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RELATIONAL PSYCHOEDUCATIONAL INTENSIVE: TIME AWAY FOR POSTCULT COUNSELING

Gillie Jenkinson

This chapter is dedicated to the memory of Dr. Paul Martin, with thanks.

The relational psychoeducational intensive, Time Away for Post Cult Counselling (TA-PCC), is a fluid and flexible approach to counselling both first-generation and second-generation former cult members and survivors of spiritual abuse. The aim of TA-PCC is twofold. First, this approach allows clients an extended (intensive) amount of time in which to begin to make sense of what happened to them in the cult (psychoeducation). Second, it allows for them to process the emotional impact of their experiences in an empathic, supportive, and knowledgeable therapeutic relationship (relational counselling). To achieve the intended outcomes, former-member clients who are not local to the therapist stay in the area and attend counselling for a varying number of days that are prebooked and have been mutually agreed upon. Clients who are local can attend both weekly and longer intensive sessions, as required. TA-PCC is delivered in 2-hour slots for up to 4 hours in a day, with at least a 2-hour break between sessions; sessions may span up to 2 weeks in length (and more if necessary). It is usual for clients to follow up the TA-PCC with further sessions which may be face-to-face, on telephone or by video conferencing. Because TA-PCC is not limited to weekly sessions, which is common therapeutic practice, the approach is intense for therapists, who will need to practice with a high level of supervision support, integrity, self-awareness, and self-care.

In the following sections, I describe the evolution of TA-PCC and explore my thinking behind this model. I then explain in some detail, by following a composite case-study client, Clarissa, the practicalities of the approach so that readers can emulate the model.

Evolution of TA-PCC

TA-PCC arose in response to the lack of trained and licensed therapists who were knowledgeable about cults and ethical practice. A number of different aspects contributed to my development of TA-PCC: personal experience being a member of, leaving, and recovering from a cult; core counselling training; clinical experience; internship at Wellspring Retreat and Resource Centre and learning about the Wellspring thought-reform model; attendance at ICSA conferences; research findings from my work on a Master's in Gestalt Psychotherapy; and influence of my doctoral research study. In the next section, I explore two of these aspects: the Wellspring thought-reform model, and findings from my Master's program research.

Wellspring Thought-Reform Model

The TA-PCC emulates the Wellspring thought-reform model (hereafter, the Wellspring model) but is delivered in a private-practice setting rather than a residential retreat facility. The key elements of the Wellspring model that contributed to the evolution of TA-PCC were

that clients would usually stay in the residential facility for 2 weeks (sometimes more or less). They would receive 2 hours of one-to-one counselling each weekday with one of the therapists. Alongside this schedule, they attended afternoon group discussions, which were psychoeducational in nature. In these sessions, clients would come together and discuss a topic or watch DVDs about issues relevant to their cult experiences. The advantage of these sessions was that clients would meet other former members of different types of cults and hear about their experiences. This interaction enabled them to begin to view their experiences in different ways; it also helped them realize they were not the only ones who had been deceived by a cult, and that the dynamics between different cults are surprisingly similar. The Wellspring model entailed clients learning about, understanding, and applying the principles of thought reform (discussed in the following sections), alongside other psychological theories, to their cult or spiritually abusive experiences. It has been demonstrated that the Wellspring program is a powerful tool to help clients more clearly understand their cult experience and recover from it (Dubrow-Marshall, 2010).

Master's Research and Beyond

For my Master's in Gestalt Psychotherapy, I conducted phenomenological research with eight former cult members, asking them, "What helped you recover from an abusive cult experience?" I learned that the following components helped:

- Understanding the cult experience through reading, books, TV programs, relevant movies (psychoeducation)
- Processing the emotional impact of the cult experience—e.g., disarming shame; attending to PTSD and normalizing symptoms; attending to precult vulnerabilities (first-generation former members) and developmental issues (second-generation adults [SGAs]) (relational counselling)
- Getting rid of the introjected cult pseudopersonality (CPP) and reconnecting with the precult personality or authentic self
- Reconnecting with family and friends
- Learning to make one's own choices about appearance, what to eat, where to work
- Being with other former cult members (for example, former-member support and educational groups)
- Warning others about cults
- Returning to work and study, including, for some, training as a counsellor

The Development of and Thinking Behind TA-PCC

I applied all that I learned from my Master's research to TA-PCC, but the aspect of the research that intrigued me the most was getting rid of the CPP and reconnecting with the precult personality. I continued to investigate this piece and published a paper in which I creatively explored how the CPP forms (Jenkinson, 2008). A number of authors have written about the pseudoidentity or pseudopersonality (Hassan, 2013; Singer, 2003; West & Martin, 1994), and some have suggested that it is a dissociated part of the personality. I argue that it is more helpful to view the CPP as an introjected part of the personality and suggest that it mimics dissociation (Jenkinson, 2008, p. 216). This is an important point in terms of how one conceptualizes the recovery process, and for understanding the TA-PCC model that I set out in this chapter.

West and Martin (1994) explored the history of the concept of pseudoidentity and stated that "This personality was superimposed upon the original [personality] which, while not completely forgotten, was enveloped within the shell of the pseudo-identity" (p. 271).

Social-identity theory of the group is a concept developed within social psychology based on the assumption that groups provide members with a social identity. "Social identities not only *describe* attributes, but, very importantly, also *prescribe* what one should think and how one should behave as a member... Social identity is that part of the self-concept that derives from group membership" (Hogg & Vaughan, 2011 (6th ed.), p. 415). Dubrow-Marshall (2010) extended these ideas and explicated the concept of *totalist identity*, which he described as "an explanation in social psychological terms for the specific type of psychopathology that results, for some people, from these specific types of group [cult] settings" (p. 11). He also noted that

a group member ... is under a lot of pressure, but the pressure is essentially self-inflicted because the group norms have been internalised to become part of who the person is—the "psychological group". . . Every group act or behaviour backs up that big part of you that is the group
. . . and at the same time reinforces the group identity. (Dubrow-Marshall, 2010b, pp. 8–9)

These theories are useful in conceptualizing and theorizing about the dynamics and damaging effects of being in a cult, but they do not necessarily suggest an explanation of *how* the CPP forms. I suggest that the internalizing process that results in a pseudoidentity or totalist identity is introjection. The totalist identity increasingly suppresses preexisting parts of the individual's personality as the personality is unduly influenced by the cult (Hassan, 2013).

I will briefly explain my thinking before I move on to describe the TA-PCC model in more detail. I start by discussing dissociation, and then I explore introjection.

As noted, some writers suggest that the pseudoidentity is a dissociated part of the personality. Dissociation occurs on a continuum (West & Martin, 1994). At the extreme, where there has been abuse and trauma, the personality may split—the individual dissociates—in order not to know or feel the abuse (Shaw, 2014) and in order to cope (van der Hart, Nijenhuis, & Steele, 2006). We can define dissociation as ". . . the process (or its result) whereby a coordinated set of activities, thoughts, attitudes or emotions becomes separated from the rest of a person's personality and functions independently" (Reber & Reber, 2001, p. 208).

It might seem from these quotations that the personality developed in the cult is a dissociated part. But to support former members in their recovery process, I think it is more useful to see this pseudopersonality as an alien part, not a fundamental part, of the individual's personality. It is formed in response to the influence and pressures one experiences to conform within the cult (Jenkinson, 2008), and as a result of the thought-reform system active within that environment.

The CPP is, therefore, not a dissociated part (which would need to be integrated), but an introjected part that needs "chewing over" and either digesting or eliminating (Jenkinson, 2008). Integrating an alien pseudopart is not a wise move. Whether one conceptualizes these processes as dissociation, or totalist identity, or both, I suggest that understanding introjection and the process of "getting rid" of introjects (and therefore getting rid of the CPP—albeit kindly) is useful for former cult members, and the process on which my thinking is based.

Gestalt psychotherapy defines introjection as

. . . material—a way of acting, feeling, evaluating—that you have taken into your system of behavior, but that you have not assimilated in such fashion as to make it a genuine part of your organism. (Perls, Hefferline, & Goodman, 1951, p. 433)

"It is difficult to digest and gain nourishment from" that which we have taken "in from the environment" if we have not chewed it over and digested it (Jenkinson, 2008, p. 216), which is the case in a cult. Perls et al. (1951) stated that, in introjection, the individual takes in the material "on the basis of a forced acceptance, a forced (and therefore pseudo) identification, ... so that it is actually a foreign body...", but the organism resists it being dislodged" (p. 433). "In the case of a cult, there is often little opportunity for the individual to dislodge or digest it without leaving, getting into a great deal of trouble, or becoming psychologically destabilised" (Jenkinson, 2008, p. 217).

As Singer (2003) stated, postcult, the "necessary adjustments can be summed up as coming out of the pseudopersonality" (p. 301). She presents these adjustments in a sequence,

a kind of peeling off of the outer layer of identity that was taken on while in the cult. The process is a matter of recovering one's self and one's value system, and of keeping whatever good was learned during cult days while discarding all the not-so-good. (p. 302)

Singer's (2003) analogy of the individual taking on the layers of the CPP in the cult, which later need to be peeled off, caused me to consider the CPP being layered on. West and Martin (1994) referred to this layering as a *shell*. A number of clients had used similar analogies, with some referring to the CPP as a layer of tarmac (Jenkinson, 2008, p. 217) overlaying the precult personality. I have merged the Gestalt idea of introjects with Singer's idea of layering and "suggest that the pseudopersonality is not a dissociated part that needs integrating" but "an introjected part" (taken on in layers and stages) "that needs chewing over and digesting, allowing what is nourishing to remain and eliminating the rest" (p. 219).

This point of unlayering is key in the TA-PCC model. My thinking behind the model is that the counselling enables the client to unlayer the CPP through a therapeutic relationship and intensive psychoeducation. First-generation former members can reconnect with their precult authentic self, and both first- and second/third-generation former members can decide who they want to be postcult as they critically appraise what happened to them. The counselling therefore supports them to decide for themselves what to keep (and move forward with) and what to discard or eliminate.

Each CPP layer that was layered down, such as *influence*, *thought reform*, *anger and rage*, or *guilt* (amongst many others, as discussed later in the chapter) has a psychological explanation. Identifying and naming the psychological processes enables the former members to understand more clearly the dynamics that occurred within the cult. For example, in respect to understanding thought reform, it is typically a relief for clients that information is available that can help them explain *totalist control*. From the perspective of what the cult did to them, providing them with an explanation of how the CPP was laid down in layers, rather than simply having them look at their personal issues (including family of origin), ensures that they are not victimized and blamed all over again (Singer, 2003). These ideas are based on the Wellspring research data, which demonstrates that the Wellspring model is an effective method of counselling former members. The role of the therapist is to support the clients and help highlight their blind spots for them because they still may be inclined to believe the cult's version, that they are "sinful," "unenlightened," "negative," and so forth. Consequently, it is vital that counsellors understand, or be open to learning, so they can explore these areas together with their clients.

Because of the great success of the Wellspring model, and because TA-PCC is hard work and can potentially be destabilizing for clients, delivering the therapy within a moderated, intensive, retreat aspect is helpful. Accomplishing this entails the following for each client: getting away from normal life to a beautiful country setting; the one-to-one, supportive, relational psychotherapeutic aspects; and the psychoeducational aspects, which include

giving the client handouts and discussing them, and occasionally watching TV programs, on DVD or the Internet, that explain or illustrate the dynamics of cults. As the TA-PCC model developed, I decided to mix my metaphors and adopted the idea of jigsaw puzzle pieces to represent the layers. Although it is merely a metaphor, this idea has come to represent the TA-PCC model. The aim is to aid understanding and offer therapeutic support that results in the unlayering of the CPP. It is, therefore, important that the therapist understands the psychoeducational areas, including thought reform, and can apply that understanding to the client's situation.

Different Belief Systems

One challenge therapists face when working with former cult members is that the culture, practices, and beliefs of one cult differs from another. Cults may be political, psychotherapeutic, religious, spiritual, New Age—in fact, any group or human relationship may become cultic. Shaw (2014) has noted that “It can be quite astonishing to learn how similar the relational dynamics of leader and follower are from group to group, regardless of how outwardly different the group, its ideology, leaders, and followers may be.” (p. 49). I agree, and have observed that most groups that can be defined as abusive cults operationalize similar psychological strategies to control their members. And so I think in terms of the packaging of the cult being different, but the psychological dynamics being similar or the same.

The interactive and flexible nature of TA-PCC allows the counsellor to apply the approach to former members of most types of cults because, as they discuss the different psychoeducational areas or jigsaw pieces, clients will say whether or not each is applicable to their experiences, or the therapist can gently challenge their blind spots if that seems applicable. This process further encourages critical thinking and empowers clients. It also alleviates the pressure for therapists to know about the culture of every cult, which simply is not possible. Former members from the same group can never have exactly the same experience, and counsellors who think they know about a particular cult may make assumptions and miss certain aspects of cult life that are particular to an individual client. TA-PCC allows clients to explore their own experiences of the cult within a framework, and counsellors to continue to learn about groups' practices and culture with an open mind and from individual clients' perspectives.

Setting the Scene: Client Case illustration—Clarissa

I now illustrate the process of setting up TA-PCC with a composite case study of Clarissa (age 42), although this process would apply equally to a client of any age or gender.

*Case Example: Clarissa**

Clarissa had read about me on my website and left a message on my confidential voice mail. I called her back, established e-mail contact, and arranged a time for an informal chat, which took place a week later. The purpose of this conversation was to: make contact and informally assess one another, and for me to make sure Clarissa was a genuine caller; make an initial assessment of whether she was well enough to engage in therapy; and begin to establish rapport for further work, should that ensue. Clarissa's reason for contacting me was that she wanted to clarify whether the group she had left some 5 years earlier was a cult. She also wanted help addressing her mood swings, depression, and confusion, which she thought resulted from her time in the group.

When we spoke at the agreed time, I described my service and assured Clarissa that she could ask me any questions about my training and what I offer. I did this because some former members report having been deceitfully recruited (Martin, 1993)—that is, they thought they were joining one type of group only to find later that it was quite different from that advertised. Because many former members have been expected to take others at face value and have had their trust betrayed, I consciously encourage potential clients to question me. I offered to provide a reference if Clarissa required one (she did not). I remained aware that I must be realistic about what I could offer, and did not make inflated promises or assume successful outcomes.

Assessment

Clarissa decided she was interested in attending TA-PCC, and she was able to pay (I sometimes offer a reduced fee or concessionary slot for those who struggle to pay). It was important that we meet, if at all possible, before she attended TA-PCC; she lived only a 3-hour drive away, so she decided she would come and meet me for a formal, qualitative, 2-hour assessment session. (If someone lives abroad, we arrange a video conferencing session before they actually attend.) Clarissa and I met at a prearranged time 3 weeks later, and in that session I gained further information, including

—*How she was recruited into the cult.* At 27, Clarissa had been spiritually curious and was handed a leaflet about a lively local church. She quickly joined a live-in community and worked for them for 10 years. Her name was changed to Sarah in the cult, and this name came to signify her CPP.

—*What her life was like before joining, including family relationships.* Clarissa had had mainly a stable life, although she had experienced some bullying at school. The most significant factor for her at the time she joined the group was that she was grieving for her boyfriend, who had been killed in a motorbike accident. She later realized that the church had taken advantage of her when she was vulnerable because representatives promised emotional healing and unconditional love, but neither promise was fulfilled.

—*How she had left 5 years previously.* Clarissa had been cast out of the group because of her “rebellion”—she had questioned the leader and his practices. Although she felt relieved to have left, she also felt guilty and that she was a failure. It is important to explore and understand the impact of the manner of one’s leaving a cult because that will have different treatment implications (Lalich & Tobias, 2006).

—*What her support systems were, including her current relationship with family and friends.* Clarissa had been cut off from her family and had waited a year after leaving the group before she reestablished contact with them because she had been so ashamed of the hurtful way she had treated them, rejecting them and telling them they were going to hell because they were so sinful—things she also was being told by the group. Her family welcomed her back, but they did not understand what had happened to her.

—*Whether she had seen a psychiatrist or had a mental health diagnosis.* She had not. Clarissa had seen two counsellors. One was kind but ineffective because he did not understand what she had been through in the cult; and one kept trying to take her back to her upbringing, implying she had been sexually abused and that this was why she joined a cult. This counselling had been unhelpful and had destabilized her further

because she felt the only solid part of her (her precult personality) was being undermined.

—*Whether she was on medication.* She was not.

—*How she might respond to the intensive nature of TA-PCC.* I enquired about any other issues that might be relevant to Clarissa attending TA-PCC. She felt she was stable enough to attend, but decided to ask an understanding, empathic friend to come with her for support and company, and to explore the beautiful countryside with her between sessions.

I requested that Clarissa tell her doctor she was attending TA-PCC because she had seen him for depression a number of times over the years. This communication, in addition to her attending with a friend, added another layer of support and safety. I gave her my Beginning of Face-to-Face Counselling sheet to complete, which enabled me to see at a glance the issues she was dealing with and also helped me to monitor the effectiveness of TA-PCC. This sheet included questions related to many aspects of Clarissa's life, including practical mental health and cult-related issues. The sheet asked her to identify whether the issue had been a problem for under 6 months, more than 6 months, or continuous. It also included cult-related, trauma-related, and practical questions. Then, when we finished the counselling, I sent her an Ending of Face-to-Face Counselling sheet with similar criteria listed, for her to complete. Her follow-up responses provided a useful measure of change. A number of counselling services local to me also use this same questionnaire.

Once Clarissa confirmed that I was the right person to work with her, and I ascertained that she was stable enough to attend, we agreed on dates and times. I asked for payment of one-third of the cost, which was nonrefundable because the time was set aside for her and therefore I could not work with anyone else. This arrangement was covered in an Agreement for TA-PCC and was clear to her from the outset (see the Agreement for TA-PCC section that follows). I was clear with Clarissa that, if I cancelled, I would refund the full amount. It is important to be clear about money matters because many former-member clients have been taken advantage of in relation to money in the cult.

Accommodations

When clients decide they want to work with me, I give them information about accommodations in the area and links to local accommodation websites. They stay in a bed and breakfast, hotel, or holiday cottage. It is better for clients to find the accommodations that suit them and their budget, rather than for me to try to make arrangements for them; although when clients have come from abroad, I have given more advice and have sometimes checked out a property for them. Some clients have offered the feedback that, after the intensity of their days in the group, they prefer the option of finding their own accommodations and not being with other former members. Clarissa decided to stay in a holiday cottage with her friend.

Agreement for TA-PCC

Clarissa and I discussed my counselling agreement, which sets out the boundaries, ethics, and expectations of the TA-PCC. These details include the cost; cancellation policy; confidentiality agreement, including when that might need to be broken, such as for child protection or if the client or another person is in danger of harm; list of

next of kin to contact if the client should become ill while attending; and information about the client's doctor, psychiatrist, or both. This clarity is necessary with all client groups; but for former-member clients attending TA-PCC, it is essential. Producing an agreement is regarded as good practice in the United Kingdom; it is not a legal document but serves as a guideline for how I work. Some client's fear the agreement will be controlling and so struggle with it, but no one has ever refused to sign it. Many find the clarity helpful, and I work hard to ensure that they give me honest feedback about it.

I asked Clarissa to tell me if there was anything she was unhappy with. She was worried I might contact her doctor without her permission, and I reassured her that I would tell her if I found it necessary to do so. This understanding was so that she did not feel I was taking the power out of her hands. If a client requests changes, I usually make them as long as they are compliant with my code of ethics.

Focus and Goals for TA-PCC

I asked Clarissa what she wanted the focus of the TA-PCC and the outcome to be. I explained to her that this information would then guide the work we did together. Because we would not be able to address everything in her life, it was important that she decide what she wanted to address, this understanding would make the therapy process more manageable. Clarissa was unclear what she wanted to cover because she felt so confused about what had happened to her, so I suggested that she decide on an overall objective. She decided on "I want to understand what happened to me, to get rid of the guilt; and I want to feel happier." I explained that I could not guarantee the outcome, but that I would do my utmost to address her wishes. This focus then guided me as to which areas of the jigsaw puzzle we might cover.

The Counselling Environment

When the day arrived for Clarissa to start TA-PCC, I ensured that my consulting room was warm and tidy, smelled nice, and had some greenery and flowers in it. We would be spending a good deal of time in that environment, and it was important that Clarissa felt comfortable and safe.

Because there is a power imbalance inherent in counselling (UKCP, 2009), it also is important that former-member clients regain a sense of personal power by making as many choices as they can; one such choice is where they sit during the therapy sessions. I see the therapeutic encounter as a setting for these choices to occur: Clients can practice exercising their power with me in benign ways. If I see a danger of a client becoming abusive, which has only happened on very rare occasions, I will endeavour to challenge her and help her to process what is happening; I also will seek extra supervision.

In some cases, the client will attend the initial sessions with family, a friend, or whoever has come with them for support and to increase the client's sense of safety. Former members often mistrust their own judgement and feel safer having a trusted other alongside to help them judge whether or not I am trustworthy. Or a family member who has lost his child or sibling for many years may also wish to check me out. I am flexible about when the client wants her supporter to be present, although I usually encourage the client to work with me alone once she has gotten used to me. Clarissa did not want her friend to attend with her and felt safe enough with me on her own.

As we began the sessions, I checked the room out with Clarissa to ensure that there were no things present that would trigger her or remind her of bad experiences in the cult. I did this because it is not possible for someone to process the cult experience (or any traumatic experience) if she is fearful, anxious, and traumatically hyperaroused or hypoaroused (Ogden, Minton, & Pain, 2006). Clarissa asked me to remove the candle I had lit because it reminded her of some of the rituals in the cult.

*Pseudonyms have been used for clients in the case studies to maintain their anonymity and protect their privacy.

To this point, I have explained the boundaries I mutually agree with clients so they are clear about what they will be receiving from me. To summarize, the TA-PCC model is based on my thinking that in an abusive cult what one takes in is introjected, and a CPP forms in layers and stages to overlay the precult personality. To undo this process, it is necessary to understand and challenge the introjects the cult members took in and that were forced upon them through group influence. As noted, I picture these stages as pieces of a jigsaw puzzle, which need to be addressed by helping clients use their critical-thinking skills to understand (chew over) how the CPP formed, and to decide whether to get rid of aspects of the CPP (eliminate), or to digest it and hold on to any good that they experienced in the cult. This process leads the former member to reconnect with their precult personality and to become more aware of who they want to be postcult, bringing together all the experiences in their life with the aim of moving on. Now let's explore the TA-PCC model in more depth.

Psychoeducation

I have identified a number of pieces, or areas, of the jigsaw that therapists can address with clients; I continue to learn from clients and add more pieces when necessary. These pieces, which require both psychoeducational and relational approaches (and practitioners can add their own), can be clustered into three main areas, some of which are listed here:

- (a) *Dynamics of cult trauma*, including influence; thought reform; profile of a cult leader/guru; theory of trauma;
- (b) *Psychological and emotional responses to cult trauma*, including addressing the following: reconnecting (first-generation adults) or connecting (SGAs) with their authentic selves and what gives them pleasure; processing postcult traumatic stress, hyperarousal, and hypoarousal; learning about feelings and normalizing responses; dealing with anger and rage; and
- (c) *Areas of life affected by cult trauma* such as learning practical skills such as how to make friends; what to wear and how to look; finding work; learning how society works; accessing services (e.g., learning to write a CV).

I provide handouts and information sheets about these various areas that I have gleaned from many different sources. Clients have offered feedback on how helpful these handouts are, and how they have often referred to them later.

Case Example: **Clarissa** (cont'd.)

I gave Clarissa a folder for the handouts, with named dividers that related to the pieces of the jigsaw. As we covered the different areas, she collected these information sheets, which gave a sense of coherence and also tools for her to take away with her. She was able to add her own resources at a later stage, as well.

Sometimes the client and I will decide in the assessment session on the areas we will cover, although these often change; at other times we keep an open mind about what area we will start with, and it becomes clear which areas to address next as the counselling proceeds. If a client is particularly confused, I will start with thought reform because understanding this helps her to understand the cult dynamics. Dr. Paul Martin illustrated the value of psychoeducation by using the analogy of a theatre stage, with dry ice obscuring the players. One can hear the players, and from the sounds can guess where some things are on the stage. But it is necessary to clear the dry ice to see clearly what is happening. Similarly, this clarification is what psychoeducation aims to do. As the sessions progress, which piece of the jigsaw needs to be addressed next will become clear; or we may be addressing one area and another arises. For example, Clarissa and I were working on the traumatic aftereffects of her experience, and she disclosed her fear of getting angry or “blowing up” with others. So we addressed anger by looking at the jigsaw piece related to anger and rage, alongside trauma theory (see the discussion later in the chapter about these topics). Working in this interactive, fluid, and flexible way with these issues is core to TA-PCC.

Sharing the Cult Story: Pacing

Case Example: Clarissa (cont’d.)

In some cases, clients think they have to share the history of their cult experience immediately, and all in one go. Clarissa did this, and she became overwhelmed and flooded with feelings. I suggested to her that we slow the process down because the fast pace might relate to the compulsion to confess, a component or category of thought reform (cult of confession). I explained what might be happening and asked her what she thought.

Clarissa was tearful and told me of the many confession sessions she had to attend in the group, and how she was expected to tell all much of the time. She expressed a sense of relief as I explained that she may be speaking from the perspective of Sarah, her CPP (the compliant person she became in the cult). I explained that confession can leave former members feeling exposed, traumatized, and uncomfortable, and I suggested that this approach might not be therapeutic for her.

She was relieved that TA-PCC did not mean she would have to feel destabilized and retraumatized. Instead, we would monitor those aspects closely, not avoiding emotions or upset, but ensuring that she could face the emotional pain and impact of her experience in a measured way, with support. She said that “doing it this way was not so traumatizing.”

Working With the Jigsaw Pieces

As previously stated, I find it is less important to know about the culture of a particular cult (the client will tell you about that) than to know about the pieces of the jigsaw puzzle—the psychoeducational areas. The client’s part is to tell the therapist about the cult’s beliefs and practices and her experiences in the group; the therapist’s part is to help the client apply the psychoeducational theory—the pieces of the jigsaw—in the context of empathic, attuned, and relational counselling, with an interactive dialogue. This is a fundamental point because one cannot be subjected to thought reform and know it (Singer, 2003). So the role of the therapist is to be knowledgeable and to help highlight blind spots, as in the counselling examples in this chapter with Clarissa/Sarah and James/Sachit (to follow).

Thought reform is an extreme form of influence (Dubrowo-Marshall, 2010) that affects all the other jigsaw pieces or areas I have identified, some of which are discussed further

below. Thought reform is therefore a top-level category, although a particular cult may have especially targeted other areas such as phobia induction (Hassan, 2014). It is, therefore, important for the therapist to listen and help identify what is most important to that individual client with his unique experience. The areas that have arisen in clinical counselling sessions include the following: thought reform; influence; cult leadership; anger and rage; trauma and triggers; and spirituality. In addition, other areas may arise such as the need to discuss various definitions of a cult and the myths and faulty beliefs that are held about cults. These myths may include ideas such as "Individuals would leave if they really wanted to"; "Christians would never join a cult"; and "Cult members must be mentally ill" (Martin, 1993), amongst others. I may discuss theories about cult pseudoidentity, including my own thoughts about introjection (see earlier discussion). Other areas arise such as the need to understand: critical thinking skills; relationships and boundaries; and emotions, such as grief, and guilt and shame, amongst others. As these issues arise naturally in the therapy, I bring my expertise and knowledge of the field to bear and suggest we discuss the various areas. I also remain constantly open to learning new ideas from former-member clients; if I do not know about a particular area, I will say so and investigate it further. Occasionally, I refer the client to an expert in a particular field if I judge that to be necessary.

Thought Reform

I often start TA-PCC with a handout on which each of the eight components of thought reform are summarized at the top of a separate sheet for each component, with space so that the client can write his story underneath. Therapists may use any of a number of adapted summaries of the definition of thought reform. To keep this section succinct, I have adopted Shaw's (2014) summary of Lifton's (1989) definitions of thought reform:

Milieu Control. This involves the control of information and communication both within the environment and, ultimately, within the individual, resulting in a significant degree of isolation from society at large.

Mystical Manipulation. There is manipulation of experiences that appear spontaneous but in fact were planned and orchestrated by the group or its leaders in order to demonstrate divine authority or spiritual advancement or some special gift or talent that will then allow the leader to reinterpret events, scripture, and experiences as he or she wishes.

Demand for Purity. The world is viewed as black and white and the members are constantly exhorted to conform to the ideology of the group and strive for perfection. The induction of guilt and/or shame is a powerful control device used here.

[Cult of] Confession. Sins, as defined by the group, are to be confessed either to a personal monitor or publicly to the group. There is no confidentiality; members' "sins," "attitudes," and "faults" are discussed and exploited by the leaders.

Sacred Science. The group's doctrine or ideology is considered to be the ultimate Truth, beyond all questioning or dispute. Truth is not to be found outside the group. The leader, as the spokesperson for God or for all humanity, is likewise above criticism.

Loading the Language. The group interprets or uses words and phrases in new ways so that often the outside world does not understand. This jargon consists of thought-terminating clichés, which serve to alter members' thought processes to conform to the group's way of thinking.

Doctrine over Person. Members' personal experiences are subordinated to the sacred science and any contrary experiences must be denied or reinterpreted to fit the ideology of the group.

Dispensing of Existence. The group has the prerogative to decide who has the right to exist and who does not. This is usually not literal but means that those in the outside world are not saved... [they are] unenlightened, unconscious, and they must be converted to the group's ideology. If they do not join the group or are critical of the group, then they must be rejected by the members. Thus, the outside world loses all credibility. In conjunction, should any member leave the group, he or she must be rejected also (Lifton, 1989). (Shaw, 2014, p. 58–59)

Working Flexibly With Psychoeducation

As illustrated previously, when a client launches into his story, it may be overwhelming for him. So I usually suggest that we move to a more interactive, psychoeducational approach. The following case illustration offers an example.

Case Example: James

I worked with James (age 28), who was known as Sachit in the cult. He had left a pseudo-Hindu cult 2 years previously, after 10 years of membership. When James was a member, he had to attend long sessions, sharing his negative thoughts (confessing) with the group and then meditating to eliminate those thoughts. When he shared his cult story, he would immediately enter into an altered state of consciousness as a result of the trance-inducing meditation practice. This also happened with his family when they asked him about his experiences, and it happened in the session with me. This response was a clear indication of learned behavior within his pseudopersonality, Sachit. The challenge was how to help him not to be triggered into this state of mind, but to help him tell his story in a different way.

We had already established that James had been subjected to thought reform, so I suggested we approach his story using the Thought Reform sheet. He was relieved to have a different way to approach telling his story. We spent approximately three days that consisted of 12 hours of one-to-one therapy, during which we went slowly through each of the eight components of thought reform, sometimes interweaving those components with and discussing other jigsaw pieces (such as trauma or the cult leader).

James wrote down some of his experiences on the Thought Reform sheet, and the action of writing helped to break his compulsion to go into a meditative trance. I also wrote down what he said and photocopied it for him. As he told me about one component, I would identify other components of thought reform for him and we would discuss them, interweaving between each one. This process meant he was thinking again, and thinking critically. I encouraged him to let me know if he disagreed with anything I said, or if his views differed from mine.

In one session, James was telling me about the very complex and controlling belief system he had to follow; he said that, if he did not follow these beliefs, he would be disowned by God, with serious consequences. We looked at the sacred-science component of thought reform, (wherein the leader claims unique insights into the science of the world and the universe [Lifton, 1989]).

While James was talking, he used a good deal of clichéd language, which I did not understand. I pointed this out to him, and we looked at the definition of the loaded-language component of thought reform; this “group speak” is learned and replaces previously used language (Lifton, 1989). We wrote down a list of loaded language that James had used in the cult and compared it to the common meaning used in

society. For example, *foreigners* in the cult meant those outsiders not included in the group's enlightened state and therefore of no value to members. James had been told not to think these issues through in the group, but just to accept them and meditate; so altering how he approached these issues proved vital to his recovery and to regaining control of his mind and moving on. Explaining the meaning to me and coming up with alternative meanings also helped James "chew over" the language of the group, and helped him halt being triggered into a trance state.

The case of James illustrates how any counsellor might begin the counselling naively, in the usual way, with the client telling his history, but without realizing that doing so may well be overwhelming and destabilizing for the client. Just telling the narrative of the story therefore can be unhelpful, overwhelming, and too intense for the client, especially in the two hourly intensive sessions. So it is important for the therapist to mix the empathic listening with psychoeducation.

Research into working with survivors of trauma supports the view that it is less overwhelming and easier for them to process trauma if they feel safe, both with the therapist and internally (Herman, 1992). Sometimes, therefore, it is necessary to delay the telling of their story until their symptoms are under control or, as suggested above, they can tell it in a different way (Rothschild, 2010). I address trauma further later in the chapter.

Other Key Areas of the Jigsaw Puzzle

In the following subsections, I explore the key areas of the jigsaw that arise with most former members: influence, cult leader, anger and rage, trauma and triggers, and spirituality. Addressing these pieces is important in helping former members normalize their cult experiences because they help explain both the cult dynamics and the individuals' feelings.

Influence

Influence is when one person or thing causes another to act in a way that he perhaps would not have thought of if the other person or thing had not influenced, or in some cases, compelled him to do so. In his research into understanding the psychology of compliance, Cialdini (2001) decided to investigate the "compliance professionals"—that is, those who successfully influence others (p. ix). Cialdini provided evidence showing how certain "fixed-action patterns" (p. 3), which are an almost involuntary human response to certain *triggers*, occur in relation to influence. He also identified six key principles of such influence: reciprocity; commitment and consistency; social proof; authority; liking; and scarcity. He examined each influence "as to its ability to produce a distinct kind of automatic, mindless compliance from people, that is, a willingness to say yes without thinking first" (2001, p. x). People are influenced much of the time, such as through television, the Internet, at school, and so forth; and influence, to one degree or another, is everywhere (Dubrow-Marshall, 2010a). Cialdini's research highlights how we are all vulnerable to influence, and his model of influence is relevant and useful to former cult members. I will explicate the two aspects of influence I reference most often in my therapy, *the law of reciprocity* and *authority*. I suggest that readers purchase Cialdini's book for a full explanation of all the patterns.

The Law of Reciprocity

The law of reciprocity applies when someone does us a favor or gives us something for free and we feel we must reciprocate: Charities send us a free pen in the hope that we will give them something back. Such a favor is often the first step into a cultic group—for example, with a free meal, friendship, salvation, or some such thing—and cults often offer what for

some is the greatest favor of all (Martin, 1993). This was true for Clarissa, who came to feel that the group's offer of comfort and healing after her boyfriend's death, and salvation from hell, were huge favors; and the hope that the organization would fulfill these promises kept her in the cult for many years. The law of reciprocity also was relevant in Jenny's situation.

Case Example: Jenny

Jenny (age 62 when she came to see me), had moved to a new town and had not had time to make friends because she was busy adjusting to her new life. Pleasant people from a local religious group kept calling at her house; eventually she gave in and accepted their friendship, allowing them to help her in practical ways. This free help caused Jenny to feel she ought to reciprocate and attend their religious services because they had been so kind—and they were insistent that membership and the religious practices would be beneficial to her and her son, who joined with her.

In retrospect, Jenny deeply regretted her decision to attend because, once she became a member, the behavior of church members became increasingly bullying toward her. They eventually poisoned the mind of her son against her and prevented her from seeing him once she left the group and he remained. She was a broken woman when she left the group, and it took many years before the two were reunited. It was only after she got her son out of the group that she was able to begin to think about recovering. The experience left a deep, dark mark on the whole family, and Jenny later came to regard the group's recruitment techniques as deceitful and tantamount to grooming.

Most cults have a hierarchy with an authoritarian guru, leader, or group of leaders at the helm (Lifton, 1999); so the issue of authority is key. In many cults, if not all, the guru or leader is viewed as a higher being of some sort. This scenario leads me into Cialdini's principle of authority as a source of influence.

Authority

Cialdini's (2001) research shows that human beings are wired to obey authority—which includes someone who is dressed in a particular way, such as an individual attired in a business suit, a priest or guru's garb, or the white coat of a doctor or scientist. Cult leaders take advantage of this tendency.

Case Example: Clarissa (cont'd.)

Clarissa told me how she felt that the leader of her cult had to be obeyed no matter what because he had told her he was especially chosen by God, and there would be dire consequences if she did not obey him. The consequences were said to be spiritual, but I suggested to her that they were psychological because she was induced to do what she was told, like a child, and she lived in terror of the consequences of disobeying. She began to undo this terror both by coming to understand that she was wired to obey authority and also by investigating the profile of a typical cult leader, which is the next piece of the jigsaw I explore.

Cult Leader

To understand the profile of a cult leader, I adopt categories from Anthony Storr's book *Feet of Clay* (1996), in which Storr clearly explains the "guru mentality." I have created on a handout a checklist of the attributes Storr set down. This checklist allows clients to critically

appraise their cult leader, with the aim of reducing him to the level of human so they can understand the leader's humanity and possible psychopathology. I commend the book because Storr has brought a balance to his argument by also exploring "good gurus" and those to whom it *is* safe to turn. This aspect is important because becoming polarized to not trusting *all* leaders as a result of idealizing the cult leader is counterproductive (Jenkinson, 2015).

Case Example: Clarissa (cont'd.)

Clarissa was amazed to learn that many gurus have had a mental breakdown in their lives (Storr, 1996), that they are narcissistic and sometimes narcissistic personality disordered (NPD), grandiose, and that their main aim is subjugation (Shaw, 2014). She realized that the leader of her cultic church very much fit these criteria, even though he was not a guru but a pastor who claimed he was chosen by God to heal the world. She therefore found this exploration helpful and began to stop feeling so guilty and blaming herself. This process resulted in her feeling angry at the way she had been deceived, manipulated, and abused.

This leads us into the next piece of the jigsaw, anger and rage.

Anger and Rage

Case Example: Clarissa (cont'd.)

As her TA-PCC progressed, Clarissa began to name her experience as a cult (a conclusion she came to for herself), and she began to feel angry. She had been told that "anger is a sin" and therefore suppressed the feelings whenever they came up. She did this by praying and singing Church songs. (Others, such as James/Sachit, learned in the group to meditate and suppress their angry feelings.) I suggested to Clarissa that anger is another feeling that needs to be accepted and processed, and we looked at how the things she had been told in the cult were designed to shut her down and suppress these feelings (and weaken her).

I explained to her that the technique to suppress is an aspect both of thought-reform doctrine over person (in which the doctrine takes precedence over the individual's human rights) and dispensing of existence (in which one's right to existence, at least as a worthwhile person, may be withdrawn [Lifton, 1989]). I explained that anger helps us to know what we think, to set our boundaries and to keep ourselves safe, to help us see the line between ourselves and others, and to know whether or not we are being abused. I suggested, therefore, that she view anger as a positive emotion (Parker Hall, 2009).

Because this perspective was quite different from the cult teachings, it took a while for Clarissa to chew over the idea and come to her own conclusions about it. To make that easier for her to do, I suggested we separate anger from hot and cold rage, and that we look at rage as an emotion that results from trauma, which needs to be healed by facing the trauma that caused the rage (Parker Hall, 2009). I explained to her that hot rage is focused outward toward others and cold rage is focused inward on ourselves; and that in her case this was illustrated by her feelings of guilt, shame, and self-blame. I suggested to her that, in the cult, the leader projected his rage onto the cult members, and they all, in turn, projected the group rage out to the world outside; this projection was evident in their seeing society and outsiders as having no value, being sinful, and so on (Lifton's dispensing of existence).

As we worked through the Thought Reform sheet and the different areas of the jigsaw puzzle, Clarissa's cult experience started to make sense to her. As she began to understand, she allowed herself to feel her feelings, be angry, address her trauma, and heal her rage. To do this, she needed help to go against the belief that anger was wrong, and I helped her to redefine the word for herself. She learned that anger can be the fundamental component to healing, and so can be a positive emotion.

Trauma and Triggers

Case Example: Clarissa (cont'd.)

Clarissa described that she would fluctuate from feeling overwhelmed, anxious, and shaky, as if she was having panic attacks, to feeling low in energy, numbed, and depressed. We identified that she was moving from the state of hyperarousal (fright-or-flight response) to that of hypoarousal (freeze response), and that these states were often in response to triggers. Our exploration led us back to thought reform and often loaded language (Lifton, 1989; Shaw, 2014). Clarissa learned that certain words took her back to her CPP/Sarah's mind-set and therefore triggered a sense of panic

and confusion; this in turn led to the numbing and depression, a similar state to the one in which she had lived in the cult.

Clarissa had returned to a healthy, safe-enough church because she had missed practicing her faith. But it was in that safe-enough setting that she felt especially panic stricken, which baffled her and made her question her judgment about whether it was actually safe. I clarified with her that she had carefully checked the church out before she attended it, and that she had been quite assertive with members when they asked her to do things she did not want to do. Having clarified this, we decided that the problem was not the new church but instead reminders—triggers—of her time in the cult, and that as a result she was sometimes living as if she was still in danger when she was not (Ogden et al., 2006).

I explained to Clarissa that the cult had loaded the Bible with its own special, clichéd meanings (loaded language) (Martin, 2009) to control and manipulate her, and so it was natural that she would be triggered when she either heard those words or when the rituals or songs within the new church reminded her of the cult. I explained to her the concept of *pattern matching*, in which the current situation matches the traumatic cult experience and a trigger occurs (Griffin & Tyrrell, 2003, p. 22). Gaining this understanding normalized what was happening for Clarissa. She was relieved to have an explanation that reassured her she was not going mad and was not bipolar, real fears for her because she felt so out of control when she was triggered.

It is important that trauma survivors are supported to take control of their own recovery process, including choosing the approach adopted to support them in the trauma recovery. Rothschild (2010, p. 2) noted that different people benefit from different approaches to working through their trauma, and that it is not a fault in the individual if a particular approach is less helpful than others. This means the counselor needs to be knowledgeable about, or at least able to point the client in the direction of, a number of different theories of and options for trauma recovery. Some of these approaches, which we can add to the pieces of the jigsaw puzzle and the TA-PCC model, are expounded further in this book (e.g., EMDR and CPT).

Working With Trauma

It is helpful to explain in a simple way to former-member clients the effect of trauma on the brain and body because when they understand more clearly what is happening to them, they regain some control. I often use a flip chart with simple illustrations of the brain produced by Janina Fisher (2009). A helpful understanding when dealing with triggers is that those who have been abused have symptoms, not memories (Harvey, 1996). Triggers may manifest themselves through an array of symptoms, including depression; irritability; loss of interest; numbing; decreased concentration; insomnia; loss of a sense of the future; feelings of shame and worthlessness; mistrust; having little or no memories; experiences of mistrust, nightmares and flashbacks, generalized anxiety and panic attacks, and chronic pain and headaches; substance abuse and eating disorders; unreal or out-of-body feelings; self-destructive behavior; or loss of a sense of “who I am” (Fisher, 2009). If a client is displaying any or many of these symptoms, it is worth exploring what the trigger is, and what the unacknowledged and unaware memory is.

Case Example: Clarissa (cont’d.)

Exploring her triggers was important for Clarissa with regard to the music in her new church. When she heard the music, she experienced emotional discomfort, which was

a memory of her time in the cult; but she was not aware of the memory, just the discomfort. Once she became aware of the memory, she was able to begin noticing it, being curious about it, and chewing it over and digesting it. In this way, she was able to hold on to her love of church music and separate her current experience from that of her experience in the cult.

To help her with the triggering language of the Bible, which was “loaded” for her in the cult, we created two columns on a sheet of paper next to Bible verses or words she listed. Then she noted the cult interpretation alongside her interpretation for each item. Clarissa continued this process after the TA-PCC as she added other writers’ interpretations. The practice resulted in a reduction in the triggers and slowly freed her. It also enabled her to continue practicing her faith.

This approach is applicable in any setting in which triggering is occurring, not just in relation to spirituality. So rather than clients telling all (as in the cult of confession discussed previously) or simply exploring traumatic symptoms without their having the knowledge that there are memories attached to the triggers, it is important and helpful to explain to them what may be happening, and to support them in making the connections between their somatic (physical) symptoms and psychoeducational theory about trauma. As noted earlier, in a thought-reform system, much is out of the individual’s conscious awareness; so in therapy it is important that the counsellor remain interactive and help clients to see what may be happening. As therapists, we do this to encourage critical thinking and dialogue, not to tell clients what they think or feel, nor to imply that we know more about them than they do themselves.

It is, therefore, important that clients can both think and feel at the same time. To achieve this, Ogden et al. (2006) wrote about working within the *optimal arousal zone* or, my preferred term, the *window of tolerance* (WOT). Doing this ensures that clients can process the memories and symptoms, and it keeps them grounded: They are not living in hyperarousal or hypoarousal (see Figure 16.1).

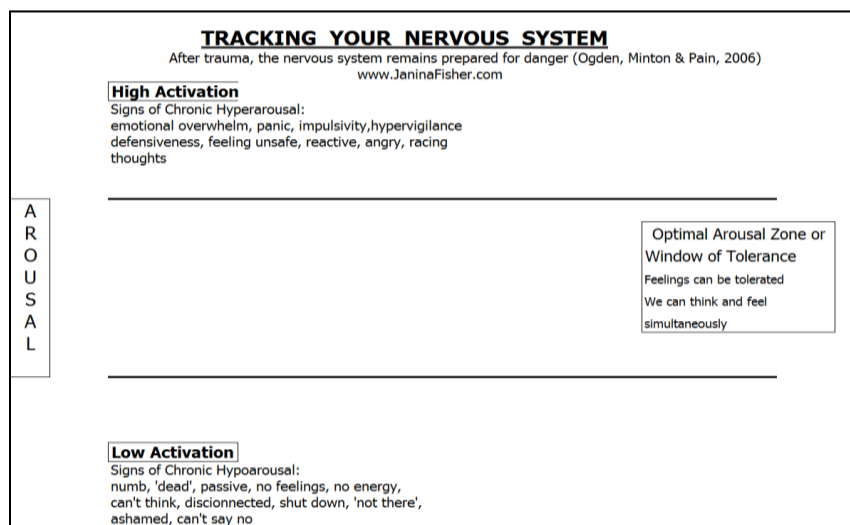


Figure 16.1. Tracking the nervous system (Adapted from Ogden, 2006, “Window of Tolerance,” *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*, p. 27, p. 33. Reprinted with permission).

Case Example: Clarissa (cont'd.)

I explained to Clarissa that, if she stayed within the WOT, she would be able to think and feel at the same time, and so process her experiences; whereas when she went out of the WOT, she would be in either hyperarousal or hypoarousal, which would result in her feeling unsafe and unable to process. I worked with her to help her track her arousal levels and identify where on Figure 1 she currently was functioning.

If she was not within the WOT, we worked to help her ground herself back into the WOT. We did this in several ways: helping her to relax, and to breathe and feel the chair around her body. Also, we had her notice, for example, three blue things and 10 red things in the room (Rothschild, 2010). Although the process sometimes took time, it helped Clarissa to come back into the present, and then we could continue the work. This tracking was encouraging for her because she became increasingly aware of remaining within the WOT for longer periods of time. It also helped clarify for her many of her symptoms as she learned to identify which memories were attached to which symptoms. This practice gave her a greater feeling of control over her recovery process.

If a client has experienced physical violence or sexual abuse within the cult, then the counsellor needs to address these issues in a similarly careful way. Many therapists have found secular mindfulness practice helpful in supporting trauma survivors (Briere, 2012; Ogden et al., 2006; & Rothschild, 2010), and that is what I am referring to in the techniques mentioned above in relation to Clarissa grounding herself.

Be aware, however, that although mindfulness practice and meditation can be helpful for many clients, it also is a popular practice that some cultic groups promote and use to recruit new members (Jenkinson, 2013). It is vital that we listen to the clients' stories and *not* suggest this approach as an option if it was a practice in their group, because doing so can destabilize them. Clients who have experienced such destabilization have told me that the experience left them feeling the therapist had simply not listened to them or had misunderstood what they were saying. If you make a referral to a provider of mindfulness, it is important that you have checked out that provider beforehand. While these techniques worked for Clarissa, I would not have encouraged James/Sachit to do breathing exercises or to relax in any way that reminded him of the meditation from his group. This is another example of the importance of having an array of techniques available for clients' grounding.

Spirituality

Along similar lines, although Clarissa felt it was important for her to return to her spiritual practice and attend a church, spirituality generally needs to be approached with care in counselling, especially for those who have been in a spiritual group and have been spiritually abused. I suggest that we disarm the phobic fear (Hassan, 2013) and terror of disobeying God by exploring the ways in which thought reform and the other dynamics were used in the respective clients' experiences to layer over their precult personalities and when/how their sense of spirituality was stolen from them. For instance, another client, Gavin (age 35), explained to me how he felt that his spirituality had originally been like a clear, peaceful container within him; but that, since the cult abused him spiritually, the thought of spirituality caused him great fear—he felt like someone had dirtied it, and it was hard for him to recover that innocence and sense of peace.

I usually explain spiritual abuse to clients as a psychological process, and I find that their understanding the dynamics of thought reform separates the spiritual practice from their own beliefs in God or a higher being, which in turn can help them to reconnect to their spiritual aspects if they want to. It is necessary for some clients to have a clear break from

that spirituality in order to establish a sense of themselves. It is a personal and individual, but important, choice.

Working With the CPP

All the time I am working with clients, I work explicitly with the idea of unlayering the CPP. In some instances, the client and I have drawn a number of outline figures of a person that represents the client, and we have written words around the various figures to describe aspects of the client at different stages. For example, one figure may describe the precult personality, one the CPP, and one the postcult personality. This exercise helps clients to clarify what they were like, what they want to hold on to, and what they want to eliminate. For SGAs, for example, the first diagrams would illustrate the persons they were in the cult, and the exercise includes highlighting those small decisions and times they exerted themselves in knowing their preferences, or standing up for others, and so on.

Summary

In this chapter, we have explored how counsellors can practice the relational, psychoeducational intensive I have named Time Away for Post Cult Counselling, or TA-PCC. Individual therapists can practice this fluid and flexible approach to counselling with both first- and second-generation former cult members and survivors of spiritual abuse anywhere in the world. The feedback from clients has been positive. As one former member said, he was "in a war in my head," and the TA-PCC model helped him process his experience in a "nontraumatizing way" that resulted in "peace in my head, even though there are still things I need to process. I can think more clearly and get on with living my life."

In TA-PCC, we are working to free the individual from the CPP that is laid down in layers, overlaying and restricting the precult personality or authentic self. As counsellors, we must hold the conviction that these clients can move forward in their lives in spite of all that has happened to them.

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