

Cults and the Family

David Ward

In recent years an increasing number of therapists have come into contact with ex-cult members. Consequently there has been a renewed interest in various facets of intervention with this population. However, the effects of cult affiliation and disaffiliation on the cult member's family are not as well documented, particularly in Australia. This paper offers an overview of cult dynamics as well as some of the difficulties experienced by families whose loved one has had cult involvement.

What is a Cult?

Exactly how to define a 'cult' has been a contentious issue for a number of years (Freckelton, 1998; Hume, 1996). There continues to be debate as to whether cults should even be a concern. Some authors such as Levine (1984) have felt that the cult experience is generally benign or even therapeutic. It is the thesis of this paper that cults are indeed a concern, and that there is the consequent need for public education about them. One source in Australia estimates that approximately half a million individuals, including parents, friends and loved ones, are affected by cult involvement (Australia, 2000). As this paper explores therapeutic intervention, and my position leans heavily toward a behavioural definition, I shall define a cult as:

A group or movement that, to a significant degree, (a) exhibits great or excessive devotion or dedication to some person, idea or thing; (b) uses a thought-reform program to persuade, control, and socialise members (i.e. to integrate them into the group's unique pattern of relationships, beliefs, values, and practices); (c) systematically induces states of psychological dependency in members; (d) exploits members to advance the leadership's goals, and (e) causes psychological harm to members, their families and the community (Langone, 1993: 5)

As the group's beliefs are not my primary concern, the above definition allows the therapist to intervene regardless of whether the toxic group is religious, political or economic in nature. With this in mind, I have outlined below some basic characteristics of such destructive groups:

1. There is usually a pyramid-shaped structure that refuses criticism of the top levels. Members are expected to be unquestioning in their commitment to the leadership.
2. Members are manipulated and exploited through a system of rewards and punishments, and may be

expected to give up their education, careers, and families to work at group-directed tasks.

3. Harm or the threat of harm may come to members or their families if they disobey.
4. Cult leaders tend to be charismatic, self-appointed, and claim to have a special mission in life.
5. A unique cult vocabulary has its own terminology or redefinition of terms.
6. An elitist mentality ('We are God's chosen ones', etc.) allows members to demonise those outside the group, seeing them as not worthy, of a lower consciousness etc.
7. Life is polarised; everything is seen in black/white, or good/evil.
8. Happiness and 'unity' are based on performance. Anything less than 100% is not acceptable.
9. The group's beliefs must be upheld at all costs. Irrespective of whether the group is religious, political or economic, the belief system takes priority over individual concern.
10. An overriding principle in cults is that 'The end justifies the means'; a view that allows cults to establish their own brand of morality, often outside normal social bounds.

The above are broad characteristics that one can apply to toxic groups regardless of orientation. I have encountered numerous individuals over the years who have experienced abusive practices from groups that are not necessarily religious in structure. Most therapists experienced in this area would agree that the traumatic sequelae and consequent familial disruption run parallel, regardless of cult type. One agency experienced with cults in Sydney, *CultAware*, has broken down their inquiries from the public into the following groups: Religious, 34%; Therapeutic/personal development, 25%; New Age, 17%; Eastern meditation, 14%; Commercial, 6%; Occult/satanic, 4% (Joint Standing Committee on Foreign Affairs, Defence and Trade, 2000).



David Ward can be contacted for further information c/- Cult Information Service, PO Box 508, Kenmore QLD 4069, Australia. Email: cultic@hotmail.com

Cults regularly employ three broad tactics in their recruitment:

1. They destabilise the person's sense of self and cultural frame.
2. They persuade the individual to reinterpret his/her life history drastically, and to accept a new version of reality.
3. They develop in the individual a dependency on the organisation (Singer, 1995a: 62).

The Continuum of Control

The difficulty, of course, is deciding by what rule of thumb we label a group 'abusive' or 'deviant'. While one can draw some parallels between the above characteristics (as found in the Plymouth or 'Exclusive' Brethren) and those of some 'mainstream' groups (as in the local Assembly of God), mainstream groups do not consistently and forcefully exhibit the aforementioned characteristics. They do not systematically deceive their members, nor do they harass and threaten them should they want to leave, as most cults do. In one study involving a range of groups, 13% of the children were disabled through physical punishment, 34% of the children were not provided with balanced daily meals and 31% were not taken to a doctor when ill (Gaines, Wilson, Redican & Baffi, 1984). Given that the power dynamics of gender inequity in wider society are mirrored in a cultic milieu (Rosen, 1997), cults are also fertile fields for the sexual exploitation of women; at least 40% of ex-members according to one sample (Lalich, 1997). This type of behaviour is not typical of mainstream religious faith, despite well-publicised accounts of abusive behaviour in certain religious orders in recent years. Mainstream groups do not parallel this degree of control, nor do cults have a focus on altruistic endeavours as do Islam, Christianity, and Buddhism. Cults are self-focused and do little, if anything, for the wider community.

While most cults contrast sharply with the older, mainstream religious groups in their theological beliefs, one variable that can act as a general guide for therapists is the degree of *control they exert*. Discouraging the use of TV and radio is one thing; deciding who one is to marry and when one may have children is another. Discouraging the eating of meat is one thing; not allowing a life-saving blood transfusion is another. Again, where one draws the line is difficult to determine and the 'grey areas' are the most challenging. However, when the therapist can identify a number of controlling elements, it should be a warning sign of possible psychological and spiritual abuse. There have been a number of frameworks documenting such group coercion and manipulation, from political systems (Lifton, 1961; Schein, 1961) to contemporary cultic groups (Singer, 1995a; Hassan, 2000).

I have found that one of the simplest ways to conceptualise cultic control (and many other forms of abuse) is through the acronym 'BITE' (Hassan, 1988; 2000):

- *Behaviour Control* includes control over where one is allowed to live and sleep, and with whom one can associate. The group dictates what the individual wears and how to use personal finances; the leader's permission is required for most decisions.
- *Information Control* involves the holding back of information, or deliberate lying. Members are threatened with expulsion for possessing material critical of the group. In some groups there is a never-ending amount of cult-generated material to buy or use. Leaders also may misuse personal information to manipulate the individual.
- *Thought Control* includes dichotomous (black or white) thinking. Critical thinking about the group is considered a sign of rebellion, weakness, or sinfulness. No other belief system will be tolerated. Cult-induced thought stopping techniques (chanting, meditating) are commonly used to accomplish the elimination of critical thinking.
- *Emotional Control* includes the systematic regulation of an individual's emotional states. The primary emotional tools for this are fear (of your family, those outside, Armageddon) and guilt (your past, your thoughts or feelings). For some groups there is a public ritual 'confessing' of sins/weakness/rebellion. This distances the individual further from his/her past, while driving him/her deeper into the group.

With the BITE dynamics in mind, the direction of this paper will now turn to two of the most common presentations therapists are confronted with; the difficulties experienced by the family when a loved one is in a group that appears destructive, and the problems they must deal with when the loved one returns from the cult.

When a Loved One is in the Cult?

From my experience and from the general sense of the literature (Maron, 1988; Wright & Piper 1986), family factors are not necessarily significant at the time of recruitment. However, from discussions with numerous individuals and families over the years, there does seem to be evidence that familial dysfunction creates vulnerabilities that certain 'hardcore' cults such as Satanism may exploit (Belitz & Schacht, 1992; Steck, Anderson & Boylin, 1992). The general public has believed that it is primarily teenagers and young adults who are recruited into cults. In recent years however, recruitment has extended to the elderly, a population which is often isolated yet has financial assets attractive to the cult (Schwartz & Kaslow, 2001). Certainly, most individuals caught up in toxic groups were recruited during a transitional phase in their life. While good reliable research is still scant, the weight of the present evidence suggests that presently experienced stresses are more relevant to recruitment than family of origin factors. Unsettling changes such as the dissolution of a relationship,

moving to a new town or job, or attending a new university, are all times of vulnerability that cults exploit.

'She's not like she's used to be!' 'It's like we're talking to a stranger!' 'He's turned into a zombie!' These and other responses are regularly heard from family and friends of those who have joined a cult. It can be a frightening time for the family to see their fourth-year medical student drop out of university to join an ashram, or declare to the family that s/he is severing ties with them because they belong to the 'old sinful system which is about to be destroyed at Armageddon'. Parents and concerned family members can note a wide range of behaviours that 'just don't seem right' about the individual: secretive behaviour, rejecting life-long goals or pursuits, changes in appearance and extreme shifts in religious or political views. When a family presents, the aforementioned 'BITE' criteria can act as a *general* guide in assessing the group. I must point however out that for some parents, any whiff of independence or defiance from their son or daughter, coupled with group affiliation, constitutes 'brainwashing'. I would also highlight here that terminology can be imprecise. While the word 'control' is used above, the term does not imply that the mindset of an individual caught up in a destructive group parallels that of a robot. Individuals react to cult dynamics in a myriad ways which interact with their own unique personality and personal history. Some individuals are more resilient to cult processes and the experience of control is short lived. Others may find recovery more difficult. It is probably more helpful to speak of the *controlling agenda* of cults, rather than imbue any terms with magical power. In any case, the therapist can still discuss the above dynamics with the family and explore together why they consider the group dangerous.

The responses of families to one of their members being recruited into a destructive group vary. Ross and Langone (1989) have observed the following:

- Approval: "He's studying the Bible now, and at least he's not with that bad lot."
- Disapproval (of behaviour): "What do you mean you're a vegetarian!" (of the person): "How could you do this to us?!"
- Avoidance: "We didn't want to say anything in case we upset her."
- Passive concern: "Something is wrong, but it's probably just a phase."
- Active concern: "Something is wrong and we need to do something."

Usually families or parents voice the last of these when initiating therapy. The family may expect the therapist to 'deprogram' the relative, or may simply ask for advice. For the parents, feelings of failure may surface, with increased marital tension. A sibling too can be affected by the cult experience as s/he watches helplessly while the family's energy and time are focused on the cult-involved family member (Addis, Schulman-Miller & Lightman, 1984). While a large proportion of presentations are from worried parents, other family members such as grandparents may

also request help because they have fears about the well-being of their grandchildren (Halperin, 1989). In cases where younger children are involved, normal processes should be followed where there is concern for a child's physical or emotional safety (see Landa, 1991). During these initial stages, the therapist can contain some of the family's anxiety while clearly delineating what therapy can and cannot do. This is also a time for assessing the family's

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history, taking particular note of any losses or stressful transitions, and provides an opportunity for the therapist to explore how family factors may have contributed to the individual's being vulnerable to being recruited into a cult. However, this must be balanced against Singer's (1995b) pertinent point that a common error made with this population is that there *had* to be something terribly dysfunctional about the ex-member or the family for all this to happen. This belief stems from a fundamental ignorance of how toxic groups recruit, manipulate and control members. No one with intact mental faculties *joins* a cult; they are *recruited* into a group that uses unethical and manipulative techniques. The therapist ideally needs a basic understanding of the processes which an individual experiences in a cult. Should the therapist not possess this understanding, I recommend that she/he research relevant material², contact services specialising in cult public education, and if possible meet ex-members.

While some groups do cut off members' contact with the family completely, there are many exceptions. It is vital to emphasise to the family that the contact they do have with their loved one is worth its weight in gold. No opportunities for promoting supportive open communication with the cult member should be passed over (Langone, 1985).

Collecting Information

Both family and therapist will require information about the group. This information can be acquired through the cult member him/herself, other current members, ex-members, agencies experienced with cults, and literature written about the group. Obviously information from these sources may be biased and each family will need a measure of discernment in evaluating it. This material can then act as a guide in assessing how toxic the group really is. After considering the information, there may be a change of heart over the seriousness of the group involvement. Conversely, the family's concerns may well be substantiated. Secondly, this information that includes the beliefs, practices and 'buzz words' of the group can then be used as an aid in communicating with the loved one.

Communication

I cannot stress enough how important this is. It covers a number of things. As therapists we are aware that 'listening' involves much more than hearing what another says. It involves a concentrated effort at trying to appreciate where the person is 'coming from'. It asks the listener actively to help the other person express him/herself and to respond with sensitivity and openness. This skill unfortunately is rarely seen in client families in the therapist's office. Outbursts such as, 'Can't you see you're brainwashed?' and 'Your father's heart condition has worsened since you left' will simply increase emotional distance between family members. Good communication also involves being congruent. If a family member does not say what he/she means, the cult member will perceive the falseness and it could reinforce the cult's teaching that the family of origin cannot be trusted. Likewise, controlling emotions is particularly important; especially when the family member threatens to return to the group. Many cults instil the belief that followers will be persecuted for upholding the cult's ideology and any perceived threat from the family (or the therapist) will reinforce the 'us versus them' mindset and halt productive communication. This is also an appropriate opportunity for the therapist to model open, non-judgemental communication to the family. This is particularly true for families with patterns of enmeshment (fewer disengaged families present).

Attraction/Repulsion

The ultimate goal of the above skills is to encourage the loved one to re-evaluate his/her membership. Important areas are what the member found appealing at the time of recruitment (cult attraction) and those areas that the cultist finds difficult or less attractive (cult repulsion) (Langone, 1985). Continuing to build rapport, the family can gently explore *familial* attraction and repulsion as well. Reminiscing about happier times with the family member can remind the individual that not all experiences with the family were bad (something the cult may well have suggested). Exploring familial repulsion may well uncover what was missing in the individual's life at the time of recruitment, and a history of unresolved family conflict. While it is perfectly conceivable for the individual to leave the group after only one or two constructive contacts with family and therapist, generally it takes much longer and the family will need to display the above skills many times before the cult member starts to trust the family again and to critically evaluate the cult. There of course will be times when it is evident that the cult member has no intention of leaving the group despite the best of intentions and hard work by the family. Once again the therapist can provide a sense of containment while reinforcing gains made by the family.

When a Loved One has Left the Cult

While the family may breathe a sigh of relief when their loved one leaves the group, the difficulties do not go away; they simply change. These difficulties exist on a number of

levels and a systemic lens does not preclude combining individual, family or group therapy (Sirkin, 1990; Chanon & Shor, 1989). There are a number of guidelines that the therapist could find useful at the outset. Firstly, how did the individual leave the group? Did s/he walk out, was he/she kicked out, or was it a gradual process involving some form of 'exit counselling'? For those who came to the realisation that the group was toxic while still in the cult, the grief process may well have already started. Others, who might have been expelled, may still be in some kind of shock. Both groups may exhibit symptoms similar to burnout. In this case, impaired functioning may be mistaken for resistance. Also, my experience has been that pre-cult tensions in the family may resurface about this time. For some family members, there are thoughts of litigation. This is particularly true for parents whose child has given considerable assets to the group, though this area tends to be a psycho-legal minefield. If considerable dependency on the group can be substantiated along with evidence that the ex-member acted adversely to his/her own interests, but positively in the interests of the group, there may be grounds for legal recourse (Freckelton, 1996).

As explained before, cult recruitment more often than not occurs during a transitional phase in the individual's life. Transitional phases can also be fragile time for families and this can be explored with the family with the hope of normalising such difficulties (Carter & McGoldrick, 1989). What came first — pathology in the cult or pathology in the family? This may never be discovered. The writer's sense is that should the issues of cult involvement be successfully addressed, one might quietly assume that at least the majority of the difficulties were birthed there. Having said that, it is equally important to explore that which the individual found useful in the cult. There can be pleasant memories about the experience and these need to be validated by both therapist and family.

For those families who already have a religious orientation, a child or loved one caught in a religious cult can be a double blow. Unfortunately as many have found, being a devout Christian or Muslim is no guarantee of imperviousness to cults. Often those who have left a religiously toxic group go in one of two directions; either they desperately want to fill that religious void, or they cannot stand anything remotely religious. Some may return to the religion of their youth, while others are so burned by religion that they want nothing to do with it at all. This can be particularly difficult for parents who desire their child to return to the family's faith. For those who do want to reconnect spiritually, there can be a number of residual issues that can be difficult such as:

Performance Orientation

For some toxic groups, happiness is based on performance or productivity. This can carry over into the individual's next spiritual home, manifesting as a high need for the approval of others, paralleling a low view of self. A pathological perfectionism exists where anything less than a perfect spiritual life creates a deep sense of shame (Sorotzkin, 1998).

Paranoia

There can be a residual suspicion of others; a fear that if there is a problem in the group, the individual must be responsible. Feelings of guilt accompany this false sense of responsibility. For children this conviction of responsibility is usually developmentally normal, whereas the ex-cultist looks back on his/her involvement and believes that it was abnormally induced by a systematically controlled environment.

Boundary Violation

The strict hierarchical system of the cult can breed an uncritical refusal to question authority as well as unhelpful criticism of others; usually because of unspoken (and often imaginary) 'rules' that are 'expected' to be followed.

Broad treatment goals for the above can include relinquishing control, accepting imperfections and developing flexibility. Monitoring unhelpful thoughts, feelings and behaviours can also be useful, as well as enhancing communication and interpersonal skills. The therapist can also help the client and family to entertain the idea that religion is toxic if it is rigid and has a need to control, whereas true spirituality embraces creativity, a sense of freedom and social well-being. This is particularly important for those young people who left the family's faith *because* of the restrictive practices of their parent's religion.

Cult-induced Pathology

One of the most common post-cult difficulties that an ex-member experiences is *triggers*. As with those who have experienced other forms of abuse or trauma, an individual may find that certain stimuli may trigger unpleasant memories, feeling states and behaviours internalised as a result of cult processes. Other family members may observe these and may come to the conclusion that the family member is still connected to the group or is wishing to go back (a possibility). The type of trigger largely depends on the type of group the individual left behind. For those who have come out of a religious group, crosses, Bibles, the very notion of 'God' or 'spirit' may induce a variety of responses ranging from mild annoyance to full panic attacks. Ex-members who meditated a lot may find themselves slipping into trance-like states. Triggers can indeed be any number of things that have been associated with the cult. In particular, cult language continues to be the predominant trigger for most ex-members. Language in destructive groups is used in a very specific and orchestrated way. It solidifies group cohesiveness, reinforces the 'us versus them' mentality and defines the person's experience according to the group's dogma. It is generally a wise move at the beginning of therapy to discuss with individuals what they find particularly troublesome now that they have left the group. Once the therapist discovers the triggers, he/she can provide education on typical conditioning processes that the rest of the family will need to understand and accommodate. This dismantling of cult vocabulary, and the re-association of words with 'normal' meanings, generally takes time and hard work.

It is important to remember that the above triggers may also be symptomatic of more complex disorders. Once again, the type of cult and the techniques it has used are often reflected in the sequelae of disaffiliation. Groups that use prolonged meditation, hyperventilation or chanting may well induce anxiety or dissociative disorders while large group 'training seminars' may induce mood and affect disorders (Singer & Ofshe, 1990). West and Martin (1994) have spoken of the dissociative phenomenon of a 'pseudo-identity', or cult persona; a cult-induced personality superimposed over the member's pre-cult self to alleviate any dissonance. Post Traumatic Stress Disorder is not uncommon (Leslie, 2000), while Giambalvo (1993) also lists relaxation-induced anxiety disorders (see Heide & Borkovec, 1983) and reactive schizoaffective-like psychoses. The latter may well appear in individuals with no personal or family history of such. A careful assessment of the individual's pre-cult status is crucial and I would echo Halperin (1983: 263) that, 'unless there is an understanding of cult dynamics, there may well be an overestimation of psychopathology and consequently inappropriate treatment'. As I write, a two day seminar has just been conducted for counsellors and families who have been affected by cults. In the audience was an individual who had left a Christian-based cult some seven years previously. At exiting, there was a brief psychotic episode, but none since, nor was there any personal history that would predict such a condition. The testimonials of ex-members from several groups however was enough to trigger another psychotic episode, whereupon her husband had her hospitalised (which I encouraged for her own safety). I recognised my own limitations in this incident and would encourage the reader to be aware of their own limitations in dealing with conditions that are outside their arena of expertise.

Case Study – the Andrews family

I have chosen this family from my own experience as it demonstrates a number of the aforementioned dynamics from each perspective: that of a family member in a cult, and the difficulties upon exiting a cult.

The family had been involved in an Eastern religious group for the past eighteen years. My first contact was through the father, Bob. After experimenting with the drug culture in his twenties, he found appealing a group that espoused 'expanding consciousness'. It was here that he met his first wife, Mary. Their children, Emma (eighteen years), Jason (sixteen), and Sue (fourteen), were raised in the group. The group itself rarely had over twenty local members, though there were many others overseas. They lived in a communal setting, sharing a couple of large suburban houses. The leader and founder was the 'Great Mother', an Eastern guru who had been influenced by Bhagwan Rajneesh (remember the 'Orange People'?). She was considered by the group to be a god incarnate, with members regularly praying to her. She resided mainly in India, though she travelled frequently. Obedience to the local leadership was absolute, particularly since they were sup-

posedly in daily contact with the Guru. This later was found to be untrue.

Bob began to question the group when discrepancies began to appear over some of the leadership's behaviour, which included illicit sexual activity that was contrary to the group's ideology. It was around this time that tensions with his wife Mary intensified, to the point where he left the group, taking his son Jason. Mary stayed with the two girls. Not long after, he contacted the Cult Information Service with which I was involved.

Bob had several presenting concerns, the first of which was to get his other two children out of the group. He was particularly troubled that an older leader in the group was planning a 'spiritual wedding' to his younger daughter in the future. Not long after Bob left however, his estranged wife also left, and the girls remained. While the marital relationship never recovered and Bob shortly thereafter remarried, the parents became allies in dealing with the impact of the group on the children. As it turned out, three months after Bob and Mary left the cult, the older daughter also left on her own volition. The younger, however, stayed. Despite both parents asking Sue to reconsider, she was adamant that she was staying with the group. Needless to say, this provoked considerable stress for the parents, who also experienced grief and anger over giving so much to the group financially and emotionally. There was also a deep sense of shame at bringing the children into the group in the first place.

Given that manipulation through fear was regularly employed by the cult, there were also phobic reactions for many of the family. They had been told that upon departure from the group, all manner of terrible ills would befall them for leaving the 'true path'. The family vacillated between scepticism and fear over this. Jason continued to see his sister at the local high school for a number of months. The very sight of his sister however would precipitate a panic attack. Indeed, often anything with an 'Eastern flavour' would trigger anxiety or a dissociative reaction for many of the family members.

In addressing their concerns, I collected information from the family itself, from Internet readings, as well as ex-members. The latter took some time to find, as they lived in another city. There was a strong psycho-educational focus in the early stages of therapy, explaining the nature of cult-induced triggers and cult dynamics generally. Cognitive strategies and relaxation techniques were used to address the anxiety. The family also met with other ex-members from other groups for several months as a support. They found this very healing in dealing with the notion that 'No-one else understands our experience'. Understandably, the sense of 'Where's God after the Guru?' was difficult and continues to be challenging for the family.

It appeared that in terms of choosing to stay in the cult the parental separation impacted on the younger daughter, Sue, as much as the group experience itself. This too was explored and was taken into account when any contact was made with Sue. We discussed the notion of attraction/repulsion, and I reinforced the importance of understanding the familial vulnerabilities that discourage a loved one from returning to the family of origin. Contact

was made with Sue, and continues to be made through short, non-condemning letters. While many are returned unopened, some are not. The elder daughter whilst she was still in the group confirmed that the letters did indeed make an impact. The letters reminded Sue that the family cared, and provided a different perspective on her family than the one the cult leadership would have her believe. Particularly in the early stages, the sense of containment provided by the therapist was reported by the family as especially helpful.

To date, the younger daughter is still in the group. The family continue to write brief, supportive letters as this is the only form of communication (except for very brief encounters at Christmas via the oldest child); this visit is also an opportunity to monitor Sue's safety, and build rapport.

Post-Cult Tasks

I have met many an individual who, despite leaving a toxic group years ago, continues to experience difficulties. It appears that, as when someone attempts to 'put behind them' an experience of grief and loss without understanding and appreciating the healing process, a traumatic residue can remain. I have found that there needs to be a proactive approach taken in addressing post-cult issues, and that during this process the family must be sympathetic to the needs of their family member. For this purpose, I have found Worden's work (1991) on grief and loss helpful. Below I list his four basic tasks of mourning, adapted to the cult experience:

Task 1: To Accept the Reality of Non-Cult Life

Even when it is obvious that group involvement is no more, there can still be a sense that it hasn't happened; it seems so 'unreal'. Part of the acceptance is coming to believe that going back is impossible. Sometimes the pain is so great that the individual exhibits denying behaviour. Denial in the initial stages is a valid self-defence mechanism. Only when it continues for any length of time does it become unhelpful or dangerous. Sometimes people deny the *facts* of the exiting process, — they inform people that they are still involved. Others might deny the *meaning*, — 'I don't miss the group'; 'I didn't want to stay anyway'.

Task 2: To Work through the Pain of the Exiting Process

Not every individual who has exited from a cult will experience the pain the same way. All, however, will feel emotional pain to varying degrees. To deny this task is to *not feel*. People do this in a number of ways. Some deny that they are in pain, some hinder the process by avoiding any painful thoughts. Others self-soothe through alcohol or drugs. Some people try a 'geographical cure' by moving away to a new town or State. Sooner or later however, the pain will catch up with the individual, sometimes in the form of anger or depression.

Task 3: To Adjust to a Non-Cult Environment

This also means different things to different people. Diminished finances, going home to an empty house,

waking up alone and raising children by oneself — all may hit hard for an individual adjusting to a life apart from the group. For most ex-cult members, their identity was wrapped up in the group. They can now feel quite ‘incomplete’. Feelings of inadequacy, helplessness and awkwardness can propel the individual into behaviours that others may perceive as bizarre. Attempts to fill the gap (joining another cult; using the therapist) may fail, and aggravate these feelings.

Task 4: To Emotionally Relocate the Cult Experience and Move On With Life

A counsellor's task is not to help the person ‘give up’ the group *per se*, but to find an appropriate space for the cult experience in their emotional lives. The experience will always be a part of the individual, consciously or unconsciously. The task here is essentially to evolve a new relationship with the thoughts and memories that they associate with the cult experience. A consequence of not ‘completing’ this final stage would be not trusting. In other words, if one tenaciously holds on to the

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past attachment (out of the group but vehemently defending it) or believes that it's safer to ‘trust no-one’, the task of forming new relationships is hindered. Perhaps this task is accomplished when the individual can say, ‘There are other people to love and trust’.

As is the case in other forms of traumatic grief, a warm supportive family can be crucial in dealing with these tasks. Remarks like ‘Shouldn't you be over this now?’ and ‘Just put it behind you!’ are not the most conducive to this process. This is particularly important when we remember that some loved ones, having left the group and after participating in family therapy, then return to the cult. This can be devastating for the family, and highlights the need to explore options with the family concerned about how the ‘vacuum’ left by the cult will be addressed. The ‘cult-shaped hole’ in the person's life calls for a sensitive, supportive, future-orientated focus that encourages the ex-member and family; well intentioned but misguided manipulation will certainly delay the family unit from experiencing healing.

Final Thoughts

Over the years I have heard many a bizarre story of cults that have impacted on families in a profound way. I am always struck by the genuine concern and courage demonstrated by the families of cult members, who want nothing more than to restore their relationship with their child,

parent or relative. I am also mindful of the pain that some families experience because there is a profound lack of resources available to parents and other members of the public when cult involvement touches their lives. This paper adds to those resources by informing other therapists of the dynamics of cult abuse, and hopefully, we can empower those cult-affected families that come across our path.

Endnotes

1. This paper primarily explores the impact of cult involvement on the family, and only briefly describes some of the processes in getting the individual to re-evaluate the group. For more detailed information I would recommend Ross & Langone (1989) and Hassan (2000).
2. The Internet is a gold mine these days for information. I would caution the reader however, in that I have found ‘pro-cult’ sites sitting alongside material that we have discussed in this paper, i.e. the ‘Cult Awareness Network’ is owned by a group that unfortunately successfully sued the previous bona-fide organisation. I recommend www.freedomofmind.com; www.csj.org; www.caic.org.au

References

- Addis, M., Schulman-Miller, J., Lightman, M., 1984. The Cult Clinic Helps Families in Crisis, *Social Casework*, November: 515–522.
- Belitz, J. & Schacht, A., 1992. Satanism as a Response to Abuse: The Dynamics and Treatment of Satanic Involvement in Male Youths, *Adolescence*, 27, 108: 855–872.
- Carter, B. & McGoldrick, M., 1989. *The Changing Family Life Cycle: A Framework for Family Therapy*, Boston, MA, Allyn & Bacon.
- Chanon, A. & Shor, R., 1989. From Consultation to Therapy in Group work with Parents of Cultists, *Social Casework*, April: 231–236.
- Freckelton, I., 1998. ‘Cults’, Calamities and Psychological Consequences, *Psychiatry, Psychology And Law*, 5, 1: 1–46.
- Freckelton, I., 1996. Cults — The New Public Health Challenge, *Journal of Law and Medicine*, 4, 3: 3–8.
- Gaines, M., Wilson, M., Redican, K., & Baffi, C., 1984. The Effects of Cult Membership on the Health Status of Adults and Children, *Health Values*, 8, 2: 13–17.
- Giambalvo, C., 1993. Post-Cult Problems: An Exit Counsellor's Perspective. In M. Langone (Ed.), *Recovery From Cults*, NY, Norton.
- Halperin, D., 1993. Guidelines for Psychiatric Hospitalisation of Ex-Cultists. In M. Langone (Ed.), *Recovery from Cults*, NY, Norton.
- Halperin, D., 1989. Families of Cult Members: Consultation and Treatment. In M. Galanter (Ed.), *Cults and New Religious Movements: A Report of the American Psychiatric Association*, Washington, APA Press.
- Hassan, S., 2000. *Releasing the Bonds*, Somerville, MA, Freedom of Mind Press.
- Hassan, S., 1988. *Combating Cult Mind Control*, Rochester, VT, Park Street Press.
- Heide, F. & Borkovec, T., 1983. Relaxation-induced Anxiety: Paradoxical Anxiety Enhancement Due to Relaxation Training, *Journal of Consulting and Clinical Psychology*, 51: 171–182.

- Hume, L., 1996. A Reappraisal of The Term 'Cult' and Consideration of 'Danger Markers' in Charismatic Religious Groups, *Colloquium*, 28 1: 35–52.
- Joint Standing Committee on Foreign Affairs, Defence and Trade, 2000. *Conviction with Compassion; A Report into Freedom of Religion and Belief*, Canberra, AGPS.
- Lalich, J., 1997. Dominance and Submission: The Psychosexual Exploitation of Women in Cults, *Cultic Studies Journal*, 14, 1: 4–21.
- Landa, S., 1991. Children and Cults: A Practical Guide, *Journal of Family Law*, 29, 3: 591–634.
- Langone, M. (Ed.), 1993. *Recovery from Cults*, NY, Norton.
- Langone, M., 1985. Cult Involvement: Suggestions for Concerned Parents and Professionals, *Cultic Studies Journal*, 2, 1: 148–168.
- Leslie, B., 2000. Postcult Recovery Clients: An Examination of the Dynamics of Exploitative Persuasion and Counselling Needs, *New Zealand Journal of Counselling*, 2, 1: 19–34.
- Levine, S., 1984. Radical Departures, *Psychology Today*, August: 20–27.
- Lifton, R., 1961. *Thought Reform and the Psychology of Totalism: A Study of Brainwashing in China*, NY, Norton.
- Maron, N., 1988. Family Environment as a Factor in Vulnerability to Cult Involvement, *Cultic Studies Journal*, 5, 1: 23–43.
- Rosen, S., 1997. Gender Attributes that Affect Women's Attraction to and Involvement in Cults, *Cultic Studies Journal*, 14, 1: 22–39.
- Ross, J. & Langone, M., 1989. *Cults: What Parents Should Know*, Weston, MA, American Family Foundation.
- Schein, E., 1961. *Coercive Persuasion: A Socio-psychological Analysis of the 'Brainwashing' of American Civilian Prisoners by the Chinese Communists*, NY, Norton.
- Schwartz, L. & Kaslow, W., 2001. The Cult Phenomenon: A Turn of the Century Update, *The American Journal of Family Therapy*, 29, 1: 13–22.
- Singer, M., 1995a. *Cults in Our Midst*, San Francisco, Jossey-Bass.
- Singer, M., 1995b. Cults: Implications for Family Therapists. In R. Mikesell, D. Lusteran & S. McDaniel (Eds), *Integrating Family Therapy*, Washington, APA.
- Singer, M. & Ofshe, R., 1990. Thought Reform Programs and the Production of Psychiatric Casualties, *Psychiatric Annals*, 20, 4: 188–193.
- Sirkin, M., 1990. Cult Involvement: A Systems Approach to Assessment and Treatment, *Psychotherapy*, 27, 1: 116–123.
- Sorotzkin, B., 1998. Understanding and Treating Perfectionism in Religious Adolescents, *Psychotherapy*, 35, 1: 87–95.
- Steck, G., Anderson, S. & Boylin, W., 1992. Satanism among Adolescents: Empirical and Clinical Considerations, *Adolescence*, 27, 108: 901–913.
- West, J. & Martin, P., 1994. Pseudo-Identity and the Treatment of Personality Change in Victims of Captivity and Cults. In S. Lynn & J. Rhue (Eds), *Dissociation: Clinical and Treatment Perspectives*, NY, Guildford.
- Worden, J., 1991. *Grief Counselling and Grief Therapy*, 2nd edn, NY, Routledge.
- Wright, S. & Piper, E., 1986. Families and Cults: Familial Factors Related to Youth Leaving or Remaining in Deviant Religious Groups, *Journal of Marriage and the Family*, 48: 15–25. ☐

Update: Further Coming Events, Jottings and Announcements

- ☐ **Turn to *Family Process*, 40, 1:** 53–66 for 'Helping Parents Deal with Children's Acute Disciplinary Problems without Escalation: The Principle of Nonviolent Resistance' by Haim Omer.
- ☐ **GPs may enjoy 'Narratives in Family Medicine: Tales of Transformation, Points of Breakthrough for Family Physicians' by Borkan, Reis and Medalie (*Families, Systems & Health*, 2001, 19, 2: 121–134).** They report an experiment in which 'In many, if not all, cases the patient's and family's situation, beliefs and preferences were more powerful in directing the treatment than the research evidence' (2001: 128).
- ☐ ***Journal of Family Psychotherapy: The Official Journal of the International Family Therapy Association*** appears quarterly, and is published by Haworth. Go to getinfo@HaworthPressInc.com; or www.HaworthPress.com. Prospective authors are invited to request an 'Instructions for Authors' brochure from the editor, Terry S. Trepper, Family Studies Center, Purdue University Calumet, Hammond, IN 46323-2094; trepper@calumet.purdue.edu. IFTA is on the net at www.ifta-familytherapy.org. Join IFTA and get a free subscription to *Journal of Family Psychotherapy*.
- ☐ **Visit www.aft.org.uk, the site of the (British) Association for Family Therapy.**
- ☐ **A UK team working at local Community Mental Health Centres in the East End of London** hopes to run a group for clients on similar lines to those described by Tony Vassallo, Marilyn O'Neill and Gaye Stockell. Tony's 'Narrative Group Therapy with the Seriously Mentally Ill: A Case Study', *ANZJFT*, 19, 1: 15–26, and Marilyn and Gaye's 'Worthy of Discussion: Collaborative Group Therapy', *ANZJFT*, 12, 4: 201–206 are currently at www.narrativeapproaches.com.