

Cults and Families

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Abstract

This article provides an overview of cult-related issues that may reveal themselves in therapeutic situations. These issues include: families in cults; parental (especially mothers') roles in cults; the impact that cult leaders have on families; the destruction of family intimacy; child abuse; issues encountered by noncustodial parents; the impact on cognitive, psychological, and moral development; and health issues. The authors borrow from numerous theoretical perspectives to illustrate their points, including self psychology, developmental theory, and the sociology of religion. They conclude with a discussion of the therapeutic challenges that therapists face when working with cult-involved clients and make preliminary recommendations for treatment.

FOR MOST INDIVIDUALS, it is mysterious and beyond their comprehension how intelligent people can get caught up in often bizarre (and sometimes dangerous) cults.¹ Yet a remarkable number of people do, as contemporary cults target individuals throughout their life spans and across all socioeconomic brackets and ethnicities. Regrettably, it is impossible to quantify how many people are involved in potentially damaging cultic religions or similar ideological commitments, but one estimate of prior involvement comes from Michael Langone—a psychologist who is the executive director of the American Family Foundation (a respected research and educational organization providing education about cults). After examining several previous studies, Langone concluded that “apparently, 2 to 5 million Americans have been involved with cultic groups” (Langone, 2001, p. 3; see Clark, 1993, p. 387).

Although mental health professionals may come across clients who have had some cult involvement, they may be uncertain (like most others) about what to do with the information when they acquire it. Their uncertainty does not stem from insensitivity or poor clinical skills. It resides in a number of factors that reflect larger systemic issues, including democratic protections of religious freedom (see

Colloquium: Alternative Religions: Government control and the first amendment, 1980) and the near sacrosanct value of family autonomy. In addition, professional uncertainty about proper counseling responses to clients' disclosures of previous or current cult involvement stems from insufficient knowledge of the various cognitive, emotional, and behavioral indicators that are associated with membership in highly restrictive groups.

By this time in the development of the profession, most clinicians routinely assess for evidence of domestic violence or child abuse. Clinicians know, however, that frequently clients do not disclose such incidents freely, and only good diagnostic skills bring together disparate pieces of information to form a hypothesis of violence or abuse. Clinicians have learned to explore a certain symptom picture with these possibilities in mind. When they get corroboration of sexual abuse, for example, the various pieces of the puzzle fall into place. Then therapists understand more fully what they are dealing with, and they can develop a more appropriate treatment program for their clients.

In the same way, clinicians need to raise their awareness about the less understood problem of cult involvement to make sense out of some otherwise confusing client “puzzles.”

In this article, therefore, we attempt to raise that awareness in ways that facilitate the ability of professionals to evaluate the impact of cults on some people who fall under their care. Specifically, we focus on both families within cults and families outside of cults that are impacted by the cultic involvement of one or more of their members. Certainly, this twofold emphasis cannot provide a comprehensive analysis of the cult phenomenon, but its implications are important for clinicians who may be able to develop diagnostic and treatment options.

Sources of Information

Accurate information on the nature of the experiences of people in cults is growing, and several overview books exist. The most comprehensive of these books is an edited anthology by Michael Langone (1993), which is primarily geared to a professional audience, whereas Steven Hassan (1988, 2000), Margaret Singer and Janja Lalich (1995), Madeleine Tobias and Janja Lalich (1994), and psychiatrists Arthur J. Deikman (1990) and Marc Galanter (1999) have written for both professionals and the public. One recent and important study by Aronoff, Lynn, and Malinoski (2000) concluded, "A small but growing body of research indicates that at least a substantial minority of former cult members experience significant adjustment difficulties" (p. 91). Frequently, detailed accounts come from ex-members,² which may explain why the cults themselves and their supporters attempt to discredit these reports by insisting that these persons are necessarily biased (i.e., Introvigne & Melton, 1999; cf. Kent, 1999a). Certainly we rely upon these and other secondary accounts, as well as information that we have received more directly—Kent through extensive interaction with current and former members of various groups (i.e., Kent, 2001b) and Whitsett through her private practice.

Although we appreciate and often use information provided by field researchers, we do so carefully. Our caution stems from recent challenges to the accuracy and objectivity of some findings presented by a few field researchers who apparently were manipulated by the groups they examined. This manipulation involved cult members (who knew they were the subjects of studies) deliberately avoiding practices that might have painted them in an unfavorable light while at the same time presenting (sometimes rehearsed) information that gave favorable impressions to less-than-critical researchers (Balch & Langdon, 1998; Beit-Hallahmi, 2001; Kent & Krebs 1998a, 1998b, 1999; Lalich, 2001; Reader 2000; see also Ayella, 1990).³

Court records are additional sources of information, especially because they usually contain information that is both favorable and unfavorable to particular groups. Often these records identify actions by former members who are attempting to recover compensation for events that occurred when they were members. In many other instances, they

document the complex dynamics among those family members involved in cults versus others who are not. The state, too, occasionally initiates cult-related legal actions, against either groups or their members for probable legal violations but occasionally against cult opponents whose hostile actions might have gone outside of legal boundaries.

Families Within Cults

A frequent consequence of cult involvement—and one that may have dramatic implications for diagnosis and treatment of former members—is the assault that these groups make upon family units among their adherents. Perhaps the most common pattern is that cults become "fictive families" that demand commitments that parallel those made by dysfunctional and often abusive families in society (Cartwright & Kent, 1992). The controlling demands of leaders minimize and often eliminate emotional connections among family members that might compete with members' loyalties toward them. Indeed, the language that cults use to describe themselves frequently is filled with family images, especially ones in which leaders take on parental roles (Deikman, 1994, pp. 76–79). So, for example, members of the Unification Church refer to its founder (Reverend Sun Myung Moon) and his wife as "True Father" and "True Mother" (Barker, 1984, pp. 81, 168, 195). More telling, members of a cult that changed its name from the Children of God to The Family referred to their founder and leader, the now-deceased David Berg, as Father or even Grandpa (Kent, 1994c, pp. 39–40). In these confusing social settings, children may not even understand the concept of family nor even know who their biological parents are. For instance, when child psychiatrist Bruce Perry (1993) asked children released from David Koresh's Branch Davidian compound (during the Waco standoff) who their fathers were, "The children [were] able to talk about their fathers but primarily referred to David as their father or dad" (p. 2).

By their very nature, cults cannot afford to have individuality or independently functioning families (Deikman, 1994, pp. 50–69). To this end, individual and family boundaries break down as the result of several factors. These factors include intensive resocialization into the new, deviant beliefs and behaviors; the demonization of people's precult lives; intense punishment and shaming regimes; restrictions on exogenous social contacts; heavy financial and time commitments; and constant demands to value group commitments over family considerations. Certainly various factors, such as age, gender, access to wealth, proximity to the group's central location, and so on, impact the extent to which family life is affected. Nevertheless, recent events such as the Heaven's Gate suicides in 1997 indicate how deeply people can be involved with dangerous, collectivist thinking, which one scholar called "an ethic of radical obedience" (Davis, 2000, p. 249).⁴

The Fate of the Parental Role

Not surprisingly, therefore, in these high-control groups, parents' authority over their children is undermined. The leader usurps the rights and obligations that usually adhere to parental roles. Parents become what amounts to middle management, as the groups simply expect them to carry out the instructions of the leader, even though these edicts may go against their own parental instincts (see Markowitz & Halperin, 1984, p. 148).⁵ Consequently, various groups involve parents in harmful treatment such as inadequate educational instruction, poor diets, severe punishment regimes, unstable and impoverished living environments, inappropriate medical practices, and so on. Alexandra Stein (1997, p. 47), for example, recalled the incident of a cult leader who told a mother to kick her twin children away from her as they clung to the hem of her skirt. Another woman who defected from a Seattle-based group, Love Israel, did so in part because (she reported), "I had a baby and I couldn't even afford to buy a pair of shoes for her" (as cited in Balch, 1988, p. 209).

Nothing illustrates more dramatically how parents can become cult-directed administrative managers toward their children than an early scene at the Jonestown murder-suicides in November 1978:

*The children were brought to their death first.
Two young women with babies came forward to begin.
Ruletta Paul picked up a cup of poison and poured
some down her own child's throat, then downed the
remainder herself and walked out of the pavilion.
The woman behind her followed suit with her own baby.*
(Hall, 1987, p. 285)

As a man spoke encouragement over the public address system for the killing to continue, "the shrieks of children yelling 'Noooo!' swallowed up his words" (Hall, 1987, p. 285).

For many mental health professionals, the best explanation for parents acting irresponsibly and dangerously lies within the dynamics of disempowerment under which those reputed caregivers live. First, leaders test the loyalty of parents through their willingness to carry out instructions and commands, often through rituals best described as "ordeals" (see Wexler, 1995, pp. 61–62). These leaders measure parents' levels of "enlightenment" or "spirituality" by their compliance in obeying orders. As Singer and Lalich conclude, "The leader positions himself as the gatekeeper between the parents and their God" (1995, p. 259).

Second, an abusive leader's use of regressive techniques creates situations in which he or she replaces the biological family with "an undifferentiated mass of siblings in which both parents and children compete for the group's and/or cult leader's approval" (Markowitz & Halpern, 1984, p. 147). Parents become "as little children," intent on pleasing

their leaders. The actual children, therefore, suffer emotional abandonment. In, for example, a small, Bible-based group in Southern California, the leader (according to one of Whitsett's clients; personal communication, October 1996) required all of the females to massage his back and feet at his command. Mothers and daughters competed with one another for this "honor."

A third explanation as to how parents abdicate their roles in abusive groups is that leaders impose various regressive techniques on their members that interfere with their ability to critically assess their situations. These techniques may include leaders' adoption of parental titles, a requirement that followers must perform various physical and social demonstrations of deference when in the leaders' presence, followers seeking leaders' permission to attend to personal or family business, members' economic dependence, and so on.

The Impact of Cult Leaders on Families

The most virulent forms of regression, however, probably reflect the disordered personalities of some leaders. For example, Kenneth Wooden (1981) reported that the children of Jonestown were beaten if they failed to refer to the leader as "Father." Jim Jones became masterful at devising punishments that reflected his own apparent need to sadistically humiliate his followers. According to a former member who undertook an unsuccessful campaign to extract her son from Jonestown, "Mild discipline gave way to making young girls strip almost nude in front of the full membership and forced to take cold showers . . ." (Grace Stoen, as cited in Wooden, 1981, p. 11). Eventually, electric shocks replaced paddles (called "board of education" paddles) as terrorized children huddled in darkened rooms (Wooden, 1981, pp. 11–12). Jones's repertoire of punishments included harsh work schedules, humiliation, solitary confinement, and the nonconsensual and nonmedical injection of psychotherapeutic drugs (Hall, 1987, pp. 240–241).

Another cult leader whose personality defects are well known is David Berg, founder of the Children of God. Berg's own childhood guilt and trauma over sexual issues translated into highly eroticized and sexualized group practices (including the likelihood of widespread child sexual abuse; see Kent, 1994b; Ward, 1995).⁶ Marshall Applewhite, leader of Heaven's Gate, "was deeply troubled about his sexual identity" (Davis, 2000, p. 245), which manifested itself in group doctrines of asexuality and (in his own case as well as several male followers) surgical castration (Davis, 2000, p. 257).

Not surprisingly, many cult leaders meet the clinical criteria of several mental disorders identified in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), and their disorders shape the practices of their respective groups. For example, Ronald Clarke (1988) noted the narcissistic qualities of Bhagwan

Shree Rajneesh.⁷ Another cult leader (Kevin O’Byrne) who directed a British group called The Teachers reputedly “made no secret of the fact that he was a paranoid schizophrenic. It was as if the community was his safe place where his illness was protected” (former member Lorraine Boyce, as cited in Horsnell, 1993a). This community practiced severe beatings, child sexual abuse, and incest (Horsnell, 1993b). Many other examples exist of cult leaders suffering from various forms of psychological dysfunction, but in all cases the implications for members are dire.

Shamings, Humiliation, and Relinquishing Responsibility

A typical dire consequence of dysfunctional leaders running groups is that frequently members are exposed to shaming and humiliating experiences, both in public and in front of their families. Witnessing their parents’ degradation, children lose respect for them. Singer and Lalich (1995) related a poignant anecdote about a grandmother visiting a lifestyle cult who asked her grandchild if there was a room for playing. The child did not seem to know the answer and replied that he would have to ask “the stupid ones,” referring to his parents. Similarly, David Koresh apparently referred to biological parents as “dogs,” and children did not appear to comprehend how derogatory this reference was (Singer & Lalich, 1995, p. 260).

Amid such humiliation, cult children must look elsewhere for someone to admire, emulate, and model themselves after. In the language of self psychology, the parent can no longer function as an idealized self-object. Cult leaders fill this void, as they claim to be omnipotent, omniscient, and perfect embodiments of “truth.” Indeed, group rhetoric accords special status to leaders in the context of their presumed mission. Children, therefore, learn from an early age that their goal in life should be to live in service and to emulate their “masters.”

Shamed adults, meanwhile, likely will regress to earlier levels of emotional development where they feel small, inadequate, and incapable of independent thinking. In this mentally traumatized condition, members compensate by merging with the charismatic leader and the grandiose mission of the group (often involving some forms of catastrophic or Edenic apocalypticism; see Kramer & Alstad, 1993, pp. 80–83). Feeling incapable of taking care of themselves, parents come to feel even less capable of caring for their children (see Ayella, 1998, pp. 86–87). Consequently, they give over the parenting role to the cult and/or its leader(ship).

This relinquishment of responsibility and care can have additionally dire consequences for children, as leaders frequently have idiosyncratic ideas about child rearing, punishment, education, and sex. Doubts that parents may have about the quality of care their children receive are evidence (according to the cults’ beliefs) of negativity or spiritual

impurity, only proving how incapable as parents these adults would be. Inherent in groups’ theologies are labels for the reputed negativity such as Satan’s influence (in Bible-based groups);⁸ “loser thinking” (in economic groups);⁹ “ego” or one’s “lower, undisciplined mind” (in Eastern-based groups);¹⁰ “negative (poison) energy” (in New Age groups); or insanity (in psychotherapy groups).¹¹ Regardless of the terms, however, their net effect is to limit or damage parents’ abilities to make informed decisions about their own lives, and the lives of those who should be in their care.

The Destruction of Family Intimacy

A common observation about cults is that leaders usually go to great lengths to destroy dyadic bonds among members. Clinicians and sociologists agree that this destruction happens, although they offer different motivational explanations about it. Viewing many high-demand cult leaders as narcissistic, clinicians are likely to state that leaders have insatiable needs for attention and admiration. They expect their followers to perform the self-object functions that they require for emotional stabilization (Whitsett, 1992). Thus, the attention that parents normally would give to children detracts from the focus on the leader, who experiences this “slight” as a narcissistic injury. Often a leader’s feeling of injury leads to narcissistic rage (Kohut, 1978) that translates into various punitive and shaming group practices. Under these conditions, adults quickly learn not to place their love for their children above their love of their “guru.”

Coming to similar conclusions, sociologists emphasize the threat to group cohesion generated by family attachments (see Kanter, 1972, pp. 89–91). Circumstances likely would arise where parents would choose the interests of their children over the interests of groups (for an example, see Jacobs, 1989, pp. 19–20). Consequently, their leaders work assiduously to prevent such attachments from forming. Singular emotional attachments to the leaders alone prevent the establishment of social networks that might form the basis for members challenging leaders’ centrality (see Cartwright & Kent, 1992, p. 349).

Most dramatically, many groups attack the formation of parent–child bonds by geographically separating children from their parents. For example, various Eastern-based religious groups operate educational facilities back in their home countries, and often Western followers send their children to these overseas facilities for schooling. Consequently, children and parents see each other very infrequently, as distant strangers assume child-rearing and educational responsibilities. The children, therefore, cannot rely upon their parents in times of need.

Indeed, recent revelations have shown that some of those times of need involved children requiring protection from those child-rearing and educating strangers. The Krishna

organization, for example, has acknowledged that widespread and severe physical and sexual abuses occurred in its school (called a *gurukul*) in India (as well as in similar schools in North America; Rochford & Heinlein, 1998). Widespread allegations of repeated sexual abuse allegedly perpetrated by the internationally known guru, Satya Sai Baba, have surfaced on the Internet and in the media, which reputedly involved boys at his ashram and school near Puttaparthi, India (Bailey & Bailey, 1999; Harvey, 2000). Parents likely send their children to these remote boarding schools and ashrams because they believe that their loved ones will receive superior educations outside of the materialistic influence of the West. They do not fully appreciate, however, that long separations from their children successfully disrupt the parent-child bond, especially when children feel abandoned into the hands of predators.

Assaults on parent-child bonds come under further pressure by groups' and leaders' control over the time and financial resources of their members. In many abusive environments, members must spend almost every waking hour doing chores for the group (such as recruiting, fund raising, and labor), meditation (in Eastern-based groups), Bible study (in Christian-based groups), or individual and group therapy (in psychotherapy and mass group trainings). In these greedy environments (see Coser, 1974), parents have little if any time or energy left for their children (for Scientology examples, see Kent, 1999b, p. 5; Kent, 2000, p. 22). Moreover, the parents likely make substantial financial contributions to the leaders and their projects, so they have diminished resources to devote to persons in their care.¹²

Similar threats to those directed against parent-child relationships also exist against spousal relationships. They, too, become targets for leaders' hostility as the "special" couple relationship often evokes feelings of exclusion in the emotionally fragile leader. In highly restrictive groups, strong marriages challenge leaders' ability to control and receive the constant attention of the two partners. Moreover, couples are likely to establish private confidences—to share intimate feelings, dreams, desires, and perhaps doubts—all of which threaten paranoid leaders and evoke envy in those who have narcissistic and borderline personality disorders.

The end result, therefore, is that leaders usually attack members' attachment bonds.

A primary way that a leader sabotages a couple's relationship is through the seduction of one partner. When an idealized figure bestows special favors (including sex) on an ordinary member, that member finds it hard to resist such attention. Lalich (1997), for example, noted that leaders manipulated women into extramarital affairs with them through promises of reaching higher levels of spiritual growth, coupled with expectations of rising in the groups' power hierarchies. Consequently, no matter how strong the bond with the spouse, it is usually no match for an alliance with a god (see Thibodeau & Whiteson, 1999, pp. 84–87). In one cultic group with which Whitsett (personal communication, October, 1996) is familiar, a husband-and-wife team gained the nickname,

"the sunshine couple" because of their deep love for each other. The leader began a systematic seduction of the wife, and when the husband complained, the leader labeled him as "selfish" and asked, "Why would you begrudge your leader a little affection?"

Motherhood and Parenting

Certainly, abusive groups attempt to either eliminate or destroy emotional bonds between parents and children that might compete for loyalty with the emotional attachments that members feel for leaders. This attempt likely explains why so many cults require persons other than parents to provide primary child care. Many of these groups go even further—their leaders attempt to prevent women from getting pregnant¹³ or to pressure them to terminate their pregnancies.¹⁴ Regardless of the specific pattern, the leaders—not the couples, the women, or the men—decide about and control pregnancies and abortions.

For example, not a single child was born to 350 members of a psychotherapy cult (the Center for Feeling Therapy) that flourished for 9 years in southern California during the 1970s, even though most of the women were of childbearing age. When women got pregnant, the leader instructed them to get abortions. The leader told these

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women that they “were not fit to be parents,” that they would harm their children because of their severe pathologies and poor psychological development (see Ayella, 1998). Women who were reaching the end of their reproductive years occasionally lost their opportunities for motherhood by following the leader’s instructions either to avoid pregnancy or abort. In one instance, a woman in her 40s finally agreed to abort after a grueling, all-night session in which group members (whom she considered to be her friends) echoed the opinion of the leader that she “was not ready.” Moreover, she believed the promise of the leader (who was a medical doctor to whom members attributed supernatural powers) when he indicated that he would ensure her pregnancy when she was “ready” (see Ayella, 1998, pp. 86–87; Mithers, 1994, pp. 262, 281, 321).

Other examples exist in which cult leaders force pregnancy upon their female followers. The Children of God’s founder, David Berg, developed a sexualized ideology that required free love among members and the use of sex with nonmembers, the latter practice undertaken to recruit new members or acquire money and other resources that the group needed. In these sexual encounters, however, group theology prohibited women (or men) from using birth control. Pregnancies, therefore, were frequent (as were sexually transmitted diseases), and uncertainty over the paternity of many children led to the group developing a name for these children—“Jesus Babies” (because they were conceived by women who were ostensibly doing the Lord’s work; Van Zandt, 1991, p. 50).

Another variation around the theme of forced pregnancies occurred in the life of Alexandra Stein (1997, p. 40), who disclosed that she became a mother at the recommendation of her leader, because he decided that this pregnancy would help develop her leadership qualities. More common is the pattern of leaders impregnating women so that they have many offspring in their “divine” bloodline, as occurred with David Koresh (Thibodeau & Whiteson 1999, pp. 86–89, 107–116) and with Canada’s equivalent of Charles Manson, Roch Thériault (Kaihl & Laver, 1993, pp. 156, 162), and this practice still goes on within fundamentalist Mormon polygamist communities (Burton, 1999; see also Altman & Ginat, 1996).

Child Abuse

Already we have identified several factors that heighten the likelihood of various forms of child abuse—emotional, physical, sexual, educational, and even religious—occurring in cults. The psychological instabilities of many leaders—their attacks on family emotional bonds, the geographical isolation of children away from their parents and in the care of strangers, and the general social insulation from nonmember contact that many children experience—diminish safety for kids in cults. Moreover, humiliated and shamed adults, who

themselves have regressed to childlike dependency upon unassailable leaders, sometimes turn toward children as sexual outlets because they are less emotionally threatening than peers. Pedophile leanings, which leaders may have, go unchecked, and groups themselves cover up instances of probable abuse by members in the name of public relations.

Many conditions that facilitate child abuse in cults are structural in nature, having to do with how these groups operate in relation to society and in the context of their own policies and practices. These conditions, in turn, may reflect theological and ideological beliefs that leaders propagate and members follow. Ideologies of patriarchy, antinomianism,¹⁵ and the eroticization of children contribute (in isolation or in combination) to child victimization (see Van Zandt, 1991, p. 170–171). Indeed, child abusers can even use mainstream religious texts to sanction their activities. The Bible, for example, relates the story of Lot’s daughters having sex with their drunken father (Gen., 19: 30–36, King James Version; Herman, 1981, pp. 36–37), and the Book of Leviticus (Lev., 18: 6–18) fails to identify father–daughter incest as a prohibited sexual action (Hermann, 1981, pp. 61–62).

Analogous passages in scriptures from other religious traditions also may provide inspiration or sanctification for child abuse—passages and traditions that (in a few instances) actually identify reputedly special powers that practitioners gain from violating children (Kent, 1993a, 1993b, 1994a). Almost certainly, the broad philosophies or ideologies of various cults breed and facilitate a variety of child abuse incidents (see Casoni, 2000). In sum, therapists who encounter clients who suffered child abuse inside cults face the daunting task of assisting them in healing from their traumatic experiences. This task is additionally difficult if clients had reported the abuses at the time to adult caregivers who simply refused either to believe them or to act responsibly with the information.

Separated Families: The Case of the Noncustodial Parent

Cults divide the world into discrete, dichotomous categories: good and evil, the saved and the damned, winners and losers, and so on (see McGuire, 2002, pp. 39–44). These divisions represent *splitting*, which is a primitive defense mechanism that reduces the anxiety of having to live with life’s uncertainties (see Whitsett, 1992, p. 370). They generate deep suspicions if not outright hostility toward nonmembers, especially those who once believed but subsequently left the group. Defectors from these cults (sometimes called *apostates* or other more derogatory names) are (from the perspective of their former groups) the worst outsiders, because they once had “the truth” but now turn their backs on it. When a defector is a parent who desires either custody or visitation rights for children whose other parent

remains inside, then children likely suffer the consequences of having been socialized into these split and demonizing belief systems. Not only are these children likely to incur stresses similar to those that children of divorce usually suffer, but also they may experience additional trauma as they move between the two households, one of which the cult will have defined as “good” and the other as “evil.” Because the children are fearful of being drawn into the apostate parent’s reputedly demonic world, their visitations often are contrived and anxiety ridden. Children may be withdrawn, guarded about their everyday lives, and unwilling to engage in age-appropriate activities that the cult defines as sinful. Typically these activities include playing with toys, going to movies, listening to contemporary music, and dancing according to contemporary teen trends (see Palmer, 1999, p. 159). In worse-case scenarios, the outside parent becomes the embodiment of evil—the tempter of sin that the leader prophesied.

Not surprisingly, therefore, these children may experience nightmares and show other signs of distress before or after visits with the apostate parent. Custody evaluators may misinterpret these signs as validation of the cult parent’s claims that the outside parent is harmful. Consequently, evaluators must realize that cult involvement by a parent and/or children means that these people live in a social environment directed by leaders whose decisions and doctrines have profound impacts upon the involved parties.

Interestingly, however, children often are the precipitating factor in one or both parents leaving their cultic groups. The parent(s) may come to feel that certain child-rearing practices are intolerable (e.g., beatings), or they may leave when hidden abuses against the children come to light (for an example, see Williams, 1998, pp. 229–235). In other instances, a cult-involved parent may leave to maintain contact with the children who are outside.¹⁶ Under these or any circumstances, however, reentry into mainstream society can be terrifying, as groups often teach that defectors can expect to receive the wrath of the divine as punishment for their apostasy.¹⁷

Effects on Cognitive and Psychological Development

The cultic division of the world into simplistic dichotomies reduces psychological stress. Members are

comfortable with their certainty of “truth” and the related delusion that through it, they will live forever. Psychologists, however, have concluded that the highest level of cognitive and psychological development is being able to live with the ambiguities of life. Advanced levels of cognitive development, for instance, are characterized by relativistic and dialectical thinking—that is, the ability to integrate and synthesize various perspectives into a coherent viewpoint (W. Perry, 1981, p. 79). Similarly, the ability to hold contradictory thoughts and feelings about self and others, known in the psychological literature as *self and object constancy*, is a hallmark of good mental health (Mahler, Pine, & Bergman, 1975). Cults, by contrast, devalue these cognitive and psychological abilities and prevent them from developing.

Developmental theory posits that part of growing up involves beginning to question the status quo. This questioning enables maturing children to sort out what they believe versus what their parents believe and what their values are versus what those of their parents are. This evaluation process supports the individuating self. In many cultic situations, however, where children receive punishment for questioning adults (not to mention leaders), they quickly learn to suppress autonomous thinking. As a consequence,

children’s cognitive development is stunted.

Adults, too, learn quickly to suppress any doubts they might have about their groups or their lives in them. Not only do other members attack their fellows who express doubts, but also their own consciences plague them with feelings of evil and inadequacy. Groups’ missions—their grandiose purposes—become the internalized ego ideal against which adherents measure their thoughts, feelings, and behaviors. Researchers speak about this dynamic as a “demand for purity,” which is a concept that Robert J. Lifton (1961, pp. 423–425) first identified in politically oriented thought reform programs involving Chinese Communism. Because no one can live up to these unrealistic expectations all the time, members (and especially those who privately harbor doubts) live in chronic states of guilt and shame.

Abusive groups implement their demands for purity through rituals of confession in which members must expose their personal thoughts, feelings, and doubts to leadership’s scrutiny (Lifton, 1961, pp. 425–427; see also Kent,

After ensuring that clients have attended to any immediate health and safety issues that might exist, therapists must help clients understand the kinds of social and psychological manipulations that were in operation against them and in which they even may have participated.

2000, pp. 38–40; Kent, 2001a, pp. 363–364). Often groups require members to reveal their supposed deficiencies and shortcomings in assemblies, meetings, or other public settings. Members, therefore, are trapped in double binds. On the one hand, if they go public with doubts or private opinions, then others will attack and possibly expel them. On the other hand, if they withhold their private (and possibly negative) thoughts, then they likely feel deceitful and inadequate to the tasks of their groups' missions. Thus, many members are locked in inner battles between self-protection and group solidarity. Because they are torn in these ways, it is exceedingly difficult for them to provide emotional and cognitive guidance to children (not to mention to other adults).

Effects on Moral Development

The values of cult leaders become the values of the members, even though the idiosyncrasies (and sometimes pathologies) of these leaders are at odds with mainstream thought. Although these values and the behaviors that follow from them may be ego dystonic for adults with pre-cult experience, they are ego syntonic for the children born and raised in the group. The moral structures of harmful cults are replete with contradictions and unsubstantiated ideological assertions (often involving racism, sexism, homophobia, and/or xenophobia). If children who develop in these environments leave their groups and enter diverse, multicultural, and more open societies, then they may face major adjustment difficulties because they have no pre-cult moral system to which they can return (Langone & Eisenberg, 1993, pp. 337–338).

In their grandiosity, most groups believe they are above the laws of nations. They are certain that they answer to a higher authority, which, of course, the leaders embody. They consider anything that they do toward these exalted group missions as being moral acts, even when they violate laws or mainstream societal values. Frequently groups assign positive labels that redefine the immorality and impropriety of their acts through terms such as *heavenly deception* in the Moonies/Unification Church (Barker, 1984, pp. 131, 279, 176–179),¹⁸ *fair game* in Scientology (Atack, 1990, pp. 188, 331, 341, 356–357),¹⁹ *solicitation change-ups* during Hare Krishna fundraising in the 1970s (Rochford, 1985, pp. 181–182, 186, 188, 198),²⁰ and *hooking* (i.e., prostituting) for Jesus in the Children of God (Van Zandt, 1991, pp. 46–48).

Effects on Health

The human rights of children and adults include access to adequate health and medical care. Many cults, however, neglect these basic rights, either because leaders require members to follow whimsical (and often dangerous) health

regimes or because members have no money to pay for (even basic) medical treatments because their cult involvement has drained them financially. It may take people who leave the abusive groups many years to recover from the chronic neglect and/or physical, psychological, and medical abuse that they sustained during their years in the cult. Unfortunately, some people suffer permanent health problems from their cult involvement.

For example, one of many instances reported in therapy involved a 45-year-old woman who had lived in an Eastern-based cult for 20 years. One of her jobs was to clean the home of the guru, who forgot that he had put her on a celery and water diet (ostensibly to help cleanse her spirit). For months she came to his house, scrubbed his floors, cleaned his rooms, and meditated for hours, while the yogi did nothing about her increasingly emaciated condition. As a good disciple, she could not question her master's dietary assignment because (in her eyes) he was omnipotent. Thus, she endured this depleted diet until she finally collapsed on his kitchen floor (Whitsett, personal communication, November, 1996).

In addition to dietary inadequacies under which many cult members suffer, a host of other problems are likely. Many children (and for that matter, adults) do not get immunizations (Fraser, 1999, p. 274). They fail to receive dental treatments or medical checkups (see Kent, 2000, pp. 21, 32–33). They suffer sleep deprivation, having stayed awake through long lectures, doctrinal studies, and assignments (see Kent 2000, p. 31, 2001b, p. 59). No wonder, therefore, that two prominent cult researchers, Margaret Singer and Janja Lalich (1995, p. 270), reported that many former cult members suffer from chronic exhaustion upon leaving their groups. Indeed, they characterized these attacks on health as part of systematic thought-reform programs involving (among other techniques) long hours of exhausting activities that eventually debilitate people's bodies. Debilitation of the body weakens the mind (and, some would say, the spirit), sapping energy that people otherwise might use to think critically, argue (fight), or leave (flight). These debilitated people remain in survival mode at the lowest rung of Maslow's hierarchy of needs (Maslow, 1954).

Cases of cult-motivated medical neglect resulting in death appear in the media, but many others remain hidden within the groups themselves. Hiding such cases, groups (sometimes working with sympathetic or unsuspecting doctors) report faith-related fatalities as deaths from natural causes, which avoids assignments of neglect or responsibility on themselves or their leaders. One investigation of religiously connected child fatalities in the United States concluded that 140 deaths of children between 1975 and 1995 "were from conditions for which survival rates with medical care would have exceeded 90%" (Asser & Swan, 1998, p. 625). Although laws in most Western countries protect the right of adults to refuse many kinds of medical

care, children also have an equal right to receive adequate and appropriate medical attention. As the U.S. Supreme Court eloquently stated,

The right to practice religion freely does not include the liberty to expose the community or child to communicable disease, or the latter to ill health or death. ... Parents may be free to become martyrs themselves. But it does not follow [that] they are free, in identical circumstances, to make martyrs of their children before the age of full and legal discretion.... (as cited in Asser & Swan, 1998, p. 625)

Conclusion

As we have implied, therapists treating cult victims face daunting yet manageable tasks. After ensuring that clients have attended to any immediate health and safety issues that might exist, therapists must help clients understand the kinds of social and psychological manipulations that were in operation against them (see Dahlen, 1997; Singer, 1986, pp. 276–277) and in which they even may have participated. This psycho-educational, cognitive approach can be highly effective in restimulating clients' higher cognitive functions involving skills such as judgment, perception, and reality testing. In turn, these restimulated cognitive functions will aid the clients in reducing self-blame, confronting cognitive and emotional distortions, and generally helping them along the road to recovery (see Tobias & Lalich, 1994, pp. 263–264). Cultivating, for example, an understanding with clients of the manipulation and fear-inducing techniques that cults use may help people reduce anxiety over reputedly divine retributions that cult leaders had predicted for defectors, critics, and their families. Likewise, having clients develop time lines of significant personal and cult events also may help them identify when and how they aligned their personalities with the ideologies of the groups and their leaders.

Most importantly, therapists must guard against reenacting aspects of the cultic relationship within the transference-countertransference matrix. Dependency feelings that clients previously focused upon cult leaders may get transferred onto the new authority figures—therapists. Consequently, therapists need to be attuned to the development of idealized transferences and monitor their own rescue and omnipotent fantasies. Additionally, therapists should resist the temptation to define abusive groups as having been “all bad.” Such a stance not only reinforces clients' use of splitting as a defense against intolerable negative affect states, but it also may ignore experiences, achievements, and friendships that the clients secretly value. For example, frequently cult members experience powerful feelings of community within their groups, and these feelings are exceedingly difficult to replicate in main-

stream society. Although that sense of belonging may have come at a high price, former members nevertheless miss it when it is gone. Clinicians, therefore, should acknowledge both clients' positive experiences and the needs that the cults satisfied and at the same time help clients mourn their losses.

Parents who are exiting cults likely will need guidance regarding their newly acquired parenting roles. Their lack of knowledge about appropriate parental responsibilities, their uncertainties about living in the wider world, and their guilt over their cult-influenced child-rearing practices may result in parenting styles that are either too permissive or too rigid. Consequently, a comprehensive exploration of previous child-rearing practices is essential in sorting out what current behaviors and parenting styles are healthy and nurturing. If cults had used scriptures to sanction some dysfunctional parenting practices, then clinicians may have to work with clients in developing new perspectives.

Sometimes parents will need to accept responsibility for having committed harmful acts toward their children, even if at the time they believed that they were acting in their children's best interests. Therapists, however, should be cognizant of their clients' levels of fragility so as not to provoke fragmentation in the face of such overwhelming knowledge. Acceptance of responsibility for committing harmful acts may be very traumatic, but as in all cases of trauma, therapy should focus on moving clients from self-definitions of “victims” or “perpetrators” to those of “survivors.”

Families that emerge from cults need to renegotiate members' boundaries and roles as they clarify what constitutes a “family” in contemporary social settings. This discussion may reopen wounds caused while fulfilling cultic obligations, so therapy needs to emphasize repair of damaged spousal and parent-child attachments. Indeed, therapy may assist in developing such attachments for the first time.

The complexities facing counselors engaged in cult-related therapy require that their approaches remain flexible and multifaceted. Initially, however, these approaches are likely to address well-documented symptoms associated with trauma in general and cult-related trauma in particular. These symptoms, which often are associated with PTSD, include depression, anxiety, panic attacks, paranoia, guilt, shame, distrust, anger, dissociation, intrusive thoughts, and nightmares (Singer & Lalich, 1995, pp. 299–342). Therapy also may include a discussion about the possibility of clients taking legal action against their former cults, which most ex-members consider at some point in their recoveries. Although lawsuits can be highly empowering, they can also take an emotional toll on clients by reactivating symptoms and preventing them from putting their cult experiences behind them. Although some former members have won court cases or out-of-court settlements, many have lost. Therapists, therefore, may need to provide realistic counseling regarding the various stresses associated with legal action.

The Internet has become a useful source of information and support for professionals and clients. In addition to acquiring information from Web sites, some former members and families communicate through chat rooms and e-mail. All persons using the Internet, however, should know about privacy concerns arising from entering Web sites or posting messages through traceable electronic addresses. In addition, various national and international organizations (e.g., American Family Foundation) run workshops and conferences, and in recent years some former cult members have held reunions and barbecues. If some former members need more intensive work than what they receive through regular therapy and occasional direct or e-mail contact, then they can attend residential facilities whose professional staff devote all of their time to the recovery process (Singer & Lalich, 1995, p. 290).

As we have suggested, clinicians face formidable challenges in assisting family members who are grappling with their cult experiences. If clients and their families had been involved in cults for extended or intense periods of time, then therapy may be especially complex and lengthy. For both therapists and clients, efforts to reduce cultic influences in people's lives require thoughtful approaches to often delicate and painful memories and issues. Nevertheless, therapy can play a vital role in people's efforts to heal, understand, and move on with their lives.

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Endnotes

- 1 We are aware of the debate over whether the term *cult* is an appropriate label to use concerning high-demand, manipulative, and frequently harmful groups whose members focus on religious or other ideologies (political, pseudotherapeutic, pseudomedical, etc.). Suffice it to point out that recent books in the field of sociology (the discipline in which much of the debate takes place) use the word *cult* in their titles (Ayella, 1998; Dawson, 1998; Zablocki & Robbins, 2001).
- 2 A growing number of accounts exist by persons who left numerous high-demand groups that people often call *cults*. Some recent accounts by former members include Fraser (1999; about Christian Science), Hong (1998; about the Unification Church/the Moonies), Layton (1999; about Jonestown), Muster (1997; about the Hare Krishnas), Tate (1997; about the Nation of Islam/the Black Muslims), and Williams (1998, about the Children of God).
- 3 In fact, former members have recounted stories about the preparations that their former groups undertook when they knew that academic or media investigators were coming. For example, one academic has written favorably about the social conditions in which children are reared in the controversial, Bible-based group, Twelve Tribes (formerly known as both Island Pond and the Northeast Kingdom Community; Palmer, 1999). Recent media accounts, however, have cast doubt on those conditions, documenting regimes of corporal punishment and child labor that the researcher never witnessed (Wedge, 2001a, 2001b). Indeed, Whitsett (personal communication, June, 2000) has information from a former member about the reputed planning and preparation (including temporary restrictions on child-beatings; see Palmer, 1999, p. 161) that occurred within the group prior to the academic's visit.
- 4 Through her counseling practice, Whitsett (personal communication, November, 1996) learned how a Bible-based group in Southern California cultivated collectivism through the group expectation that all members would spend their holidays together. It prohibited individual families from having private vacations or even private celebrations, characterizing such undertakings as "selfish." Thus, when "Paul" and his family decided to open one present together before joining the mass celebration, the leader severely criticized them for excluding their "brothers and sisters."
- 5 For example, Markowitz and Halperin (1984, p. 149) mention a case of a young couple who allowed their guru to discipline their daughter by using abusive practices, such as scalding her with hot water.
- 6 Similar to what likely happened to some children in Jones's People's Temple, children in the Children of God also suffered beatings with paddles (Kent & Hall, 2000, pp. 70–74).
- 7 As an interesting and important aside, some of Rajneesh's followers carried out the first germ terrorist attacks against a civilian population in recent American history. In September 1984, 751 residents in towns near the Rajneesh ranch in Oregon came down with confirmed cases of salmonella poisoning from bacteria that Rajneeshes had put in the salad bars of restaurants. These poisonings came at a time of heightened conflict between the Rajneeshes and the surrounding community (Carter, 1990, pp. 204, 225, 231, 236–237; Miller, Engelberg, & Broad, 2001, pp. 13–26).
- 8 For an International Church of Christ example, see Cuong (1996, p. 70).
- 9 For Amway examples, see Butterfield (1986, pp. 27, 131, 143).
- 10 For Krishna examples, see Dasa (1985, pp. 9, 31) and Judah (1974, pp. 69–70).
- 11 For a Scientology example, see Hubbard (1975, p. 210); for the Center for Feeling Therapy, see Ayella (1998, pp. 33–34, 56).
- 12 Again, for example, through counseling a client, Whitsett (personal communication, November, 1996) learned of a group in which the entire adult community (most of whom who were on welfare) shared one or two cars. This arrangement made it impossible for children to participate in after-school activities or anything else that might take them away from the ever-vigilant eye of the leader. Consequently, these children were denied normal social interactions with peers outside the cult environment, and parents were prohibited from actively engaging in their children's maturation processes that normally would involve their gradual integration into society's activities.
- 13 On Rajneesh-directed female and male sterilizations, see Gordon (1987, pp. 82–83, 154) and Stelley and San Souci (1987, pp. 151–153, 240); on Synanon vasectomies, see Gerstel (1982, pp. 210–211, 217–224).
- 14 For abortion pressure in Synanon, see Gerstel (1982, pp. 210–211).
- 15 As the Children of God's founder used to say, "Unto the pure, all things are pure . . ." (as cited in Kent, 1994b, p. 168).
- 16 Whitsett, for example, testified as an expert witness in a custody case in which authorities had removed the children from a cult and placed them in the care of the father who had left it several years earlier. After a few months, the mother also left the cult, despite her strong attachment (including romantic feelings) toward the leader, primarily because she wanted contact with her children.
- 17 One father, who left after his wife successfully removed the children from the group, reported (to Whitsett, personal communication, May, 2000) that the first couple of days he simply sat on his bed fully expecting to die. Having internalized the cult's "dread" message that anyone who left was doomed, he fully expected to be consumed by fire or struck by lightning. When nothing of the kind happened, he realized the cult leader was not omniscient and omnipotent as the group's teachings stated. Even now, however, when something goes wrong in his life, he always wonders if "maybe the leader's predictions were true, that people who turn away from 'the community' are doomed to lives of failure and turmoil." These kinds of misattributions are common among cult members who have recently defected (see Hassan, 2000, pp. 233–264).
- 18 Barker (1984) defined *heavenly deception* as "lying when the means justify the end of establishing the Kingdom of Heaven on earth" (p. 279).
- 19 Fair game is a Scientology doctrine (no longer written in policy but still practiced) in which the organization harasses and abuses persons whom it perceives as enemies (see Atack, 1990, p. 331), using techniques such as trickery, lawsuits, and lies in efforts to silence or destroy them (Atack, 1990, p. 341; Kumar, 1997).
- 20 Change-up was a means that Krishna fund-raisers used to get more money from people who had agreed to pay for books that they were distributing. A neutralized description of the process was that "having gotten agreement to pay for the book, the devotee then tried to obtain a large bill. With the bill in hand, he then was able to bargain for a higher price" (Rochford, 1985, p. 182). Many exchanges, however, simply involved devotees short-changing members of the public.

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