

## Postcult recovery clients: An examination of the dynamics of exploitative persuasion and counselling needs

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### *Abstract*

*Clients coming out of cults form a particularly disempowered population of interest. This paper explores the burgeoning literature relevant to their experiences and psychological consequences and the understandings necessary for effective counselling interventions and recovery. The paper examines key definitions and terms, as well as providing an overview of the seminal literature. With an awareness that much of the published material on the topic is sensationalised, care is taken to locate academic research on cults in the context of established theories of social, organisational, abnormal and clinical psychology. Literature on leaders and followers is surveyed, before focusing on the requirements for effective counselling for the target population.*

### **Introduction**

Cults have existed throughout history. However, sociological research shows a marked increase in their occurrence in the last 50 years of the twentieth century (Barker, 1984, 1995; Beckford, 1986). Research supported by the International Sociological Association and UNESCO has shown an increased likelihood of messianic movements arising during times of rapid social change (Beckford, 1986).

A significant proportion of movements with charismatic leaders (whether religious, political, therapeutic or commercial), become

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increasingly totalitarian, with harmful consequences for their target populations (Carter, 1990; Langone, 1993; Samways, 1994; Singer, 1979; Wincour, Whitney, Sorenson, Vaughn & Foy, 1997). The need to understand the occurrence of the mid-twentieth century European and Asian totalitarian regimes provided the impetus for research into the factors that make people more susceptible to influence when they are part of a group. Research has revealed that physical violence is not an essential factor in persuasion or coercion and has articulated the phenomenon of the 'prison without walls', or psychological entrapment and coercion in power dominated relationships and groups (cf., Franzoi, 1996; Hassan, 1990; Herman, 1992; Langone, 1993; Lifton, 1961; Singer, 1979; West & Martin 1996).

A glance through any reference list on the topic of psychological manipulation in cults reveals the majority of the discourse and investigation has occurred in the USA. Some respected research has been undertaken in Great Britain (e.g., Barker, 1984, 1995), but research of this kind is sparse indeed in Australia and New Zealand (cf., Hamilton-Byrne, 1995; Oakes, 1986, 1996, 1997; Samways, 1994). Yet, most of the major international cults are represented in New Zealand and several notorious groups have spawned here. The indigenous groups drawing most media attention have been 'Centrepoint Community' in Albany, the 'Cooperites' in Christchurch, and 'The Church of Christ, NZ'. Numbers directly affected by membership of Centrepoint alone amount to approximately 400 adults and children. In addition, hundreds

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of people have had contact as visitors or as 'psychotherapy' clients. Whilst some view their experiences positively (Oakes, 1996), many have felt harmed and have sought outside counselling help, sometimes many years after leaving. In this paper, attention is drawn to the specific needs of clients in postcult recovery, and to the need for clinicians with specialised skills in 'Exit' and 'Recovery' counselling in New Zealand.

### Definitions and terminology

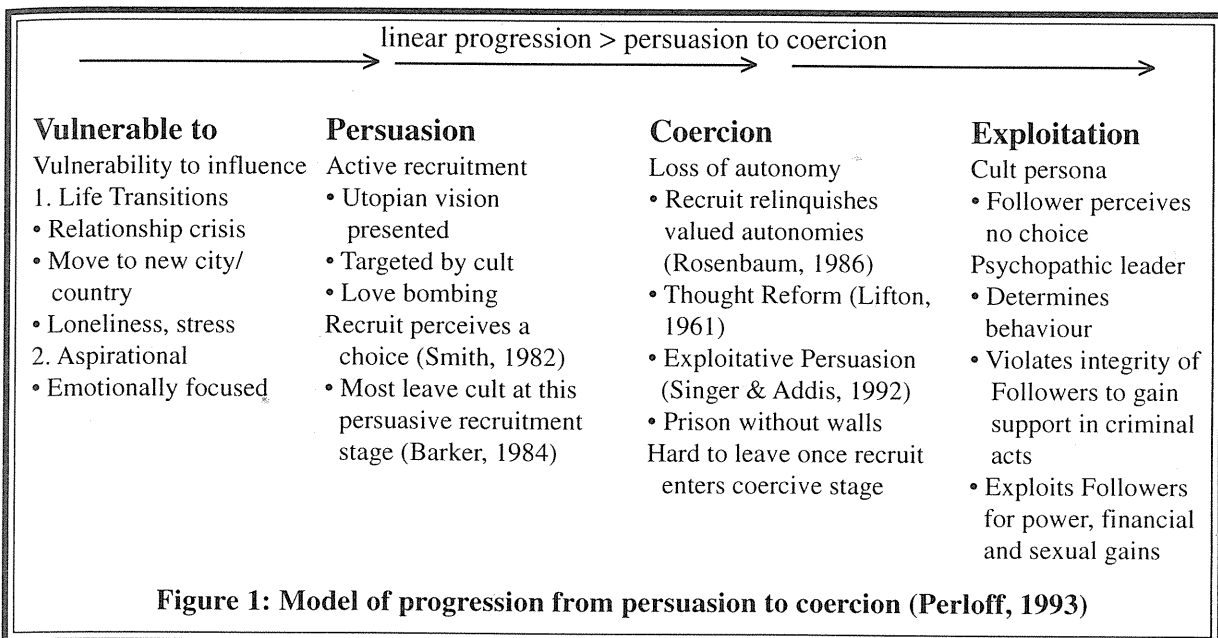
The difficulty of finding a common language for clients and counsellors is reflected in the active debate in the literature over terminology. Perloff (1993), an academic psychologist, argued for abandoning all negatively emotive terms such as 'brainwashing', 'mind control' and the word 'cult' itself, because they do little to explain the persuasive or coercive processes involved. He argued instead for a linear model that highlights causal factors in the transition from persuasion to coercion (see Figure 1). Smith (1982, cited in Perloff, 1993) used the internal perception of choice to distinguish persuasion from coercion. Rosenbaum (1986, cited in Perloff, 1993) maintained that coercion begins when the subject first relinquishes a known and valued autonomy, and that coercive pressures increase as followers progressively surrender valued autonomies, such as bank accounts, assets, choice of food and clothes, monogamy and parental responsibilities.

In the mid 1980s, following dialogue amongst the most active clinicians, the word 'cult' was given a five-point definition (Langone, 1993, p.5) that is now widely used in the literature (see Figure 2). The Perloff

model (Figure 1) and the cult definition (Figure 2) are complementary, and together enhance understanding of cultic processes. The definition applies equally to unethical religious, political, therapeutic and commercial groups, and excludes all ethical organisations.

Critics of this definition maintain that such a distinction is not practicable because abuse occurs in all organisations periodically (Barker, 1995). Advocates of it maintain that there is a profound difference in accountability between covert abuse, committed by individuals in fundamentally ethical organisations, and systemic abuse, perpetrated or condoned by the leadership of unethical organisations who typically use a 'freedom of religion' argument to block accountability. Whilst affirming freedom of beliefs, advocates for the definition insist that illegal behaviour in all organisations, including religions, must be answerable to the law (Rosedale, 1993).

There are also other voices in this debate. Hassan (1990) argued for using the term 'cult' generically for all charismatic groups, and for using his term 'destructive cults' to distinguish harmful groups. Other writers maintain that no one perceives themselves to be joining a cult, so the word has limited usefulness for reaching and helping target 'at risk' populations. They offer new terms such as 'high demand groups' or 'high control groups' (Collective of Women, 1997; Weishaupt & Stensland, 1997). Nievod (1999), who has doctorates in both clinical/forensic psychology and jurisprudence, considers the term 'cult' to be too emotive, especially in legal actions, and favours 'thought reform groups'. Barker (1984, 1995) refers to 'New Religious Movements'. Others use the full range of



terminology as appropriate for their audiences (cf., Langone, 1993; Singer, 1979; Tobias & Lalich, 1994).

The author currently favours the flexibility of the latter position, provided that when the term 'cult' is used, the five-point definition set out in Figure 2 (Langone, 1993) is included to clarify the discourse. However, the crucial point that people do not knowingly join cults, needs to be recognised (Tobias & Lalich, 1994). People typically join such organisations for aspirational reasons, believing that they are on the leading edge of creating a better world, a better self, or as Oakes (1997) described it, to achieve their 'great work'. Clients in early postcult recovery sometimes perceive themselves to be personal failures for leaving the group, and may not be ready to acknowledge that they were 'conned', or were part of a cult (Giambalvo, 1995).

An aspect of the cult definition (see point (b) in Figure 2) refers to the use of a "*thought reform programme to persuade control and socialize members*". The key psychological themes of thought reform (see Figure 3) were first delineated by Lifton (1961) and form an essential area of study for clinicians. They are referred to extensively in the literature and are also described in more readily available texts than Lifton's classic work (cf., Hassan, 1990; Tobias & Lalich, 1994). Whilst the concept of 'thought reform' has been extensively used, 'exploitative persuasion' is a recent, and perhaps more accurately descriptive alternative (Singer & Addis, 1992; Tobias & Lalich, 1994).

### **Cult leadership and charisma**

Cult leadership is by definition charismatic because of the intense relationship between

### Figure 2: Definition of a cult

(from Lagone, 1993)

A cult is a group or movement that, to a significant degree:

- (a) exhibits great or excessive devotion or dedication to some person, idea or thing;
- (b) uses a thought-reform programme to persuade, control, and socialise members (i.e., to integrate them into the group's unique pattern of relationships, beliefs, values and practices);
- (c) systematically induces states of psychological dependency in the members;
- (d) exploits members to advance the leadership's goals; and
- (e) causes psychological harm to members, their families, and the community.

leader and follower (Johnson & Johnson, 1997). Whilst charisma has proved to be an elusive concept to define, the four-factor construct developed by Conger and Kanungo (1994) established a useful plateau for explaining the mysterious 'gift-of-God' quality often attributed to charismatic leaders (Lindholm, 1990). Their factor analysis revealed that charismatic leaders:

1. Formulate an idealised, shared vision and have specific abilities to articulate that vision in an inspirational way.
2. Demonstrate innovative and unconventional behaviour to achieve their goals.
3. Take personal risks to achieve that vision, which builds trust in the followers.
4. Strive to change the status quo through radical reform.

This construct of charisma is value-free, however, and does not distinguish leaders like

Nelson Mandela from those like Adolf Hitler. Howell (1988) promoted developing value-assessment tools to distinguish the 'two faces of charisma'. Burns (1978, cited in Conger & Kanungo, 1994) coined the term 'transformational' to describe the heroic face of charisma, with leader and

followers being transformed in mutual support for a common purpose, thus raising the moral and ethical conduct of both. For the harmful face, a cluster model is emerging to explain the occurrence of unethical and psychopathological charismatic leaders (Lindholm, 1990; Tobias & Lalach; 1994).

The cluster model draws on criminal profiling and psychiatric literature involving psychopathy (Hare, 1990 - see Figure 4) and/or DSM-IV (APA, 1994) Personality Disorders (especially Narcissism, Antisocial and Borderline), to explain cult leaders like David Koresh, Jim Jones and Charles Manson (Simon, 1996). As their psychopathology develops, cult leaders characteristically indulge in multi-dimensional abusive and criminal behaviours, and normalise these amongst their followers (Carter, 1990; Langone, 1993; Simon, 1996).

Cult leaders are predominantly male, to the extent that the simple pronoun 'he' is normally used in the literature (Oakes, 1997). However, when female cult leaders occur they can be equally abusive and harmful, such as with Anne Hamilton-Byrne (Hamilton-Byrne, 1995).

### **Cult followers**

Leaders must have followers. The investigating committee for the Group for the Advancement of Psychiatry (1992) found agreement among researchers that seriously disturbed people are rare in cult populations. Cults 'target' people capable of contributing financial and other leadership-desired assets, whilst screening out fragile persons who would be a drain on resources (Lalich, 1997; Langone, 1993; Oakes, 1997; Singer, 1979). Conversely, some followers exiting cults show high levels of distress, though not usually involving psychosis (Martin, Langone, Dole & Wiltrout, 1992; Singer 1979; West & Martin, 1996).

As a group, followers tend to exhibit naive idealism and emotional aspirations that are not balanced by analytical and critical thinking and by effective decision making skills. Some individuals may have cult-hopped several times (Collective of Women, 1997; Tobias, 1993). However, most vulnerable to cult recruitment are those struggling to cope with a major life transition; such as, a relationship break-up, grief over a death, life direction and career changes, and financial stress (Group for the Advancement of Psychiatry, 1992; Langone, 1993). In the USA, students moving to large city universities have historically been targeted by the Unitarian Church (Hassan,

1990). At such times of stress and loneliness, the euphoric 'love bombing' generated at recruitment meetings and intense interpersonal involvement offer a seductive experience of 'family'. Those targeted by cults are vulnerable according to their current level of need (Group for the Advancement of Psychiatry, 1992; Zimbardo & Lippé, 1991).

Sociological research in the 1980s centred on the Moonies. Researchers consistently reported a high dropout rate during the early persuasive recruitment phase. Galanter (1989, cited in Zimbardo & Lippé, 1991) found that only one in three of those who attended a recruitment weekend attended a second event, and only one in ten eventually applied for full membership. Of the minority who progressed into the coercive and exploitative stages (see Figure 1), even fewer stayed for ten years or more (Barker, 1984, 1995; Robbins, 1988). These statistics caused sociologists to express little concern for cult followers, while the concerns of religious studies experts were primarily about preserving religious freedom against perceived religious persecution (Tabor & Gallagher, 1995).

It was the clinicians who expressed the most concern for cult followers in the literature (cf., Lalich, 1997; Langone, 1993; Martin, 1993; Singer, 1979; Singer & Addis, 1992; Tobias & Lalich, 1994; West & Martin, 1996). They recorded and researched the stories of human resilience behind the statistics – stories of the pain and high cost of involvement and exiting from the coercive and exploitative stages. They also described the often long and difficult path of recovery from psychological entrapment, abuse and exploitation.

Occasionally tragic outcomes reached the

**Figure 3: Eight Criteria for a Thought Reform Programme**

(from Lifton, 1961)

**1. Milieu control**

- Control of channels of communication & information, including internal dialogue.

**2. Mystical manipulation**

The source of authority and ideology is 'divine', which means that:

- Questioning and criticising is 'blasphemous' and reveals fault in the questioner.
- All means of achieving 'divine' goals are justified, including manipulating events to appear to be spontaneous endorsements of the totalitarian regime.

**3. Demand for purity**

- The world is sharply divided into good and bad.
- Irrational guilt is created by setting unrealistic goals to achieve the 'good'.

**4. Cult of Confession**

- Inevitable failure at 3 leads to an obsession with confession of shame and guilt.
- All private thoughts are revealed, and through 1 made known to the leadership.
- Therefore, confession in totalist systems leads to exploitation, not solace.

**5. Sacred science**

- Ultimate scientific status for re-ordering human existence is claimed for the ideology.
- As well as being immoral and blasphemous, critics are dismissed as unscientific.

**6. Loading the language**

- Creating a special jargon of 'thought-terminating clichés' for limiting both internal reflection and communication within the group.

**7. Doctrine over person**

- People and their needs are subordinated and modified to endorse the ideology.

**8. Dispensing existence**

- Cult leadership draws a sharp line between those with a right to existence and those with no such right.

**Figure 4: Checklist for Psychopathy**

(from Hare et. al., 1990)

**Factor 1: A narcissistic individual, who exploits without remorse.**

1. Glibness or superficial charm.
2. Grandiose sense of self-worth.
3. Pathological lying.
4. Conning and manipulative.
5. Lack of remorse or guilt.
6. Shallow affect.
7. Lack of empathy.
8. Failure to accept responsibility for own actions.

**Factor 2: An antisocial lifestyle**

9. High need for stimulation or proneness to boredom.
10. Parasitic lifestyle.
11. Poor behaviour controls.
12. Promiscuous sexual behaviour.
13. Early behaviour problems.
14. Lack of realistic, long-term goals.
15. Impulsivity.
16. Irresponsibility.
17. Many short-term marital relationships.
18. Juvenile delinquency.
19. Revocation of conditional release.
20. Criminal versatility.

mass media, providing salient evidence that some followers do not exit safely, and many die in cults. These circumstances influenced a shift in thinking in sociological and religious studies fields, which resulted in a meeting of the leading proponents of the different perspectives, especially Langone and Barker, at a Conference in Seattle in 2000 (Cult Observer Editors, 2000). Interdisciplinary discourse is likely to have a major influence on the next phase of cult research.

**Established theories of social influence**

As new recruits progressively surrender valued autonomies, and perceive exiting as a reduced choice, they become increasingly susceptible to powerful social influence techniques. That a group has a psychological atmosphere greater than the sum of its parts, to the norms of which most individuals conform, was established by Sherif as early as 1935 (cited in Franzoi, 1996). Subsequent research in social and organisational psychology has described the conditions conducive to compliance and obedience (cf., Festinger & Carlsmith, 1959; Milgram, 1963). The dynamics influencing bizarre cultic practices are complex but explicable. 'Social Psychology' by Franzoi (1996), is one of many general texts that will enhance understanding of persuasion in groups generally, as well as that of the formerly stated coercive themes of thought reform (see Figure 3).

**Hypnotic suggestion**

Most modern cult leaders have a knowledge of sales techniques, Neuro-Linguistic Programming, and/or Ericksonian Hypnosis (Hassan, 1990). There is extensive

evidence in the literature on hypnosis to indicate that hypersuggestibility is a likely factor in inducing some cultists to engage in behaviours that would previously have been unacceptable to them (Lindholm, 1990; Samways, 1994; West & Martin, 1996). Hypnotic suggestion also contributes to 'learned phobias', especially 'leaving phobias', which may include irrational fears of karmic or spiritual retribution in such forms as a terminal illness, a fatal accident, or not coping in some serious way. Learned leaving phobia is one of the factors that makes exiting so difficult (Hassan, 1990).

### Consequences of cult involvement

There is a variety of potential consequences associated with cult involvement.

**1. Post Traumatic Stress Disorder.** Writers with a clinical orientation commonly describe clients in postcult recovery as exhibiting the cluster of symptoms attributed to Axis I Anxiety Disorders, especially Post Traumatic Stress Disorder (DSM-IV, APA, 1994). The symptoms include affect disturbances, such as mood swings, depression, grief, fear (especially of the abuser), phobic and panic responses, anger (at self or those who are perceived as failing to help), dissociation, indecisiveness, somatic symptoms, sleep disturbance including nightmares, relationship difficulties including loneliness, trust and sexual problems, safety and boundary issues and suicidal tendencies (cf., Briere, 1992; DSM-IV, APA, 1994; Herman, 1992, 1993; Martin, et al., 1992). Complex PTSD is described as a diagnosis that may include all of the above symptomatology in extreme form, plus disturbance to the sense

of self, through suffering prolonged trauma (Briere 1992; DSM-IV, APA, 1994; Herman 1992, 1993).

**2. Dissociative Disorder: Pseudo-identity or the Cult Persona.** West and Martin (1996) described the development of a pseudo identity, or cult persona, as a dissociative response to enable a person to cope with prolonged trauma. This pseudo-identity differs from the Dissociative Identity Disorder (DID) client, in that the former is a response to prolonged situational stress in a previously symptom-free subject, rather than as a response to severe childhood trauma. Usually only one personality is generated to cope with the situational demands of the cult, so the prognosis is more positive for the cult persona client who joined as an adult, in that s/he is returning to a previously intact self (West & Martin, 1996).

This return may be so rapid that it is often called 'snapping' (Conway & Siegelman, 1978, cited in West & Martin, 1996). Such a rapid shift in the sense of self can be extremely disorienting and stressful, especially as the former self may have been neglected and rejected for many years. The recovered self requires updating and support. Three clinical pictures have emerged in relation to a postcult destabilised self-identity (West & Martin, 1996). The 'Floater' makes sudden switches from one identity to the other in response to salient stimuli (Tobias & Lalich, 1994). Floating can be highly disturbing for family and friends to observe. The 'Contemplator' shows dissociated trance-like symptoms, which particularly occur in clients from cults requiring extended periods of meditation, chanting or listening to motivational tapes. The



'Survivor' exhibits PTSD symptomatology (Briere, 1992; Herman, 1992; Singer, 1979; West & Martin, 1996).

**3. The Stockholm Syndrome.** This is a psychological phenomenon in which some hostages or captives develop feelings of affection for their captors (Ochberg, 1978, cited in West & Martin, 1996). Strong 'identification with the aggressor' is complex and may best be understood and processed in terms of pseudo-identity (West & Martin, 1996). Cognitive dissonance theory also helps explain how otherwise normal persons, when placed in conflicted psychological positions often demonstrate maladaptive and counterindicated attitudes and behaviours (Aronson & Mills, 1959; Festinger & Carlsmith, 1959; Franzoi, 1996).

**4. Sexual exploitation.** Postcult clients may have suffered extreme forms of sexual exploitation, determined by the idiosyncratic or bizarre beliefs of the leader (Betz, 1997; Lalich, 1997). However, the sexual dynamics in cults typically are complex and power dominated, so that clients from the same group may not be allies in healing. While women and girls are the obvious victims, some women may have used the status gained through sexual affiliation with the leader to dominate and control others (Maaga, 1998, cited in Templar, 1998). Some male clients also may have complex issues of sexual abuse and disempowerment to resolve. Examples abound of bizarre distortions of male sexuality as well as female (Tobias & Lalich, 1994).

Lalich (1997) drew attention to the lack of research into sexual abuse in cults. A survey of her own practice revealed that 40% of her former cult clients, extending across 21 cults,

had been sexually exploited. Langone, Chambers, Dole and Grice (cited in Langone, 1993) found that 11% of 308 former cultists, from 101 different groups reported being sexually abused. Lalich wrote,

*... those who wish to dominate others discover their power increases as their areas of influence over the other person become more intimate and personal. Therefore, controlling someone's sexuality or sex life is an effective method of all-inclusive manipulation and control. Once sexual control is in place, no part of life is left untouched by the cult leader's influence (1997, p.8).*

**5. Disempowerment and abuse of children.** Some cults exclude or discourage children (e.g., 'Rajneeshpuram' in Oregon - Carter, 1990), while others encourage their presence (e.g., 'The Family' in Australia - Hamilton-Byrne, 1995; and 'Centrepoint', New Zealand - Oakes, 1986). Children are the sub-group in cults most vulnerable to the abuse of power (Langone & Eisenberg, 1993; Tobias & Lalich, 1994). The pathological leader claims the role of 'father of the family' and makes use of critical incidents to establish his idiosyncratic beliefs on all dimensions, such as discipline, health, education and sexuality. In such a culture a cognitive dissonance process usually operates, as parents are relegated to a 'middle management' role (Markowitz & Halperin, 1984, cited in Langone, 1993; Stein, 1997). Disempowerment of parents "*can become especially dangerous for children when the leader measures the*

*parents' dedication to him by their willingness to abuse their children at his request"* (Landa, 1990/91, cited in Langone & Eisenberg, 1993, p.329).

There is a remarkable lack of research into the effects of a childhood spent in a cult, despite the considerable anecdotal evidence in news stories, popular books, legal and medical cases of serious psychological, physical and sexual abuse and even death (Hamilton-Byrne, 1995; Langone, 1993; Langone & Eisenberg, 1993; Wooden, 1981, cited in Robbins, 1988). In New Zealand, the 200 or so Centrepont children form a population deserving of expert and unbiased research, leading to recommendations and skilled assistance in their recovery.

**6. Disempowerment and abuse of women.** Recent research suggests that women make up 60%-70% of cult populations (Rosen, 1997). They tend to be attracted into cults for highly aspirational reasons and, after children, are the most disempowered group. They often

*become anxious and depressed but have difficulty leaving because the manipulative techniques of the leaders mirror the gender power differentials to which women are accustomed* (Rosen, 1997, p.22).

Female clients may include young women who spent their childhood in a cult, as well as women who have been disempowered in their role as mothers and who, therefore, have not protected their daughters from abuse (Stein, 1997).

**7. Diminished mental abilities.** This difficulty occurs less with open cults where followers have employment outside the cult.

However, in closed cults where living, working and socialising are confined to the group, former members are often limited to simplistic black/white thinking, and have difficulty with decision making, concentration, sustained reading, memory, perception and finding adequate words to express themselves (Goldberg, 1993; Singer, 1979; West & Martin, 1996).

**8. Financial and employment disadvantage.** Postcult clients are likely to be disadvantaged in training opportunities and employability. They may lack the financial resources to update their work skills through having been defrauded or financially exploited during their years of cult involvement (Nievod, 1993, 1999). They may perceive themselves to be failures and experience fear of coping financially. Financial disadvantage may be a major factor limiting participation in counselling, so it is useful to supply clients with self-help resources such as lists of books, videos and internet sites (Tobias, 1993).

### Counselling postcult clients

There are two major dimensions to this work (i) exit counselling, and (ii) recovery counselling.

**Exit counselling.** For clients still involved in cults, or for those in the first stage of recovery, exit counselling that is short term and has an educational emphasis is required to address characteristic confusion about themselves, and their cult experience (Giambalvo, 1995). Because of the leader's extreme narcissism, there can be no graduation from a cult. Leavers are labelled as failures and often continue to perceive themselves to be so for some time after leaving (Hassan,

1990).

For counsellors approached by current cult members or their families, the book 'Exit Counseling' by Giambalvo (1995) is essential reading. She described the process as primarily a discourse on ethics, values and integrity that is respectful of the cult member's dignity. While parents and families naturally want their loved one to leave, the ethical goal for the counsellor, as identified by Giambalvo, is 'informed choice', by educating about the group's hidden agenda. This is based on the recognition that cults always have a hidden, exploitative agenda about which followers are not informed (Nievod, 1999; Singer & Addis, 1992).

**Recovery counselling.** New Zealand counsellors are most likely to be approached for help by clients in postcult recovery. Some seek counselling years after leaving the cult (Goldberg, 1993; Lalich, 1997). West and Martin (1996) stated that the primary goal of treating clients who joined as adults is to relieve their cult-induced psychopathology and to restore their pre-cult personalities. Clearly for those who were cult-children and have no pre-cult identity, the recovery task is more difficult.

Counsellors need specialist knowledge and experience in the psychological processes involved in thought reform or exploitative persuasion, and in exiting and recovery from cults. They need knowledge of the specific forms of abuse typical of the cult to which their client was affiliated (Giambalvo 1995; Langone 1993). Accurate attribution and diagnosis is important. Attributing all symptomatology to childhood, parenting and family dynamics, without addressing cult

experiences is not helpful (Tobias & Lalich, 1994), and may further victimise the client (Goldberg, 1993). Former cult members are likely to have participated in some extreme beliefs and behaviours. Therefore, counsellors need to manage their personal responses in order to help clients process feelings of shame and guilt (Martin, 1993).

Counsellors need the skills to build trust in clients who have experienced multi-dimensional exploitation, and to be comfortable in an egalitarian role, so that habits of submission to an authority are not triggered (Dahlen, 1997). McWhirter (1991) described an 'equal experts' therapeutic relationship in which the counsellor is acknowledged as an expert in the process of recovery, whilst the client is acknowledged as the expert on their life, experiences, relationships and goals. Within this kind of orientation, a number of essential objectives for counselling can be identified (see Figure 5).

#### Figure 5: Checklist of Counselling Objectives

To have client gain in understanding of their past experiences in terms of:

- the characteristics of cultic leadership, authority and influence;
- psychological manipulation, (thought reform or exploitative persuasion);
- addiction and dependency (including cult-hopping);
- multi-dimensional abuse.

Have client regain a sense of mastery over their environment in terms of:

- independent critical thinking;

(continued...)

(Figure 5...continued)

- effective cognitive processes;
- decision-making;
- assertiveness;
- dealing with negative affect (grief, anger, anxiety, depression, guilt, shame);
- identifying resources and support;
- seeking accountability, possibly by taking legal action.

Have client regain a sense of self and trust in their own wisdom in relation to:

- self-care;
- resilience;
- self identity, worth and efficacy;
- values, integrity and goals;
- forgiveness of self;
- redemptive action.

Have client develop healthy personal and social relationships based on:

- appropriate trust;
- boundary setting;
- resocialisation, including support networks and relationship skills;
- family relationships - rebuilding damaged relationships;
- sexuality.

### **An empowerment model of intervention.**

When serious and lasting symptoms are systemically induced in a population so that the members are disadvantaged in work, money earning, relationships, well being and general performance, the population may be described as disempowered (McWhirter, 1991). Empowerment is a concept that largely grew out of the feminist analysis of social power and implies membership of specific powerless groups (e.g., women, the elderly,

ethnic minorities). Empowerment is a process of gaining control over one's life and supporting others in having control of their lives (Hawxhurst & Morrow, 1984, cited in Dahlen, 1997). Clients in postcult recovery meet the criteria for a group whose difficulties would best be addressed through intervention that includes the four characteristics of empowerment (Dahlen, 1997; McWhirter, 1991), with these being:

- (i) an analysis of power;
- (ii) an understanding of gender and childhood socialisation processes;
- (iii) the attainment of personal, interpersonal and social power;
- (iv) advocacy for themselves and others.

**Recovering the self.** Lorna Goldberg (1993) recommended a structured, goal-directed, periodic therapeutic process, so that clients can implement new skills in self-directed ways between sessions. Private or self expressive processes like journal and letter writing, art, drama, music and dance, help in rediscovering and reclaiming the self (Tobias & Lalich, 1994). Lalich (1997) described the construction of a life-line to help identify and recover valued themes of the precult identity. Three stages in recovery are seen to be involved (West & Martin, 1996). Stage one is characterised by confusion about the past and the self-identity and requires an educational emphasis. Whilst validating the precult self continues, stage two most closely resembles accepted psychotherapy, including owning and processing intense affect. Stage three is practical and future focused – on training, employment, relationships, finances and possibly legal action.

### **Building healthy social support.**

Exclusion from the all-encompassing cult support system can lead to intense feelings of alienation, of having been on an extraordinary journey that no-one understands except other cultists (Oakes, 1996). This explains the tendency to 'cult hop'. As the re-emerging self is easily overwhelmed by group euphoria, William Goldberg (1993) recommended structured, periodic support groups, which balance group and self-focused exercises so that the self-identity is strengthened, while loneliness, support and healthy socialisation needs are addressed.

**Taking action.** Finally, speaking out to doctors, police, child welfare agencies, counsellors, the media, as well as taking well advised criminal, civil and child custody legal action can all be effective in both empowering victims and in limiting abusive practices in cultic groups (American Bar Association, 1995; Nievod, 1993; Rosedale, 1993; Singer, 1993; Tobias & Lalich, 1994).

### **Conclusion**

An overview of the literature indicates that the consequences of cult involvement can be seriously disempowering for many men, women and children. Negative effects generally fall within the Post Traumatic Stress Disorder and Complex PTSD cluster of symptoms, with the likelihood of dissociative symptoms, including the creation of a pseudo-identity or cult persona as a response to prolonged trauma. Informed and skilful clinical intervention is indicated to provide support during a major life transition, in order to circumvent more serious problems. It is helpful for counsellors working with such

clients to have an understanding of the typical dynamics of cult experience and those related to postcult difficulties, so that they can be of most value to those seeking their help.

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† Very useful for counsellors.

\* Available in NZ libraries & specialist bookstores.

### Internet Sites

AFF (American Family Foundation & Cultic Studies Journal) Website: <http://www.csj.org/>

Carol Giambalvo. Website: <http://members.aol.com/~carol2180/>