



Cult membership: What factors contribute to joining or leaving?



M. Rousselet^{a,b,*}, O. Duretete^c, J.B. Hardouin^b, M. Grall-Bronnec^{a,b}

^a Clinical Investigation Unit BALANCED “BehaviorAL AddictionNs and ComplEx mood Disorders”, Addictology and Psychiatry Department, Nantes University Hospital, Hôpital Saint-Jacques, 85 rue Saint-Jacques, France

^b INSERM U1246 SPHERE “methodS in Patient-centered outcomes and HHealth ResEarch”, Nantes University, Institute of Health Research IRS, 22 boulevard Bénéoni Goullin, 44 200 Nantes, France

^c Child and Adolescent Psychiatry Department, Saint Nazaire Hospital, 11 bd Georges Charpak BP 414, 44606 Saint-Nazaire Cedex, France

A B S T R A C T

We assumed that, as in the case of addiction disorders, former cult members exhibit vulnerability and protective factors for cult commitment and membership. Thus, the aim of our study was to identify vulnerability factors that are involved in the commitment and in the retention in the group, as well as protective factors that are involved in the departure. We interviewed 31 former cult members, using semi-structured interviews to evaluate their clinical profile, characteristics of the cultic group and their experience in the group. Cult membership and addictive disorders share some characteristics: persistence despite damage, initial psychological relief, occupation of an exclusive place in the thoughts of members, high psychiatric comorbidity prevalence, high accessibility, leading to social precariousness and the importance of familial support when leaving. Three main axes of improvement were highlighted: regulations concerning cults in order to limit their social presence, which appears to be a vulnerability factor for commitment; social and therapeutic follow-up when a member leaves a group so that social precariousness does not become an obstacle to departure; and familial support to maintain a link with the member, as the intervention of a person from outside of the group is an important protective factor for leaving.

1. Introduction

The issue of cults leads one to question the relationship between an individual and a group or a cult leader. The definition of a cult itself raises some issues. In France, there is no legal definition for cults. The Inter-Ministerial Mission for Vigilance and Combating sectarian Aberration (MIVILUDES), which is responsible for the monitoring and analysis of cult phenomena in France, prefers the use of criteria, rather than a single definition, to characterize groups (MIVILUDES, 2015). Some common elements emerge from these criteria and the definitions proposed by some authors in the literature (Chambers et al., 1994; Rodriguez-Carballeira et al., 2015). Thus, cults can be seen as an organized group or a solitary person whose purpose is to dominate cult members by using psychological manipulation and pressure strategies. Theories regarding cult commitment have evolved and developed over the past few decades (Abgrall, 1996), from those of influential stakes or psychological manipulation (Ungerleider and Wellisch, 1979) to those of addictive disorders. The latter theory was introduced by many researchers (Abgrall, 1996; Booth and Bradshaw, 1999; Roy, 1998) and

has the advantage of viewing the cult member as more than a victim, contrary to the theory of psychological manipulation.

The first step in cult commitment, the narcissistic seduction, was described by Fournier and Monroy in 1999 (Fournier and Monroy, 1999). This process has many elements: the vulnerability of the subject, group effects, the use of emotions, detachment from outside influences, progress in doctrinal teaching, promotions and the assignment of responsibilities. This process takes a long time because a total and instant commitment has a poor chance of persisting if not followed by in-depth and multidimensional work with the goal of self-reinforcement (Miviludes, 2006). The feeling of emptiness outside of the sectarian practice creates the cycle but is also its consequence (Duretete et al., 2008). Thus, the ability to balance one's life becomes impossible and members lose their ability to choose. Moreover, active involvement in the cultic group could lead to affective dependence on the cult leader or on the group, which explains why people stay despite threats to their physical and psychological integrity (Garand, 2013). The protective factors that enable a member to leave the group always seem surprising and are seldom predictable given the magnitude of the hold and the constraints of the cult.

* Correspondence to: Addiction and Psychiatry Department, Nantes University Hospital, Pavillon Louis Philippe, Hôpital Saint Jacques, 85, rue Saint Jacques, 44093 Nantes cedex 1, France.

E-mail addresses: morgane.rousselet@chu-nantes.fr (M. Rousselet), o.duretete@ch-saintnazaire.fr (O. Duretete), jean-benoit.hardouin@univ-nantes.fr (J.B. Hardouin), marie.bronnec@chu-nantes.fr (M. Grall-Bronnec).

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Taking into account the common characteristics between cult membership and addictive disorders — persistence despite negative consequences (Fournier, 2009), common neurophysiological mechanisms (Abgrall, 1996; Roy, 1998) and the scientific literature — we hypothesized that the etiopathogenic model used to explain addictive disorders might also be applicable to cult commitment. Therefore, the model of cult membership would be multifactorial, involving vulnerability and protective factors. These factors could be individual, environmental and/or linked to the characteristics of the addiction object, that is, the cultic group. As for addictive disorders, we suppose that vulnerability factors could be involved during the initiation and the maintenance of cult commitment, and that protective factors could help to stop cult involvement.

The aim of this study was to identify the vulnerability and protective factors for cult membership. Through an analysis of the cult experiences of 31 former cult members, we assessed factors involved in cult adhesion, retention and departure.

2. Methods

2.1. Participants

When members are still committed to their cultic group, it is not possible to reach them. Even after they have left the group, it is difficult to reach them because they remain suspicious (Coates, 2010). Thus, to recruit participants we collaborated with associations for cult victims that are trusted by former cult members. In France, the National Union for the Defence of Families and Individuals who are cult victims (UNADFI) is a non-profit association that welcomes former cult members. It aims to (i) prevent actions by sectarian groups, (ii) follow and defend families and individuals affected by these groups, (iii) study doctrines and practices of sectarian movements and (iv) provide information and documentation to the general public. To do so, the UNADFI activates and coordinates a national network of centers for the Defence of Families and Individuals who are cult victims (ADFI) distributed throughout the French territory.

Collaboration with these organizations is recommended as it is difficult to identify former cult members who are not involved with such networks (Coates, 2010). As a first step, the ADFI selected former cult members who matched the inclusion criteria. To be included, participants had to be of consenting age and to have been in a cultic group. They must have joined the group on their own initiative, meaning that they must not have been born into the group or have joined it when they were under 16 years of age. The ADFI has experience of identifying cultic groups using the list of groups outlined in the parliamentary report of 1996, which included 172 cultic groups in France (Gest and Guyard, 1996). Additionally, members who had difficulty reading or writing in French or who had impaired cognitive functions were excluded. As a second step, investigators specifically trained to conduct questionnaires contacted the selected former cult members to explain the study and to offer a meeting to collect data. If a former cult member agreed to participate, the investigator travelled to the nearest ADFI branch to perform a semi-structured interview. Depending on the ex-member's preferences, it was also possible to conduct the interview in the hospital of the investigator.

2.2. Ethics

Before data collection, the former cult members received clear information and signed consent forms. Both local Health Ethics and the Consulting Committee for Data Processing concerning Research in the Health field approved this study.

2.3. Measures

All data were collected during a single meeting. Each participant

completed a self-report questionnaire and was assessed by an investigator through a semi-structured interview. To the best of our knowledge, there was no tool available to examine the subjective experiences of former cult members. Therefore, part of the interview was designed specifically for this study, based on the methodological and clinical experiences of a panel of experts, including psychiatrists, methodologists, sociologists and experts in the field of cults.

2.3.1. Sociodemographic characteristics

Demographic information including age, sex, familial circumstances, professional circumstances and educational level was collected.

2.3.2. Member's clinical profile

2.3.2.1. Mini International Neuropsychiatric Interview (MINI). The MINI is a validated structured interview that allows for the standardized exploration of the primary psychiatric diagnoses defined according to the Diagnostic and Statistical Manual of Mental Disorders (DSM) axis I (Lecrubier et al., 1997): mood disorders, anxiety disorders, substance use disorders (alcohol, illicit substances and drugs), and eating disorders (anorexia nervosa and bulimia nervosa). In this study, we examined three life-periods: the year preceding the commitment, the membership period, and the year following departure from the group.

2.3.2.2. Temperament and Character Inventory – 125 (TCI -125). The shorter, 125-item version of the Temperament and Character Inventory (TCI) is a validated self-report questionnaire. It is used to briefly evaluate 4 temperament traits (novelty seeking, harm avoidance, reward dependence, and persistence) and 3 character traits (self-directedness, self-cooperation, and self-transcendence) (Cloninger et al., 1993).

2.3.3. Characteristics of the cultic group and the experience of the member in the group

This section of the interview was designed to evaluate, in a standardized and retrospective manner, the experiences of the former cult members. Because of the exploratory nature of this study, we used both open- and closed-ended questions in order to focus on the personal experiences of the former members rather than on their thoughts about cults in general or about the experiences of others in the group. This type of assessment is recommended for the assessment of individual experience (Groenewald, 2004). The interview began with a broad question regarding life events that facilitated the commitment to the cult. This question was followed by a closed-ended question to frame and focus the interview. Transcripts of the open-ended questions were analyzed by the two authors who collected the data. The analysis was completed independently and a consensus was necessary for classification. The interview was performed chronologically from the year preceding the commitment to the effective departure from the group.

Data collected regarding the characteristics of the cultic group included the size of the group, its organization, its creed (Commission d'enquête parlementaire, 1995), the frequency of meetings with the cult leader, the abilities of the cult leader (including supernatural or magical abilities or power in the form of knowledge), and the incurred risk in the case of opposition. Additionally, it included the presence of cultic group description criteria (Gest and Guyard, 1996): group elitism, exorbitant financial demands, severing of ties with the member's original social environment, attacks on physical and/or psychological integrity, indoctrination of children, antisocial discourse, breaches of public order, legal problems, bypassing of traditional economic networks and infiltration of the authorities, alternative lifestyle, cult of personality of the leader, and the initial seduction of members.

Data collected regarding the experience of a member in the group included age at the time of the commitment, the time between first contact and commitment, the life events in the year preceding

commitment that facilitated it, the length of cult membership, the investment in the group, the impact of cult membership, the life events that were an obstacle to departure and the life events that aided in departure, the time interval between the first desire to leave and actual departure, and the method of departure (personal initiative, group dissolution, or outside intervention).

2.4. Statistical analyses

2.4.1. Description of the sample

Continuous variables were described using means, standard deviations and ranges. Qualitative variables were described using percentages.

2.4.2. Univariate comparison based on the length of cult membership

Two groups were defined, based on the length of their membership, to highlight factors involved in cult retention and departure. The median time of membership (78 months) was used as a cut-off to define the groups. This cut-off allowed for a statistical analysis that included a sufficient number of members in each group. The first group included members whose membership was less than 78 months and the second group included members whose membership was greater than or equal to 78 months. Non-parametric analyses were performed. Continuous variables were compared using the Mann-Whitney test and the qualitative variables were compared using the Chi-squared test.

3. Results

3.1. Description of former cult members

Thirty-one former cult members were included in the study. Most were women (74.2%) and had more than 12 years of education (61.3%). At the time of the interview, most were employed (74.2%) and lived as part of a couple (58.1%). Nearly half of the sample displayed an anxiety disorder during the year preceding the commitment (51.6%). From commitment to 12 months after departure, the prevalence of anxiety disorders increased progressively (58.1% during the membership period and 61.3% during the year following departure). Six former cult members reported having post-traumatic stress disorder during cult membership. The prevalence of mood disorders tended to decrease between the year preceding the commitment (45.2%) and the membership period (35.5%) but to increase during the year following departure (54.8%). The prevalence of substance use disorders and eating disorders decreased from 12.9% in the year preceding commitment to 9.7% during cult membership and to 6.4% in the year after the member had left the group.

3.2. Description of the cultic groups

We noticed that the groups were heterogeneous regarding their size and the frequency with which the participants met the cult leader (Table 1). Organization of the cultic groups was primarily pyramidal and several creeds were often associated with the same group. With the exception of the indoctrination of children, infiltration of the authorities and the bypassing of traditional economic networks, other cultic group criteria (Gest and Guyard, 1996) were present in more than 80% of the groups.

3.3. Experiences of the former cult members in the cultic group

The mean age of former members at the time of commitment was 31 (SD 1.2) (Table 2). The average length of cult membership was almost 9 years and the time since departure was an average of 9.8 years (SD 7.8). The time between first contact and commitment and between the first desire to leave and departure were similar (22 and 16 months, respectively). Events that facilitated commitment were often a need for

Table 1
Characteristics of the cultic group.

Variables	% or m (sd)
Size of the group	
< 15 individuals	32.3%
15 < N < 100	25.8%
100 < N < 1000	12.9%
N > 1000	16.1%
Organization	
Pyramidal/Star-shaped	77.4%/22.6%
Communal life	48.4%
Creeds	
Several associated creeds	61.3%
Evangelical	41.9%
Spiritual healing	32.3%
Pseudo-psychoanalytical	22.6%
Orientalist	19.4%
Alternative	19.4%
Apocalyptic	6.5%
New Age	6.5%
Syncretic	6.5%
Occultism	3.2%
Frequency of meetings with the cult leader	
Every day or almost every day	22.6%
Several times a week	19.4%
Several times a month	16.1%
Never or almost never	41.9%
Abilities of the cult leader	
Supernatural, paranormal or magical abilities	51.6%
Powers in the form of knowledge	54.8%
Risks in the case of opposition	
Humiliation	54.8%
Temporary exclusion from the group	45.2%
Punishment	38.7%
Oral and/or physical violence	32.3%
Loss of privileges	22.6%
Strengthened monitoring	9.7%
Cultic group description criteria	
Group elitism	96.8%
Attacks on physical and/or psychological integrity	93.5%
Exorbitant financial demands	90.3%
Cult of personality of the leader	90.3%
Legal problems	87.1%
Severing of ties with the original social environment	80.6%
Antisocial discourse	80.6%
Alternative lifestyle	80.6%
Bypassing of traditional economic networks	67.7%
Indoctrination of children	61.3%
Infiltration of the authorities	58.1%

N = number of ex-members. % = percentage. m = mean. sd = standard deviation.

personal development, life dissatisfaction or being on a spiritual quest. Social and familial life were the most frequently damaged elements, as reported by the former cult members. More than 80% left the group on personal initiative. They reported that the most frequent obstacle to departure was a romantic relationship or having family members in the cultic group and difficulty in questioning the creeds of the group. The most frequent events that aided in departure were a lack of faith in the creeds of the group and social interventions.

3.4. Univariate comparison based on the length of cult membership

Former cult members who remained members for the longest were those belonging to groups that had a higher risk of humiliation due to expressing opposition to the group or leader and that had more social precariousness (Table 3).

4. Discussion

4.1. Vulnerability factors for cult commitment and membership

When we interviewed former cult members regarding the factors

Table 2
Experience of the member in the group.

Variables	% or m (sd)	Ranges
Age at the time of commitment	31.0 (1.2)	16.0–56.0
Time between first contact and commitment (months)	22.3 (36.0)	0.0–144
Length of cult membership (months)	107 (96.8)	3.0–348
Period of the most significant investment in the group (months)	68.0 (75.6)	2.0–264
Time between first desire to leave and departure (months)	16.4 (28.7)	0.0–108
Life events that facilitated the commitment		
Need for personal development, life dissatisfaction	67.7%	
Being on a spiritual/ religious quest	38.7%	
Depressive symptoms	32.3%	
Social presence of the group	32.3%	
Significant and frequent conflicts with the family	22.6%	
Family members in the cultic group	19.4%	
Impact of cult membership		
Significant reduction of social life	58.1%	
Isolation with family or/ and marital partner	45.2%	
Significant financial expenses	45.2%	
Studies/training/job cessation	38.7%	
Marital or family separation	35.5%	
Identity change experience	19.4%	
Life events that were an obstacle to departure		
Romantic relationship in the cultic group or/and family members in the cultic group	41.9%	
Inability, difficulty in questioning the creeds of the group	41.9%	
Feeling of dependence towards the cult leader and/or the group	29.0%	
Regressive and reassuring experience in the group	22.6%	
Affinities between cult members of the group	22.6%	
Feeling of guilt	16.1%	
Social precariousness	12.9%	
Life events that aided in departure		
Lack or loss of faith in the creeds of the group	64.5%	
Social intervention	58.1%	
Imperfection, contradictions of the leader	35.5%	
Family intervention	32.3%	
Experience of psychological abuse	32.3%	
Conflicts with the hierarchy of the group	25.8%	
Loss of a hierarchic place in the group	22.6%	
Method of departure		
Personal initiative	80.6%	
Group dissolution / cult leader's activities cessation	6.5%	
Exclusion	6.5%	
Outside intervention (kidnapping)	3.2%	

% = percentage. m = mean. sd = standard deviation.

that had encouraged them to join the cultic group, they mainly reported spirituality, personal development, and life dissatisfaction. Although our study was performed decades after those conducted by Levine and Salter (Levine and Salter, 1976), our results were similar, which suggests that comparable mechanisms of commitment exist 40 years later. Members presented with social and affective vulnerability, which could

be a motivation for joining cultic groups (Buxant and Saroglou, 2008; Elleven et al., 2004). Additionally, cultic groups were present in the member's environment before his or her commitment, be it in the neighborhood, at work or through social associations (32.2% reported a social presence of the group), or in their family (19.4% reported having family members in the group). According to Bandura's social learning theory (Bandura, 1986), we can assume that having a family member in a cult could have provided influential models for the former cult members and that they imitated the behavior that they had observed during their childhood. As other authors (Buxant et al., 2007; Galanter, 1982; Spero, 1982) have reported, we highlighted a high prevalence of psychiatric and addictive disorders during the year preceding commitment to the group: anxiety disorders (51.6%), mood disorders (45.2%) and addictions (12.9%).

When we interviewed former cult members regarding the factors that had influenced them to stay in the cultic group, the most frequently cited factors were those that were linked to the group (an inability to question the creeds of the group, regressive and reassuring feelings resulting from being part of the group), and a relationship with other cult members or with the cult leader (family members in the cult, romantic relationships in the cult, a feeling of dependence on the group or the cult leader, or affinities between cult members). Burke and Permanente asserted that immersion in the dysfunctional and manipulative culture of the cult may lead to the development of a temporary dependent personality disorder (Burke and Permanente, 2006). The emotions of the members are intense and fluctuate between the positive reinforcement gained from being a cult member, anxiety from the possibility of being disqualified from membership, and rejection or even abuse resulting from the constraints imposed by the cult. Additionally, the guilt reported by many members was a result of the indoctrination of other people by the sectarian, often members of his or her family. Moreover, many members mentioned their social precariousness outside of the group, which did not enable them to consider departing. Furthermore, during cult membership, many abandoned their studies or quit their jobs and distanced themselves from their close relatives. Given these conditions, without the support of family or friends, some former cult members felt helpless and found it difficult to resume life from where they had left off. To analyze vulnerability factors, we studied the former cult members by dividing them into subgroups based on the length of their cult membership. We found no significant link between the length of cult membership and the individual characteristics of the members. We had thought that the characteristics of the groups might influence membership length (size, frequency of meetings with the cult leader, and the creeds of the cult), but we have not found any significant association except for when there is a risk of humiliation when opposing the hierarchy. However, one result was significant: members who had quit their studies, professional training or job during their membership tended to stay in the group longer. This could suggest that group-induced social precariousness is a vulnerability factor for remaining in the group.

Table 3
Univariate comparison based on the length of cult membership.

Variables	Membership < to 78 months % or m (sd)	Membership > or equal to 78 months % or m (sd)	p
Variables linked to the group			
Risks of humiliation due to expressing opposition to the group or the leader	33.3%	75.0%	< 0.05
Variables linked to the experience of the member in the group			
Length of cult membership (months)	30.5 (24.0)	179.6 (89.3)	< 0.001
Isolation with family or/and marital partner	66.7%	25.0%	< 0.05
Studies/training/job cessation	13.3%	62.5%	< 0.01
Events that aided in departure			
Events linked to the psychological state among the events having contributed to the departure	37.4 (30.2)	47.2 (17.5)	< 0.05

% = percentage. m = mean. sd = standard deviation.

4.2. Protective factors for cult membership

When we interviewed former cult members regarding the factors that had encouraged them to leave the group, they reported factors linked to the cultic group (lack or loss of faith in the creeds of the cult) and to the relationships with other members or to the cult leader (the imperfection/contradictions of the cult leader, conflict in the hierarchy of the group, and loss of a hierarchic place in the group). Reasons for leaving were comparable to those found in previous studies: acknowledgment of contradictions between group doctrine and events, personal conflict with the doctrine, and disillusionment (Almendros et al., 2007; Buxant and Saroglou, 2008). However, our study also delineated outside factors that aided the member in leaving the group (social or family interventions). The probability of departure is greater when one's family keeps in touch with the member in the context of mutual understanding, while avoiding criticism (UNADFI, 2009). This result encourages us to support families who are worried about the commitment of a relative.

4.3. Similarities to addictive disorders

Most former cult members stayed in the cult for a long time and found it difficult to leave the group. The average length of membership was almost 9 years. However, the repercussions of membership were important and affected several areas of their life, be it on a social, family, marital, professional or financial level. No part of their life was spared. This inability to change, despite damage and risk, is a close fit to Goodman's addictive disorders criteria (Goodman, 1990). Other features in common with addictive disorders (American Psychiatric Association, 2013) are that all activities of the members are devoted to the cult and that a lot of time is spent in the service of the cult, resulting in social impairment. A previous study found that, during membership, the cultic group held an important and even an exclusive place in the life of the member (Buxant and Saroglou, 2008). Additionally, we found that factors for staying in the group are primarily internal to the group, indicating how central the cult is to the members' life.

Moreover, some individual vulnerability factors associated with addictive disorders have been reported in the case of cult membership:

- A previous study found that cult members felt attachment insecurity before joining the cult (Buxant et al., 2007). Moreover, an insecure attachment is usually associated with addictive disorders (Caspers et al., 2005; Reynaud, 2016; Wedekind et al., 2013).
- Similarly to addictive disorders (American Psychiatric Association, 2013), our study found a high prevalence of psychiatric comorbidity in members during the year prior to joining the group (anxiety disorders 51.6% and mood disorders 45.2%).
- The majority of members reported feeling psychological relief at the beginning of membership (Galanter, 1996; Salande and Perkins, 2011). This psychological improvement is termed a “honeymoon” in the literature (Galanter and Buckley, 1978; Levine, 1981; Wilson, 1972). For some individuals, addictive disorders serve as a coping strategy to reduce psychological distress (American Society of Addiction Medicine, 2013; Reynaud, 2016; Sinha, 2008). In our sample, we observed a decrease in depressive disorders and addictive disorders during cult membership. We can hypothesize that for some members, the commitment to and involvement with the group managed to relieve psychological suffering and that the context of the cultic group contributed to the lessening of addictive disorders. Another hypothesis for the improvement in addictive disorders is that members who have addictive disorders before joining the cult replace those disorders with cult commitment. This hypothesis is consistent with the phenomenon of addiction “switch” observed in addictive disorders (DuPont, 2017; Haute Autorité de Santé, 2007).
- Finally, the social precariousness of members acts as an important barrier to leaving the cult. Previous studies showed that former

members experienced social difficulties after leaving the group (Aronoff et al., 2000; Coates, 2010). According to the DSM-5 (American Psychiatric Association, 2013), social impairment is also a pathological pattern of behavior related to the use of substances.

Addictive disorders and cult membership also share common environmental vulnerability factors:

- Our study found that, for almost a third of the cult members, cultic groups were present in the environment of the member before commitment. The difficulties public authorities encounter when making laws about cultic groups (Leger, 2014) can help to explain this strong social presence. Similarly to the initiation of addictive disorders involving drugs (Karila and Reynaud, 2016), a wider availability could be a vulnerability factor.
- Some former cult members had family members already involved in the cultic group, suggesting that a mechanism of social learning is a vulnerability factor for commitment. Some cult members also recruited their family into the group. Social learning is also a vulnerability factor involved in the initiation and continuation of addictive disorders (Benyamina, 2014).
- As with addictive disorders (Abasi and Mohammadkhani, 2016; Inserm, 2014; Repetti et al., 2002), a problematic familial relationship that exists before joining the cultic group could be a vulnerability factor for commitment (Buxant et al., 2007). Almost 23% of members had notable conflicts with their family during the year preceding the commitment.

We also found the importance of the support of family and friends as an environmental protective factor for cult membership. Thus, the family network could be both a vulnerability and a protective factor. If family members belong to the cultic group, they can promote cult commitment through social learning. If not, then they can promote leaving the cultic group and aid in the reinsertion of the former cult member into society. Additionally, the role of the family during the treatment of addictive disorders has been highlighted, and guidelines recommend strengthening parental skills (Inserm, 2014). Treatment programs involving family or concerned significant others that had an emotional impact resulted in better outcomes (Angel and Angel, 2002; Inserm, 2014; Jimenez-Murcia et al., 2016).

4.4. Strengths and limits of the study

We would like to highlight that conducting a study in the field of cultic groups was a challenge with regard to the choice of methodology and the recruitment process. Longitudinal studies are considered the preferred method to identify vulnerability and protective factors. Unfortunately, it was not possible to use this type of study in the case of cult members, and we were not able to evaluate them while they were committed to their groups (Walsh et al., 1995). Thus, we conducted a retrospective study that might result in memorization (Walsh et al., 1995) and reinterpretation biases (Buxant et al., 2007). It has already been shown that the reported symptoms of the cult member varied depending on the amount of time spent in the group, the age of the member when he or she left the group and the context in which he or she left (Poulin, 2010). Our former cult members were recruited for the study through associations for cult victims. Therefore, this population has already had the chance to participate in interviews several times. It is possible that these former cult members have rationalized their experience to give it more meaning or to give themselves a more positive self-image (Buxant and Saroglou, 2008). Importantly, a previous study found no difference in the reasons given for leaving a cultic group between former members who received support from cult-awareness associations and those who did not (Almendros et al., 2007). As with other studies of cultic groups, a limitation is that it is impossible to determine the representativeness of the sample (Almendros et al.,

2012). We encountered the same challenge when assessing a specific group of members: those who had the initiative to leave or those who were expelled. Over 80% of the former cult members interviewed had left the group of their own accord, which was a higher prevalence than that found in the literature concerning this population (Martin et al., 1992). Nevertheless, in spite of the obstacles to recruitment, we have been able to interview more than 30 former cult members from all over the country. The sample size limited our univariate comparison and did not allow for multivariate analyses. However, it is rare for a cultic study to have a sample size as large and such in-depth interviews. Moreover, our study had the advantage of not focusing on a single cultic group and of using structured valid evaluation tools, which are frequently used in psychiatry. Importantly, we developed an interview that combined both open-ended questions (to explore the personal experiences of former members) and valid structured questions (to assess the clinical profile of members). The lack of a valid and structured tool for the evaluation of psychiatric disorders has been noted in previous studies (Aronoff et al., 2000; Chasse and Maes, 2001) and other authors argued that combining different methods (interview and questionnaire) enhances the strength of the conclusions (Buxant and Saroglou, 2008).

5. Perspectives

Although our study was preliminary, it introduces new elements of vulnerability and protective factors for cult membership: (i) the strong presence of cultic groups in the entourage of future members before they joined the group was a vulnerability factor for commitment. Thus, it is important to improve the law to better define cultic groups and to help former cult members take legal action; (ii) the social precariousness of members as a result of their membership acted as a vulnerability factor for remaining in the group. Therefore, the development of psychosocial reintegration programs must be encouraged; (iii) the intervention of an outsider (family or friends) was a protective factor for leaving the group. Indeed, the intervention by others with an emotional impact on the former cult member could restart the self-empowerment process. Therefore, it is important to reassure families regarding their role in the departure of members, to follow-up with them, and to encourage them to remain in contact with cult members. These elements will help prevent commitment to a cultic group, reduce the length of membership and limit the damage caused by membership. Further studies with larger sample sizes are also needed.

Authors disclosures

None of the authors have anything to disclose.

Conflict of interest

The authors declare no conflicts of interest associated with this research study.

Authors' contribution

All authors contributed substantially and meaningfully to this study and the final manuscript. MR, OD and MGB designed the study and wrote the protocol. MR and OD led the recruitment and the data collection phase. JBH conducted statistical analysis. MR wrote the first draft of the manuscript and all authors have approved the final manuscript.

Ethics

This study was approved by the local Research Ethics Committee and all subjects provided written informed consent in accordance with the Helsinki declaration.

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