

# HELP FOR CLINICIANS

## TREATMENT OF FORMER MEMBERS OF DESTRUCTIVE CULTS

### STAGES OF RECOVERY

#### 1) *REEVALUATION (focus on the past)*

- Reevaluate cult affiliation  
Help them learn how they were under the influence of mind control -  
“Educate the client about mind control so the client sees the problem is with the cult system, not with them specifically. What people emerging from cults really need is information and help breaking the ties that they were led to assume... they need to understand how they were changed and why they stayed, so they don’t keep on thinking that there is this big defect in them...”  
Singer, M.T. (1991, November) Workshop on recovery from mind control.  
Cult Awareness Network National Conference, Oklahoma City, OK.  
(*Caution: not all former members can handle this educational input right away. It’s important to pace it and not overwhelm the client.*)
- Help them understand trauma and how to deal with floating episodes
- Begin reevaluating their beliefs and value system before, during, and after their cult involvement.  
Langone, M.D. (1991). Assessment and Treatment of Cult Victims and their Families.  
In P.Ketter & S.R. Heyman (Eds). *Innovations in Clinical Practice: a source book*.  
Florida: Professional resource exchange.

#### 2) *RECONCILIATION (focus on the present)*

- Allow and encourage them to grieve the losses
- Expect emotional volatility, normalize and offer support
- Let the past reemerge
- Deal with maturational arrests
- Help them regain purpose

#### 3) *REINTEGRATION (future-oriented)*

- Help plan and focus on the future
- Encourage recovery of the whole self
- Help clients integrate cult experience into their permanent identities  
Martin, P.R. (1993). Post cult recovery: Assessment and Rehabilitation. In M.D. Langone (Ed). *Recovery from Cults: Help for Victims of Psychological and Spiritual Abuse*. New York: W. Norton & Company

### **The distress levels of ex-cultists is comparable to levels of in-patients in psychiatric hospitals.**

Martin, P.R., Langone, M.D., Dole, A.A. & Wiltrout, J. (1992). Post-cult symptoms as measured by the MCMI before and after residential treatment. *Cultic Studies Journal* 9(2) 219-245.

## **THE CULT LEADER AS PSYCHOPATH**

“Cultic groups and relationships are formed primarily to meet specific emotional needs of the leader, many of whom suffer from one or another emotional or character disorder. Few, if any, cult leaders subject themselves to the psychological tests or prolonged clinical interviews that allow for an accurate diagnosis. However, researchers and clinicians who have observed these individuals describe them... on a spectrum exhibiting neurotic, sociopathic, and psychotic characteristics, or suffering from a diagnosed personality disorder.”

Lalich, J. & Tobias, M. (2006) *Take Back Your Life*. Berkeley, CA: Bay Tree Publishing

Most of the former members that I have seen in my private practice over the last fifteen years have identified their cult leader as borderline, narcissistic, anti social and histrionic...cluster B personality disorders. Reviewing these diagnostic criteria usually helps the client to separate further from the craziness of the cult environment so he/she can see more clearly where the insanity originates...with the cult leader.

## **PROBLEM AREAS FOR EX-MEMBERS:**

- 1) **PHYSICAL**- safety and safety planning, health care issues, diet and exercise.
- 2) **PSYCHOLOGICAL**- ex-members need a clear understanding of thought reform techniques, the effects of victimization, and PTSD symptoms. Help them identify coping and conflict resolution skills and learn to think critically again so they can begin to rely on their judgment.
- 3) **EMOTIONAL** - validation of their feelings and experiences is important. Former members usually need encouragement to feel their feelings, especially anger and grief.
- 4) **RELATIONAL** - trust issues will regularly emerge along with confusion about healthy boundaries. Most ex-members struggle with intimacy and those with children often decide to change how they parent, now that they are out of the cult.
- 5) **EDUCATIONAL** – education may have been put on hold or drastically altered, as it was for many of the kids raised in cults. Most of the second generation adults (kids raised in cults) were home schooled with little supervision and exit cults without a legitimate high school education.
- 6) **VOCATIONAL** - goal setting is helpful, exploring options for other career/life choices and skill development in new areas is often useful.
- 7) **SPIRITUAL**- some former members resume their existential search and reclaim or redefine their spirituality; others reevaluate religion and carefully chose an affiliation. Many choose to take a break from any kind of spiritual practice or religion.

## **RECOMMENDATIONS FOR THERAPISTS:**

*DON'T ASSUME THAT PEOPLE CHOSE CULTIC GROUPS BECAUSE OF HIGH DEPENDENCY NEEDS.*

*DO ADDRESS THE ETHICAL DIMENSION AND HELP THEM RECOGNIZE THAT THEY HAVE BEEN WRONGED. THIS IS CRUCIAL TO THE VICTIM'S RECOVERY OF THEIR MIND, AUTONOMY, IDENTITY, AND DIGNITY.*

Langone, M.D. (1992). Psychological Abuse. *Cultic Studies Journal* 9 (2) 206-218.

*DON'T FOCUS ON THE CLIENT'S EARLY LIFE EXPERIENCE UNTIL THE CULT ISSUES HAVE BEEN DEALT WITH. AVOID ASSUMING UNCONSCIOUS MOTIVATION WHERE THERE IS LITTLE OR NONE.*

*DO SCREEN FOR DEPRESSION, ANXIETY, SUICIDE, A POSSIBLE RETURN TO THE CULT, AND THE PREDICTIONS OF HARM FOR THOSE WHO LEAVE THIS GROUP/RELATIONSHIP.*

*DON'T USE AN ADDICTION MODEL FOR THERAPY, VERY FEW MEMBERS OF CULTS ARE RELIGIOUS ADDICTS.*

*DO EMPOWER THE SURVIVOR SO THEY ARE THE AUTHOR AND ARBITER OF THEIR OWN RECOVERY.*

Herman, J.L. (1992) *Trauma and Recovery*. New York: Basic Books.

*DON'T USE HYPNOSIS TO HELP CLIENTS RELAX OR REMEMBER. IT CAN TRIGGER FAMILIAR DISSOCIATIVE EPISODES FROM THE CULT.*

*DO NORMALIZE THEIR ANOMIE. BECAUSE OF CULTURE SHOCK, ANXIETY, ALIENATION, AND DISENCHANTMENT WITH BOTH THE CULT AND THE LARGER SOCIETY, THEY REQUIRE A PERIOD OF TIME TO ADJUST AND REEVALUATE GOALS, VALUES, AND IDENTITY.*

Singer, M.T. & Ofshe, R. (1990). Thought Reform and the Production of Psychiatric Casualties. *Psychiatric Annals*, 20(4). 188-193.

## **FABULOUS BOOKS FOR CLINICIANS AND FORMER MEMBERS:**

*TAKE BACK YOUR LIFE* (2006)

Recovering from Cults and Abusive Relationships J. Lalich & M. Tobias

*RECOVERY FROM CULTS* (1993)

Ed. by M. L. Langone

Help for Victims of Psychological and Spiritual Abuse

*CULTS IN OUR MIDST* (1995)

M. T. Singer

*TRAUMA AND RECOVERY* (1997)

J. L. Herman