Born or Raised in High-Demand Groups: Developmental Considerations

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An increasing number of individuals are entering mainstream society who were born and/or raised in cults or closed, high-demand groups. In my work as a mental health professional specializing in trauma and recovery from spiritual abuse, I regularly encounter these individuals.

The bulk of literature on recovery from cults is focused primarily on those who entered such groups as young adults. While much of this information is quite beneficial to those raised in cults or abusive groups, it does not address some important key issues that significantly impact this unique population. In this paper I will define some key terms used to understand the dynamics and structure of cults or closed, high-demand groups, explore some of the literature on early trauma and its impact on brain development, look at the normal processes and goals of childhood development, and analyze how cultic environments, which are often traumatic, might impact development. The ideas which I present on child development in cultic environments are theoretical and developed as a result of information gathered from interviews with approximately ten adults who were born and/or raised in either Christian-based or eastern religious-based groups, as well as from clinical work with four such individuals, consultation with parents who raised children in such groups, and ongoing observations and interactions with former members who were born and/or raised in such groups.

- Much has been written about how to assess whether a particular group or relationship is abusive or cultic, and just what these terms mean, including work by Singer & Lalich (1996), Tobias, Lalich (1994) and Langone (1993). As a former member of a "closed high-demand group" (CHDG), I often struggle with terminology and prefer not to use the term "cult," though it sometimes is unavoidable. Langone and Chambers (1991) found that many former members have similar feelings and prefer such terms as "spiritual abuse" or "psychological manipulation." In this paper I will primarily use "closed high-demand group(s)" (CHDGs) when speaking of cults or abusive, manipulative groups or relationships in which deception and mind control are used to gain power over members.

Characteristics of CHDGs

According to Tobias and Lalich (1994, p.13) the following characteristics are often present in these environments:

- Members are expected to be excessively zealous and unquestioning in their commitment to the identity and leadership of the group. Personal beliefs and values must be replaced with those of the group.
- Members are manipulated and exploited and may give up their education, careers, and families to work excessively long hours at group-directed tasks such as selling a quota of candy or books, fund-raising, recruiting, and proselytizing.
- Harm or threat of harm may come to members, their families and/or society due to inadequate medical care, poor nutrition, psychological, physical, or sexual abuse, sleep deprivation, criminal activities, etc.

Margaret Singer and Janja Lalich (1995), who have done vast amounts of work in the cult field, state that such groups have the following characteristics:

- Authoritarian power structure

- Totalitarian control of members' behavior
- Double sets of ethics (one for leader and another for members; one for those inside the group, another for outsiders)
- Leaders that are self-appointed and claim to have a special mission in life
- Leaders who tend to be charismatic, determined and domineering
- Leaders who center the veneration of members upon themselves

Robert Jay Lifton (1961), a psychiatrist and pioneering researcher in the thought reform, or mind control, field, has proposed that the following eight features create environments of "ideological totalism":

1. **Milieu control—**the control of communication within an environment; this creates unhealthy boundaries
2. **Mystical manipulation** or "planned spontaneity"—experiences which appear to be spontaneous are actually orchestrated in order to demonstrate "divine authority," which enables the leader(s) to use any means toward a "higher end" or goal
3. **The demand for purity—**absolute separation of good and evil within self and environment
4. **The cult of confession—**one-on-one or group confession of past and present "sins" or behaviors, which are often used to humiliate the confessor and create dependency upon the leader
5. **Sacred science—**the group's teaching is portrayed as Ultimate Truth that cannot be questioned.
6. **Loading of the language—**use of terms or jargon that have group-specific meaning, phrases that will keep one in or bring one back into the cult mindset.
7. **Doctrine over person—**denial of self and self-perception.
8. **Dispensing of existence—**anyone not in the group or not embracing the "truth" is insignificant, not "saved" or "unconscious"; the outside world and members who leave the group are rejected.

Children in CHDGs

Markowitz and Halperin (1984) discuss the vulnerability and abuse of children in cults. A child's parent, who is in a dependent, regressive state due to being under the influence of the group's leader(s), "is prone toward abusive practices" (p. 154) and power over children is often the only power this parent may have. Most adults in CHDGs live in a state of unpredictability, in that one never knows when the "axe will fall" and the member will be disciplined (shunned, put in the "hot seat", lose privileges, etc.).

When a parent's life is unpredictable, the parent's behavior toward the child is also unpredictable with regard to support, neglect, or anger. This unpredictability impedes the child's ability to develop a sense of safety or consistency in his or her view of the parent and the environment. When the parent is unpredictable or the parent dissociates (is psychologically absent while physically present), the child's ability to perceive whether there is danger or safety is impaired and the child becomes hypervigilant, or super organized around assessing the state of the parent. This may trigger a "freeze" response in the child in which the child dissociates. Dissociated parents may trigger dissociation in infants. In addition, in CHDGs children are often separated from their parents at an early age (two years old - five years old) and placed in collective environments where another adult or

adults assume educational and child-rearing responsibilities. Rochford (1999) says that in ISKCON (International Society for Krishna Consciousness) children were separated from their parents at age four or five to be raised by others because parents tend not to be strict enough with their own children. The ISKCON schools (gurukulas) became the children's primary environment and they spent only brief periods with their parents during the year. Tragically, this system compromised the safety of many children who suffered from physical, sexual, and emotional abuse while in the care of their teachers. It is important to note that ISKCON has made significant changes in recent years to increase safety for children, though this does not diminish the negative impacts on those who were not protected for many years. The Sullivan Institute/Fourth Wall (SI/FW), which was a psychoanalytic and political group, instituted the practice of separating children as young as three years old from their parents, "the rationale being the less exposure there was to parents, the better the child's mental health would be" (Siskind, 1999, p. 59).

Children who grow up in such environments are at-risk for many significant issues, including but not limited to:

- lack of an appropriate, consistent caretaker;
- lack of healthy attachment to appropriate caretaker;
- lack of adequate medical care;
- isolation;
- physical abuse;
- physical neglect;
- sexual abuse;
- educational neglect;
- lack of intellectual stimuli;
- unrealistic expectations that children participate in adult activities, such as meditation, fasting, sexual activity; and
- suppression of developmental tasks.

The parents of children in CHDGs are often thought-reformed to believe that normal human feelings for their children, such as love, concern, and attachment, are not "spiritual" or that these feelings dilute the group's higher or special purpose. Children, who are naturally striving to accomplish normal developmental tasks such as identity, safety and independence, are labeled "possessed," crazy, or bad. The parents' confusion, the negative labels, and the overt and covert negative messages children receive about their worth and safety are all factors that contribute to traumatic experiences for them. In turn these early traumatic experiences interfere with healthy attachment and negatively impact the child's ability to develop and mature in healthy ways.

Reber (1996), cites Bowlby, who defines attachment as a "lasting psychological connectedness between human beings" (p. 83). Bowlby (in Reber 1996) says that attachment is a fundamental building block for human development, and describes the bond between mother (or other consistent, appropriate caretaker) and infant as critical to healthy development. Also, in Reber (1996) Waters, Posada, Crowell and Lay state that "children who have secure attachments are 'inoculated' from adverse outcomes throughout development" (p.84). Lack of healthy attachment, then, is truly a very traumatic beginning for any child. Early problems with attachment can have long term negative impacts, including "skew[ing] the developmental trajectory of the right brain over the rest of the life span" (Shore, 2002 p.24). Schore (2002) states that the right brain is "dominant for attachment, affect regulation and stress modulation" (p. 2), and he further states that "the organization of the brain's essential coping mechanisms occurs in crucial periods of infancy" (p.26). Van der Kolk, McFarlane, and Weisaeth (1996) say that

> (t)rauma early in the life cycle fundamentally effects the maturation of the systems in charge of the regulation of psychological and biological processes. The disruption of these self-regulatory processes makes these individuals vulnerable to develop chronic affect dysregulation, destructive behavior against self and others, learning disabilities, dissociative problems, somatization and distortions in concepts about self and others. (pp. x-xi).

In a presentation on trauma in Denver, Colorado (January 26, 2001) Van der Kolk said that alcoholism and religious fanaticism are two prime factors that increase the likelihood of child abuse. The resultant lack of early, healthy attachment can lead to clinging or detachment in interpersonal relationships.

Normal Development

There are many models of human development. Because safety and trust are the foundation for healthy development and because Erik Erikson's (1950) model is simple and clear I've chosen to use his model of developmental stages as a template. Erikson's eight stages are summarized in the following table:

Stage	**Period in which development is most pronounced**
Trust vs. mistrust (hope)	Infancy
Autonomy vs. shame (will)	Toddlerhood
Initiative vs. guilt(purpose)	Preschooler "play age"
Industry vs. inferiority (competence)	Elementary school age
Identity vs. diffusion (fidelity)	Adolescence
Intimacy vs. isolation (love)	Young adulthood
Generativity vs. Self-absorption (care)	Middle adulthood
Integrity vs. despair (wisdom)	Older adulthood

Each stage of development has its "tasks" which are building blocks or the foundation for each subsequent stage. If the emotional and physical needs of the child are adequately met, the child appropriately completes the task, i.e., learning to trust, learning to develop autonomy, etc. If the child's needs are NOT adequately met, the child can still move on to the next stage, but his or her emotional and mental well being is compromised and subsequent tasks, as well as relationships, can become more difficult to complete. For the purposes of this paper I will give an overview of the first five steps, covering the life span from infancy through adolescence. The negative outcomes are based on the work of Bryant, Kessler, & Shirar (1992).

Infancy - Hope

Learning to **trust** one's environment and caretakers: "My needs are okay," "I'm important."

If abuse and/or neglect occur the child develops **mistrust** in the environment and caretakers. "My needs are not okay," "I'm not important."

Negative outcome - Mistrust, anxiety

Toddlerhood - Will

Learning **autonomy**: personal control of one's body and doing things on one's own. The child begins to separate from caretakers: "I am me, you are you."

If separateness is punished, a sense of engulfment or abandonment results. The child learns **shame and doubt.** "I can't do it," "I feel out of control," "I am bad."

Negative outcome - Shame, doubt, helplessness, anxiety, overcompliance vs. hyperactivity

Preschool Age - Purpose

Learning **initiative**, to have confidence in self, to explore in safe environment; trusting that caretakers will be there when needed.

When taught that risk-taking or initiative will cause harm to self or others, **guilt** develops: "I'm to blame," "I am responsible for others feeling good or bad".

Negative outcome - Role reversal, hypervigilance, guilt, anxiety

Elementary School Age - Competence

Learning to feel **competent** about one's own abilities in social and intellectual activities; continued process of healthy separation from caretaker, with support and boundaries.

If support and encouragement are lacking child develops a sense of **inferiority** about abilities and self: "I can't think/act for myself," I'm stupid/wrong."

Negative outcome - Inferiority, anxiety

Adolescence - Fidelity

Establishing separate **identity;** gradual increasing of level of responsibility and freedom throughout the teen years.

Constrictive or nonexistent boundaries (too many or too few directives, guidelines) cause **role confusion**, **lack of identity**, inability to differentiate.

Negative outcome - Anxiety, emotional enmeshment; extreme fluctuations in behavior and mood - extreme acting out (drugs, sex, legal problems), or compulsive conformity and over-achievement. Can become paralyzed with feelings of inferiority.

Development and Trauma

According to John Briere (1996) there are three primary self-capacities that develop in normal early childhood. These are:

1. **Identity**—which provides a consistent sense of personal existence and enables the individual to respond from an internal sense of security. Unstable identity may cause an individual to become easily overwhelmed.
2. **Boundary**—awareness of separation between self and others. Those with poor boundaries tend to allow others to intrude upon them, or they intrude upon others. This can lead to a lack of awareness of personal rights to safety and/or difficulty with interpersonal relations.
3. **Affect regulation**—which includes**:** (a) **affect modulation** (self-soothing techniques to reduce or change painful emotion) and (b) **affect tolerance** (ability to

experience negative affect without resorting to external destructive or self-destructive behaviors or "acting out").

Briere (1996), citing Bowlby, says that these self-capacities help establish a sense of internal stability, a secure psychological base from which to interact with the world. In the context of sustained external security, which is provided in the relationship between child and primary caretaker, the child learns to deal with occasional uncomfortable experiences and internal states, which leads to a continuous building of a stronger set of internal resources and sense of self (Briere, 1996). Sustained external security **is not** present in an abusive or neglectful environment. In such an environment, "the overwhelming stress of maltreatment [whether it is abuse and/or neglect] is associated with adverse influences on brain development" (deBellis, Baum, Birmaher, Keshavan, Eccard, Boring, Jenkins, & Ryan), cited in traumapages.com/schore (2002). This is known as relational or interpersonal trauma. Early relational trauma has a significantly greater negative impact than non-relational trauma (such as from a natural disaster, accident, etc.) over the lifespan. Relational trauma is usually "complex" trauma.

John Briere (1996) says that complex trauma is characterized by the following:

- Onset – usually involves or includes childhood
- Duration – prolonged
- Frequency – multiple exposures
- Relational – usually interpersonal
- Complexity – multiple victimization modalities (neglect, physical, sexual, medical, emotional, etc.)

Mary Sue Moore, a clinical psychologist and researcher who has done much work and research on patterns of attachment in infants and children, says that early trauma activates the brain stem which can lead to hypersensitivity to the environment and induce a fight, flight, or freeze response. This brain stem activation makes it very difficult, if not impossible, to think oneself out of the traumatic response (personal communication, 2002).

Over the long term, infants and children who dissociate in order to cope with traumatic experiences often become adults who dissociate when faced with traumatic or significantly stressful situations. Adults with Post Traumatic Stress Disorder (PTSD) may regress to their younger developmental stage and coping modality in stressful situations. The adult, then, is again in a state in which he or she cannot think his or her way out of the situation. Ogawa, Sroufe, Weinfield, Carlson, & Egeland, cited in traumapages.com/shore (2002), found that "early trauma more so than later trauma has a greater impact on the development of dissociative behaviors" (section titled: continuity between infant, childhood, and adult ptsd). The brain itself is negatively impacted. Early, pre-verbal experiences, including traumatic experiences are sensorily stored with the smells, sensations and motor activity present during the experiences. Those who suffer from Post-Traumatic Stress Disorder can be triggered through the senses to these earlier, traumatic experiences.

Development in CHDGs

The next step is putting this information together and examining child development using Erikson's model (1950) in the context of a thought reform program, using Lifton's model (1961) and Bryant, et al's theory of the negative messages children internalize in an unsafe environment (1992).

Milieu Control—the control of communication within an environment; builds unhealthy boundaries. Parents may be given directives about parenting do's and don'ts: Don't hold children; don't respond to their cries; Do keep them quiet; Don't be attached to them. The message children receive is "my needs are not okay" or "I am not important" "I am not

safe" which is essentially **dispensing of existence**. Infants learn that they cannot **trust** that their needs will be met.

Mystical Manipulation—"divine authority" mandates dysfunctional and/or abusive parenting. This authority allows any means toward a "higher end" or goal. Verbal and non-verbal messages are given to infants that interfere with the development of **trust.**

Demand for Purity—absolute separation of good and evil within self and within the environment. Good children behave in proscribed ways and do not "act" like children. Children are often forced to participate in rituals that are not age-appropriate. **Shame and doubt** interfere with development of **autonomy** or the belief that it's okay to think and feel for oneself.

The Cult of Confession—one-on-one or group confession (by child or on behalf of child) for the purpose of humiliating the confessor and creating dependency upon the leader for one's definition of goodness. Humiliation discourages risk-taking; the child develops a sense of **guilt** and is fearful of exhibiting **initiative.**

Sacred Science and Doctrine over Person—the teachings of the CHDG and/or leader is the Ultimate Truth that allows for no questioning. The individual is always **inferior** to the Ultimate Truth of the group or leader(s). This necessitates denial of self and self-perception. When parents or caretakers encourage a child to become self-directed the child develops a sense of **competence.** The inability to question or to value one's own ideas lead to the development of **inferiority**. The child is always secondary to the doctrine or leader(s).

Dispensing of Existence—anyone not in the group or not embracing the "truth" is insignificant, not "saved," or "unconscious"; the outside world or members who leave the group are rejected. The developmental tasks of adolescents are to separate from their caretakers and create their own **identity**. This cannot be done without thinking for oneself and adopting one's own set of values. Yet to do so in a cultic environment is tantamount to rejecting "Truth". The only way to survive is to **dispense of self**.

Loading of the Language—use of terms, jargon that have group-specific meaning; phrases that will keep one in, or bring one back into, the cult mindset. In the case of a child growing up in a thought reform environment theses meanings are the only ones the child will learn. The **loaded language** is the child's first language. Upon leaving the group an adolescent or adult questions his or her **competence** at understanding the language, behaviors, and customs of the culture.

Judith Herman, in her widely respected book **Trauma and Recovery** (1992) states that

> (r)epeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses (p. 96).

Losses

I have conducted interviews with a number of adults who were raised in CHDGs. In addition to developmental deficits, these individuals identify a myriad of other personal losses. These include, though are certainly not limited to:

> childhood, self, family, God, meaning, sustaining beliefs, language, identity, learning capacities, problems sustaining relationships, problems reading social cues**.**

Many of these former members describe deep feelings of shame, guilt, isolation, doubt, confusion, and mood swings. The following statements express some of the difficulties faced:

> "I felt, and continue to feel, like a stranger in a strange land."
>
> "I had no pre-cult self, lacked basic survival skills, had/have many relational issues, had lack of understanding of normal human emotions and expression, lacked critical thinking skills, and needed to re-define 'normal'."
>
> "Everywhere I went upon leaving the cult I tripped up on my own undone developmental work."
>
> "I will be in recovery for the rest of my life. The damage I suffered was profound."
>
> "It was deprivation, abuse and developmental lack."
>
> "Lots of re-defining of terms, i.e. good bad, etc. I had to come to grips with the sad, apparent truth that good people suffer losses all the time."
>
> "I had no reference to go back to – this has been the most difficult piece. I had to give up all the meaning I had learned – everything I learned was wrong. Accepting this is the key to my recovery."

Recovery

Though recovery will not be explored in depth in this paper, it is important to have an overview of the recovery process. Martin (1993) discusses stages of recovery following cultic experiences. These stages are similar, though with a unique twist for those born or raised in CHDGs because there is no pre-cult identity to go back to, so I have modified Martin somewhat (e.g., "re-evaluation" becomes "evaluation", "reintegration" becomes "integration"). The stages are:

- **Evaluation** of the experiences - often in tandem with finding a support network, including any former members and/or extended family who have been on the outside; education on cults/mind control; therapy; reading; journaling
- **Reconciliation/Adaptation, Conciliation** – moving slowly, taking small steps; explore redefining of terms; set small goals, tend to personal health; discover personal strengths
- **Integration** – occurs over time

There are many things that will likely impact the success and degree of recovery. Developmental tasks of safety and trust are paramount, and are usually not quickly or painlessly achieved. Rosanne Henry, a licensed professional counselor who works with cult survivors says that "we can't expect to do recovery the way we do cults," (personal communication 2004) meaning that there are no magic bullets or quick fixes, and that time, patience, and self-care are very important. This cannot be emphasized enough. In the cult recovery field one of the theories is that most people, at times of vulnerability, are susceptible to being indoctrinated into a CHDG, and that one need not come from a dysfunctional family or have family-of-origin issues to have become involved in such a group. Treatment usually focuses on the cult experience first, and then family-of-origin issues, if there are any. In the case of those born or raised in CHDGs the two are inseparable and must be dealt with simultaneously. Since the trauma is relational and occurs over time, the individual may be dealing with complex PTSD, and professional help may be important for understanding and decreasing the symptoms.

Healing is a process, and adaptation and integration occur over time. It is very important to remember that human beings are resilient. As one begins to experience small successes

and builds a foundation of personal strengths and skills, one's sense of safety begins to expand. As one's sense of safety expands, so do self-confidence, autonomy, initiative, and identity, just as in the normal process of healthy childhood development.

References

Briere, J. (1996). *Therapy for adults molested as children: Beyond survival.* New York: Springer Publishing Co., Inc

Bryant, D., Kessler, J., & Shirar, L. (1992). *The family inside: Working with the multiple.* New York: W.W. Norton & Co.

Erikson, E. (1950). *Childhood and society***.** New York: W.W. Norton & Co.

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—From domestic abuse to political terror.* New York: Basic Books.

Langone, M., & Chambers. W. (1991). Outreach to Ex-Cult Members: The question of terminology. *Cultic Studies Journal***,** *8, (2)*, 134-150.

Langone, M. (Ed.). (1993). *Recovery from cults: Help for victims of psychological and spiritual abuse***.** New York: Norton.

Martin, P. (1993). Post-cult recovery: Assessment and rehabilitation (pp. 203-231). In M. Langone. (Ed.). *Recovery from cults: Help for victims of psychological and spiritual abuse***.** New York: Norton.

Lifton, R. J. (1961). *Thought reform and the psychology of totalism.* New York: W.W. Norton.

Markowitz, A., & Halperin, D. (1984). Cults and children: The abuse of the young. *Cultic Studies Journal*, *1,* 143-154.

Reber, K. (1996). Children at risk for reactive attachment disorder: Assessment, diagnosis and treatment . *Progress: Family Systems Research and Therapy*, *5*, 83-98.

Rochford, Jr., E.B. (1999). Education and collective identity: Public schooling of Hare Krishna youths (pp. 20-50). In S. Palmer & C. Hardman (Eds.). *Children in new religions.* New Jersey: Rutgers University Press.

Schore, A. (2002). Dysregulaton of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder*. Reprinted at www.trauma-pages.com. Australian and New Zealand Journal of Psychiatry*, *36*, 9-30.

Singer, M. T., & Lalich, J. (1995). *Cults in our midst: The hidden menace in our everyday lives***.** San Francisco: Jossey-Bass Publishers.

Tobias, M. L., & Lalich, J. (1994). *Captive hearts captive minds: Freedom and recovery from cults and abusive relationships***.** Alameda, CA: Hunter House, Inc.

van der Kolk, B., McFarlane, A., & Weisaeth, L., (Eds.). (1996). *Traumatic stress: the effects of over-whelming experience on mind, body, and society.* Guilford Press: New York.