Are Cultic Environments Psychologically Harmful?

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This article is the first critical review of research that addresses the question of whether cult membership is psychologically harmful. The available evidence warrants three conclusions: (a) persons entering cults do not necessarily exhibit psychopathology; (b) current cult members appear psychologically well-adjusted generally, and demonstrate few conspicuous symptoms of psychopathology. However, pathology may be masked by conformity pressures and demand characteristics associated with the cultic environment; (c) a small but growing body of research indicates that at least a substantial minority of former cult members experience significant adjustment difficulties. There also are indications that these difficulties cannot be ascribed to demand characteristics. Although the review highlights definitional and methodological issues and problems that temper conclusions that can be drawn from the literature, no evidence indicates that cults improve adjustment after members leave the cultic environment.

One of the gruesome photos of Jim Jones' Guyana compound after the 1979 suicide/murder of 900 followers depicts a sign hung over the carnage in one of the buildings. The sign presents George Santayana's famous quote: "Those who do not remember the past are condemned to repeat it." Unfortunately, the past has repeated itself at the Branch Davidian compound in Waco; in the Solar Temple group in Canada, France and Switzerland; in the sarin gas attacks in Japan; and in the more recent "Heaven's Gate" mass suicides.

Cults have existed for as far back in time as people can remember, yet it is only in recent years that they have received the attention they deserve. In the 1960s, cults increased rapidly in number, and in the 1970s, parents became concerned about the changes they observed in their children who joined cults (Langone, 1993a). By the late 1970s a few psychotherapists began to take note of psychological problems in ex-cultists (Clark, 1979; Singer 1979), and by the early 1980s, concerns about the deleterious effects of cult involvements became more widespread among helping professionals. These concerns were propagated by former cult members who "went public" and spoke in moving terms about the tribulations and psychological problems they attributed to their participation in cultic groups. These various influences have engendered negative public perceptions about cults (see Anthony & Robbins, 1992) as well as concern on the part of clinicians, researchers, and theoreticians about the potentially dangerous influence of destructive cults on individuals and society in general.

Cults have not, however, been without defenders. Indeed, the cult literature is dominated by rhetoric as well as personal, political, and scientific agendas. Workers in the field have generally joined the ranks of one of two opposing camps. One camp is composed of the so-called "cult sympathizers," who believe that cults merely represent an alternative culture. The sympathizers (e.g., Alexander, 1985; Anthony & Robbins, 1992; ın, 1984; Levine, 1984;Malony 1994) often describe cults as new religious movements, and assert that the First Amendment entitles cults to operate autonomously (e.g., Alexander, 1985; Anthony & Robbins,

1979).

The other camp—the cult critics (e.g., Martin, 1993; Singer & Ofshe, 1990; West & Martin, 1994)—maintains that some cults are psychologically harmful. According to this perspective, some cults spawn negative reactions ranging from depression, anxiety, dissociation, passivity, guilt, and psychotic breaks, to fear of cult reprisals (Singer & Ofshe, 1990).

These two camps have diametrically opposing views of the risks and dangers of cultic involvement. In this article, we address a question that sharply divides these two perspectives on cults: Is cult involvement associated with psychopathology or problems in adjustment? Our review represents the first of its kind. It is intended to elucidate a number of conceptual and methodological issues and to spur research in psychological aspects of cultic studies. The electronic database PsycInfo was used to locate pertinent books and articles. The keyword search included the following terms: cult, cults, cultic, cultism, therapy cults, new religious movements, brainwash, brainwashing, mind control, and Jonestown. The names of authors who frequently publish articles in the field were also included in the search.

Problems of Definition

According to the American Heritage Dictionary (Berube, Neely, & DeVinne, 1983) a cult is "1) a system or community of religious worship and ritual 2a) a devoted attachment to, or extravagant admiration for, a person, principle, etc., especially when regarded as a fad [the cult of nudism] b) the object of such attachment 3) a group of followers; sect". Although this definition appears relatively neutral and largely devoid of negative connotations, the public and scientific communities often describe cults in negative terms.

Part of the reason why cults have been viewed in this dim light is that they have been associated with brainwashing, thought reform, and other coercive procedures. Indeed, in the late 1980s and early 1990s, former cult members (e.g., Hassan, 1988; Martin, 1993) embraced the work of psychiatrists and psychologists (e.g., Robert J. Lifton, Edgar Schein, Margaret Singer, and Louis Jolyon West) who interviewed dissidents and former prisoners of war. Former cult members used this body of work to understand and integrate their personal experiences in cultic groups into their lives.

Former cult members (e.g., Hassan, 1988; Martin, 1993) resonated strongly with Lifton's work, and claimed that in their former involvements with cults they encountered many of the thought-reform practices and themes (e.g., total control of communication, polarization of world into "good and bad") identified by Lifton (1961/1989). These former members, in turn, adopted or modified Lifton's characterization of cultic environments.

Since the 1980s, a number of definitions (see Singer & Lalich, 1995) that apply specifically to cults, rather than to thought reform more generally, have been articulated. One of the most frequently quoted (Rosedale & Langone, 1998) definitions of cult was developed at the American Family Foundation/UCLA Conference on Cultism in 1985:

Cult (totalist type): A group or movement exhibiting a great or excessive devotion or dedication to some idea, or thing and employing unethically manipulative techniques of persuasion and control ... designed to advance the goals of the group's leaders to the actual or possible detriment of members, their

terms of its behavior and the consequent effects on members than in terms of the nature or structure of the group itself: "... 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 socialize 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" (p. 5).

Unfortunately, the definitions reviewed are neither operational in nature, nor the product of empirical research. Indeed, only two studies in the literature (Chambers, Langone, Dole, and Grice; 1994; Martin, Langone, Dole, & Wiltrout, 1992) provide a precise and specific operational definition of the term cult. To remedy lack of an objective, empirically derived measure and definition of cultic environments, Chambers et al. (1994) developed the Group Psychological Abuse Scale (GPAS), a measure consistent with Langone's definition of psychologically abusive groups. The authors administered the 112-item scale to 308 members of FOCUS, a national network of former cult members who represented 101 groups that participants deemed cultic. The items were then factor analyzed and a four-factor model was derived of the varieties of psychological abuse: compliance, exploitation, mind control, and anxious dependency.

Based on this model, the authors (Chambers et al., 1994) amended Langone's (1993b) earlier definition as follows: "Cults are groups that often exploit members psychologically and/or financially, typically by making members comply with leadership's demands through certain types of psychological manipulation, popularly called mind control, and through the inculcation of deep-seated anxious dependency on the group and its leaders" (p. 90).

The Group Psychological Abuse Scale (GPAS; Chambers et al., 1994) represents an empirical approach to characterizing cultic environments that could potentially demarcate the "gray zone" between new nonmainstream, often unorthodox groups¯which, in popular terms, might be referred to as cults¯and exploitive groups that are truly psychologically abusive in nature. This development could serve to reduce, if not remove, the stigma associated with harmless groups, while assisting researchers in mapping the characteristics and correlates of more abusive cultic environments.

Validity data pertinent to this scale are limited but promising. Langone and his associates (Langone, Malinoski, Aronoff, Zelikovsky, & Lynn, 1996; see also Malinoski, Langone, & Lynn, 1999) found that former members of a group they identified as psychologically abusive (e.g., Boston Church of Christ [BCC]) rated their former group as more psychologically abusive than did graduates of a mainstream campus ministry (InterVarsity Christian Fellowship) and former Roman Catholics. Furthermore, former members of the BCC scored significantly higher on measures of psychological distress (e.g., global distress, depression, anxiety, dissociation, and posttraumatic stress) than did members of the comparison groups. Future development of the GPAS will aid in discriminating among groups on the basis of relevant cult-related dimensions.

In all likelihood, a consensus operational definition of a cult may prove to be elusive. Indeed, it may be most

tive to think of groups as ranging on a continuum from being extremely cultic to completely non-cultic in nature. As Rosedale and Langone (1998) have recently observed, because the term cult refers to a

involvement can also range on a continuum, it is important to consider the distinctive and potentially harmful practices of particular groups rather than merely labeling them as cults.

To be sure, cults are not all alike. Indeed, many different types of cults, including religious, psychological, political, and commercial, have been identified (Butterfield, 1985; Langone, 1993b; Singer, 1978). However, the majority of the literature on cults pertains to religious groups, and this will be the focus of our review. We acknowledge that many definitions of cults are possible, and restrict our purview to articles that use the term cult to label the groups studied. Many of these groups are widely regarded in the extant literature as "cultic" in nature.

Variability exists in the estimates of the number of people involved with cultic groups, an inevitable consequence of differences in the way cults have been defined and measured (Martin, 1993). Nevertheless, the best estimate is that between 2 and 5 million Americans have been involved in cults. This estimate derives from surveys of new religious and parareligious movements in San Francisco and Montreal (Bird & Reimer, 1982), high school students in the San Francisco Bay area (Zimbardo & Hartley, 1984), a survey conducted in 1993 by the ICR Survey Research Group for the American Family Foundation (AFF), and a Pennsylvania Medical Society survey of 1,396 primary care physicians, 2.2% of whom reported having had a family member involved with a cultic group (Lottick, 1993). Martin (1993) has estimated that there may be anywhere from 2,000 to 5,000 cultic groups in America, with as many as 2 to 20 million members. This latter statistic is far beyond the scope of previous estimates. Yet even the most conservative estimates are of sufficient magnitude to make cults worthy of study.

Dynamics and Effects of Cults

In general, the available literature can be divided into two major topics: (a) the dynamics of cults, and (b) the effects of cults. The first topic encompasses mind control, why people join and leave cults, and how leaders maintain control of groups. In contrast, the second topic encompasses the nature, type, incidence, and severity of deleterious effects that arise from cultic involvement. Investigators have typically studied this second area, which will be discussed in this review in terms of the presence or absence of symptomatology and problems in living before, during, and after the cult experience.

Precult Characteristics of Joiners

Are psychological problems generally evident before cult members join the cult? Spero (1982) described his clinical impressions of 65 cult members treated at an outpatient clinic with psychodynamic therapy. He noted that his clients were unhappy, egotistic, depressed, or anxious before joining their groups. However, because noncult members were not studied, it cannot be determined whether these characteristics were specific to joiners.

Levine and Salter (1976) interviewed 106 current members of nine groups who provided information regarding their reasons for joining. Forty-three percent reported feelings of loneliness, rejection, sadness, and a lack of belonging; 41% stated that they were drifting and felt that life was meaninglessness; 34% cited a al or family crisis or unpleasant situation; and 30% met someone who was actively trying to gain ts or who became concerned with the interviewee's happiness. A majority of the members reported "average" to "good" relationships with their parents before joining their groups.

cults in response to an unsatisfactory childhood family environment (Ash, 1985; Deutsch & Miller, 1983; Nicholi, 1974; Schwartz & Kaslow, 1979; Stipes, 1985; West & Singer, 1980; Zerin, 1983). Sirkin and Grellong (1988) found that family members of cult joiners tended to be less emotionally expressive and more critical of their children than the family members of noncult joiners. However, Maron (1988) discovered that the only difference between families of cult members and comparison families was that the family environment of current cult members was characterized by a greater emphasis on independence. It should be noted that both studies used only Jewish persons as their comparison groups, and Sirkin and Grellong used only Jewish persons in the experimental group as well. Hence, these findings may lack validity and generalizability apart from the rather narrow population sampled.

Martin et al. (1992) reviewed the literature concerning cult members who sought psychological counseling before joining a cultic group. The percentages of those reporting having sought psychological counseling ranged from 7 to 62% across studies. In addition to the variability of findings across studies, without base rate information regarding the percentage of nonjoiners' utilization of psychological services, it is impossible to arrive at definitive conclusions about precult adjustment based on help seeking. Finally, each of the reports reviewed above is marred by the fact that the accounts of precult adjustment are retrospective in nature. Prospective, controlled studies are obviously a priority in this research domain.

Effects on Current Members

Clinical Impressions and Descriptions

A number of clinicians have described the experiences of current cult members. For example, Levine (1984) studied more than 400 cult members in 15 different groups and claimed that the cult experience was beneficial and even therapeutic, providing adolescents with an opportunity to cope with separation from their parents. Robbins and Anthony (1972) interviewed members of the Meher Baba cult as participant-observers and reported that current members decreased their use of illicit drugs relative to their consumption before entering the group; however, standardized measures were not used, and other relevant psychological or behavioral variables were not assessed.

By contrast, Spero's (1982) account of cult members' experiences was far more negative. He found that 74% of his 65 clients in psychodynamic psychotherapy displayed a particular dissociative symptom called "floating" (i.e., an abrupt shift or reversion in identity to a set of behaviors and emotions inculcated in the cult) reportedly triggered by particular sensations (e.g., sights, sounds) that reminded individuals of their participation in the cult (West & Martin, 1994).

Spero further described cult members as having the following characteristics: (a) highly "other-oriented" and dependent; (b) externalizing and projecting negative, hateful self and other introjects; (c) a history of intensely ambivalent or unsatisfactory early oral experiences; (d) narcissistic trends; and (e) weakened critical judgment and reasoning faculties. Unfortunately, many of these characteristics are vague and undefined in operational terms. Additionally, Spero's report is based on a clinical population that is likely to be more d[illegible]sed than a nonclinical population of former cult members. Unfortunately, Spero neither standardized [illegible] collection nor his assessment procedures. Hence, like Levine (1984) and Anthony and Robbins's (1972) reports, Spero's observations are essentially anecdotal in nature.

is difficult for many reasons. These reasons include gaining and maintaining access to the cult; maintaining objectivity while developing trusting relationships with the members of the cult; coping with conversion attempts; dealing with the shock of being in an environment with an entirely different set of rules about how one should think, feel, and act; and obtaining sufficiently large random samples of members (Ayella, 1990). Furthermore, honest responses may be difficult to obtain from cult members whose leaders either routinely violate confidentiality or induce conformity pressures to present a good image.

Empirical Studies

Although clinical impressions are valuable, it is essential to examine empirical studies with current cult members. Galanter, Buckley, Deutsch, Rabkin, and Rabkin (1980) examined drug use in the Divine Light Mission (DLM) (n = 119) and the Unification Church (n = 237). Members were administered self-report questionnaires concerning drug use for four different 2-month time periods: (a) the time when they felt they had the most psychiatric symptoms or when they used drugs most frequently before joining DLM; (b) immediately before exposure to DLM; (c) immediately after initiation; and (d) in the previous 2 months prior to the assessment. In the DLM group, there was a reported decrease in drug use across all four time periods. An even steeper decrease in drug use over time was noted in the Unification Church group.

The results of this study are questionable for at least two reasons. First, standardized measures were not utilized. Second, because the DLM discourages the use of drugs and the Unification Church strictly prohibits drug use, current group members might be prone to minimize or falsify their report of drug use.

Galanter and Buckley (1978) assessed 119 members of the DLM for drug use and psychiatric symptoms using a multiple-choice questionnaire developed by the authors. Neither validity nor reliability data for the measures were reported. Members were asked to answer items pertinent to the same four time periods mentioned above (Galanter et al., 1980). A decrease in drug use and psychiatric symptoms across time periods was noted.

Galanter et al. (1979) administered a 216-item questionnaire to 237 current Unification Church members and to 305 nonmembers who constituted the comparison group. Current members reported less emotional well-being than the nonmembers on a general well-being measure. Current members reported a decline in neurotic distress over the course of their membership, with most (91%) reporting lower neurotic distress scores for the time period immediately after they joined the group, compared with the time period immediately before joining the group. The authors concluded that the church provided sustained relief from neurotic distress. Unfortunately, the research report does not describe the nonmember sample, thereby precluding meaningful conclusions about any between-group differences.

Finally, Galanter (1980) conducted a study of 104 persons who attended Unification Church workshops. Results indicated that workshop attendees who become members of the Unification Church were those who quickly formed stronger ties inside the group than they had outside the group, adopted the group's creed, and adopted the belief that the group's creed contributed to their sense of purpose. In addition, although self-

d emotional well-being increased over time in members, it was still not as high as in nonmembers.

The next three studies reviewed evaluated personality and psychopathology of members in particular groups.

Krishna members were assessed as more compulsive and distrustful than the nonmembers, the mean trust score for the members was within the normal range (Weiss & Comrey, 1987). The Hare Krishna's high compulsivity scores mirror the high degree of structure in their religious rituals and lifestyle. According to Weiss and Comrey (1987), members' lack of trust may reflect their feelings that society is very critical of their group, or it may reflect a distrust in society that prompted members to seek out an alternative culture in the first place.

Latkin (1990) studied 232 Rajneeshpuram commune members and found that they engaged in more self-examination, as indexed by the Private Self Consciousness Scale (Fenigstein, Scheier, & Buss, 1975), than the normative population on which the scale was standardized. Additionally, the Rajneeshees scored lower on the Public Self-Consciousness Scale (i.e., they tend to not perceive themselves as social objects) and on the Social Anxiety Scale (i.e., they tend to feel less discomfort around others) than the normative group. Also, the Rajneeshees scored higher on a self-esteem scale than a normative control group. These results are not surprising in light of the fact that one of the tenets of the Rajneesh group is that members should actively strive for self-exploration, self-acceptance, and personal growth, and assume responsibility for their personal well-being, rather than depend on others for validation.

Latkin (1990) claimed that these differences constitute evidence that participants in this group have strong opinions and are not easily persuaded, which contradicts the notion that people who join cults are gullible and easily manipulated. Although the findings do imply that devotees currently have strong opinions and would be difficult to persuade, the data are not based on behavioral measures of persuasability, and do not pertain to or control for persuasability before joining the group. Moreover, membership in the group may have had a crystallizing and hardening effect on opinion formation. Indeed, inducing unquestioning alliance to the group's ideology is a hallmark of cultic groups.

Sunberg, Latkin, Littman, and Hagan (1990) administered the California Psychological Inventory (CPI; Gough, 1987) to a sample of 67 Rajneeshpuram. The scores of these devotees on the CPI scales implied that Rajneeshees are socially poised, flexible, independent, and reject the notions of conforming to certain societal standards. The interpretation of these findings is, however, obscured by the fact that the demand characteristics of the social milieu might have affected the results secured. That is, devotees' desire to present their group in a favorable light might account for their positive self-presentations and reports of their ability to resist persuasion attempts.

The next three studies focused on members from a variety of groups. Ungerleider & Wellisch (1979) compared 33 current and 17 former cult members from a variety of unspecified groups using a variety of measures, including structured interviews developed by the authors, a mental status exam, a short form of the Wechsler Adult Intelligence Scale (WAIS; Wechsler, 1958), the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1951), and the Interpersonal Check List (ICL; La Forge & Suczek, 1955). Current members had either been deprogrammed and later decided to return to their groups or they feared being captured and deprogrammed. In order to provide incentives for participation, the researchers

ed to provide the results of the assessment to a court if necessary, although they could not guarantee come.

attempting to minimize pathology. Unfortunately, the actual scale scores were not reported, making it difficult to interpret the clinical scale scores, some of which may have been invalidated. The only other difference reported was that the current members had elevations on two clinical scales and the former members had elevations on two different clinical scales. In the first part of the results section, it states that current members had elevations on scales 6 (Paranoia) and 8 (Schizophrenia), and the former members had elevations on scales 3 (Hysteria) and 4 (Psychopathic Deviate). However, in subsequent sections of the paper it states the reverse (i.e., current members had elevations on 3 and 4 and former members had elevations on 6 and 8). These ambiguities in data reporting preclude drawing any conclusions from this research.

Levine and Salter (1976) interviewed 106 members of nine nonmainstream religious groups: Hare Krishna, Divine Light, Process, Foundation, 3HO, Jesus People, Unification Church, Children of God, and Scientology. When queried about their reasons for remaining in the group, 80% cited intrapsychic or interpersonal rationales, and 20% discussed spiritual, transcendental, or mystical reasons. Unfortunately, no examples were provided of members' rationales for remaining in the group.

Eleven members were randomly selected and received more in-depth interviews. The authors reported that although a large number of these members exhibited psychiatric symptoms, most did not meet the criteria for psychiatric diagnoses. However, Levine and Salter (1976) did not state how many members exhibited symptoms nor what the specific symptoms were. These results imply that although current members appear to report greater emotional well-being after joining the group, more in-depth interviews may elicit reports of underlying pathology. However, future research should use valid structured interviews with well-established reliabilities and psychometric properties.

Spero (1984) assessed 51 cult devotees prior to treatment and after 6 months of psychotherapy. Pre-post increases were reported for the Verbal and Performance sections of the WAIS (Wechsler, 1958). Also, pre- and posttreatment scores on the Bender Gestalt Test differed, with the posttreatment scores indicating more perceptual openness (i.e., they tend to process as opposed to block out visual input). Based on results from the Rorschach (Exner, 1978; Rorschach, 1942) and Embedded Figures Test (Witkin, 1971), Spero (1984) concluded that cult members who have not received treatment may experience difficulties in performing certain perceptual and cognitive tasks, and notes that this lack of ability has been associated with characteristics such as "passivity, identity confusion, other-orientedness, unclear sense of separate self ... " (p. 750) that have been used to describe cult devotees. Unfortunately, Spero failed to clarify the meaning of vague terms such as other-orientedness and did not include a test-retest group of noncult members.

In conclusion, the majority of the studies reviewed appear to indicate that current cult members are psychologically well-adjusted. However, it should be noted that many of the studies are deficient in important respects. For examples, several of these studies (Galanter, 1980; Galanter & Buckley, 1978; Galanter et al., 1979; 1980; Levine & Salter, 1976) do not utilize well-standardized measures with established psychometric properties. When well-normed, standardized measures are used (Galanter, 1980; Latkin, 1990; Spero, 1984; Sunberg et al., 1990; Ungerleider & Wellisch, 1979; Weiss & Comrey, 1987), it allows for the comparison of cult members with relevant clinical and normative populations. Other problems evident in the studies include the fact that sample sizes do not always allow for sufficient statistical power (Galanter, 1980; Ungerleider & Wellisch, 1979), and few of the studies include important control or comparison groups

maintaining access to groups is difficult, it may be that researchers who are able to accomplish this are more sympathetic to the cultic milieu. Also, members who volunteer or are volunteered by leaders to be participants in a study may be relatively more psychologically healthy.

It is also possible that members may not report honestly on the questionnaires or tests that are administered to them, and members may be influenced by relatively subtle situational demands and response biases. For example, members may actively minimize pathology because of pride in their group or distrust of the researcher who is an outsider. Another possibility is that members minimize pathology because of fear of repercussions. For example, one doctrine of the Word of Life group states that "You get what you say" which means that reality can be changed by what a person says. So, if a person says that s/he is feeling sick, s/he will feel much sicker. Hence, symptoms such as depression would not be allowed to be verbalized. Also, it is believed that feelings of anxiety or a lack of a will to live are the product of attacks by the Devil or demons. These attacks prove that the individuals who receive them are working for God. Therefore, such feelings are not considered to be symptoms that something is amiss (Swartling & Swartling, 1992). Transparent, unstandardized tests or tests without validity indices and subtle items may therefore provide a misleading, unduly optimistic clinical profile of current cult members.

Effects on Former Members

Before considering arguments about presence or absence of psychopathology in former cult members, it is important to consider the various ways in which a person can leave a cultic group. First, a person can simply walk away from the group without any outside help or intervention. The second possibility is exit counseling, which is "a voluntary, intensive, time-limited, contractual educational process that emphasizes the respectful sharing of information with members of exploitatively, manipulative groups, commonly called cults" (Clark, Giambalvo, Giambalvo, Garvey, & Langone, 1993, p. 155). Finally, the person may go through a deprogramming process. In this case, the cult member may arrive at home for a visit or may be kidnapped from the group, and a "deprogrammer" will spend long hours giving lectures to the devotee about his/her group. The main difference between these last two methods of leaving is that in deprogramming the devotee is not free to leave, whereas in exit counseling s/he has the option to leave at any time. Deprogramming is not nearly as common as it once was. Martin et al. (1992) report that of a sample of 110 former members, 23% walked away, 44% received exit counseling, 25% were deprogrammed, and 8% did not specify how they left their group.

Clinical Impressions of Former Members

Symptoms

Perhaps the most common symptom reported by clinicians treating former cult members is dissociation (Clark, 1979; Cushman, 1984; Halperin, 1990; Levine, 1980; MacHovec, 1991; Singer, 1978, 1979; Singer & Ofshe, 1990; West, 1993; West & Martin, 1994; West & Singer, 1980; Wright, 1991). Dissociation often takes the form of the floating phenomenon referred to previously (Goldberg & Goldberg, 1982; Halperin, 1990; 1980; Singer, 1978, 1979; West & Martin, 1994; West & Singer, 1980). Cognitive deficiencies, such as tic black/white thinking and difficulties in making decisions have often been reported (Goldberg & Goldberg, 1982; Levine, 1980; Singer, 1978, 1979; Singer & Ofshe, 1990), along with depression (Levine

1977; MacHovec, 1991; Singer & Ofshe, 1990). It is important to bear in mind that these symptoms are based on clinician's impressions and not on empirical research using standardized psychometric instruments and diagnostic interviews. Also, it should be noted that former members studied had all sought treatment from the reporting clinicians.

Diagnostic Issues

Former cult members' symptoms have been described in terms of a variety of different syndromes and disorders. The first such attempt to describe former cult members' reactions in terms of a coherent symptom picture was made by Delgado (1977), who identified the cult indoctrinee syndrome as consisting of the following six symptoms or signs: (1) sudden, drastic, potentially catastrophic alteration of the individual's value system; (2) reduction of cognitive flexibility and adaptability such that cult members answer questions mechanically; (3) narrowing and blunting of affect; (4) regression of behavior to child-like levels, marked by dependency on the cult leader; (5) physical changes, including weight loss and deterioration in physical appearance; (6) possible pathological symptoms, including dissociation, delusional thinking, and various other thought disorders.

Conway and Siegelman (1978) formulated the term information disease, which refers to "bizarre disturbances of awareness, perception, memory, and other basic information-processing capacities" (p. 88) that are sometimes associated with cultic involvements. It is worth noting that the syndromes reviewed so far are based on clinicians' impressions and lack established construct and discriminative validity and a clear association with cultic environments.

Posttraumatic stress disorder (PTSD) has also been used to diagnose many former cult members (Singer & Ofshe, 1990; West, 1993), although its current applicability to this population is limited by the fact that many former members who meet the criteria for PTSD under the Diagnostic and Statistical Manual of Mental Disorders, third edition, revised (DSM-III-R; American Psychiatric Association, 1987) criteria cannot meet it using the current criteria (DSM-IV; American Psychiatric Association, 1994). That is, DSM-IV requires that "... the person has experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others ..." (p. 427). Nevertheless, former cult members may suffer from threats of existential injury from group leaders, such as being told (and believing) they are going to hell because they left the group or "abandoned the cause."

Dissociative Disorder, Not Otherwise Specified has also been utilized frequently as a diagnostic category to classify former cult members (Ash, 1985; Halperin, 1990; Singer & Ofshe, 1990; Sirkin, 1990; West, 1993; West & Singer, 1980). Herman (1992) has suggested categorizing disorders of posttraumatic stress along a continuum from a single acute episode to prolonged repeated trauma. She coined the term Disorders of Extreme Stress, Not Otherwise Specified to cover those traumatic events, such as psychological abuse, which are not subsumed under the current PTSD diagnosis.

It is unlikely that one or even a few specific diagnoses will successfully capture the diversity of pathology nced by distressed former members. In fact, if the child abuse literature (Kendall-Tackett, Williams & ior, 1993; Malinosky-Rummel & Hansen, 1993) is any guide, trauma, including physical and sexual abuse, is associated with an extremely broad range of symptomatology

Empirical studies of former members are neither numerous nor without flaws. However, the studies consistently point to the conclusion that psychopathology is a risk factor associated with cultic involvement.

Conway and Siegelman (1982) surveyed 400 former cult members. Among others, the following seven symptoms were reported: floating/altered states (52%), nightmares (40%), inability to break mental rhythms of chanting (35%), amnesia (21%), suicidal/self-destructive tendencies (21%), hallucinations/delusions (14%), and violent outbursts (14%).

Conway, Siegelman, Carmichael, and Coggins (1986) discussed results of a subsample of 353 of the former members in more details. They found significant yet very small correlations between reported emotional (e.g., depression, r = .21), cognitive (e.g., disorientation, r = .15), and physical symptoms (e.g., sexual dysfunction, r = .12) and the amount of time spent in ritual activities. Another finding was that compared to persons who were not deprogrammed, persons who were deprogrammed (73% of the sample) experienced less depression, loneliness, disorientation, insomnia, sexual dysfunctions, guilt, anger at group leaders, and fear that current members of the group would harm them. Those who were deprogrammed also needed less rehabilitation time.

Lewis and Bromley (1987) conducted a survey of 154 people who left cults by walking away (n = 89), voluntary exit counseling (n = 29), or involuntary exit counseling (deprogramming) (n = 36). The researchers assessed their sample for the same seven symptoms assessed by Conway and Siegelman (1982). Compared with Conway and Siegelman (1982), Lewis and Bromley (1987) found that lower percentages of people reported the following symptoms: floating/altered states (28.6%), nightmares (25.3%), inability to break mental rhythms of chanting (25.3%), amnesia (26%), suicidal/self-destructive tendencies (18.8%), hallucinations/delusions (15.6%), and violent outbursts (20.8%).

Lewis and Bromley (1987) noted that symptoms were generally unrelated to length of membership in the cult, and that those persons who received no exit counseling, voluntary counseling, or deprogramming (27, 76, and 89%, respectively), reported one or more of the seven symptoms assessed. These findings contradict data reported by Conway et al. (1986).

Of those cult members who were deprogrammed, 30% reported all of the symptoms cited above, and more than 50% reported more than three symptoms (Lewis & Bromley, 1987). Those former members who did not undergo exit counseling or deprogramming were less likely to report symptoms than those who had voluntary exit counseling, whereas those who had voluntary exit counseling were less likely to report symptoms than those who were deprogrammed. One problem with this study is that Pearson correlations were calculated between method of exit variable and presence of symptoms. However, in this case, a Pearson correlation is an inappropriate statistic because the method of exit variable consisted of three categorical levels (no counseling, exit-counseling, and deprogramming; Bruning & Kintz, 1987).

Langone (unpublished report, 1992, from the questionnaire that gave rise to the GPA – Chambers et al., 1994) surveyed 308 former cultists from 101 different groups. The following symptoms were reported by

ıan 50% of the participants: anxiety/fear/worry (83%), anger toward the group leader (76%), low self-
ence (72%), flashbacks (71%), depression (67%), difficulty concentrating (67%),
depair/hopelessness/helplessness (61%), guilt (56%), floating (55%), and a feeling of living in an unreal world

The next set of studies utilized interviews and/or measures of questionable appropriateness for studying the psychopathology and adjustment of former group members. Once again, overall results indicate that some participants experience psychological problems after leaving a cult.

Swartling and Swartling (1992) evaluated 43 former members of the Word of Life group in Sweden with semistructured interviews developed by the researchers. Of these former members, 85% reported a deterioration in contact with family and friends after joining the group. When asked about symptoms that were present after leaving, but not before joining, 93% of the participants reported that they felt anxiety and guilt, 91% had difficulty handling emotions, 88% felt empty, 86% reported nightmares or other sleeping disorders, 75% had difficulty concentrating, 63% experienced psychosomatic symptoms and suicidal thoughts, and 60% felt a loss of identity. Also, 63% of the participants consulted a psychiatrist, as compared to 16% prior to joining a group, and 26% (postmembership), compared to 2% (prior to joining), received care in a psychiatric clinic or mental hospital. Hence, compared with their pregroup adjustment, former members report a deterioration in their mental status after their group experience.

Wright (1991) administered semistructured interviews he developed to 45 voluntary defectors from the Unification Church, Hare Krishnas, and Children of God/Family of God groups. Numbers of participants studied in each of the groups was not specified. Some difficulties in adjustment during the first year after leaving were reported by 40% of the total sample; however, 89% of the former members reported that they had restabilized and reintegrated in society within 2 years of exiting the cult, primarily through their reliance on social support networks. Although former members may have some difficulty adjusting to society immediately after their cult experience, relatively few appear to experience long-term negative sequelae. Once again, use of semistructured interviews, allowing for considerable interviewer latitude, implies that these results may be biased by experimenter effects and must be interpreted with caution.

Galanter (1983) examined 66 former members of the Unification Church who had left an average of 3.8 years earlier. In terms of mental health, the former members scored significantly higher than samples of active members (n = 237) and workshop recruits (n = 9) on the General Well Being Scale (discussed in Galanter et al., 1979). Although there were no significant differences between the former members and a nonmember control group (n = 551), it is noteworthy that 36% of the participants reported that "serious emotional problems" had emerged after leaving the group, 24% "sought out professional help for emotional problems," and 3% had been hospitalized for these problems. Additionally, former members scored lower on the Religiosity Scale, the Creed Scale, and the Social Cohesion subscale regarding affiliation toward current members. These results imply that, although former members do not exhibit greater psychopathology than nonmembers, ex-cultists do report emotional problems. However, the fact that former members, particularly those who were deprogrammed, may have negative feelings toward their group, may bias reporting in a negative direction.

The final set of studies shows significant improvements in methodology in comparison with those previously ...ed, insofar as they use well-standardized and validated measures, and hence, will be described in ...hat greater detail than the studies previously reviewed. Martin et al. (1992) assessed psychopathology in 124 former cult members. Of these members, 13 were members of FOCUS, a support organization for ex-

voluntary basis and usually stay for 10 to 14 days. This facility is designed for individuals who have already left their groups and, therefore, provides neither exit counseling nor deprogramming.

Martin and his colleagues (1992) administered the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1983), Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974), and the Staff Burnout Scale (SBS-HP; Maslach & Jackson, 1979) to the Wellspring population. These measures were administered directly after the intake evaluation, which consisted of two semistructured interviews. The first interview secured demographic information, including information on participants' group membership, and the second interview assessed current and past symptomatology, physical health, and mental status. The MCMI (Millon, 1983) was administered to the FOCUS members. There were no significant differences between the FOCUS members and the Wellspring participants on the MCMI.

Since the sample from FOCUS was so small, and there were no differences between FOCUS members and the Wellspring participants, the remaining results pertain solely to the Wellspring population. A score of 75 on any MCMI scale is regarded as clinically significant. The following MCMI scales had the highest means: Anxiety (76), Dysthymia (72), and Dependent (Submissive) (72). Additionally, 106 of the 111 participants' (95%) scores achieved clinical significance on at least one MCMI scale. Of those who also completed the HSCL (n = 42), the mean was 102, where scores of 100 or greater are indicative of the need for psychiatric care. The mean score on the SBS-HP (n = 46) was 72 where scores greater than 70 indicates burnout and acute stress. Finally, the mean score on the BDI was 14 (n = 98) where scores of 10 or more are considered to be outside the normal range, and scores of 17 or more suggest a depressive disorder.

Six months after treatment, the 111 Wellspring participants were mailed an MCMI to complete, and a 59.5% return rate was achieved. No significant differences in the pretreatment MCMI scores were found between those who did and did not complete the measure at posttreatment, although differences were found between the pretreatment and posttreatment MCMI scores. Scores on the Histrionic, Narcissistic, and Antisocial Scales increased, and scores on the Schizoid, Avoidant, Dependent, Negativistic Aggression, Schizotypal, Borderline, Anxiety, Somatoform, Hypomania, Dysthymia, Alcohol Abuse, Psychotic Thinking, and Psychotic Depression scales decreased. In the pretreatment sample (n = 66), 58.2, 52.2, and 47.8% had scores greater than 75 on the Dependent (Submissive), Anxiety, and Dysthymia subscales of the MCMI, respectively. However, at posttreatment, 28.4, 26.9, and 25.4% of participants had scores greater than 75 on the Dependent (Submissive), Anxiety, and Dysthymia subscales of the MCMI, respectively.

Overall, these results show that former cult members exhibit a variety of symptoms of psychopathology after they leave the cult and initiate treatment at Wellspring. Nonetheless, these former cult members report clinically significant improvements in their functioning 6 months after treatment.

Martin, Aronoff, Zelikovsky, Malinoski, and Lynn (1996) conducted a follow-up to the earlier Wellspring study. The researchers assessed a new group of former cult members at intake. The Wellspring participants attained the highest means on the Dependent (Submissive) (71.54), Self-Defeating (73.65), and Avoidant subscales of the MCMI. Additionally, 96 of the 110 members (87%) had at least one scale reach clinical significance (75). The mean HSCL score was 112.78, where scores of 100 or greater are indicative of

symptoms after leaving their groups.

It is important to note that this conclusion is not based on a single measure. This fact is important given that use of the MCMI in identifying psychopathology in a nonclinical group can be questioned insofar as the scale construction strategy involved a mixed psychiatric comparison group. Also, standard scores bases on optimal cutting scores make the MCMI a questionable choice in this case.

Even though former members report high levels of psychopathology, it is important to question why this apparent change occurs from the time of being in the cult to the time after leaving the group. There are several possible explanations: (a) Only after leaving the cultic environment do former members have the opportunity to realize and react fully to the stress that they have undergone (Conway & Siegelman, 1982; Conway et al., 1986; Galanter, 1983; Langone et al. (1994); Martin et al., 1992; Swartling & Swartling, 1992). (b) Persons who leave a group to which they had completely committed will inevitably experience difficulties in coping with the loss and readjustment (Galanter, 1983; Sirkin & Wynne, 1990). (c) Individuals who join cults tend to come from poor family environments (Ash, 1985; Deutsch & Miller, 1983; Nicholi, 1974; Schwartz & Kaslow, 1979; Stipes, 1985; West & Singer, 1980; Zerin, 1983). Their cult becomes a surrogate family and when they leave the cult and return to the poor family environment, they experience distress. (d) Current cult members may minimize their pathology (Ayella, 1990; Swartling & Swartling, 1992). (e) Former cult members do not truly experience psychopathology, but merely fake psychopathology. Because current and former members are often studied with self-report measures without subtle items and validity indices, it is difficult to ascertain whether or not they respond honestly (Ayella, 1990).

This last explanation has been alluded to in the literature in three different ways. First, it has been stated that former members often exhibit angry or hostile feelings (Conway et al., 1986; Langone et al. (1994); Singer, 1978, 1979; Spero, 1982), which are directed, in particular, at the group leaders (Langone et al., 1994). This suggests that certain members may be motivated to fake or exaggerate pathology on self-report measures in order to incriminate their leader or seek revenge on their groups.

Second, it has been postulated (Bromley, Shupe, & Ventimiglia, 1983; Coleman, 1984; Galanter, 1983; Lewis & Bromley, 1987; Schwartz, 1985; Solomon, 1983; Ungerleider & Wellisch, 1979) that former cult members who engage in exit counseling, deprogramming, or have any other contact with organizations designed to support former cult members will exhibit more difficulties and psychopathology. This suggests that these individuals or organizations imbue former members with demands to report higher levels of psychopathology.

Third, it has been asserted in the literature that the public holds a negative view of cults (Anthony & Robbins, 1992; Barker, 1995; Lewis & Bromley, 1987; Robbins & Anthony, 1980; Saliba, 1985; Shupe, Bromley, & Oliver, 1984). Although cult members may be shielded from these negative views while in the cult, after leaving they may encounter these perceptions and respond to societal demand characteristics by construing their experience as so negative that it resulted in a psychopathological condition.

In order to begin to address the issue of demand characteristics in the reports of former cult members, f and Lynn (1996) recently conducted a study of Wellspring participants in treatment (n = 45) who were compared with a group of college students (n = 58) who were asked to simulate or role-play a former

measures with no instructions to simulate was included in the design.

Results indicated that simulators reported higher levels of symptomatology than the former cult members on six of the eight MCMI-II (Millon, 1987) factors (i.e., alienation, acting out/self-indulgence, neurotic distress, addictive disorders, psychotic symptoms, and internal and emotional conflict/interpersonal ambivalence), a measure of psychological symptoms/distress (HSCL), depression (BDI), and dissociation (DES). In addition, former cult members in treatment obtained higher scores than the college students on three of the MCMI-II factors (alienation, neurotic distress, and low self esteem/submissiveness) as well as depression.

Overall, these results are not consonant with the hypothesis that former cult members' reports of psychopathology are simply exaggerated or faked in conformance with demand characteristics. This is evidenced by the former treatment-seeking cult members' "moderate" levels of psychopathology as indexed by a variety of measures, as well as by the fact that simulators exhibited more extreme scores than did the former cult members. Finally, the former members reported higher levels of distress than the college students in a number of specific areas. Future research should include comparison groups of individuals in treatment with no history of cultic involvements.

In conclusion, studies of former cult members indicate that a significant proportion of cult members experience adjustment or psychological difficulties after leaving a cult. However, the percentages of persons experiencing symptomatology in these studies vary greatly and ranges from 27 to 95%. At first glance, even the lower end of that range appears to be quite high. However, two things need to be considered in evaluating these findings. First, the base rates of psychopathology in the general population are appreciable. For instance, the lifetime prevalence rate of major depression is 17% in the general population (National Comorbidity Study; Kessler et al., 1994). The absence of control group of noncult members in the majority of studies reviewed above makes it difficult to interpret the available evidence pertinent to former cult members.

Second, even psychotherapy, which is specifically designed to improve mental health, has been shown to have negative effects for some clients (Crown and Lambert). Although these findings do not imply that the evidence for negative effects should be discounted, they do imply caution in interpreting the results of the studies of former cult members.

In addition to the problems inherent in not using well-standardized measures, another difficulty inherent in research with former cult members is that some of the researchers were members of cults themselves and may have been more sympathetic to those who reported negative experiences. Potential experimenter biases and their effects could be systematically explored in future interview research that examines whether a history of interviewer cultic involvement biases research outcomes.

One of the key questions facing researchers is to what extent are individuals who are studied after leaving a cult representative of cult members? This issue is important in that random or representative sampling is almost never achieved. In the studies reviewed, it was often unspecified whether members were receiving treatment. However, due to the fact that it is very difficult to gather data on this population, it is highly

le that a large majority of studies of former cult members involved members who were receiving treatment. Because cult members in treatment may not be a representative sample of former cult members,

of former members would benefit from aggressive recruiting of former cult members who have no history of psychological treatment. It would be of interest to compare the psychological profile of such former participants with the profile of former members who (a) are currently receiving psychological services and (b) have a history of treatment seeking but are not currently in treatment.

Another reason why research on former cult members might be biased is that participants who return time-demanding questionnaires may be particularly likely to voice negative comments about the group they left. Relatedly, as noted in our earlier discussion, tendencies to exaggerate or minimize pathology, which may be present in varying degrees and consciously articulated or not in former members, present additional sources of potential bias. These qualifications aside, research does indicate that former cult members' psychological adjustment is compromised following their cultic involvement.

Future research on current or former cult members should incorporate samples from noncultic comparison groups in order to more clearly define the psychological correlates of cult involvement. Examples of comparison groups may include people who left convents, seminaries, the Marines, fraternities, sororities, communes, mainstream religions, political organization, the Peace Corps, and so forth. By evaluating former members on instruments like the GPAS, it is possible to compare groups on diverse dimensions of "cultic" and noncultic activity.

Furthermore, researchers should use reliable, standardized instruments with norms (preferably with validity indices) to ensure better interpretability of data. Standardized structured clinical interviews (such as the Structured Clinical Interview for Diagnosis; Williams et al., 1992) would provide more accurate diagnoses than pencil-and-paper tests. Finally, researchers should secure samples of members from particular groups, rather than heterogeneous samples of members from many groups.

Summary and Conclusions

Available evidence indicates that although a greater number of cult members report a previous history of psychopathology than the normal population, a majority of persons entering a cult do not report any previous psychopathology (Martin et al., 1992; Spero, 1982). Unfortunately, these findings are not definitive, in that studies of precult adjustment are marred by the lack of comparison groups (Martin et al., 1992; Spero, 1982) and the reliance on retrospective reporting of pre-cult adjustment.

With respect to current members of cults, some studies have shown that current members exhibit decreases in their drug use (Galanter & Buckley, 1978; Galanter et al., 1980) as well as decreased or lower levels of symptomatology as compared to a normative group of nonmembers (Galanter & Buckley, 1978; Galanter et al., 1979). Other studies indicate that current members report increased self-esteem (Latkin, 1990) and greater social poise (Sunberg et al., 1990) associated with group membership. Finally, several studies (Galanter, 1980; Levine & Salter, 1976; Weiss & Comrey, 1987) showed mixed results regarding pathology in current members, and one study (Spero, 1984) documented perceptual and cognitive deficits in current cult members. Most of these studies, however, find that current cult members appear to be psychologically well-adjusted with few conspicuous symptoms of psychopathology. These findings need to be interpreted with , given conformity pressures on current cult members as well as the numerous methodological shortcomings noted above, including the lack of standardized measures, the failure to use comparison

(1994); Martin et al., 1992, 1996; Swartling & Swartling, 1992) of former cult members indicate that members report clinically significant psychological symptoms. However, a few studies (Lewis & Bromley, 1987; Wright, 1991) report only minimal levels of pathology in former cultists, and only one study (Aronoff & Lynn, 1996) with adequate controls has been conducted that indicates that former cult members report greater psychopathology than a matched comparison sample.

Definitional issues plague this research area, as we noted at the outset. We believe it is incumbent on researchers to operationally define properties of the groups they study and to carefully index the psychological sequelae of group participation in order to further our understanding of the relation between properties of purportedly cultic environments and the presence or absence of psychological symptoms in current and former members. By a more careful specification of the properties of groups that can harm individuals in various ways, it may be possible to at some point to abandon the term cult in favor of richer, empirically derived, and valid descriptive terms for different types of groups. Avoiding the term cult, which is rife with emotional and surplus connotations, would insure that it were not used in an overinclusive manner, potentially branding certain groups with a negative, undeserved label.

The methodological problems we have alluded to limit the conclusions we can make about the destructive influence of cults on participants. However, despite limited evidence that members appear relatively well-adjusted while they are members of the cult, we were unable to locate any research that supports the contention that cultic involvement promotes the adjustment of individuals after they leave the cult. In fact, the majority of the studies reported that a significant proportion of former cult members experienced clinically significant psychological symptoms and/or adjustment problems after they left the cult. Exactly what such degraded postcult adjustment can be attributed to remains to be determined. However, acquiring such information is a priority insofar as it would clarify factors associated with membership in cults and the transition to noncultic environments, as well as provide service providers with valuable insights germane to the treatment of former cult members.

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