Cults Viewed from a Socio-Addictive Perspective

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Introduction

Since it was founded in 1977, AIS, a pioneer organization in Spain that provides information and advice on cults, has focused its therapeutic activity on the disturbances provoked by cultism.

One of our main therapeutic priorities has been oriented towards providing assistance in cases related to cult groups, although we also treat cases related to unethical situations of intense interpersonal influences in "groups of two" (situations of one-way personal manipulation without the existence of a group).

Among situations of one-way personal manipulation, the demands for help related to emotional abuse within a couple or within a therapeutic relationship, and manipulation through Internet forums stand out. Two peculiarities of these types of cases are that they allow us to better appreciate the dynamics of how influence affects a person, and that a certain component of pathological dependency can be isolated in all of them (i.e. abuser dependency, therapist dependency and other affective pathological dependencies).

At the same time, these types of cases have slowly opened up the therapeutic field to other demands for help, above all, compulsive behavior related to sexuality and to the Internet, where the manipulation factor is either not present or is present in a smaller measure, but where it is possible to appreciate the same types of symptoms as those witnessed in situations regarding cults.

Part of these cases appear as an evolution of a cultic problem (i.e. compulsive sexual behavior in people who leave religious cults), while in other cases the compulsive behavior aforementioned seems to constitute the primary problem without any existence of a manipulating source.

The progressive appearance of such clinical situations, seemingly different from cultism, has led the AIS's therapeutic staff to a re-evaluate the assistance it offers, in such a way that the field of work has widened to include services and professionals that attend to addictive situations without drugs that seem to hold certain symptomatic similarities with the complications of cultism.

The current increase of these disorders in our society, the identification of a common nexus in the majority of these addictions, the limited availability of specialized therapeutic resources, and the petitions for help directed at our institution, all justify extending our field of action to a wider range of addictions without drugs.

Cultic Diagnostic Proposals: Thought Reform and Dissociative States

Psychiatry as a discipline seems to be little interested in the psychopathological complications of cults; only a few professionals have become interested in this field.

That model that underlies the diverse diagnostic proposals that have been offered is the model of thought reform; closely related are the dissociative model (thought reform would be a form of a dissociative state) and the dependence model (thought reform gives way to dependency).

In the first explicative line (thought reform), we find proposals such as that of West & Singer (1990), which helped to delimitate the **cult indoctrine syndrome**:

1. sudden, drastic alteration of the victim's value hierarchy;
2. reduction of cognitive flexibility and adaptability;
3. narrowing and blunting of affect;
4. regression;
5. physical changes; and
6. in some cases clear-cut psychopathological changes may appear

In the second explicative line (dissociative model) there is a marked reference to **atypical dissociative disorder**. Galper´s research (Galper, 1983) would offer something more of content about the dissociative disorder regarding the complications of cults:

1. identity loss;
2. psychological regression;
3. extraordinary narrowing and intensification in the phenomenological field of conscious attention; and
4. the group dynamics devaluated the development of personal individuality and uniqueness:

A unique proposal has been carried out by Sirkin (1990) who proposed that cult involvement be classified within the diagnostic category of **relational problems** (as a type of extrafamiliar relational problem):

1. the patient's involvement with a group or organization is characterized by impaired autonomous mental functioning (outside the group context);
2. the patient's involvement with the group has been facilitated by partial and incomplete disclosure of the group's doctrines, beliefs, and goals; and
3. the patient's involvement has not been preceded by psychotic disorder within the last 6 months.

Obviously, along with these two diagnostic proposals, other psychopathological complications that can arise among the followers are not excluded.

Cultic Involvement and Addictive Disorders

The therapeutic team of Attention and Research on Social Addictions (AIS) works towards an improved diagnostic delimitation of the problem at hand. The model that in this case includes the description of the psychopathological state of the current follower is that of addicion.

In fact, this comparison is neither metaphorical nor new, given that other specialists on cults have suggested links between both phenomena, either based on empirical verification of how organizations that seek to help drug addicts tend to establish a form of compensatory dependence (Galanter, 1980; Halperin & Markovitz, 1991; Rebhun, 1983) or based on the hypothesis that certain cultic ritual practices are supposed to trigger the same brain mechanisms as drugs in regards to dopamine and certain endorphin secretions (Galanter, 1980).

In more general terms, the idea that cults tend to promote an intense dependency is implicit in the unanimous definition reached by different specialists as to what is understood by "cult": "group or movement that exhibits a great or excessive dedication or devotion to some person, idea or thing and employing unethical manipulative techniques of persuasion and control (isolation from former friends and family, debilitation, use of special methods to heighten suggestibility and subservience, powerful group pressures, information management, suspension of individuality or critical judgement, *promotion of total dependency on the group* and fear of leaving it, etc.), designed to advance the goals of the group's leaders, to the actual or possible detriment of members, their families, or the community" (Langone, 1985) (italics are mine).

It exist phonetic similarities between ***"follower"*** and ***"addict"*** in Spanish (in Spanish there are two words, "*adepto"* and "*adicto" that* address the link of a person to a cult or to a drug). But, there is another series of clinical phenomena that invite to this reflection:

a. drug addicts often abandon addiction within the framework of a cult;
b. some rehabilitation groups present cultic factors;
c. similarities in the discomfort felt once the drug (or group) is abandoned;
d. states of de-personalization that both addicts and cult followers experience;
e. links between emotional and cultic experience that ex-followers point to; and
f. the exchangeability of certain addictions.

In their study of cultic characteristics of organizations that seek to help drug addicts, Rodríguez & González (1989) have clearly exposed other *interesting parallelisms between chemical addictions and cultic involvement*. For these authors, in both cases:

1. are previous phenomena that resurface with new elements in the second half of the 20th Century;
2. have harmful effects on health;
3. there is no specific predictive profile that would permit determining who will become an addict or a cult follower; and
4. adolescence and childhood are the periods of greater vulnerability for being recruited; emotional crisis (mourning, frequently) can act as a vulnerability factor.

Cultic Involvement and Addictive Attachments without Drugs

The clinical model of addiction goes far beyond addictions to exogenous substances (drugs), in that along with these we would also find:

a. addiction on endogenous substances, as for example on physical exercise; and

b. psychosocial addiction, where we could include certain affective or financial dependencies; we include in this group new forms of addiction, to internet and sexual dependencies.

In fact, the current broadening of the definition of addiction has led to diagnose patients who are not hooked on any substance as addicts. In fact, different authors are starting to talk about "behavioural addictions" or "psychological addictions" to refer to a wide scope of addictions without drugs.

According with Marks (1990), we could outline the common points between drug addiction and behavioural addiction, narrowing them down to:

1. a desire of carrying out a counterproductive activity;
2. a state of tension when the activity cannot be carried out;
3. a release of tension after carrying out the activity;
4. a new desire to carry out the activity after a variable period of time elapses;
5. a presence of particular external indicators for each addiction; and
6. a pleasurable tone in the initial moments of the addiction.

Other authors (Echeburúa, 2003; Larger, 2001) widen the scope of addictions without drugs including: the addiction to food, to shopping, to work, to sex, to the Internet, or to physical exercise. However*, until the present time there is not sufficient research to enable establishing specific diagnostic criteria in most of them*.

Although the research inconsistencies, *the idea that certain activities or relationships can become addictive seems plausible in therapeutic terms and in certain people and under certain conditions, generating significant personal, family, professional, and social impairment.*

AIS' Diagnostic Proposal

In a considerable number of cases treated in our unit, the symptoms manifested in current cult followers were comparable to those observed among addictive relationships . We indicated that, beyond the dissociative model and along with thought reform processes, the symptomatic profile of the follower could be included among addictive disorders (group addiction or cult addiction).

We have arrived at a compact systematization extracted from clinical work and that has recently been defined as follows under the provisional designation of **group dependence disorder**, which will be diagnosed when at least seven of the following criteria are met (Cubero, 2001):

1. Excessive time dedicated to group (at least one of the following criteria):
    a. the time dedicated to the group tends to increase progressively,
    b. excessive decrease of time dedicated to the family, work or social relationships.
2. Subject manifests intense affiliation feelings towards the group and its members.

3. Changes in attitude towards people in his previous environment (at least two of the following):
    a. - cold and distanced attitude,
    b. - lies,
    c. - hostile attitudes,
    d. - fear.
4. Unmeasured self-criticism of his pre-cult past.
5. Conceding the group an excessive importance, which is in disagreement with reality.
6. Tolerates and justifies personal exploitation in different areas, for example, work, economic or sexual.
7. Increase of daily activities as consequence of the growing dedication to the group.
8. Experiences of maniform euphoria or enthusiasm.
9. Tendency to a monothematic discourse.
10. Behavioral changes that stand out that are in accordance to group norms or habits (at least two of the following criteria):

a. - In dressing or personal care,
b. - In language,
c. - In hobbies,
d. - In sexual behavior.

References :

Cubero, P. (2001). "El sectarismo como trastorno psiquiátrico". In AIS & SCS (Eds.). *Libro de Ponencias I Jornadas sobre el trastorno de dependencia grupal en los grupos de manipulación psicológica*. Barcelona: 17-24.

DeAngelis, T. (2000). "Is Internet Addiction Real?". *Monitor on Psychology, 31 (4):* 3-6.

Echeburúa, E. (2003). *¿Adicciones-…sin drogas?. Las nuevas adicciones: juego, sexo, comida, compras, trabajo, Internet.* Bilbao: Desclée de Brouwer.

Galper, M.F. (1983). The Atypical Dissociative Disorder: Some etiological, diagnostic, and treatment Issues. In David Halperin (1983), *Psychodynamic Perspectives on Religion, Sect and Cult*. Boston: John Wright PSG Inc.

Galanter, M. (1980). "Psychological Induction into the Large-Group: Findings From a Modern Religious Sect". *American Journal of Psychiatry, 137*: 1574-1579.

Halperin, D. & Markovitz, A. (1991). "Residential Treatment: The Potencial for Cultic Evolution". *Cultic Studies Journal, 8*: 46-61.

Langone, M. & Rosedale, H. (1985). *On Using the Term Cult*. USA: American Family Foundation.

Larger, F. & López, F. (2001). *Manual de drogodependencias para profesionales de la salud.* Barcelona: CITRAN.

Lifton, Robert J. (1961). *Thought reform and the psychology of totalism. A study of "brainwashing" in China*. New York: W. W. Norton.

Lejoyuex, M., McLoughlin, M. & Adès, J. (2000). "Epidemiology of behavioural dependence: literature review and results of original studies". *European Psychiatry, 15:* 129-134.

Marks, I. (1990). "Behavioural (Non Chemical) Addictions". *British Journal of Addictions, 85:* 1389-1394.

Perlado, M. (2002). "A propòsit d'un tipus especial de perversió narcisista". *Revista de Psicoterapia Psicoanalítica, 4:* 12-26.

Perlado, M. (2003). "Clinical and Diagnostic Issues of Cultism". *Cultic Studies Review, 2 (2):* 14-27.

Rebhun, J. (1983). "The Drug Rehabilitation Programs: Cults in Formation?". In D.Halperin (Eds.). *Psychodynamic Perspectives on Religion, Sect and Cults.* EEUU: 221-245.

Rodríguez, A. & González, S. (1989). *Fenómeno sectario y drogodependencia.* Barcelona: Grup Igia.

Singer, M.T., & Ofshe, R. (1990). Thought reform programs and the production of psychiatric casualties. *Psychiatric Annals, 20(4)*, 188-193.

Sirkin, M., & Wynn, L. (1990). Cult Involvement as Relational Disorder. *Psychiatric Annals, 20(4)*, 199-203.

West, L.J., & Singer, M.T. (1990). Cults, quacks and the nonprofessional psychotherapies. In H. I. Kaplan, A. M. Freedman, & B. J. Saddock (Eds.), *Comprehensive Textbook of Psychiatry, vol. III,* pp. 3245-3259. Baltimore: Williams & Wilkins.

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