

JULY 2014

## **Cults and Addiction**

**Annual Conference ICOSA**  
***Maryland, Washington, DC.***

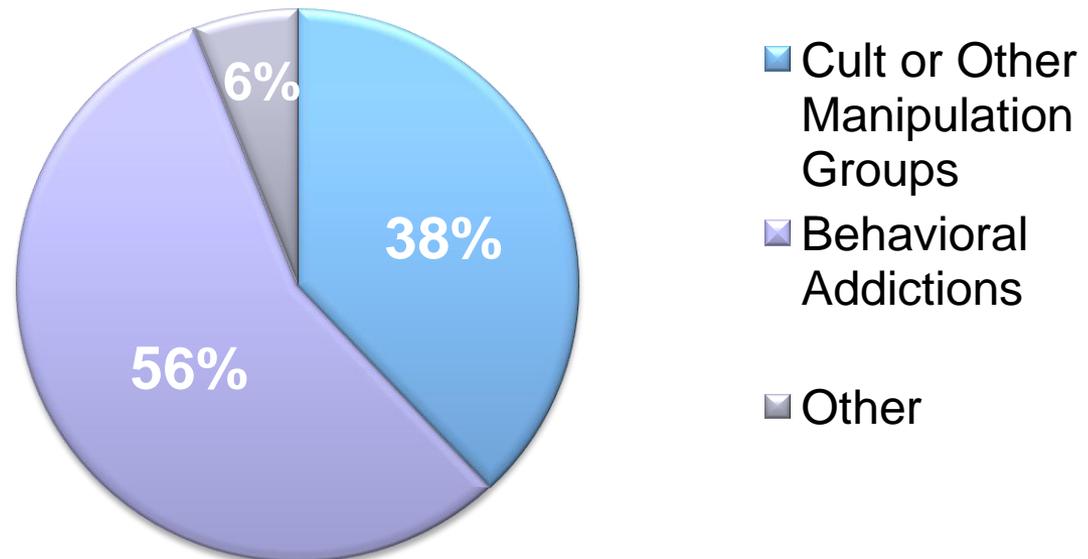
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## CURRENT CLINICAL SITUATION

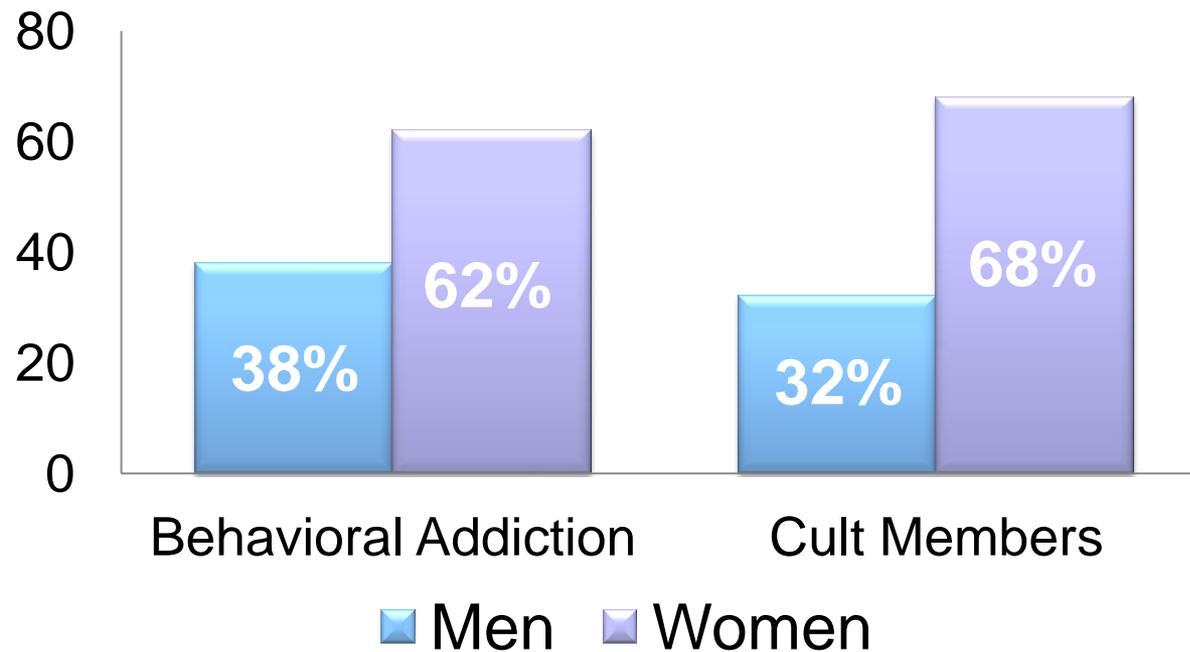
During **2013** we have carried out **845 visits**.

- There have been **119 new patients**.
- The number of Cult or Other Manipulation Groups related cases have been increased in 50% in last year.



## CURRENT CLINICAL SITUATION

### Case sex distribution



## AIM

To talk about the similarities between different types of addiction (both behavioral or substance) and people who belong to a sect, based on:

- Clinical experience
- Publications
- Scientific research

### CLINICAL THOUGHTS

Behavioral addiction is a form of addiction not caused by the usage of drugs.

Behavioral addiction consists of a compulsion to repeatedly engage in an action until it causes negative consequences to the person's physical, mental, social, and/or financial well-being.

## CLINICAL THOUGHTS

In our clinical experience:

Symptoms in current or ex cult followers ≈ Other addictive disorders.

Maybe the symptomatic profile and the underlying psychological characteristics could be similar on both disorders

In 2001, AIS develop a definition and diagnostic criteria under the designation of Group Dependence Disorder.

## CLINICAL THOUGHTS

### **Group Dependence Disorder (Diagnostic Criteria) (AIS, 2001), 7 of the next criteria:**

- ❖ Excessive time dedicated to group and tends to increase progressively
- ❖ Excessive decrease of time dedicated to the family, work or social relationships
- ❖ Manifests intense affiliation feelings towards the group and its members
- ❖ Changes in attitude towards people in his previous environment:
  - Cold and distanced attitude
  - Lies
  - Hostile attitudes
- ❖ Unmeasured self-criticism of his pre-cult past
- ❖ Conceding the group an excessive importance, which is in disagreement with reality
- ❖ Tolerates and justifies personal exploitation
- ❖ Experiences of manifold euphoria or enthusiasm
- ❖ Tendency to a monothematic discourse
- ❖ Behavioral changes that stand out that are in accordance to group norms or habits:
  - In dressing or personal care
  - In hobbies
  - In language
  - In sexual behavior
  - In eating patterns

## REFERENCES

Several specialists on cults have suggested links between both phenomena.

### Hypothesis

Certain cultic ritual practices are supposed to trigger the same brain mechanisms as drugs or other addictive behaviors

### REFERENCES

"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)*

### REFERENCES

“People indoctrinated to perform excessive (hours-long) meditation or chanting techniques daily **can become psychologically and physiologically addicted to the mind control technique.** Such mind-stilling **generates strong releases of brain chemical** which cause not only a dissociated mental state but also a “high” **similar to that created by illegal drugs.** Some former members who have used these techniques for several years report a wide variety of deleterious **side effects**, including severe headaches, involuntary muscle spasms, and diminution of cognitive faculties like memory, concentration, and decision making ability.”

*Steven Hassan (1980) Combatting Mind Control. Park street press, 1980, 1990. Chapter 3. The threat mind control cults today. Pag 44*

## REFERENCES

### ***J. F. Kramer y D. C. Cameron (1975)***

Trigger aspects on drug dependence common on cult members:

- Character problems
- Psychic or physic disorders
- Sociocultural pressure

J. F. Kramer y D. C. Cameron ( 1975) A Manual on drug dependence: compiled on the basis of reports of WHO expert groups and other WHO publications. Ginebra, O.M.S.

## REFERENCES

For Alvaro Rodriguez in 1990, in both cases:

1. Resurface in the second half of the 20th Century (number of cases and interest)
2. No specific profile that would permit determining who will become an addict or a cult follower
3. Adolescence and childhood are the periods of vulnerability and live events can act as a vulnerability factor

*Alvaro Rodriguez (1990) Fenomeno sectario y drogodependencia. Grup Igia.*

## STATE OF THE ART

Analyze the published literature on cults and addiction (with or without substance) regarding psychopathology and personality

**Focus:** articles using normalized or standardized measures of personality or psychopathology.

## STATE OF THE ART

Evidence on psychological aspects of cult members is scarce and need to be interpreted with caution:

- Pressures on current cult members.
- Lack of comparison groups.
- Lack of standardized measures.
- Sampling and reporting biases.
- Definitional issues on cult characteristics.

## STATE OF THE ART

### ADDICTIVE DISORDERS: PSYCHOPATHOLOGY

Studies of psychiatric co-morbidity in addictions:  
Majority of patients meet the criteria for non-substance use disorders during their life time.

#### Mood disorders:

- ☐ Depression
- ☐ Dysthymia
- ☐ Anxiety disorders
- ☐ *Antisocial personality* (substances)

Robins LN, Helzer JE, Weissman MM, et al. Life time prevalence of specific Psychiatric disorders in three sites. Arch. Gen. Psychiatry, 1985;41:949-58.

Liinbeek iv, Wouters L: Kaplan CD et al. Prevalence of Psychopathology in drug addicted Dutch. J. Subst. Abuse treat., 1992;9:43-52.

Kessler RC, Nelson CR, McGonagle KA, et al. The epidemiology of en-occurring addictive and mental disorders: implications for prevention and services utilisattion. Am. J. Orthopsvchiatry, 1996;66: 17-31.

Brooner RK. Van L. King ci al. Psychiatric and substance use comorbidity among treatment seeking opioid abusers. Arch. Gen. Psychiatry. 1997;4: 71--80.

## STATE OF THE ART

### **CULT MEMBERS: PSYCHOPATHOLOGY**

Ungerleider, J. T., & Wellisch, D. K. (1979). **Coercive persuasion (brainwashing), religious cults, and deprogramming.**

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

Day, S., Peters, E. (1999). **The incidence of schizotypy in new religious movements.**

Gasde, I., Block, E. A. (1998) **Cult Experience: Psychological Abuse, Distress, Personality Characteristics, and Changes in Personal Relationships Reported by Former Members of Church Universal and Triumphant.**

## STATE OF THE ART

### CULT MEMBERS: PSYCHOPATHOLOGY

Am J Psychiatry. 1979 Mar;136(3):279-82.

**Coercive persuasion (brainwashing), religious cults, and deprogramming.**

Ungerleider JT, Wellisch DK.

1979

33 current members

17 former cult members

Variety of unspecified groups :

Assessment: WAIS, MMPI and ICL .

Current members scored significantly higher on the MMPI Lie scale than former members

## STATE OF THE ART

### **CULT MEMBERS: PSYCHOPATHOLOGY**

Martin, P. R., Langone, M. D., Dole, A. A., & Wiltrout, J. (1992). Post-cult symptoms as measured by the MCMI before and after residential treatment. *Cultic Studies Journal*, 9, 219–249.

1992

13 + 111 former cult members of various cults, members of FOCUS and clients at the Wellspring Retreat and Resource Center.

Assessment: Millon Clinical Multiaxial Inventory (MCMI), Beck Depression Inventory (BDI), Hopkins Symptom Checklist (HSCCL), Staff Burnout Scale (SBS-HP).

## STATE OF THE ART

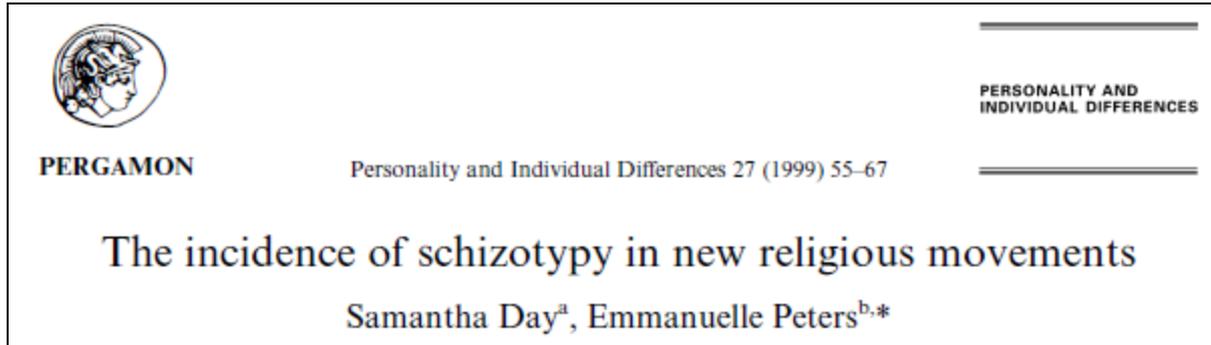
### **CULT MEMBERS: PSYCHOPATHOLOGY**

Martin, P. R., Langone, M. D., Dole, A. A., & Wiltrout, J. (1992). Post-cult symptoms as measured by the MCMI before and after residential treatment. *Cultic Studies Journal*, 9, 219–249.

- \*MCMI scales with highest means: Anxiety (76), Dysthymia (72), and Dependent (Submissive) (72).
- \*HSCCL the mean was 102, where scores of 100 or greater are indicative of the need for psychiatric care.
- \*SBS-HP was 72 where scores greater than 70 indicates burnout and acute stress.
- \*BDI mean score was 14, where scores of 10 or more are considered to be outside the normal range.

## STATE OF THE ART

### CULT MEMBERS: PSYCHOPATHOLOGY



1999

22 religious group members (9 Hare Krishna, 13 Druids)

Control groups: 33 Christians and 40 non religious.

They use the Hospital Anxiety and Depression Scale (HADS) to asses general psychopathology.

Authors found higher rates of depression\ as measured by the Hospital Anxiety and Depression Scale on the members of NRMs

## STATE OF THE ART

### CULT MEMBERS: PSYCHOPATHOLOGY

**Cult Experience: Psychological Abuse, Distress, Personality Characteristics, and Changes in Personal Relationships Reported by Former Members of Church Universal and Triumphant**

Cultic Studies Journal  
Psychological Manipulation and Society  
Vol. 15, No. 2, 1998

**Irene Gasde, M.S.**

**Fielding Institute**

**Richard A. Block, Ph.D.**

**Montana State University**

1998

61 Former members of the Church Universal and Triumphant

Assesment: Group Psychological Abuse (GPA), Symptom Checklist 90, Revised (SCL-90-R), Eysenck Personality Questionnaire, Revised (EPQ-R) and Background Questionnaire

## STATE OF THE ART

### CULT MEMBERS: PSYCHOPATHOLOGY

**Cult Experience: Psychological Abuse, Distress, Personality Characteristics, and Changes in Personal Relationships Reported by Former Members of Church Universal and Triumphant**

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Psychological Manipulation and Society  
Vol. 15, No. 2, 1998

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Almost 50% of former CUT members reported high levels of psychological distress.

In Extroversion, both males and females differed from the norm. The difference was slightly greater for females than males.

## STATE OF THE ART

### **ADDICTIVE DISORDERS: PERSONALITY**

Subjects with addictive disorders (with or without substance) are similar in terms of personality traits.

This subjects tend to score **high on Novelty Seeking, Harm Avoidance, Reward Dependence and Impulsivity.**

**And low on Self-directedness.**

Alvarez-Moya , E.M. , Jimenez-Murcia , S. , Granero , R. , Vallejo , J. , Krug , I. , Bulik , C.M. , & Fernandez-Aranda , F. ( 2007 ). Comparison of personality risk factors in bulimia nervosa and pathological gambling . *Comprehensive Psychiatry* , 48 ( 5 ) , 452 – 457.

Kim SW, Grant JE. Personality dimensions in pathological gambling disorder and obsessive-compulsive disorder. *Psychiatry Res* 2001;104(3):205 - 12.

Tavares H, Zilberman ML, Hodgins DC, el-Guebaly N. Comparison of craving between pathological gamblers and alcoholics. *Alcohol Clin Exp Res* 2005;29(8):1427 – 31.

## STATE OF THE ART

### ADDICTIVE DISORDERS: PERSONALITY

 **Novelty Seeking:** Associated with exploratory activity in response to novel stimulation, impulsive decision making, extravagance in approach to reward cues, and quick loss of temper and avoidance of frustration.

 **Harm Avoidance:** Characterized by excessive worrying; pessimism; shyness; and being fearful, doubtful, and easily fatigued.

 **Reward Dependence:** characterized as a tendency to respond markedly to signals of reward, particularly to verbal signals of social approval, social support, and sentiment, and learning to maintain and pursue behaviors which were previously associated with such rewards

 **Self-directedness:** Referring to self-determination, that is, the lack of ability to regulate and adapt behaviour to the demands of a situation in order to achieve personally chosen goals and values

### STATE OF THE ART

#### CULT MEMBERS: PERSONALITY

Weiss, A. S., & Comrey, A. L. (1987). Personality characteristics of Hare Krishnas. *Journal of Personality Assessment, 51*, 399–413.

Sunberg, N. D., Latkin, C. A., Littman, R. A., & Hagan, R. A. (1990). Personality in a religious commune: CPIs in Rajneeshpuram. *Journal of Personality Assessment, 55*, 7–17.

Walsh, Y., Russell, R., & Wells, P. A. (1995). The personality of ex-cult members. *Person. indivrd. Diff., 19*(3), 339-344.

## STATE OF THE ART

### CULT MEMBERS: PERSONALITY

J Pers Assess. 1987 Fall;51(3):399-413.

### **Personality characteristics of Hare Krishnas.**

Weiss AS<sup>1</sup>, Comrey AL.

1987

132 males

94 females

Group: Hare Krishna's

Assessment: Comrey Personality Scales (CPS).

Hare Krishna members: more compulsive and distrustful than the nonmembers

The mean trust score was within the normal range.

## STATE OF THE ART

### **CULT MEMBERS: PERSONALITY**

#### **Personality in a Religious Commune: CPIs in Rajneeshpuram**

Norman D. Sundberg, Carl A. Latkin, Richard A. Littman, Richard A. Hagan

Journal of Personality Assessment 09/1990; 55:7-17. DOI:10.1080/00223891.1990.9674042

1990

34 women, 33 men

Group: Bhagwan Shree Rajneesh

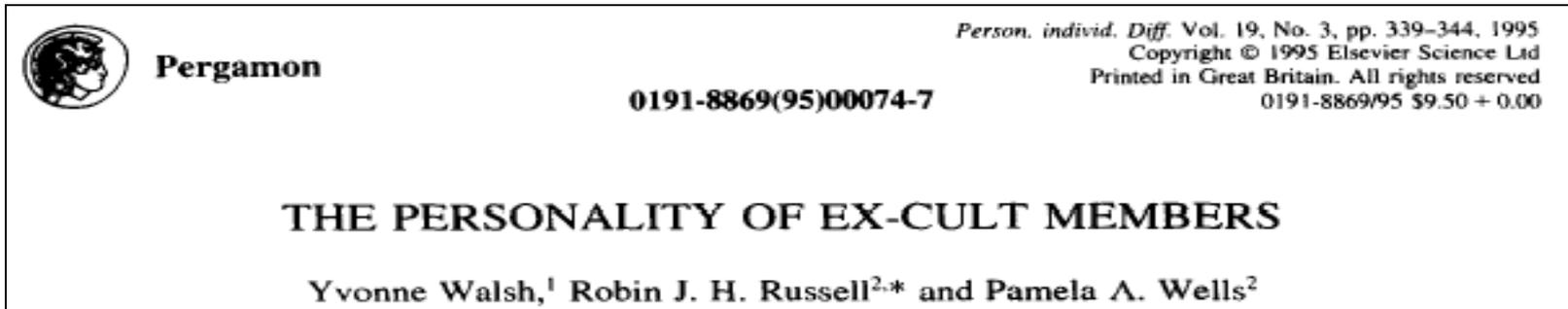
Assessment: California Psychological Inventory (CPI)

\* Members scored particularly high on In (Independence) and Fx (Flexibility).

\*They were high on the interpersonal style sector and mildly low on the sector covering conformity and socialization.

## STATE OF THE ART

### CULT MEMBERS: PERSONALITY



1995

75 ex-members

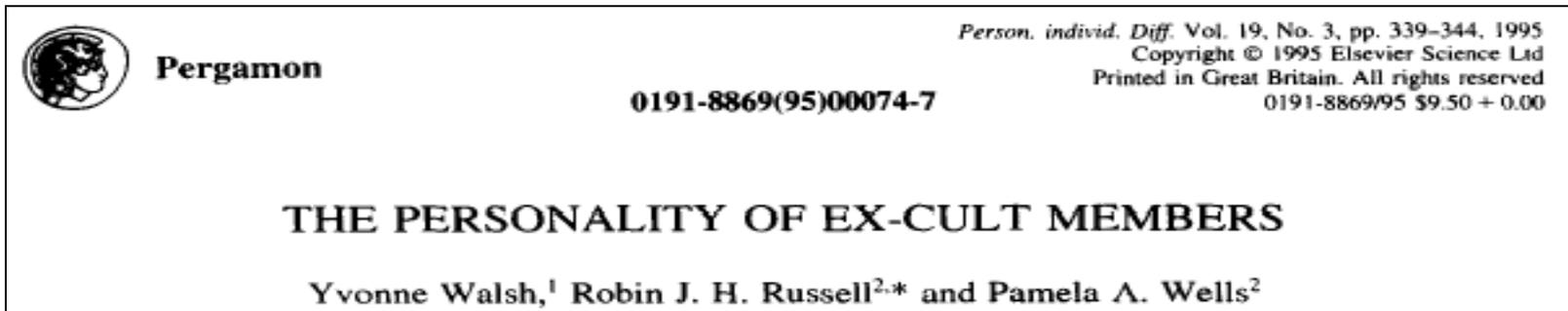
Religious Groups: The Children of God, The Unification Church, Scientology  
Non-religious cults: The School of Economic Science

Assessment: Eysenck Personality Questionnaire

Ex-members have higher scores than norms on Neuroticism

## STATE OF THE ART

### CULT MEMBERS: PERSONALITY



↑ **Neuroticism** “People who are unable to inhibit or control their emotional reactions, experience negative affect (fight-or-flight) in the face of very minor stressors and are easily nervous or upset”

Neuroticism is positively related with the trait Harm Avoidance, with high impulsivity and inverse associated with Self-Directedness.

## STATE OF THE ART

### **CULT MEMBERS: PERSONALITY**

Am J Psychiatry. 2003 Nov;160(11):1965-9.

### **The serotonin system and spiritual experiences.**

Borg J<sup>1</sup>, Andrée B, Soderstrom H, Farde L.

2003

15 normal male subjects, ages 20–45 years.

Assessment: PET and the radioligand [11C]WAY100635 (5-HT1A), and the TCI-R (personality)

Serotonin binding potential correlated inversely with scores for self-transcendence (the subscale Spiritual Acceptance correlated significantly with binding potential).

## STATE OF THE ART

### **CULT MEMBERS: PERSONALITY**

Am J Psychiatry. 2003 Nov;160(11):1965-9.

### **The serotonin system and spiritual experiences.**

Borg J<sup>1</sup>, Andrée B, Soderstrom H, Farde L.

***Spiritual acceptance:*** refers to person's apprehension of phenomena that cannot be explained by objective demonstration. Subjects with high scores tend to endorse extrasensory perception and ideation, whether named deities or a commonly unifying force.

## STATE OF THE ART

### **CULT MEMBERS: PERSONALITY**

Am J Psychiatry. 2003 Nov;160(11):1965-9.

### **The serotonin system and spiritual experiences.**

Borg J<sup>1</sup>, Andrée B, Soderstrom H, Farde L.

Dopamine system plays a crucial role in the reward mechanism of different drugs but recent data also show involvement of the brain serotonin (5-HT) system in the addiction process.

Cunningham, K., Anastasio, N. (2014) Serotonin at the nexus of impulsivity and cue reactivity in cocaine addiction. *Neuropharmacology*, 76, Part B; 460-478.

Müller, C., Carey, R., Huston, J., De Souza Silva, M.A. (2007) Serotonin and psychostimulant addiction: Focus on 5-HT<sub>1A</sub>-receptors. *Progress in Neurobiology*, 81(3), 133-178.

L.G. Kirby, F.D. Zeeb, C.A. Winstanley (2011) Contributions of serotonin in addiction vulnerability. *Neuropharmacology*, 61(3), 421-432.

### CONCLUSIONS

- The results about personality traits and psychopathology in actual or former cult members are inconsistent. Taking conclusions about similarities or differences between cult members and addictive disorders is hard
- In various studies there are evidences indicating common points between Cultic Involvement and Addictive Disorder.
- Some personality, psychopathological aspects and clinical symptoms in current cult followers were comparable to those observed among behavioral addictive subjects.

## CONCLUSIONS

- More controlled, specific and clinical research is needed to clarify the psychological characteristics of cult members, and to improve the prevention and treatment.
- Future research should use valid structured interviews with well-established reliabilities and psychometric properties on adequate sample groups.
  -
- In Spain, different groups (AIS or Carmen Almendros's group at the UAM and the UB) are interested in developing this topic from a scientific point of view.

## CONCLUSIONS

### **Former Members' Perceptions of Cult Involvement**

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**Universidad de Barcelona**

*Cultic Studies Review, Vol. 6, No. 1, 2007, Page 1*

### **Psychometric Properties of the Spanish Version of the Group Psychological Abuse Scale**

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**Universidad Autónoma de Madrid**  
**Álvaro Rodríguez-Carballeira, Ph.D.**  
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**Josep María Jansà, M.D.**  
**Atención e Investigación de Socioadicciones**

*Cultic Studies Review Vol. 2, No. 3, 2003, Page 1*



**Thank you very  
much for your  
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