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.

![Pie chart showing percentages of patients with different conditions.](chart.png)
CURRENT CLINICAL SITUATION

Case sex distribution

- Behavioral Addiction
  - Men: 38%
  - Women: 62%

- Cult Members
  - Men: 32%
  - Women: 68%
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
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.
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.
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
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.
"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)
“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.”

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
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

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.
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)

CULT MEMBERS: PSYCHOPATHOLOGY


CULT MEMBERS: PSYCHOPATHOLOGY

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.
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 (HSCL), Staff Burnout Scale (SBS-HP).

CULT MEMBERS: PSYCHOPATHOLOGY


*MCMI scales with highest means: Anxiety (76), Dysthymia (72), and Dependent (Submissive) (72).

*HSCL 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.
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 assess general psychopathology.

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

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


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

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.
CULT MEMBERS: PERSONALITY


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.
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.

**CULT MEMBERS: PERSONALITY**

*Personality in a Religious Commune: CPIs in Rajneeshpuram*


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
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.
CULT MEMBERS: PERSONALITY


The serotonin system and spiritual experiences.
Borg J¹, 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).
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


The serotonin system and spiritual experiences.
Borg J¹, 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.

CULTS AND ADDICTION

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

CULTS AND ADDICTION

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

Former Members’ Perceptions of Cult Involvement

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AIS

BROOKLYN"
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