreds of ex-cult members and their anguished families have condemned the deceptive recruitment and mind-control maintenance practiced by the groups with which we are concerned.^{1,10,15,52} Indeed, the scattered clinical reports now available dealing with the serious psychological damage inflicted on followers by some cults dovetail with our own findings, as well as with popular perceptions, to confirm the contention that these groups use uncommonly powerful and dangerous means to achieve a deadening control over many if not most converts.^{4,5,6,7,18,25,44,46,47,48}

Although orthodox psychiatric opinion tends to view conversion to destructive cults - or to any deviant group - as a function of long-standing

conflicts within the individual, our evidence strongly suggests that the symptomatology of a majority of the former members whom we have seen is not determined principally by pathological aspects of their historical personalities. Rather, these individuals seem to succumb to pressures brought to bear on them within the cult milieu, pressures which can induce radical personality changes as easily in normally developing people as among disturbed ones. Our goal, therefore, is to understand the influence of the cult environment as well as the influence of personal vulnerabilities.

We hasten to add, however, that our argument should not be construed as condemning all cults and cult-like organizations as unhealthy. Different groups present different settings - some harmful, some benign, others perhaps constructive - to potential converts, each of whom in turn presents a unique personality - sometimes healthy, sometimes troubled, always more or less vulnerable - to the proselytizers with whom he comes into contact. We are concerned here exclusively with cults which regularly effect drastic and destructive personality changes in many converts.

Varieties of Destructive Cults

Although destructive cults produce in converts roughly similar psychological changes, each group presents a more or less different aspect to the wider community. The International Society for Krishna Consciousness (ISKCON, whose members are known as Hare Krishna), for example, stems from an Asian tradition. ISKCON temples in many American cities provide a focus for both full and part-time devotion by berobed and often tonsured adepts, known as devotees (accent on second syllable), who follow a very strict regimen which includes much daily prayer, meditation, chanting, scriptural study, special diet, the public solicitation of funds, and the sale of food, flowers and

religious literature. ISKCON is a great beneficiary as well as an important stimulus to this generation's interest in Eastern "ways."¹¹

The Unification Church (UC) could not appear more different from ISKCON. Founded by Korean industrialist-preacher Sun Myung Moon, a messiah to his followers, the UC seems much more of this world and our own culture, devoted as it is not simply to providing personal salvation but to remaking American life and institutions after a Christian-capitalist and militantly anti-communist image. Members are usually clean-cut young men and women who not only spend a great deal of time in prayer and other devotional activities but also engage in public solicitations and sales or in other substantial business enterprises under church leadership. The UC is also deeply involved in legislative lobbying and propagandizing for the new civil religion of which it is a self-proclaimed vanguard.^{1,26,33,57,58}

ISKCON and the UC are essentially "in-house" groups whose members usually live together and earn their subsistence collectively. But there are also a number of "out-of-house" cultic organizations which regularly produce similarly destructive changes in converts even though members generally maintain their separate residences and employments. Prominent among these out-of-house groups is the Church of Scientology, whose founder, L. Ron Hubbard, has developed the pseudo-science of Dianetics, a system profoundly influenced by science fiction concepts, through which initiates are supposed to progress from the more or less troubled psychological states which they brought to the group to a status which so transcends their former difficulties that they join a new order of beings.

Like other prominent cultic groups, the Church of Scientology has become quite wealthy through investments, although its initial income stems not from the itinerant solicitation of the public but from progressively greater pay-

ments - often reaching many thousands of dollars - made by initiates for developmental courses. And Scientology also benefits, like the others, from substantial contributions in cash and kind from the personal resources of its members.^{3,10,38,54}

Quite apart from ISKCON, the UC, and Scientology, a host of other cults competes for converts in the spiritual "marketplace." Some are ephemeral, consisting only of a handful of adepts following the vision of a compelling would-be prophet in one or another corner of America. Others are longer-lived organizations which have created regional, national, and even international networks sustained by systematic recruitment, large revenue-generating enterprises, and modern management techniques. Among the most prominent with which we have dealt, primarily through former members, are The Way International, the Divine Light Mission, the Children of God, and the Church of Bible Understanding.^{9,17,19,42,50}

Similarities among Destructive Cults

Despite their differences, the major cult organizations share certain fundamental traits which help to explain their initial appeal to and subsequent control over converts. Each offers to perspective members the opportunity to join an apparently loving, family-like community of believers in which the individual can gain spiritual fulfillment while leaving behind the problems, anxieties, and uncertainties of his former life.

In promising this, destructive cults are not unlike many among the legion of popular therapies and unorthodox disciplines to which millions of Americans have turned for help in recent years. And in many ways, of course, they mirror the promise, sometimes fulfilled by more traditional American religions, which also share in the current evangelical revival. But the

characteristically totalitarian corporate structure of the destructive groups which concern us, as well as the unconscionable degree to which they use manipulative techniques of conversion and maintenance, clearly distinguish them from helpful or relatively benign solutions to private and public problems.

Destructive cult leaders have, as a result of their evangelism, usually become wealthy men or women whom their followers have invested with unique, even God-like powers. They espouse and enforce beliefs and practices which converts hold to be absolutely true and vital to salvation while at the same time encouraging a rabid intolerance of other belief systems and of outsiders who do not share the same vision. The typical result among converts is a paranoid view of the non-cult world and an intrigue-laden, guarded, and manipulative interaction with it.

Consistent with the siege outlook which they foster, such groups are strictly governed by a well-defined hierarchy through which members direct unquestioning obedience to a leader whose directives are often seen to be above secular law. The appearance within the group of proscribed thoughts and actions calls up harsh sanctions. Individuality is uniformly suppressed in the interest of collective solidarity and in order to achieve the spiritual and material goals set by the leadership. Each personality is made to fit a form which reflects the ideal inherent in the group's ideology. Idiosyncratic intimacy between members, and especially contacts with non-members, are usually restricted and tightly controlled, with the result that there is, typically, a curious lack of depth even to admittedly warm relations developed within the group.

The Conversion Process

In order to achieve such dramatic results, most cult groups have developed essentially similar - and very clearly compelling - conversion techniques for exploiting the vulnerabilities of potential converts. They understand well, first of all, that converts are most likely to be found among travelers and others in unfamiliar surroundings, among people in various sorts of distress, and especially among young people who are, whatever their formal attachments, making psychological transitions to maturity. Thus, cult proselytizers frequent bus and train stations, airports, libraries, campus meeting spots, rallies, anywhere unattached or otherwise vulnerable persons are likely to be passing by or lounging about, as well as hospitals, prisons, bars, and other places where individuals are able, even encouraged, to feel and express heightened self-concern. Cult recruiters are trained to evaluate prospects in these circumstances quickly through observation and apparently innocuous conversations to determine which ones merit further attention.

Enticement

Once a likely convert is identified, the proselytizer makes a calculated effort to engage his interest. A Krishna devotee, for example, stops chanting with his fellows in front of a large public library and starts a conversation with a student who has been sitting by the steps looking on, then invites the student to read some literature on a new way of life, asks him to dinner that evening, and promises a special kind of fellowship there. Or, a youth recently arrived in town, knapsack on back and guitar in hand, is approached by two Unification Church members who offer her a place to stay until she settles down, a place where she can, by the way, have a meal, listen to some good

music, and meet congenial, like-minded people. Similarly, a Way International recruiter sits down next to a youth at a college chapel and suggests that there is a new Bible-study group near campus which offers more satisfactory answers to spiritual questions than any found through traditional churches. In yet another mode, a young clerk may be buttonholed by a business-suited Scientologist who hands him a lengthy questionnaire, discusses with him the possibilities of resolving the personality problems which the answers reveal, and invites the prospect to begin a course of counseling calculated to eliminate the difficulties. The variations on this theme of enticement seem infinite, although all are grounded on the certain chance that at least some among the many contacted will choose to take a first step toward a group whose nature, and even name, may not yet have been revealed to them.

During such initial contacts, and in early meetings within the cult milieu, the proselytizers aim to make the group extremely attractive to the prospect. They touch him deeply with expressions of great concern for his well-being, even with professions of love, and by studied attention to his ideas, interests and hopes. The prospect is usually moved and exhilarated by such attention from idealistic people apparently like himself who seem to share a meaningful existence and to be solving personal problems of development. He is willing to hear more about the group, to come back for a special program, to sign up for an extended course, even to take time off from other pursuits to join in fellowship and personal development.

Conversion

So the prospect attends a special function or series of classes. He may be puzzled by many of the ideas put forward here, and confused by certain practices alien to his experience or by subtle alterations in the meanings of familiar words, symbols, and concepts. Any penetrating questions the

prospect may voice about all of this are put off with the excuse that everything will become clear in time. Such attempts to shift the potential convert's focus away from skeptical thoughts, when combined as they typically are with continuous activity and cult-directed conversation, tend to short-circuit or slow down the alarm functions which would in less controlled and determined contexts lead to an evaluation and perhaps a rejection of the new information. In any case, the prospect is often too embarrassed to protest or disagree for fear of appearing to reject unreasonably the apparent concern for his well-being shown by his cult mentors.

The newcomer continues to listen, then, and to join as best he can in the variety of activities established by the cult's softening-up process. If he is among Scientologists, the prospect may well continue with the early stages of "auditing," a series of dialogues between him and a trained practitioner aimed ostensibly to define and purge anxious or debilitating thoughts. He may also respond positively to appeals by confirmed Scientologists to join them in other devotional, educational, or social activities heavy with the ambiance of the cult's style.

Similarly, newcomers to The Way International or the Unification Church will engage, even if only conditionally at first, in prayer, songs, discussions, and games which characterize the early stages of the conversion schedule. Here also, tried cult members, who have been previously briefed for the purpose, attend the prospect constantly, sometimes even to the very door of the toilet. They continue during every waking hour of every visit to encourage the prospect in friendly but firm ways to become an enthusiastic part of the cult's special camaraderie. They provide promise, through their openness and concern, that with the group the prospect will find not only a community devoted to ideals dishonored by the wider society, but resolution of

the difficulties he may be having with his family, friends, lover, school, job, indeed with social or psychological adjustments of any kind. Importantly, the proselytizers here use information in their discourse with the prospect which he himself has already provided about his hopes, fears, and guilts, to suggest that the cult alone offers a chance to banish these problems, to transcend them. Conversion, then, is a very personalized process tailored by the cult in unknowing collusion with the innocent newcomer.

The conversion stage, highlighted by such intensive, personalized attention, exaggerates in the prospect old stresses and induces new ones. Prior stresses are exacerbated by frequent references to personal problems, while other aspects of the curriculum add to this burden even more stress, not only psychological, but physical. Marathon lectures, encounter group sessions, intense one-on-one discussions, and the like, maintain fully the prospect's attention and greatly tax his energy, which is often further sapped by the studied deprivation of adequate rest and nourishment. Even games and singing are not respites in the softening-up process. Rather, they are further opportunities to keep the prospect's attention so fixed, and his energies so extended, that he cannot really reflect on or judge the mass of new, cult-inspired information, or deal adequately with the stress and anxiety thus induced.

So intense is such determined pressure that at some point - frequently in the context of a special ritual or discipline calculated to induce an altered state of consciousness - the prospect's attention narrows radically. He becomes very suggestible, yields up the uncomfortable autonomy which he brought to the cult, and stands ready to accept its ideas more fully and uncritically. Such a state of consciousness, brought on because the mind

cannot adequately assimilate a mass of new information without focusing on it alone, may sometimes appear trance-like in its intensity. This focused state prevents the prospect from fully evaluating the new ideas in light of his prior experience. Furthermore, since these ideas tend to echo his own ideals and hopes, however unrealistic they may be, he becomes an uncritical receptacle for notions ranging from the wildly idealistic to the apocalyptic.

It should be noted here that the manipulations of the proselytizers are so effective in such circumstances because the prospect is not essentially defensive, as a prisoner of war might be. Rather, he is a guest, even a self-defined seeker, who is predisposed to accept many of the promises of the cult's ideology. Depending on the prospect's receptivity, the cult's persuasiveness, and the amount of time spent in the cult milieu, conversion may be achieved in a day or two or during a long weekend, although it is not unusual for the process to take weeks or months.

Acculturation

Conversion can begin in earnest once the prospect is in an especially receptive state of consciousness. Supported by marathon classes and intense devotional or confessional activities calculated to maintain and strengthen the convert's receptivity, the proselytizers attempt to effect a thorough ideological reform. By inducing the convert to repeatedly espouse and practice the cult's beliefs and sanctioned behavior, they lead him to a full and unquestioned adoption of the cult's world view. In time, the cult's way becomes the convert's way, and his old world view becomes a distant memory, partly forgotten and partly cut off - that is dissociated - from his day-to-day consciousness.

One result of this reeducation is to polarize the convert's thinking, to lead him to believe that the cult represents all that is good and necessary

to his needs, and that non-cult associations are harmful, even evil, and either to be avoided at almost any cost or manipulated to serve the convert's new needs. This simplification, in which the ambiguities of the new member's past life fall away, exaggerates prior alienation from many important aspects of the individual's pre-cult existence, and he becomes antagonistic toward them. He begins to recoil at the "heretical" beliefs about religion and society from which he is disengaging himself, and he will practice deception in his dealings with the hostile non-cult world because the sanctified ends justify such means. No longer able to evaluate beliefs and perceptions about these associations according to the proven commonsense criteria which he formerly used, the convert now makes judgments which tend to conform to the cult's precepts and vision.

Parents are often the chief subjects of this polarizing thought reform when young people are involved because they provide the strongest link between the youthful convert and his old way of life, a link fraught in any case with emotional difficulties stemming from the weaning process. But rather than simply help the convert to "leave home," as it were, in order to establish a separate yet reasonably healthy existence, the cult provides a new family which becomes the focus for relationships previously sustained by kinship links. Parental affection and concern often become for members of most cults demonic attempts to maintain the corrupting controls responsible both for the convert's problems and for the sad state of the world. One group, for example, encourages the transfer of positive thoughts from the old order to the new by inculcating a distinction between "biological" parents, who bore and raised the convert, and "true" parents, who turn out to be none other than the leader or leaders of the new "cult" family.

In the same way, the initiate's notions about what is good or evil,

about what can ensure health and well-being, are skewed or totally revised by cult curricula which recognize the essential connections between language, thought, and action. Members of ISKCON, for example, reportedly learn first that gambling is wrong, but in due course it is hammered home that gambling is akin to "speculation," and finally that speculative thought, independent thinking not guided and informed by the cult's concrete and simplistic world view, is both evil and dangerous. Similarly, Unification Church members' loyalties are redirected by a calculated confusion between the initiates' new "father," already a revised definition of the term, and the "heavenly" father - God himself - whose authority should not be questioned. Thus, "heavenly deception" in the marketplace can become a way of life literally because God seems to sanction it for the greater good of the victims and for the very salvation of the deceivers.

Distortions of familiar terms and symbols are especially effective when they are incorporated into old, familiar songs and idioms. This helps further to clinch the convert's break with the past and bind him to his new existence.

As indoctrination proceeds, the cult vividly conjures up the specter of supernatural sanctions for non-conformity. Redemption and salvation will only come to true believers and practitioners, while damnation and misery await the heretic. This fate, moreover, is reserved not only for the backslider or apostate, but for his benighted family, who do not yet believe as he does. The antipathy toward parents nurtured by the cult is thus mitigated, as perhaps it must be, by the convert's new compulsion to save his family, and friends, by reforming them. His mind now filling with terrifying thoughts, perhaps last experienced only in the normally suggestible childhood years, the convert strives passionately to make the cult way his own. He joins wholeheartedly in continuous self-evaluation by cult standards. Past experi-

ences, values, powers of discrimination, become so well suppressed that he begins to manipulate, both in self-defense and to achieve fulfillment, the simple, concrete, and magical universe which the cult has revealed to him.

In effect, the convert's mind seems split. A factitious second personality - the cult personality - begins episodically to achieve a certain autonomy as it struggles with the old one for position in the forefront of consciousness. The stress on the individual here is, of course, very great, and can be relieved only by giving in to the new self. Indeed, converts in most destructive cults learn special dissociative techniques - meditation, chanting, glossolalia - in order to suppress impure and, therefore, stressful thoughts, or to deflect outsiders' equally stressful challenges to their beliefs and life-styles.

Before detailing the problems with which cult-leavers are often saddled as they try to readjust to the outside world, it should be emphasized that the induction of trance states, even in something like the manner we have outlined, is nothing new, and certainly not the mysterious invention of contemporary cults. The achievement of a state of uncritical receptivity has always been a prominent feature of both Western and non-Western religious practice. Great and good divines, as well as harmful ones, have depended upon gaining such receptivity to help inspire changed attitudes and new life-styles among congregants, while Christian faith-healers, like their analogues on every continent, still use their appropriate devices to treat all sorts of afflictions. But unlike Jim Jones and other destructive cult leaders, these relatively benign practitioners have not, as a rule, maintained supplicants in radically altered mental states long enough to produce the deadening syndrome elaborated here. Quite the opposite. The African villager who has submitted to the dissociating ritual of affliction in order to cure an illness,

like the ecstatic recipient of the Christian healer's touch, soon returns to his familiar, everyday world, perhaps on the way to recovery, even spiritually uplifted, but essentially unimpaired in his mental functioning. Indeed, the experience is geared to help the individual adapt in some integrative way to the wider society whence he came for help. And the same can be said, we think, for the results of monastic training and similar disciplined, devotional regimes, where the history of a person's involvement does not usually result in a drastic attenuation of mental processes or personality development. Such malignant effects are, however, the hallmarks of many contemporary cults which have "rediscovered" the age-old folk art, refined it, and carried it to an uncharacteristic extreme.

Problems of Former Cult Members

Observations of recent cult-leavers reveal in each many of the following characteristics. Bear in mind, however, that changes engendered by conversion in any individual can only be judged with certainty if they are measured against the preconversion personality. In order to understand a person's conversion, therefore, it is absolutely necessary to gain as complete a personal history as possible.

Appearance

Recent cult-leavers look depressed much of the time. Posture is frequently stooped; conversational gesturing sparse, speech slow, and responses to external stimuli - a shout, even a question - lag behind normal expectations. There is often a fixed, intense focus in the eyes which is reflected as well in a certain rigidity of facial expression and body posture. This attitude is clearest when there is a shift in the subject or mode of con-

versation, when the interlocutor, for example, makes a humorous remark in an otherwise serious conversation. The ex-member's response suggests that he is non-plussed, that he has suspended overt reaction while slowly evaluating the new information.

Many cult-leavers are pale, especially those who have belonged to groups which enforce poor diets. Acne is also observed among those whom one would expect to have already passed beyond this typically adolescent complaint. There is as well an apparent indifference to physical appearance - dress and grooming - particularly among former members of cults which remove converts from most contacts with the wider community.

Behavior

There is commonly an uncritical passivity to life as it flows around the ex-member. He has great difficulty making decisions, even about such matters as what clothes to wear each day, or what food to eat.

In addition, his response to stress varies greatly. When pressed by unpleasant ideas, or the need to make difficult decisions, he takes refuge in chanting or other rituals learned in the cult. Yet he may also at times respond to stressful interpersonal relationships with wild verbal and even physical abuse. Indeed, his social interaction, reflecting the variability of stress responses, is punctuated by behavior which reflects little discrimination and a low tolerance for frustration: he or she leaps toward romantic involvement, for example, but just as quickly withdraws when the response is not nearly so fervent. Despite this generally labile reaction to post-cult experiences, many ex-members are consistently, or at least for a time, hypomanic immediately after leaving the group, seemingly intoxicated by the process of rediscovery and reconnection with old memories and associations.

Affect

Depression

We find here a mildly chronic depressed mood in which functioning is impaired, as in a major depression, although subjective distress does not seem to be as great. The ex-member brings to interpersonal discourse and relationships a certain flatness, a sense of depletion and distance.

Guilt

Most cult-leavers feel an abiding sense of guilt, both for what they have done and what they have failed to do - guilt for having thrown over the cult and its ideals, and guilt towards parents and friends, even the man in the street, for having shunned ordinary life in the first place in favor of bizarre cult activities.

Distrust

There is as well a deep distrust, not only of the cult, but of the self that acquiesced in conversion, and a drastic lowering of self-esteem. Ex-members feel that because they were duped by the cult, they can no longer trust their perceptions of what is good or evil, constructive or destructive, in their relationships and associations.

Fear

Fear haunts recent cult-leavers. They are afraid of retribution from the cult for having left, and fearful of being asked why they joined in the first place and what they did as members. They also tend to feel continuously observed, as if they were in a fishbowl. And some even dread that they will become, or that they already are, psychotic.

Outrage

In contrast to fear, ex-members almost universally feel a sense of outrage, indignation, and anger toward the cult, sensing that they have been cheated, robbed of precious time. Sometimes this anger is directed toward

parents, who are blamed alternately for having allowed their child's cult involvement, and then for having wished to rescue him from it.

Despite generally flat affect, then, ex-members show a volatility of mood, an ambivalence toward persons and ideas, which parallels the behavioral difficulty in making decisions and the many-sided affective guilt. They are literally caught between two simultaneously loved and hated worlds.

Perception

Some who have left cults experience auditory, olfactory, or visual hallucinations. These episodes appear in certain cases to be part of a semi-psychotic state characterized by a continuation of obsessional thinking developed by conversion. In some cases, however, the symptoms seem related to pre-conversion pathologies.

Intellectual functioning

Impairment of intellectual functioning is a common symptom of the immediate post-cult period, and lasts in some ways and in some cases for several years after "coming out." Recent leavers find it difficult to think clearly and in a logical, sequential manner about anything. Thoughts stemming from the cult experience continually intrude on attempts to sustain the thread of any analysis. Recent leavers also have blind spots, areas of experience which cannot easily be recalled.

Memory

Memory is also impaired in varying degrees. This is clear from the inability to associate current with pre-cult experiences. Past associations which are in fact recalled by current stimuli are often haphazard, referring at best to tangential but essentially unrelated subjects, and in this sense the thought processes are reminiscent of the manic personality, or of the schizophrenic who employs rhyming associations. Consistent with such behavior,

ex-members will suddenly change the subject of a conversation radically, interpose non-sequiturs, and generally give the impression of associational disturbances in the flow of consciousness. Such sudden shifts in thinking are often called "floating," for the ex-cultist seems to vacillate from cult to non-cult ways of thinking and responding to the world.

Thought content

The actual thought content of recent leavers shows similar pathological features. Depersonalization and derealization are common, as is the lapsing into recitation of cult formulas. Most ex-members also exhibit obsessional thinking which extends in some cases to both suicidal and homicidal ideation, the former apparently related to the mind's failure to illuminate and reform itself, the latter directed toward those considered responsible for causing the condition, whether parents, cult members, or deprogrammers. Ideas of influence (the belief that one's thoughts are controlled by others) and reference (the erroneous belief that events in the outside world have a direct reference to one's self), common in schizophrenics and borderline cases, also appear in transient form among cult-leavers. They also find it difficult to acknowledge the nature and enormity of their problems, although readily admitting the symptoms of intellectual dysfunction which they suffer. They are uneasy with the notion that their minds may have been tampered with, and that they allowed this to happen. They also tend, with some justice of course, to blame others for their predicament.

Decision making

Finally, and consistent with their generally muddled states of mind, recent cult-leavers cannot easily manage decisions necessary for getting through each day - "What clothes shall I wear?" - not to mention long-range decisions concerning education, employment, and the like, the kinds of de-

cisions for which they had little or no responsibility while in the cult.

Effects on the Family

When young persons first become involved in fringe religious groups, parental reactions vary markedly. Some parents, particularly those who do not know much about cults, may initially approve of the child's new religious and social behavior, especially if it seems to contrast favorably with prior behavior, such as drug experimentation, or chronic loneliness. Still other parents, to whom the child is overly attached, may at first feel relief because the child's dependency seems to have ended. On the other hand, parents who are somewhat knowledgeable about cults, or who expect moderate social conformity from their children, generally become frightened or at least apprehensively observant when the child shows a strong interest in such an organization.

The alarm felt by these wary parents will be shared in varying degrees by almost all parents once they become aware of the sudden and marked alterations in personality that characterize conversion to the types of religious cults that concern us. Many are so shaken by such changes in their children that they question their own fundamental assumptions about the world. What they observe is not supposed to be possible and, in fact, is denied or viewed with skepticism by most outsiders. It comes as no surprise, then, that parents sometimes experience a terrifying sense of unreality, and tend to be confused and indecisive.

For some, this indecisiveness is paralyzing. They remain passive, tortured witnesses of their child's transformation. Many, however, overcome this stunned incredulity and, like parents less shaken by their shocking observations, respond as they usually do when alarmed by the abnormal activ-

ities of a son or daughter. That is, they try to re-establish a caretaker relationship with the child.

For some parents, this caretaking may consist of rational arguments designed to persuade the child to abandon the cult; for others it may involve yelling, pontificating, ordering, pleading, or manipulating. In virtually all cases, however, parents respond in ways consistent with their past behavior during periods in which they thought the child was in danger.

Unfortunately, cults work systematically to diminish parental influence over and importance to the child: mothers and fathers may be redefined by the cult as biological rather than "true" parents; demons may be said to control the parents; the apparent warmth and closeness of the cult "family" may be contrasted with the tension and conflict in the convert's real family; and the cult, anticipating parental responses, may have the convert repeatedly rehearse counter-responses. Usually, the cult is more powerful than the parents and maintains control of the child.

As parental attempts to recover the child through argument and authority fail, fear frequently turns to desperation and a frantic reaching out for help. At this point, parents call upon clergy, lawyers, mental health professionals, deprogrammers, ex-cult members, and yet other resources. Unfortunately, many of these resources, knowing little or nothing about cults, may meet the parents with skepticism, or offer advice (e.g., "wait and see") that all too frequently makes a bad situation worse. Sometimes, however, they become sufficiently informed about cults, usually with the help of knowledgeable individuals, to develop strategies that enable them to recover their child through legal channels, counseling, or deprogramming.

But since even the methods used by cult "experts" are fraught with uncertainty and risk, failure to return a child to mainstream society is by

no means uncommon. Sometimes, in fact, parental recovery strategies (especially radical deprogramming attempts) force the child to cling even more energetically to the cult, or move cult leaders to send the child "underground" in order to prevent further communication with the parents.

Parents who thus lose their child to the cult world experience intense feelings of helplessness, guilt, and grief. They feel helpless because they have tried their best and failed; they feel guilty because they ruminate over how things might have turned out had they raised their child differently; and they grieve because their child seems lost to them forever.

For such parents, grief is perhaps the most difficult reaction with which to deal because it is essentially interminable. Since a child lost to a cult is not lost completely, as is a child who dies, the parents still have reason to hope, however vainly, for their child's return. This hope prevents them from completing the grieving process, for their loss, although painful and enduring, is not absolute and final; nor is it supported by the recognition and rituals that society offers the bereaved. One can understand, then, why one mother, upon losing her child after a deprogramming failure, said, "I felt like I was at a wake, but there was no body."

Although more fortunate than those who lose a child to a cult, parents who recover offspring also have many problems. Some, upon their child's return, believe that the struggle has ended. They become complacent, or tend to depreciate the severity of the child's adjustment difficulties. Such an attitude is inevitably harmful, for the returnees' problems of adjustment are really very great. A parent who denies this is denying his child emotional support when it is most needed. If the parent does not change his perspective, either in response to his observations of the child's post-cult functioning or as a result of counseling, the member may very well

return to the cult.

Fortunately, most parents are not complacent upon the return of a child. Although they may initially feel much relief and joy upon the homecoming, their pleasure rather quickly gives way to a host of very realistic fears: fear that the child may have a breakdown; fear that the child may return to the cult; fear of harassment from the cult; fear of the financial consequences of their battle to recover the child; fear that inadequacies in their parental skills will prevent them from coping with the new challenge that confronts them; fear of facing old, unresolved conflicts that resurface as soon as the child returns home; and fear of the psychological and philosophical implications of the sudden-conversion process itself.

The stress engendered by such fears tends to destabilize what is commonly already a fragile family unit. Frequently, in an attempt to hold things together, one person will "carry the load" of the family's problems. Although this may improve family relationships over the short run, it is likely to result in a sense of loneliness and resentment on the part of the overburdened person and, consequently, harm family relationships over the long run.

CHAPTER TWO

REVIEW OF THE LITERATURE

Although psychological researchers have conducted numerous empirical studies and offered many theoretical formulations of religious conversion in general, relatively few investigators have specifically examined conversion to contemporary religious cults. The papers reviewed in this chapter include a number of clinical reports,^{4,5,6,7,18,25,44,46,47,48} several investigations of the mental status, history, and cult-related experiences of converts^{23,24,28,31,53} and two anthropological/sociological studies.^{34,35} We will critically discuss this material as well as various theoretical views of cult conversion. This information will provide a background for our own theoretical formulation of the conversion process presented in Chapter Three.

Lofland and Stark's Sociological Study

One of the earliest and most instructive investigations of a cult is Lofland and Stark's³⁵ sociological study of the Unification Church's (UC) early years in the United States. (Although the group's identity was disguised, it is obvious today that the subjects were UC members.) After interviewing cult members, Lofland and Stark concluded that seven determinants, each necessary but not sufficient, influenced a prospective member's conversion to the cult: (1) the experience of acute tension in his day-to-day life; (2) a tendency to conceptualize problems within a religious framework (rather than, for instance, a political framework); (3) defining oneself as a religious seeker; (4) encountering cult members during a turning point in one's life; (5) forming or enhancing an affective bond with one or more cult members; (6) neutralizing any attachments to non-members; and (7) repeated interaction with cult members, leading to verbal and ultimately behavioral

expressions of commitment to the cult way.

Lofland and Stark's model is consistent with the orthodox psychiatric view of religious conversion⁸ in that it identifies certain predisposing variables within the prospective convert. Their model, however, places much more emphasis on the role of the new religion's milieu, particularly relationship factors, in the process of conversion. In fact, in a re-evaluation and update of his and Stark's work, Lofland³⁴ notes that the Unification Church seems to have increased greatly the sophistication of its proselytizing methods. The Church has thereby magnified its ability to bring about conversion in individuals who lack some of the predisposing features that he and Stark believed to be necessary to conversion, e.g., the inclination to conceptualize problems in religious terms.

Clinical Reports

A number of investigators who have been very active in the clinical treatment of former and current cult members have also emphasized the role of the cult milieu in the conversion process.^{4,5,6,7,18,25,44,46,47,48} According to these clinical researchers, the power of the cult milieu is most apparent in converts who, during the period preceding their conversions, had been relatively normal adolescents going through standard developmental crises (e.g., separation from home). No history of psychopathology characterized these converts (comprising one-half of the patients of one investigator⁷); they seem merely to have been in the wrong place at the wrong time.

Such clinical observations, discussed in Chapter One, are extracted from an admittedly biased sample, i.e., ex-members who sought or were brought for treatment. And since the main concern of clinical investigators is therapeutic progress rather than controlled study, their data are not as objective as one would like. Nevertheless, because of the depth of their

experience with converts and their families, the perspectives of these clinicians must not be depreciated, especially in light of the fact that systematic investigations also have serious methodological defects, which we discuss below. But since so little is reliably known about cult conversion, no sources of information can be overlooked.

Questionnaires and Structured Interviews

Studies of Galanter and his associates. Galanter and Buckley²³ administered a questionnaire to a random sample of 119 Divine Light Mission (DLM) members attending a national DLM festival. Among the findings were: (1) members were typically unmarried, white, middle-class, and in their twenties; (2) approximately three-fourths had attended college; (3) one-third had received professional help for emotional problems; (4) one-fourth had been arrested at some time; (5) with the exception of alcohol, drug use prior to cult involvement had been two to four times greater than in a random sample of college students; (6) approximately 20% lived in ashrams, while another 50% lived with other DLM members outside of ashrams; (7) a majority of members were involved in activities outside the movement (primarily work or school); (8) 80% meditated at least twice a day; and (9) retrospective ratings on eight statements pertaining to psychiatric symptomatology indicated a decline in symptomatology upon joining the cult.

Galanter, Rabkin, Rabkin, and Deutsch²⁴ gave a similar but enlarged questionnaire to 237 volunteers from the Unification Church in a large metropolitan area. Among the findings of this study were: (1) the mean duration of membership was almost three years (which could be an indication that the sample was biased); (2) 90% reported some prior commitment to another cult before joining the Moonies; (3) 50% had begun college, 25% had completed it; (4) members tended to leave school upon joining the movement; (5) approxi-

mately one-half had sought psychiatric/psychological help, 6% having been hospitalized at some time; (6) previous drug use was higher than a college sample, although not so high as in the DLM sample of Galanter and Buckley²³; (7) brief rating scales calling for retrospective reporting suggested that neurotic distress had declined upon conversion, although the current level of emotional well-being was less than that for a matched comparison group; (8) conversion usually occurred during a church-run workshop, the church affiliation of which was unknown to most participants; and (9) members worked an average of 67 hours a week, with street proselytizing and sales being the most common pursuits.

Galanter and his colleagues suggest that attribution theory and a "relief effect" account, at least in part, for conversion to a religious cult. Attribution theory asserts that individuals seek explanations for their feelings in the available environment, in this case the cult environment. The relief effect, a sociobiological concept introduced by Galanter,²² assumes that human beings are genetically programmed to experience relief of stress when they join groups. Hence, the prospective convert in a state of distress experiences a relief effect when he joins the group and a tendency to accept the explanations of the cult leaders when trying to understand his altered feelings.

Although attribution theory seems to be a plausible albeit partial explanation for the conversion process, the relief effect is a nebulous concept with little empirical footing. Clearly, group affiliation does not always lead to stress relief -- otherwise why would so many cult members, soldiers, students, and family members leave their groups in order to relieve the stress of unsatisfying interpersonal relations. Furthermore, group affiliation may be only one of many possible avenues for relieving stress: going camping

alone in the woods, participating in a retreat, moving one's residence, and even getting drunk are also means of relieving stress. Considering these observations, and the fact that Man is obviously a social creature, the contention that group affiliation relieves stress appears to have little explanatory utility in the conversion process.

When examined closely, the empirical data collected by Galanter and his colleagues to support their relief effect explanation are also unpersuasive. The eight-item neurotic distress scale used in their studies was not subjected to any psychometric evaluation, suggesting that it has not much more than a questionable face validity, i.e., its questions only appear to concern neurotic distress. Furthermore, the respondents could easily have realized that the scale they were completing (and which in the DLM study was administered by a fellow cult member) was designed to measure distress, the diminution of which is an overt goal -- whether realized in fact or not -- of virtually all cults. Demand effects, cognitive dissonance, social desirability tendencies, and a wish to make the cult look good could all induce a subject to report stress relief upon joining the group, especially considering the fact that all reports were retrospective, a methodological difficulty shared by most empirical studies of cult conversion. Despite these methodological defects, the investigations of Galanter and his associates contain many items of information that may prove useful in understanding cult conversion.

Eden's study of ex-Moonies. In an unpublished study by Eden,¹⁴ 59 former Moonies completed a questionnaire that inquired into many of the same areas investigated by Galanter et al.²⁴ But unlike the latter's sample, in which subjects had been UC members an average of three years, Eden's sample of ex-converts belonged to the church an average of only 12 months and had al-

most all (88%) been involved in some form of anti-cult activity, e.g., public speaking, deprogramming. Eden and Galanter's subjects also differed strikingly in that 90% of the latter's subjects reported some commitment to another cult prior to joining the Moonies, whereas only 10% of the former's sample had associated with other cults.

These contrasts could be a result of sample biases, inaccurate reporting by subjects, or a multitude of other explanations. Those who stay in cults (Galanter's subjects), for example, may have been more predisposed to conceptualize problems within a religious framework or may have had stronger tendencies to seek their identities in the authority of a group. Unfortunately, a choice among these and other hypotheses must be deferred until additional data are collected.

Despite the differences in the samples of these two investigations, several similar findings emerged: (1) both samples consisted of predominantly middle-class youth; (2) approximately one-fourth of each group had graduated from college; (3) many who were in school quit when they joined the UC; (4) nearly all report having experienced some deception on the part of the cult; and (5) many subjects retrospectively reported substantial dissatisfaction with their lives prior to joining the group. Eden, for example, found that strong pre-cult dissatisfaction was expressed toward school (45%), future plans (54%), friends (53%), and sexuality (56%). She further notes that just prior to conversion (88%) of her subjects had undergone at least three major life changes, involving areas such as career, school, or primary relationships.

Kelly's report on 100 rehabilitation cases. In a report to the National Institute of Mental Health, Kelly²⁸ reported demographic data that support some of the findings of Eden and Galanter. Kelly found cult members to be

predominantly white, middle-class youth, with males outnumbering females 62% to 38%. His subjects also had used drugs frequently prior to their cult involvement (30% reporting regular use of hard drugs) and had high educational levels (58% having some college and 22% having been graduated). With regard to religious background, 40% of Kelly's subjects were Protestant, 30% Catholic, and 30% Jewish.

Ungerleider and Wellisch. These authors⁵³ studied four subgroups from several cults (which they did not specify): (1) 22 in-cult subjects who feared deprogramming (concerned members); (2) 11 deprogrammed subjects who returned to the cult (returnees); (3) 9 deprogrammed subjects who did not return to the cult (nonreturnees); and (4) 8 subjects who had left the cult of their own volition (voluntary ex-members). This study utilized a structured interview, a mental status examination, and several psychological instruments (Wechsler, MMPI, Draw-a-Person, and Interpersonal Check List) in order to investigate certain psychosocial characteristics of the sample and to describe the subject's ability to make sound legal decisions.

Results indicated that most of the interview variables did not differentiate the four groups. Not surprisingly, however, the groups did differ with respect to their attitudes toward deprogramming and the length of time they had been in the cult. Concerned members and returnees had negative attitudes toward deprogramming and, for the most part, had been in the cult for at least one year. All of the nonreturnees, on the other hand, had been in the group for less than one year, while voluntary ex-members were more evenly spread across time intervals, 38% having been in less than one year.

Another finding of this study was that the rate of intact parental marriages was significantly less for the voluntary ex-member group (50%)

than for the concerned members (91%), returnees (82%), and nonreturnees (78%). This finding, however, is open to several interpretations. It is possible, for example, that the returnees and concerned members may have exaggerated the unity of their family-backgrounds in order to make the cult membership appear healthier to outsiders. Indeed, their MMPI profiles showed an elevated Lie scale, which reveals an attempt to make a good impression, to deny faults, and to utilize defenses of repression and denial. It is also possible that only the healthiest cult members may have been allowed to volunteer for the study. Again, further research is needed before conclusions can be drawn.

Whatever the explanation for Ungerleider and Wellisch's data on family intactness, it should be kept in mind that their sample was rather small and diverse, including members of several cults, and, therefore, not likely to reveal differences among cults. In Eden's¹⁴ study of ex-Moonies, for example, 91% of a group composed of nonreturnees (two-thirds of the sample) and voluntary ex-members (one-third of the sample) came from intact families, a finding that is at variance with the data of Ungerleider and Wellisch.

Several of Ungerleider and Wellisch's findings also conflict with the data of clinical researchers^{4,5,6,7,18,25,44,46,47,48} who have observed at times marked deficiencies in thinking and decision-making among cult members as well as a tendency toward dissociative states. Ungerleider and Wellisch, however, found all of their subjects to be normal on all aspects of the mental status examination, a finding that, notwithstanding clinical reports, is somewhat surprising given the high percentage of subjects in other studies^{23,24,28} who had sought professional help.

This discrepancy may reflect sampling biases. On the other hand, it could suggest that the study's mental status examiners were disposed to look

mainly for gross psychopathology, for their primary interest was to evaluate the subjects' ability to make sound legal decisions (of which they were found capable). This hypothesis receives some support from the finding that both the in-group (concerned members and returnees) and the out-group (nonreturnees and voluntary ex-members) had MMPI elevations on psychopathic deviancy and hysteria and on paranoia and schizophrenia, respectively, although the profiles of both groups were on the whole within the grossly normal range.

Levine and Salter. Moderate psychological disturbance was also observed among many subjects in a study that involved lengthy and relatively structured interviews of 106 members from nine religious cults.³¹ This study reported other findings that are consistent with the observations of investigators cited previously: (1) 30% of the members interviewed had seen psychiatrists before their conversions; (2) 80% of the members were single and most were middle-class; (3) approximately two-thirds came from intact families; (4) most were dissatisfied with their lives prior to conversion; and (5) most reported an improvement in their psychological states after joining the cult.

Levine and Salter concluded that the cult members they interviewed were troubled but by no means extraordinarily sick individuals whose distress was relieved by the structure, simple answers, communality, and ecstatic, trance-like states found in the cults. These authors "take a less pessimistic view of these religions than is voiced by some critics,"³¹ (p.417), although they do express some reservations about the suddenness and sharpness of changes resulting from conversion and the damage that may be done to borderline and severely neurotic individuals.

Theoretical Formulations

Most of the critics to whom Levine and Salter refer have asserted that the conversion process of some religious cults is closely related to what is popularly called brainwashing. Although certain elements of brainwashing are rarely observed in cults, e.g., the constant use of physical threats, many other elements have been noted by various researchers.

Schein/West and Singer. Schein,⁴³ a pioneer in the study of brainwashing, contends that brainwashing, or what he calls coercive persuasion, entails the systematic application of a battery of techniques to: a) unfreeze, i.e., remove the social and internal supports of, a subject's belief/attitude system; b) change the subject's belief/attitude system by providing him with an authorized set of beliefs/attitudes when he is most receptive to new information; and c) to refreeze the new belief/attitude system, i.e., to provide over time positive (especially social) and negative reinforcement for articulating and behaving in accordance with the authorized system.

West and Singer⁵⁵ have applied Schein's views to religious cults. They suggest that the following elements of the conversion process of destructive cults contribute to major belief/attitude changes that approach and sometimes surpass those observed in brainwashed Korean war prisoners: (1) isolation of the recruit and manipulation of his environment; (2) control over channels of communication and information; (3) debilitation through inadequate diet and fatigue; (4) degradation or diminution of the self; (5) induction of uncertainty, fear, and confusion, with joy and certainty through surrender to the group as the goal; (6) alternation of harshness and leniency in a context of discipline; (7) peer pressure, often applied through ritualized "struggle sessions," generating guilt and requiring open confessions; (8) insistence by seemingly all-powerful hosts that the recruit's survival --

physical or spiritual -- depends on identifying with the group; (9) assignment of monotonous tasks or repetitive activities, such as chanting or copying written materials; and (10) acts of symbolic betrayal or renunciation of self, family, and previously held values, all designed to increase the psychological distance between the recruit and his previous way of life.

Clark/Galper. Clark^{4,5,6,7} and Galper²⁵ have proposed that the elements of coercive persuasion described by West and Singer tend also to induce trance states that increase a potential convert's suggestibility. The isolation from mainstream society, the constant onslaught of "love bombing," lectures around the clock, singing, chanting, and lack of sleep combine to bring about a fading of the generalized reality orientation.⁴⁵ The resulting trance, or dissociative, state leads to a focusing of the attentional field on cult-managed information, which magnifies the recruit's vulnerability to the process of coercive persuasion.

Lifton's model/Richardson et al. Somewhat related to Schein's⁴³ formulation of coercive persuasion is Lifton's³² notion of ideological totalitarianism. According to Lifton, eight separate elements contribute to the formation of a totalistic social group: (1) milieu control (control of human communication); (2) mystical manipulation (sense of higher purpose or calling); (3) demand for purity (black-white picture of the world); (4) cult of confession (social confessing of "impurities"); (5) sacred science (belief system is absolutely true as well as sacred); (6) loading the language (the use of thought-terminating cliches to diminish critical thinking, e.g., "stop fighting it," "no negativity," "seek mindlessness"; (7) doctrine over person (subordination of human experience to the claims of doctrine); and (8) dispensing of existence (only those who are doctrinally pure can be of any account).

In a study of the Jesus movement, Richardson et al.⁴¹ concluded that the elements of ideological totalism as described by Lifton characterize certain Jesus groups. The group's ideological totalism causes "a person to accept ideas and behaviors quite foreign to or previously rejected by the person."⁴¹ (p.196) In fact, the interviewers in this study were so influenced by their subjects that "they felt a need to withdraw daily in order to reaffirm their own worldview through, 'the thin thread of conversation.'"⁴¹ (p.200)

Edwards. The cult milieu's power to influence a person's thinking processes is described in detail by Edwards, a former UC member and author of the biographical account, Crazy for God.¹⁵ Using the Unification Church as an example, Edwards¹⁶ relates a detailed phenomenological picture of conversion to an information-processing view of the mind. According to Edwards, conversion to the Unification Church, which he considers a "techno-religious group," rests on very sophisticated techniques of information control.

During the first stage of conversion, i.e., that of making contact, the cult recruiter will seek out information (e.g., a student's opinion regarding a notice on a bulletin board) that will help him "find a common base" for establishing and maintaining a conversation. The flow of this conversation, however, is consciously controlled by the recruiter, whose goal is to get the prospect to accept an invitation to dinner. Nonverbal signals (e.g., smiling, sustained and intense eye contact) as well as flattery, urgings, questions, and promptings are used in order to suppress or "short-circuit," the potential convert's critical thoughts and to strengthen his interest in the recruiter's group.

When the potential convert, or initiate, comes to dinner, the information control of the first contact is intensified and strengthened by means

of selective reinforcement in a highly charged group setting. Each initiate will have two or more members "loving" him, talking to him constantly, singing to and with him, and even accompanying him to the toilet. So much information, primarily in the form of positive social reinforcement (i.e., love bombing), impinges on the initiate that his critical faculties become nearly if not completely neutralized, i.e., he experiences an information overload (see also Snapping by Conway and Siegelman⁹).

Once this noncritical state (which constitutes a form of dissociation) is achieved, the recruiters will try to obtain a commitment from the initiate to attend a weekend workshop. During this weekend, and in subsequent, advanced workshops, the recruiters attempt to implant new forms of information into the recruit's mind and also continue to manipulate the flow of old information into and out of his consciousness. Newspapers, television, telephones, and outside communications are generally unavailable, thus greatly restricting the flow of information from the non-cult world. The hectic pace and love bombing in the initiate's first exposure to the group continue unabated and effectively prevent internal sources of information, e.g., memories, from coming into or remaining in consciousness.

In addition, lectures and the role modeling of older members offer a new set of roles, as well as a new way of conceptualizing experience. Old information (e.g., personal memories, facts learned in school) is then re-coded so that it becomes consistent with the conceptual structure of the cult doctrine. The recruit's acceptance of and ultimately his commitment to this new view is brought about by the continued use of selective group reinforcement and a mind-numbing flood of controlled information.

Conclusions

Methodological Difficulties

Scientific investigators of the cult phenomenon encounter a number of serious methodological difficulties that detract from the authoritativeness of their findings. First of all, it is very difficult to obtain objective, unbiased measures of the variables under study. It is not easy, for example, to reduce the conversion process to a list of codifiable behaviors that can be tallied by observers and fed into a computer for analysis. And even if such meticulous scientific observation were feasible, it is doubtful that cults would allow it.

For this reason, all researchers have had to depend upon personal reports for their data. This, of course, raises serious problems, for in such a controversial area as cults personal reports are likely to be biased, especially, as is usually the case, when reporting is retrospective.

This subject bias factor is compounded by the difficulty in obtaining random samples of the population under study. Clinical investigators, for example, see primarily those individuals who seek help, while other researchers are frequently dependent upon available cult volunteers, whose representativeness is open to question. Such a lack of representative samples obscures any comparisons that can be made among various studies.

What the Research Suggests Thus Far

Although the methodological problems suggest that all inferences be made cautiously, it appears that the scientific literature concerning those cults that have been formally studied indicates that: (1) most cult members are in their late teens or early twenties and come from white, middle-class backgrounds; (2) males outnumber females by about 50%; (3) approximately 20% of members have graduated from college while about 60% have attended

college but have not graduated; (4) between 20% and 50% of cult members sought psychiatric/psychological help before cult involvement; (5) prior to involvement, members of at least some cults (e.g., DLM, UC) had experimented with drugs more than most young people; (6) most members report considerable dissatisfaction with their lives prior to joining a cult; (7) no typical personality profile (e.g., hysterical personality) characterizes cult members -- there is simply too much variation to talk about "the type of person" who joins cults; (8) much of the research indicates that present and former cult members tend to come from intact families, although Ungerleider and Wellisch⁵³ found that ex-members had lower rates of family intactness; (9) findings are contradictory with regard to the extent to which members experimented with several cults; and (10) a considerable proportion, perhaps one-third or more, of ex-members left the cult voluntarily.

Directions for Future Research

Perhaps the most important goal of future research should be to obtain samples that are representative of the cult population. This can be achieved either by drawing random samples from many cults or by studies, each using random samples, of different cults. Only through the investigation of numerous subjects drawn randomly from many cults will researchers be able to make reliable conclusions about and comparisons among the various groups.

Effort should also be devoted to examining the role in conversion of specific vulnerability factors rather than searching for complex personality profiles, such as those revealed by standard psychological tests. The following chapter, which provides a tentative theoretical explanation of cult conversion, makes a number of empirically testable hypotheses regarding vulnerability factors.

Research directed towards the cult environment should supplement the

study of vulnerability factors. Quantitative data concerning events within the group would be very helpful in evaluating the validity of personal reports, like Edwards's¹⁶. Ideally, such data should be collected by dispassionate observers, although the analysis of questionnaires completed by cult members is a useful start. Galanter's^{23,24} and Eden's¹⁴ work are valuable in this regard.

Eden's study¹⁴ also provided some useful preliminary data on the important question of voluntary departure. One-third of her subjects left the cult voluntarily. Unfortunately, her sample was limited to UC ex-members and not randomly selected. Therefore, more research is called for before voluntary departure rates can be established.

It is also important to study more systematically the post-cult experiences of ex-members. Thus far, only personal reports and clinical accounts are available. Quantitative data collected through formally designed questionnaires will improve our view of the post-cult picture. Ultimately, however, researchers should try to make systematic behavioral observations, something that might be feasible in a professionally run residential treatment center.

The treatment of ex-cult members is itself an area that demands formal study. In Chapter 4 we offer treatment guidelines culled from much clinical experience. Sadly, there are no systematically collected data regarding the treatment effectiveness of clinical work with ex-cult members or the comparative effectiveness of different modes of treatment. Although the intuitive insights of clinical experience are extremely valuable, the fact that our current treatment knowledge is limited to clinical insights demonstrates that much more scientific study is needed.

Lastly, more research should be directed towards the families of con-

verts. Schwartz and Kaslow⁴⁴ have made some useful clinical observations concerning family patterns that could increase vulnerability to cults. And we address the often-neglected issue of treatment of families in a later chapter. However, more systematic study of the family's role in vulnerability and treatment as well as the effects of cult membership on the family would contribute much to our understanding of and clinical responses to the cult phenomenon.

CHAPTER THREE
TOWARD A COMPREHENSIVE THEORY OF
CULT CONVERSION AND DECONVERSION

This chapter provides a tentative theory of the cult conversion and deconversion processes. In developing this theoretical formulation we borrow ideas from colleagues cited previously, reiterate some of our earlier assertions, and propose a number of new ideas.

Social Factors

Since all historical periods have spawned religious cults, nothing idiosyncratic to contemporary society can account for their existence. But because cults have prospered more during some eras than others, one may be able to identify factors in contemporary society that help to explain the growth of cultism during the past fifteen years.

We believe that the most fundamental social factor responsible for this growth is the decline during the past century in cultural confidence. By cultural confidence we refer to that state in which a society has positive attitudes toward its historically fundamental values, beliefs, institutions, and achievements. Most adolescents and adults at the turn of the century, for example, had such cultural confidence. Among other things they believed in the primacy of family ties and responsibilities, traditional religion, sexual restraint, the work ethic, free enterprise, and the general superiority of the "American way." During the past few decades, however, nearly all of these values have been challenged, usually first in the writings of the intelligentsia, then in the behavior of influential segments of the population, and ultimately in the curricula of our schools.

This process of value change and flux has seriously affected young people. They do not get clear guidance when they look to the adult world

for fundamental values, only doubt, confusion, contradictions, and at best an uneasy cultural relativism. Some youth, as a result, have become totally amoral. Others, especially educated ones who make up a majority of the cult population, cling to youthful idealism and notions of brotherhood - still given lip-service by a society that all too frequently dishonors them in daily life - in a hungry quest for a coherent world view that can provide a general philosophy of life and related practical code of conduct.

Since this quest is implicitly encouraged by the general climate of uncertainty and inadequacy pervading the adult world, young people cannot look to that world for answers. Thus, they are particularly receptive to the appeal of new, non-establishment groups which offer a ready-made sense of community informed by an idealistic world view providing clear rules of daily conduct and a purpose in life. Cults are among the most successful of these new groups.

Personal Vulnerability Factors

Although the decline in cultural confidence and resulting social sanction of experimentation help explain why cults do better today than in the recent past, they do not explain why only a small proportion of today's youth joins such groups. In this section we discuss briefly a number of interacting factors that tend to make some young people especially vulnerable to cult involvement.

Cultural Disillusionment

Cultural disillusionment refers to the extent to which an individual is affected by the general decline in cultural confidence. Thus, if one were to devise a means of measuring cultural confidence, the culturally disillusioned would be those individuals who obtain low scores on the measuring instrument. We submit that culturally disillusioned persons will be

more vulnerable to cult proselytizing than individuals scoring high in cultural confidence. This hypothesis, like others raised here, awaits empirical testing.

High Level of Dissatisfaction in Day-to-Day Life

Despite its many limitations, the research on religious cults indicates that the overwhelming majority of cultists were dissatisfied with one or more important areas of their pre-cult lives. This dissatisfaction and its attendant self-skepticism undoubtedly augmented any pre-existing openness to alternate world views and social systems, for obviously the approaches of these young people to life were not bringing much happiness.

The dissatisfaction experienced by potential converts may either be a temporary state of affairs, reflecting the stress of confronting standard developmental challenges (e.g., entering college), or a chronic distress, due to long standing intrapsychic conflicts and/or to persistently stressful life circumstances. Current evidence indicates that approximately 25% to 50% of cult members experienced at least fairly serious psychological problems before joining cults, while 50% to 75% were made vulnerable because of temporary distress related to standard developmental challenges.

Tendency to Conceptualize Problems in a Religious Framework

Although there is some evidence that cult members as a group were more religious than nonmembers prior to cult involvement,³⁵ the validity and importance of this finding to vulnerability are not yet completely clear. Since it appears that this determinant becomes less influential as cult proselytizing becomes more sophisticated, one could hypothesize that individuals with a religious problem-solving perspective would constitute a larger proportion of cults exhibiting low-pressure proselytizing.

One could also hypothesize that the nature of an individual's religious

problem-solving perspective may influence the type of religious groups to which he might be attracted. Believers in Christ, for example, may be more attracted to Christian-like cults than to cults with an Eastern flavor, which would probably prove more appealing to individuals who have studied Eastern philosophy and religion. In any event, it should be kept in mind that a religious problem-solving bent is but one of many interacting determinants of cult conversion.

Low Tolerance of Ambiguity

Tolerance of ambiguity refers to an individual's capacity to function with a world view that allows for vagueness, inconsistency, and uncertainty. The failure of many brilliant philosophers to construct absolutely consistent, clear, and unchallengeable worldviews demonstrates an important fact of life: no functional conceptual system or world view can be absolute -- it must involve some ambiguity.

An individual who cannot tolerate such ambiguity in his life may be compelled to attach himself to a world view that denounces competition and presents itself as the one true way. This leap into absolutism comes about because the anxiety of living with ambiguity tends to blunt such a person's critical faculties: better to have blind spots and self-assurance than to have clear vision and self-doubt.

Dependency

Although influenced by the cultural ambiance, dependency is more directly tied to a person's experiences with his family and peer groups. Overprotection or alternating outpourings and withdrawals of love, for example, may lead to a child's becoming dependent on his parents and, by extension, on other figures of authority or nurturance. Lack of confidence regarding his social, athletic, or academic abilities may make a child ex-

cessively dependent upon peer approval. In either case and whatever the origins, a dependent person will more easily be influenced than others by the selective social reinforcement and punishment that characterize coercive cults.

Susceptibility to Trance States

The vulnerability factors mentioned thus far all seem fairly reasonable and even obvious from a commonsense perspective. What is not so obvious and easy to accept, however, is the notion that the induction of trance states is a critical factor in the cult conversion process. This notion is at the heart of the controversy surrounding cults, for it implies that to some extent free choice is abrogated during conversion.

The actual process of trance induction, which is a milieu factor, will be discussed later. We would like to note here, however, that some people are more susceptible to trance induction than others. It seems reasonable to suggest, then, that the former group of individuals, assuming all other factors were equal, would be more vulnerable to cult proselytizing than the latter group.

Cult Milieu Factors

A low level of cultural confidence may create a social climate in which cults thrive. And personal vulnerability factors may induce certain individuals to experiment with or at least be unusually open-minded toward religious cults. The nature of the cult milieu, however, can be crucial in determining a person's conversion.

It appears that cults which utilize high-pressure proselytizing techniques accumulate members regardless of, or even in spite of, their prospective converts' personal vulnerabilities and inclinations, while cults which do not proselytize or which use low-pressure techniques depend for

growth primarily upon the inclinations of the converts themselves. To use an analogy, the latter type of cult acts like a merchant who displays his wares and waits for a passerby to express an interest in his goods, whereas the former type of cult acts like a door-to-door salesman who will use any trick to sell his merchandise, regardless of whether his host wants it or not. With regard to this analogy, however, it should be noted that destructive cults hold on to their members as long as possible, thereby sustaining and augmenting the deleterious effects of conversion, whereas the salesman leaves his customers alone after making the sale.

In order to understand better the conversion process, we will discuss milieu factors in terms of three sequential phases: enticement, conversion, and acculturation.

Enticement Phase

During the initial contact(s) between a recruiter(s) and a potential convert the milieu variable that most influences the prospect's behavior is control of information. The recruiter very skillfully regulates the flow of information between the prospect and himself because his only goal is to persuade the prospect to commit himself to attending an organized cult activity, e.g., dinner.

In order to accomplish this, the recruiter tries to make the quantity of information, both verbal and nonverbal (e.g., smiling, gesturing) directed at the prospect too large for him to analyze critically, yet sufficiently small for the prospect to assimilate. If the recruiter is successful he will get the prospect to absorb the entire enticement message without critically examining any of it. The prospect, then, is like a student too busy taking notes to evaluate the material presented by a rapidly talking lecturer.

Naturally, the recruiter's success is partly dependent upon his ability to initiate and sustain a conversation and to determine quickly whether or not a prospect is likely to be receptive. As Edwards¹⁶ explains, initiating and sustaining the prospect's interest requires the establishment of a common base. This is often achieved by inferring facts about the prospect on the basis of his appearance and circumstances (e.g., the prospect is carrying a backpack and looking at roommate-wanted notices on a university bulletin board), asking questions that reveal the prospect's interests, concerns, needs, and values, and saying things that lead the prospect to believe that he and the recruiter have much in common. In summary, the recruiter controls the flow of information so that he can find out as much about the prospect as quickly as possible and then present the would-be convert with selected bits of information to arouse interest in the recruiter and the group that he represents.

It should be noted that some former cult members maintain that they were "hypnotized" during their first contact with a cult recruiter. Although it is rather unlikely that the induction of trance states is common during initial cult contacts, it is possible that individuals who are highly hypnotizable may, particularly if they encounter a very skillful recruiter, actually enter trance or trance-like states. This is a very interesting possibility that warrants further investigation.

Conversion Phase

The conversion phase begins when the prospect attends the cult function to which he was invited and ends when he makes a firm commitment to join. Upon entering this phase, the prospect finds himself in an excited, enthusiastic group, members of which make him the object of a well-coordinated campaign of attention, flattery, or promises of a better life. Sometimes,

conversion takes only a few days, sometimes a few weeks, or even several months, depending upon the prospect's vulnerabilities and the persuasive power of the cult. Regardless of how long conversion takes, however, the same milieu factors influence the prospect's behavior.

Control of information. The control of information begun by the recruiter continues unabated in the group setting. Singing, dancing, lecturing, and unending personalized attention by cult members overload the prospect's information-processing capacity. This neutralizes his critical thinking while giving the lectures, rituals, and even social activities a spurious sense of profundity and importance.

Isolating the recruit from the outside world - as many cults do - and systematically assaulting the authority of traditional sources of knowledge - as virtually all cults do - are also important techniques of information control. Obviously, the less stimulation a recruit receives, or is willing to accept, from the non-cult world the weaker will be his ability to formulate alternate viewpoints or counter-arguments to the ideas promoted by the cult.

Induction of dissociative states. Information overload has another important function: the induction of dissociative, or trance-like, states. As Shor⁴⁵ has noted, the essence of a trance state is the fading of what he calls the generalized reality orientation. The isolation and overstimulation of the conversion stage cause a generalized withdrawal of the mind's attention from its normal anchors to reality, bringing about a dissociative state in which the usual connections among mental components are severed, or at least severely attenuated. Cult proselytizers exploit the recruit's suggestibility when in such states by manipulating his attention so that it focuses almost exclusively on cult ideas and practices.

Inducing dissociative states contributes to the prospect's conversion in other ways. First, it permits the prospect to absorb much information in a short period of time. Second, dissociative states heighten the power of other determinants of conversion, e.g., threats of supernatural punishment. And third, dissociative states can lead the prospect to experience unusual, "altered" states of consciousness (e.g., mystic-like reveries). These powerful experiences call for explanations, which the cult willingly provides.

Doctrine. Since the doctrines of most cults seem hollow if not nonsensical to the majority of adults, some researchers have minimized the role of doctrine in bringing about conversion. We suggest, however, that the affective or symbolic, rather than just the cognitive, meaning of a cult's doctrine does in fact influence the prospect's responses, especially during the critical conversion phase.

This is so because many cult doctrines revolve around themes that have much affective significance to recruits. Some of these themes may be classified as "carrots," which impel the recruit to draw closer to the cult. Other themes function as "sticks," which make him reluctant to leave.

The doctrinal carrots seem to be of three general types. First, the cult will criticize society in ways that arouse deeply felt concerns of disillusioned youth or marginal adults who for some reason feel hurt, abandoned, or rejected by the world. Parents, teachers, and social leaders are called hypocritical. Mainline religions are attacked for being exclusive, out-of-date, and out of touch with the truth. And the world is portrayed as an unhappy place that requires the ministrations of a great religious leader and his followers in order to set it aright.

This last example leads directly to the second affect-arousing theme,

namely, the assertion that the members of the cult are a spiritually elect group destined to move the world. Such an idea, especially when presented within the context of a highly persuasive group atmosphere, is likely to appeal to the disillusioned, disconsolate, and just plain lonely and confused, as well as to the reasonably healthy idealist.

If the doctrine offered no more than "fashionable" social criticism and promises of spiritual superiority, its appeal would probably be short-lived. Cult doctrines, however, seem always to present the carrot of a ready-made and apparently logical set of beliefs and attitudes that provide rules of conduct in day-to-day life. Although these rules of conduct, e.g., slapping oneself to keep sleep spirits away, may sometimes seem absurd to those outside the cult, they are eminently sensible to those whose minds are under its influence. In fact, daily rules of conduct are essential to the maintenance of devotion because they provide varied and effective techniques for overcoming doubts.

Suppression of doubt is also the main function of the doctrinal "sticks" used by cults. Eliciting guilt by saying that a recruit's departure from the cult will harm the spiritual status of a deceased loved one is such a stick. Threats of supernatural punishment for those not among the elect is another doctrinal stick that is frequently used to keep recruits in line. And sometimes, in fact, a doubting convert will be physically prevented from leaving because cult doctrine contends that such action saves him from Satan.

Selective group reinforcement and punishment. No matter how cleverly appealing to the emotions, doctrine alone is not likely to be effective in bringing about and maintaining the radical personality change that conversion so often entails. It is necessary that the recruit's affirmation and

daily practice of doctrinal beliefs and rules of conduct be rewarded by praise and attention from the group. Similarly, deviations from and doubts about doctrine and practice must be discouraged by withdrawing attention or by criticism. Although the processes of reward and punishment are rather simple in principle, the behaviors constituting them can be quite subtle and complex.

Debilitation through diet and fatigue. The debilitation resulting from the long working hours, abbreviated sleep times, and inadequate diets that frequently characterize certain cults will tend to strengthen the influence of other determinants of conversion. Indeed, a large body of research, for example, demonstrates that sleep deprivation tends to induce dissociative states that sometimes resemble hallucinogenic experiences. Physical debilitation also weakens a person's critical capacity and renders him more gullible and dependent upon others, thus strengthening his belief in cult doctrine and practices.

Acculturation Phase

During the conversion phase the convert's commitment to the cult is still rather tentative, for his old way of relating to the world, if permitted to manifest, is still strong enough to challenge the world view of the cult. Thus, during the conversion phase the cult does everything possible to suppress the convert's pre-cult mode of relating to the world and to enhance his learning and practicing of the cult's way. Control of information, induction of dissociative states, intense indoctrination, selective group reinforcement and punishment, and in some cases debilitation through diet and fatigue, all contribute to this goal.

Since relatives and friends maintain that the radical and extensive changes brought about by cult conversion constitute fundamental alterations

in personality, many workers in the field suggest that converts have an active cult and dormant pre-cult personality. Obviously, if the convert's cult personality did not become much more powerful than his pre-cult personality, it would never be internalized (i.e., able to function without external prompts) and the convert would never be able to re-enter the mainstream society in order to proselytize and fund-raise successfully. When a convert's cult personality is strong enough to enable him to do this without much risk of bolting from the cult, he can be considered acculturated.

The process by which acculturation is developed, sustained, and strengthened involves a continuation and modification of certain aspects of the conversion phase as well as the introduction of new factors that contribute to major personality change. The following sections will briefly examine these factors.

Debilitation through diet and fatigue. The mind-numbing sleeplessness of the conversion phase observed in certain cults usually continues, and often increases, as the convert becomes acculturated. Since there is always more divinely prescribed work than new members can handle, there is little time for rest or reflection. Even among the established members, "go-go-go" is the rule. In the Unification Church, for example, the recruiters, repeatedly striking each other to keep sleep spirits away, often hold long strategy meetings after the prospects they seek to convert have gone to sleep.

Induction of trance states. During the conversion phase trance induction is an incidental, though functionally important, occurrence. As acculturation proceeds, however, trance induction frequently becomes a formalized and valued practice, brought on by chanting (e.g., repeating "Hare Krishna" continuously), meditation, or activities such as speaking in tongues. Al-

though, as in the conversion phase, trance states continue to strengthen group attachments and to enhance the absorption of information, their primary purpose in the acculturation process apparently is to combat doubt, skepticism, and external criticisms. Thus, during deprogramming it is not at all unusual for the convert to use chanting and other trance inducers as a way of defending his cult personality against the probing and challenges of the deprogrammers.

Continued strengthening of group attachments. The entire structure of the cult society is designed to strengthen group attachments. Such attachments are first formed through the combined catalytic influence of factors such as love-bombing, trance, isolation, and an ideology that esteems the cult while denigrating the family and mainstream culture. The supercharged attachment that results leads to an intense dependency in which the isolated recruit receives practically no gratification unconnected to the group. This dependency in turn fosters a tendency to suppress doubt, a tendency that is aided by doctrinal beliefs (e.g., "the mind must be destroyed to find God") and trance induction. Furthermore, the dependency is accentuated through various carrots (e.g., emotional succor) and sticks (e.g., threats of doom for those who leave).

Thus, the cult social structure elicits an anxious dependency while offering a form of relief that involves the very factors (e.g., love bombing) that helped to bring about the anxious dependency from which relief was sought. This circular process is crucial to successful acculturation.

Practicing cult conceptual and behavioral modes. The new personalities that converts develop are learned, and as with all learning, "practice makes perfect." Praying every day at the same time, reciting the same doctrine over and over, and repeatedly suppressing doubts, have a cumulative effect:

new habits are established; new thinking patterns become second nature; new values become firmly rooted; doubts fall away. When these changes occur the convert is fully ready to confront the outside world.

It should be noted that not all experiences in the cult must be repeated equally often in order to effect an enduring change. Repeated recitation of fundamental cult assumptions about the world (e.g., Reverend Moon is the Heavenly Father) will lead to strong beliefs in converts. And since people are basically logical, a host of corollaries of these basic assumptions (e.g., if the Heavenly Father says that opposition to the Vietnam war is bad, then such opposition is bad) will be easily learned and accepted by the converts. This is why cults put so much stress on certain general concepts (e.g., "no negativity"), the logical implications of which promote loyalty.

Suppression and forgetting of old personality patterns. As we have mentioned, old beliefs, values, and thinking patterns are suppressed by a variety of means. However, one should not lose sight of the importance of mere forgetting. One who is immersed in a foreign culture and language, for example, will frequently forget some basic words or customs from his own culture. Some of this forgetting is due to decay of memories; some is due to the interference of actions and thoughts in the new language and culture with memories from the old. Similar processes occur in individuals who stay in cults for extended periods of time.

Commitment actions. Many groups, fraternities for example, employ bizarre or embarrassing rituals that members must undergo in order to prove their loyalty. Cults also use such mechanisms, both as a test of loyalty and as a device to make it difficult for the member to return to the mainstream society. Begging in the street, shaving one's head, going on a

seven-day fast after one year of membership, and renouncing one's parents are all examples of commitment actions that put distance between a convert and his old world.

Factors Influencing Voluntary Departure from a Cult

The preceding section described the power cults have in effecting conversion. In this section we will take a look at some of the "soft spots" in the conversion process. That there are weaknesses is indicated by the high voluntary attrition rate in cults. In Eden's¹⁴ study, for example, 35% left the Unification Church voluntarily. Nevertheless, one should be careful not to overestimate these weak points, for many converts do not leave. Furthermore, it appears that the longer a person remains in the cult the less likely he is to leave voluntarily.

Incomplete suppression. Total suppression of undesired thoughts and tendencies is quite difficult. Frequently, a trace, however nebulous, of that which is suppressed lingers in consciousness and elicits anxiety. This anxiety may lead to psychiatric symptoms or to a chronic, fatiguing distress. Eventually, that which is suppressed may break through into consciousness or the person may become so debilitated that his functioning within the group is seriously impaired. The resulting skepticism or group pressure to improve his performance may motivate the convert to leave the cult, however unhappy he may feel about his decision.

Fatigue and boredom of tedious work. Selling flowers or soliciting at an airport 18 hours a day, week after week, can become a "drag," even to a devoted member. Furthermore, such work can often be so enervating that the convert feels inadequate to the task and leaves the cult, usually feeling like a failure.

Habituation. Many pleasures seem to lose their glitter over time,

even, perhaps, love-bombing, sharing, witnessing, and so on. If this happens, the group loses its appeal to the individual, who may then be tempted to leave. However, the disenchanted convert's dependency on the cult - i.e., his lack of replacements for the formerly wonderful "highs" provided by love-bombing and other cult activities - makes it very difficult for him to leave or causes him to be anxious and guilty should he gather the courage to walk away.

Contacts with outside world. If destructive cults weren't so intent on making money, their attrition rates might be lower, for their members would have less opportunity to bolt and less contact with doubt-eliciting stimuli. (The Jonestown tragedy is a good example of the power a cult can wield when isolation is complete.) But so long as members fund-raise and proselytize, contact with the outside is unavoidable. And since total acculturation takes much time, most members will from time to time be shaken by criticisms from outsiders, newspaper articles that they happen upon, and charged memories that are unleashed by, for instance, an old song from a jukebox or a letter from home. Such experiences are like cannonballs pummeling the "armor" in which the cult has encased the believer. If the armor is weakened for some reason, or if the fusillade is heavy, the cult may lose its hold on the member.

Conclusions

The general decline in cultural confidence and the resulting social sanction of lifestyle experimentation has produced in young people an unusual openness to "new" groups, an openness of which cults take full advantage.

A variety of interacting factors make some individuals especially vulnerable to cult conversion pressures. Some of the more prominent determinants of personal vulnerability are cultural disillusionment, personal dis-

tress, a tendency to conceptualize problems in religious terms, a low tolerance of ambiguity, dependency, and susceptibility to trance states. We contend that an investigation of such specific vulnerability factors will contribute more to an understanding of cult conversion than will the search for common personality profiles among cult members.

The potency of the cult milieu in the conversion process is the primary reason that all types of personalities, rather than one or a few profiles, are observed in cults. The cult environment is able to effect radical changes in recruits because of very sophisticated information control, the induction of dissociative states, doctrines that have much affective meaning for recruits, selective social reinforcement and punishment, and debilitation through diet and fatigue. These personality changes are maintained and strengthened in the acculturation phase, primarily through practice, the forgetting of old behaviors, commitment actions, and a circular process in which social reinforcement from the cult relieves an anxious dependency that the social reinforcement itself helps to create.

Although we maintain that certain cults employ uncommonly powerful means of persuasion, we do not subscribe to the extreme view that converts are thoroughly brainwashed automatons. The cult's hold on its converts has weak points -- incomplete suppression, fatigue and boredom, habituation, and unavoidable contacts with the outside world -- which help explain why some converts voluntarily leave cults.

Nevertheless, the cult's hold on converts is considerable and, in some cases, may resemble that portrayed by some of the severest cult critics. This raises serious legal questions. Is cult conversion a voluntary, or at least informed, action? And if it is not, do parents and the courts have the right to temporary conservatorships over non-minors?

Regardless of how such legal issues are resolved, converts will continue to leave cults, voluntarily and by means of deprogramming. And they and their families will continue to need clinical assistance. This chapter has offered a theoretical framework that will help clinicians analyze the problems presented by ex-converts and their families. The following chapter will provide some clinical guidelines based upon this theoretical perspective.

CHAPTER FOUR

TREATMENT GUIDELINES

Former cult members and their parents experience much emotional turmoil. Parents are frequently alarmed, disconcerted, angry at the cults, hungry for advice regarding how to get their child out of a cult, or worried about their capacity to provide a constructive environment for a child recently returned from a cult. Ex-cult members usually exhibit symptoms such as depression, serious deficiencies in decision-making and information processing in general, volatile emotions, anger toward the cult, and a tendency to slip into dissociative states in which they often "float" between their cult and reawakening pre-cult personality. Guilt is frequently burdensome, particularly among those who have behaved contrary to their pre-cult moral standards, e.g., Children of God members who become prostitutes in order to win converts through "flirty fishing." Medical illnesses or serious dietary deficiencies are also common, especially in those who belonged to cults that shunned the medical establishment and/or followed unhealthy dietary regimens.

According to clinicians who have worked closely with ex-cultists, these patterns of symptomatology, which seem to suggest the existence of deep-rooted psychopathology, are, on the contrary, often a consequence of the patient's cult experience and the shock of returning to the mainstream environment. Thus, even though many ex-members have lengthy histories of psychological disturbance, clinicians should show extra care in diagnosing former cultists. Nearly half of the more than 300 cases of the senior author, for example, were relatively normal adolescents experiencing standard developmental crises at the time of conversion.

There are several reasons why individuals and families affected by

destructive cults seek treatment from mental health professionals. First of all, the ex-cultist and/or family may need counseling or therapy (sometimes including medication) in order to cope with the post-cult problems mentioned above. Secondly, parents may seek advice about how to extricate their child from a cult. And thirdly, parents may wish to have a professional involved in the deprogramming of their child. Although guidelines for responding to the first two treatment needs constitute the focus of this chapter, a word on deprogramming is in order.

The practice of deprogramming appears essentially to involve a sometimes forced reawakening of the convert's old personality and an evaluation of his cult experience. Basically, the process consists of two steps. First, the convert is separated from the cult environment, whether by legal conservatorship, by his voluntary cooperation, or by parent-sponsored abductions. The deprogrammers then spend several intense days discussing the cult's doctrines and practices, especially its coercively manipulative methods of bringing about and maintaining conversion to the cult's way. The goal of deprogramming is to put the convert back in touch with his pre-cult beliefs, values, and goals, and to help him re-establish the capacity to think independently and critically. (Cults, on the other hand, strive to enhance dependency and obedience.) Generally speaking, successful deprogrammings involve participation by former members of the cult, for their personal experience with its manipulative techniques gives their criticisms and advice a special credibility.

Helping professionals should show great care before recommending any type of deprogramming. Even responsible and skilled deprogrammers can fail and thereby further alienate the convert from his parents. Moreover, psychological damage may result, particularly if the deprogrammer is not sensitive

to long-standing psychological problems which the convert may have.

Deprogramming should be considered only when the parents are fully informed about the procedure and are prepared to take full responsibility for all eventualities. Parents should become knowledgeable about the cult phenomenon and the psychological and legal risks of deprogramming. They should be prepared to shoulder the high cost (often more than \$10,000) of deprogrammers, detectives, security, lodging, travel, and legal and mental health consultation. They should realize that many problems will remain after the convert leaves the cult. And they should be prepared to provide the level and types of support that he will require upon his return to the mainstream society.

Deprogramming is controversial within professional circles because it is a much more directive procedure than is usually considered acceptable, save for the severely disturbed or retarded. Many ex-members, however, contend that cultists are so "brainwashed" that they are, to all intents and purposes, sufficiently disturbed psychologically (in the sense of their capacity to make informed, voluntary decisions) to warrant treatment in the highly controlled environment of deprogramming.

In addition to these ethical considerations, professionals should realize that they as well as parents and deprogrammers are frequently the targets of lawsuits. Although judges and juries have generally been sympathetic to the cultist's family and to clinicians, the legal and personal costs of winning can be crushing. This is especially so in cases involving members of wealthy cults that sometimes view lawsuits as a means of harassing and impoverishing opponents, even when the opponent's ultimate legal victory is likely.

For these reasons, professionals should deliberate very carefully be-

fore participating in a deprogramming. Even when treating ex-cultists - whether they have left the cult voluntarily or through deprogramming - caution is in order, for ex-members have been known to return to their cults and sue those who have tried to deprogram or counsel them.

Assessment of Cultists

As with any clinical problem, the treatment of cult converts begins with a thorough assessment. First, the clinician should evaluate the convert's current mental status and the nature of developmental tasks that confront him. Secondly, attention should be paid to the strengths and weaknesses of current and past family relationships. Thirdly, the clinician should study the convert's history, paying particular attention to the possible existence of pre-cult psychopathology, the convert's behavior during developmental crisis periods, and his circumstances and state of mind in the six months preceding conversion. Fourthly, the clinician should inquire into the nature of the convert's cult environment. And lastly, a medical doctor should perform a thorough examination in order to rule out or begin treatment for dietary and other medical problems.

To speed up the assessment process and ensure that it is comprehensive, various instruments may be utilized, although care should be taken not to overwhelm the ex-cultist. The California Medical Survey⁴⁹ is a useful screening device that can alert clinicians and physicians to the existence of medical issues that should be examined. The Mooney Problem Checklist³⁹ can help the clinician understand how the ex-convert or parent perceives his problem world. The Symptom Checklist-90¹³ aids in evaluating the nature and severity of psychiatric symptoms such as depression, anxiety, and psychosis. And finally, questionnaires specifically designed for parents³⁰ as well as ex-members²⁹ may be used in order to collect and organ-

ize information concerning the client's history and experience within the cult, e.g., methods of proselytizing, use of guilt and terror, living circumstances.

Treatment of Former Cult Members

The difficulties of former cult members reflect an impaired capacity to exhibit an adaptive autonomy in their daily functioning. This means that they are deficient in the capacity to make independent decisions, to test beliefs and perceptions in consensual reality, to tolerate the inevitable ambiguities and uncertainties of life, and to respond constructively to the demands of social living.

Ex-cultists exhibit a low level of adaptive autonomy because they are still very much under the influence of the cult's values, belief-attitude systems, and mode of conceptualizing experience. Since the cult demands obedience to superiors, regulates closely the activities of daily living, isolates the convert from the social demands of the mainstream culture, propounds doctrines that admit no ambiguity or uncertainty, and denies the authority of traditional methods of validating assertions, the returnee will find himself unprepared for life in the non-cult world. In essence, he carries within him a cult personality which both competes with and obscures the pre-cult personality that, to a large extent, was suppressed by the cult experience. Consequently, in his day-to-day life the former member will tend to vacillate, to "float" between the cult and non-cult ways of experiencing and responding to the world.

Because he vacillates between two modes of conceptualizing and responding to the world, because his pre-cult life is only partly awakened, and because the world places demands upon him, the ex-cultist will have to cope with (a) daily tasks, (b) reconnecting to old memories, (c) the nature and

implications of the cult experience, and(d) the developmental demands of our culture. Helping him deal with these issues in an integrative way that enhances his achieving an adaptive autonomy is the ultimate goal of treatment.

Coping with daily tasks. The confusion and indecisiveness associated with the experience of floating between two personalities greatly impedes the returnee's capacity to manage the daily tasks of life, an ongoing source of stress that must be regularly addressed in therapy. For ex-members, life is a series of mini-crises (e.g., what to say to an uncle who visits), which, despite their apparent insignificance to others, generate substantial anxiety. During such "emergencies" the clinician should be rather directive and should make liberal use of environmental resources (e.g., parents, siblings, friends, other professionals), although in the interests of promoting decision-making skills he should encourage the former member to do as much for himself as his capabilities allow.

In helping the returnee cope with daily tasks the clinician should not lose sight of a fundamental problem of the ex-member: integrating his experiences in two radically different cultures (mainstream and cult) in such a way that he can behave adaptively in one culture (the mainstream) without dissociating himself from the experiences -- both good and bad -- of the other culture (the cult). Unlike some workers in this field, who try merely to bring back the returnee's old personality and bury the cult one, we maintain that proper treatment calls not only for an awakening of the old personality, but for an intelligent confrontation with and analysis of the cult personality as well.

Before discussing these issues it should be noted that establishing a therapeutic rapport with ex-members necessitates, contrary to the practices

of some schools of therapy, an active, directive, and sometimes even conversational stance on the part of the clinician. Because his flow of consciousness is disturbed, the ex-member has great difficulty with certain mental operations, e.g., synthesizing ideas, remembering past events, articulating the logical implications of a train of thought, or even recalling what has just been said in a conversation. For this reason the returnee needs much more from the clinician than reflection, paraphrasing, and interpretation. He also seeks and needs information about the cult phenomenon, concrete advice concerning day-to-day as well as long term problems, and someone to demonstrate, or model, common-sense analytical processes (i.e., modes of conceptualizing experience) that he must rediscover and further develop in order to cope with his many problems. Of course, since building and strengthening a rapport is not an independent phase of therapy, the clinician must remain alert to the need for this while dealing with developmental tasks, confronting the cult experience, and reconnecting to the past.

Reconnecting. The most efficient way to facilitate reconnecting is to talk about the ex-member's past. The clinician should especially ask specific questions about events involving family, intimates, school, work, and friends. Such conversations: a) awaken old memories; b) bring to the fore, while providing useful information about, developmental tasks that were "placed on hold" during the person's time in the cult; and c) alert the clinician to possible long-standing psychological difficulties that require attention. (The questionnaire mentioned earlier can also be useful in this regard.) Because parents generally have special knowledge about the returnee, family interviews (with and without the ex-member) can also contribute to the reconnecting process. While helping the ex-member reconnect to his past, however, the clinician must take care that neither he

nor the family overwhelm the returnee. Old memories often generate anxiety which, if not managed properly, can induce the returnee to seek relief by going back to the cult ways or even to the cult itself.

Confronting cult experiences. Although our clinical experience clearly suggests that the tasks of reconnecting to the past and dealing with day-to-day crises should be addressed very early in therapy, we cannot offer clear-cut guidelines as to when to elicit and confront the returnee's cult experiences. There is simply too much diversity in the backgrounds and coping skills of former cult members. Naturally, some discussion of the client's cult experiences will occur during the first clinical contact, but the extent to which the cult experience can be explored and analyzed will vary greatly among clients. We suggest that the clinician proceed as though he were dealing with a case of trauma, which in many ways is what the cult experience has been for the convert. A trauma must be faced, but in managed stages. Similarly, memories of the cult must be explored and their implications analyzed, but at a pace and intensity that the ex-member can handle.

Although the timing and intensity with which cult experiences are confronted in a particular case is a matter for the clinician to decide, we do feel confident in making several recommendations regarding topics to be explored. First of all, it is important that the ex-member learn about the process of cult conversion in general and analyze, with the clinician's guidance, the specific factors that brought about his own conversion. Doing this will: (a) help the returnee better understand his current difficulties, e.g., inability to make decisions; (b) decrease his guilt and tendency to blame himself for his conversion (because he will become aware of the potency of the cult milieu in the conversion process); (c) serve as an exercise in commonsense analysis of events; and (d) help the ex-member identify pre-

cult psychological disturbances that may have influenced his conversion and/or may be contributing to current distress.

A former member can examine his conversion in various ways. Naturally, individual counseling is one method. But the clinician can also give the ex-member reading material, ask him to write about his experiences, and arrange for him to meet with other former cult members in professionally led groups.⁴⁸

The returnee's experience of love, friendship, and a sense of purpose while in the cult are also issues that should be explored. The clinician should help the ex-member analyze these feelings objectively, for they were frequently much less solid than they seemed when first experienced. Like a lover who has been deceived, the ex-member becomes acutely disillusioned as he recognizes the extent to which these prized feelings were regulated, manipulated, and exploited by the cult. A positive aspect of this disillusionment, however, is that it helps to diminish the apostate's guilt regarding the abandonment of cult friends and helps him realize that even the important sentiments of love, friendship, and a sense of purpose involve much ambiguity and uncertainty. Upon achieving such a perspective, the former member will be better able to experience these valued feelings in the relative freedom of the mainstream culture.

Such an objective analysis elicits strong emotional reactions. Disillusioned that he is not really among the spiritual elect, the ex-member feels both anger and grief. Indignation about being duped results in crushed self-esteem and sometimes a maddeningly persistent frustration over his inability to destroy the evil that the cult now represents to him. And an intense concern for the well-being of his friends still in the cult arouses strong desires to fight the organization and rescue them from it.

The clinician should help the ex-member identify and respond constructively to the various aspects of this intense, volatile mixture of emotions. For example, the returnee can be helped to see that in his disillusionment lie many lessons regarding how to evaluate events and belief systems, that his indignation reveals the underlying moral fiber that will give him the courage to create a coherent world view for himself, and that his concern for cult members demonstrates that his capacity to experience genuine fellowship is very much alive.

Managing developmental demands. In confronting the cult experience, the returnee painfully realizes that he was fooled. This realization renders him unsure of his capacity to manage the developmental demands that society places on individuals: getting a job, deciding on or preparing for a career, getting an education, having intimate relationships, interacting effectively with people in general, and developing a socially adaptive world view.

Besides being formidable challenges in their own right, these developmental tasks, because of their constant, implicit "presence," may spawn a variety of day-to-day crises (e.g., when Uncle Harry asks whether the returnee plans to go back to college). Exploring such crises can reveal much about the ex-member's evaluation of his ability to cope with the various developmental tasks and can be a first step in assisting him to respond effectively to them.

The clinician, however, should do much more than explore. He should help the returnee identify the specific developmental challenges that confront him, accept their unavoidable pressures, assess his skill levels relative to each, and establish a strategy for responding to them in an adaptive manner, e.g., seeking information, setting priorities, improving skills, examining alternatives.

Standard therapeutic procedures may be used in order to work with the client in these areas, especially after the issues of reconnecting to the past and confronting the cult experience have been substantially resolved. When, however, these issues are still active (as evidenced, for instance, by a high frequency of floating), it is important that the clinician subordinate developmental goals to the more pressing objective of decreasing the degree of fragmentation within the returnee's mind.

Treatment of Current Cult Members

The near-total lack of adaptive autonomy in current cult members makes their treatment even more difficult than that of former converts. And since the current member's willingness to talk to a professional is usually highly conditional, if not a mere concession to parental pleas, the clinician, who should be knowledgeable about the member's cult milieu, must be very careful in his interactions.

Because the clinical relationship in such cases is so delicate, rapport building is especially important. The clinician should scrupulously avoid theological debates and other actions that are likely to result in an emotional confrontation. Respectful listening and very gentle probing are about all he can do at first.

As trust and respect build, the clinician may gradually become more directive and more open about his opinions, but in a way that does not obviously assault the convert's beliefs. Rather, the clinician should try to get the convert to listen to another view of events, another -- the common-sense -- way of thinking. By modeling, so to speak, a more critical way of thinking, the clinician helps to awaken the convert's own dormant critical capacities, which, once operating, lead him to question the cult's beliefs and practices. The clinician treating a "Moonie," for example, may in passing

talk about how working late the other night made him so tired that he almost fell asleep while visiting friends. To the "Moonie" who has become accustomed to think (and to hear) that fatigue is caused by sleep spirits, rather than overwork, such a statement may serve as a jolting reminder that there are ways in which to conceptualize experience other than that propounded by Reverend Moon.

In addition to teaching the commonsense way of thinking, the clinician can stimulate the convert's critical faculties by asking for specifics from his past, inquiring into his opinions about current events, gently exploring his doubts regarding the cult, using "what-if" questions to induce abstract thinking and unrehearsed answers, and especially by exploring his preconversion circumstances and state of mind.

The clinician may also meet with the cult member and his family in order to demonstrate how greatly people (even members of the same family) can differ in their interpretations of the same or similar events. In recognizing the existence of conflicting interpretations of an event, the convert will begin to compare interpretations and apply criteria of validity in order to assess their relative merits. By subtly injecting commonsense criteria of validity into the conversation, the clinician can gradually reactivate the convert's critical capacities.

A convert, for example, may interpret the Russian invasion of Afghanistan as a sign of the coming apocalypse. Since everybody in his cult shares the same interpretation, the convert will have had little opportunity to consider alternate viewpoints. In a family interview, however, the convert may find that his father senses no danger at all, while his mother feels that firm and prudent action by the United States can contain the danger. The clinician, whose goal is to promote critical thinking, may encourage the

convert to consider the pros and cons of each point of view and to speculate on how various hypotheses may be discounted or conditionally accepted. By doing this, the clinician helps to reawaken the cultist's dormant critical capacities.

Once the cult member begins to reconnect to past mental experiences and to think critically, doubts about the cult will arise spontaneously. The powerful emotion often accompanying such doubts, however, will inevitably threaten the therapeutic rapport and the convert's willingness to talk to the clinician and to his parents. The clinician's ability to be supportive, to discuss the positive aspects of cult life, and to show a good sense of timing may be critical in determining whether or not the convert will keep lines of communication open with the non-cult world during these times of doubt or respond to his stress in ways sanctioned by the cult, e.g., chanting, meditation, seeking cult fellowship.

So long as the convert keeps in touch with the non-cult world and with his past, there is hope that he may be persuaded to leave the cult, at least temporarily, or to reconsider his relationship to it. As the convert begins to verbalize his doubts, the clinician may judiciously begin to challenge cult doctrines, proselytizing methods, money-making activities, and day-to-day lifestyle. If all goes well, the member's doubts will at least increase to a point where he will want a respite from cult life in order to reconsider his commitment. Unpressured support from the clinician and the family can be invaluable during such a respite, which is often a period of lonely soul-searching. Although the convert may not immediately choose to renounce the cult, his doubt will certainly be continuously rekindled so long as he maintains close contact with the clinician and his parents. Naturally, if the convert does choose to renounce the cult, then clinical goals change

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somewhat, with much more emphasis being placed on educating him to the mind-control techniques of the cults, integrating pre-cult and in-cult experiences, coping with daily stress, and managing developmental tasks.

Obviously, none of these therapeutic goals can be achieved unless lines of communication with the convert are maintained. This, then, must be the first priority of all who try to help the convert. Unfortunately, the uncooperativeness of cult leaders and the convert's anxiety regarding an open discussion of his feelings and thoughts greatly limit the influence of outsiders. For this reason, parents and clinicians must proceed circumspectly and prepare themselves psychologically for a sudden closing off of communication, something that happens all too often.

Should communication be severed (when for instance, the cult sends the member to an out-of-the way place) some alternatives, however unappealing, are still open to the parents. Rescuing and deprogramming the convert, for example, remains an option, although the risks -- both with regard to legality and the probability of success -- are great. Legal proceedings, such as those leading to conservatorships, may also be a practicable course of action, although this strategy also involves much risk and expense. Clearly, the preferred means is to persuade the convert to leave the cult voluntarily. Although this course is often difficult, it appears that a fairly large proportion (one-third being the best current estimate for one of the more coercively manipulative cults) of cult members do in fact leave cults voluntarily. Distraught parents may receive some consolation from this tentative finding.

Treatment of Parents

Parents of cult members need to come to terms with a variety of emotions, which they have usually stifled for fear of alienating or harming their child.

The parents need to reflect upon their cult-related experiences, articulate more accurately their thoughts and emotions about these experiences, assess the validity of their insights into the cult phenomenon, deal constructively with the caretaker urge, promote the child's psychological development, and cope effectively with any of their own personal and marital problems, whether of recent or remote origin. Clinicians can take a variety of steps to help parents meet these needs.

Creating an atmosphere of safety... Most important, of course, the clinician should create a supportive, though not merely reassuring, atmosphere in which parents feel safe expressing emotions and perceptions or beliefs that seem very strange to the world around them. A first step in creating such a climate is to reassure the parents that the striking and sometimes very sudden changes observed in their child are most likely attributable to the cult environment, that their fears concerning the child's psychological well-being are well-founded, and that many other parents of converts have had experiences similar to their own. Professionally led discussion groups made up of parents of cult members and/or ex-members can be very useful in driving home this latter point and in enhancing a constructive expression of attitudes toward the cult phenomenon.

Examining feelings, perceptions, and beliefs. After parents begin to feel safe expressing themselves, the clinician should devote more attention to helping them examine and more accurately articulate their feelings, perceptions, and beliefs. This task, a prerequisite to constructive family communication, is crucial to the healthy resolution of the convert's and parents' difficulties. Paraphrasing the parents' responses, asking direct questions, providing information that bears upon particular cult-related experiences, having the parents paraphrase each other in order to ensure that they are

communicating accurately, and asking questions or making statements that stimulate them to think about and describe the implications of many of their experiences may all contribute to a clear and full articulation of their perspectives.

Verifying perceptions and beliefs. In addition to helping parents better express their points of view, the clinician should teach them how to test the validity of their perspectives on various matters. Learning how to subject beliefs and perceptions about their child, their own behavior, the cult, and so forth, to empirical analysis, and how to evaluate their diverse feelings will help parents deal with, rather than deny, the ambivalence and conflict that is unavoidable when a child enters or returns from a cult.

Dealing with the caretaker urge. Identifying and critically evaluating ambivalent feelings is extremely important when the parents feel the urge to take on a caretaker role towards their child. Since this urge directly contradicts their desire to give the child more autonomy, something that most parents deem essential to normal development, much familial conflict may occur. Some members of the family may be more inclined to resist challenging the child's autonomy; other members may feel compelled to protect the convert; and still others in the family may be paralyzed with indecision. In such situations the clinician should help each family member become aware of both his own and his relatives' feelings and opinions. The family must examine all conflicting perspectives and arrive at an informed decision, preferably one agreeable to all, regarding what to do about the problems posed by the former convert's return or how to recover a child who still belongs to the cult.

Promoting the returnee's psychological development. When the clinician

begins to help the family formulate such a strategy he is beginning the most difficult part of the counseling process, that of teaching them how to promote the convert's psychological development. Most family members want, and sometimes demand, dependable advice. They want to know how to help the ex-member recover his old personality, deal with the challenges of everyday living, and reestablish or establish vocational and educational goals. Further, they want to learn how the family can deal with the psychopathological reactions often exhibited by former cult members. Unfortunately, however, not enough is known about the varied individual responses to cult conversion and deconversion to provide parents with reliable or exact "formulae" that address their concerns. Nevertheless, the clinician can inform the parents about the cult phenomenon, examine with them the pros and cons of alternate courses of action, and help them accept the uncertainties and ambivalence that inevitably accompany the decisions they must make.

Problems of family members. The complications involved in helping parents promote a convert's psychological development are compounded when serious marital, family, or personal problems trouble family members. In such cases the clinician should be very careful not to set inappropriate priorities. Usually the convert's psychological state is much more vulnerable than that of other family members and, consequently, should be the first priority: long-standing family, marital, and personal problems should be dealt with (at least initially) only in so far as they impinge on the convert's difficulties.

The clinician should resist "diversions," e.g., the temptation to work on an "interesting" marital conflict, or the desire to escape the ambiguity of the cult counseling process by focusing on a problem with which he feels

comfortable. Nevertheless, he should realize that personal, marital, or family conflicts may sometimes be so severe as to sabotage any therapeutic strategy aimed at assisting the convert.

Thus, from time to time it may be necessary to place a convert's problems "on the back burner," however risky this may be, in order to concentrate on serious problems within the family. Occasionally, in fact, a convert's potential or actual return may be so disruptive to the family equilibrium that the clinician is faced with the prospect of breaking up the family while trying to save the convert from the cult. As with so many aspects of the cult phenomenon, no clear-cut guidelines can tell one what to do in such situations.

Indications and Contraindications of Drugs.

In deciding whether or not to prescribe medication for former cult members, the physician should keep in mind that it is difficult to determine the extent to which the ex-cultist's symptomatology is a function of the cult experience or a function of a true psychiatric illness. Therefore, the physician should a) be more cautious than usual in making the decision to prescribe, and b) follow the patient's progress very closely when medications are given.

This latter point is especially important, for the clinical evidence suggests that ex-members respond to medications more rapidly (and sometimes more adversely) than one would normally expect. This appears to be the case whether or not the symptomatology is psychotic or non-psychotic or whether or not a history of psychiatric disorder exists. Consequently, when prescribing medications for ex-cultists, the physician should be prepared to decrease dosages or discontinue the medication sooner than customary practice would suggest.

Although somewhat more deliberation than usual is called for in deciding to prescribe, the physician, once he makes this decision, can use standard clinical criteria in determining what to prescribe and at what dosage. In evaluating psychotic symptomatology, however, the physician should be careful to distinguish between idiosyncratic delusions and bizarre beliefs that the ex-member has adopted as a result of his conversion. Similarly, in evaluating the degree of functional impairment, the physician should realize that the ex-cultist has experienced a culture shock that may make him appear to be psychiatrically ill, when instead he is experiencing a severe adjustment reaction. And just as destructive cult victims strive to adjust to post-cult life, those who wish to help them best must adapt to these victims' special needs.

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Center on Destructive Cultism

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