

"Cults, Quacks, and Nonprofessional Psychotherapies"

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56.16 Cults, Quacks, and Nonprofessional Psychotherapies

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Introduction

It is worthy of note that the most notorious quacks, often men of genius and education, though mentally ill-balanced, and morally of low standards, have been great travellers and shrewd observers of human nature. When such an one becomes ambitious to acquire wealth, he is likely to prove a dangerous person in the community (Robert Means Lawrence, 1910).

It has been estimated that in the United States more than 2,500 cults currently purport to offer mental, emotional, spiritual, physical, and other benefits to their members (Singer, 1978). Quacks, who have always touted cures for physical diseases, are widely extending their claims to include psychiatric illness as well. Other nonprofessional modes of psychotherapy have multiplied rapidly in the United States during recent years. There is now a bewildering variety of such methodologies. Unknown thousands of people are turning to them for help. Health professionals—and the public—must be aware of these developments and recognize both their attractions and their dangers.

Some nonprofessional approaches to psychological self-improvement are essentially benign and are carried out by organizations or individuals who engage in procedures that are undoubtedly beneficial to many of their members, clients, followers, or customers. However, many others pose definite risks to those who are lured by their promises. All represent a potential hazard if pursued as a substitute for professional care when such care is needed by a patient.

A real danger exists that serious psychiatric symptoms will be misunderstood, ignored, or masked during the course of nonprofessional interventions. Symptoms may even be temporarily relieved but to the dangerous neglect of progressive underlying pathology, organic or functional. Patients often erroneously attribute to their putative healers qualities of expertise that are not present. Patients are also likely to expect various qualities of professional responsibility, such as confidentiality, and other ethical standards or commitments that are legally not required of nonprofessionals and, in fact, do not obtain.

Ruthless cult leaders and venal quacks may offer psychiatric benefits in the cynical knowledge that they are perpetrating hoaxes, swindles, or scams. But even sincere nonprofessional mental healers tend to assume that their methods possess wide or universal applicability and offer them to all comers with uncritical enthusiasm. Indications and contraindications for treatment are usually lacking in the formulations of such healers. Many of them assume that anyone is bound to benefit from their procedures, regardless of the sufferer's specific complaint.

Ethical practitioners of medicine and other health-related professions realize that risk is inherent in any specific treatment. Untoward reactions inevitably occur in some patients.

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Certainly, a professionally qualified psychiatrist must be able to recognize latent and manifest complications of therapy and to take prompt and appropriate action to help or protect the patient. If a given treatment produces dangerous side effects or, as may happen, actually causes an exacerbation of the patient's illness, that treatment must be discontinued or modified. The person seeking help often expects such capabilities and responsibilities to be exercised by amateurs, quacks, cult leaders, gurus, faith healers, and other nonprofessionals, just as though they were physicians. However, that expectation is unlikely to be fulfilled.

The term "cult" in the context of the following discussion may partake of one or more of several possible meanings, based on *Webster's Third New International Unabridged Dictionary* (1966):

(1) A system for the cure of disease based on the dogma, tenets, or principles set forth by its promulgator to the exclusion of scientific experience or demonstration; (2) great or excessive dedication to some person, idea, or organization; (3) a religion or mystique regarded as spurious and unorthodox.

With regard to the third definition, it should be noted that certain contemporary cults in the United States are suspected of having designated themselves as religious mainly to avoid the legal restrictions imposed against dubious secular health-related practices and quackery. They enjoy tax benefits and other protections guaranteed by the First Amendment to the Bill of Rights to ensure religious freedom, while advertising and recruiting new members with impunity.

Quacks are at work in all aspects of the health field. They prey on patients with both physical and mental illnesses, and they prey on patients' families as well. "Quack" is defined here to mean someone who deliberately misrepresents himself as possessing medical or other health-professional qualifications and skills that he lacks. In these terms, even a licensed physician may properly be called a quack if he knowingly offers dishonest or fraudulent cures through claims of knowledge that he does not really possess or if he uses techniques or medications that he touts as curative when he knows of no proven value they might have for the condition being treated.

Nonprofessional psychotherapies purveyed by various mental healers operate under many labels. Some of those labels are nonspecific terms, such as "counselor." That title is widely used by legitimate health-related professionals, such as psychologists and social workers, and by ministers and attorneys, whose commitments and responsibilities are defined by codes of professional ethics and by law. However, in many states nothing prevents any amateur from designating himself as some kind of a counselor and then engaging in psychotherapy as though he were a professional. Some may use terms borrowed from more traditionally professional sources—terms such as "holistic," "biofeedback," "Gestalt," and "transactional analysis." Each of the 50 states has its own statutes governing the use of various titles and practices. None of those statutes has prevented the growth of nonprofessional psychotherapies in America.

Dubious treatments of all kinds are widely used by quacks who claim expertise. However, nonprofessional psychotherapies are also widely offered by persons and organizations that make no pretense of professional status or qualification. Furthermore, they may be deeply sincere and be governed by genuinely altruistic motivations. On occasion, such therapies may even be advocated or used by professionals who are openly acting outside of or beyond the limits of their legiti-

mately defined areas of professional expertise. For example, a dentist may have professional experience in his practice with the use of hypnosis for reassurance and anesthesia in oral surgery. However, if he opens a clinic offering hypnotherapy of sexual disorders, he must be termed a nonprofessional psychotherapist. That is not to say that such a psychotherapist operates outside the law. For example, in California, hypnotherapy is presently offered by a variety of persons whose backgrounds of training for the use of that method are dubious, to say the least. Not only are the training programs for such persons and their exercise of hypnotherapeutic techniques sanctioned by California law, but they are encouraged to join the Hypnotists Union. That union is affiliated with the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO) and can legally exercise an active lobby to protect and expand the use of hypnosis by a variety of counselors in their private practices or even in public institutions.

In the past it was common for most nonprofessional therapies to be transacted on a one-to-one basis, the doctor-patient model. The role of prestige suggestion by the therapist, coupled with the hopes and expectations of the patient, predictably brought relief in a fair proportion—perhaps a third—of cases. Recently, however, the use of group methods has enjoyed a rapid expansion, adding the factor of group pressure to other, more traditional forces at work to produce the desired results. That general trend reflects the increasing use of group therapy techniques within the framework of professional psychiatry, clinical psychology, and psychiatric social work. It also tends to be a more profitable use of the operator's time, especially since the nonprofessional therapist usually cannot command hourly fees comparable to those of the psychiatrist but can exercise considerable latitude when working with groups. For example, the \$6,000 initial fee for Arthur Janov's primal therapy covers up to 75 group therapy sessions before the fee-per-session period begins (Rosen, 1977). Werner Erhard, founder of est (Erhard Seminars Training), now charges people \$300 each for 2 weekends' experience in groups of 250. More than 100,000 persons have dutifully paid such fees, and it was recently estimated that est projects an annual gross of \$12 million, with plenty of tax shelters (Rosen, 1977). It should not be assumed that group modalities are without risk. Like the other nonprofessional psychotherapies, est has its casualties (Glass et al., 1977; Kirsch and Glass, 1977).

Whether individuals or groups are involved, however, the packaging of the placebo effect can always be relied on to bring a certain amount of relief to a certain number of people and dramatic cures to a few (Shapiro, 1959). The distribution of that effect in healing arts ranging from the professional practice of medicine to faith healing was extensively discussed by Frank (1961). The psychophysiological mechanisms through which the placebo effect is manifested are not yet fully explained. Meanwhile, nonprofessional healers usually offer glib explanations for the benefits they promise in terms ranging from the pseudoscientific to the mystical. The most honest among them are even able to admit ignorance of the mechanism while confidently plying their method, whatever it is, for the patient's benefit. The linked roles of faith, mental set or expectation, and suggestibility are significant factors in patients' responses to all forms of treatment—professional and nonprofessional, primitive and modern, physical and mental (Calestro, 1972).

History

The history of faith healing is replete with examples of miraculous or near-miraculous cures brought about by a variety of extraordinary

people and procedures. Most but by no means all of those phenomena are recorded in terms of physical healing. Physical contact, however, has often been seen as an important component of mental healing as well. Because a number of contemporary nonprofessional psychotherapies do involve physical contacts of various kinds, some discussion of the healing touch may be in order (Lawrence, 1910; Jameson, 1961; Fishbein, 1965; Maple, 1968).

In the 5th century B.C. a healing energy or *prana* was described by yogis in India. They wrote of a force that could be directed by healers toward ill persons, either through direct contact by the healer's hands or by passing the hands close to the skin of the patient. They also told of another form of healing in which the cure was effected over long distances by consciously directing therapeutic mental forces toward the patient, thus bringing about an improvement in his condition through the influence of the healer's mind on the patient's mind.

Ancient Egyptian rock carvings show healers treating patients by the laying on of hands. Hippocrates described the same phenomenon and related experiences in which he himself was able to produce singular benefits merely by pressing his hands on the patient's afflicted part. The New Testament describes how Jesus performed miracles of healing in the same way; in that respect He was much like many other itinerant healers of that day.

Through the centuries the king's touch was applied by royalty to cure those on whom they laid their hands. Presumably, it came indirectly from the divine, along with the king's divine right to rule. However, laymen could also have the healing touch. For example, in the middle of the 17th century Greatrakes, an Englishman, became famous for thousands of cures effected by stroking. More than 100 years later in Vienna and Paris, Mesmer achieved similar results in much the same way. The subsequent history of mesmerism, which became known as animal magnetism and subsequently as hypnosis, parallels the rise of modern psychiatry and is an important aspect of the history of the specialty. Branches of that development are also related to the thought of pioneers in other fields, including neurology (Charcot), medicine (Eliotson), surgery (Esdaile), and religion (Mary Baker Eddy).

After the remarkable success of Christian Science, there began to spread over the United States toward the end of the 19th century a number of what the psychologist William James called mind-cure movements. Those movements were variously termed transcendentalism, spiritism, Hinduism, and the cult of health-minded attitudes. As James (1936) put it at the turn of the century:

The mind-cure principles are beginning so to pervade the air that one catches their spirit secondhand. One hears of the "gospel of relaxation," of the "don't worry movement," of people who repeat to themselves "youth, health, vigor!" when dressing in the morning. These general tonic effects on public opinion would be good even if the more striking results were nonexistent, but the latter abound, so that we can afford to overlook the innumerable failures and self-deceptions that are mixed in with them.

Beyond learned discussions of suggestibility and of the placebo effect, much has been written about the underlying human phenomena that make possible various manifestations of healing. Today it is widely accepted that powerful psychophysiological forces, many of them latent under ordinary conditions, can be mobilized and focused through the use of powerful suggestion, keen expectation, and the human body's still uncalculated potentialities for the maintenance of health and life. The secular minded are inclined to use such formulations in discussing a variety of otherwise unexplained happenings, ranging from the miracles at Lourdes to a variety of spontaneous remissions of disease, including malignancy, under circumstances still not fully understood by medical science.

It seems clear that ongoing research in neuroscience, psychophysiology, endocrinology, and psychosomatic medicine will continue to illuminate the mechanisms through which life experience and disease interact for better or for worse. In time, such research will illuminate

the complete psychobiology of the placebo effect, of faith healing, of hypnotic induction and suppression of symptoms, of swift changes in host resistance to pathological processes, and of the person's potential for learning how to control his own bodily processes. Meanwhile, however, few legal or social sanctions prevent the public from falling prey to the hazards represented by the unscrupulous use of healing claims by various cults, quacks, and nonprofessional psychotherapies.

Cults

Periods of unusual turbulence in human history are sometimes accompanied by the emergence of cults, both religious and nonreligious. After the fall of Rome and the French revolution and during the industrial revolution, numerous cults appeared in Europe. The westward movement in America swept a myriad of religious cults toward California. In the hundred years after the gold rush, at least 50 well-defined and well-studied utopian cults were established here (Hine, 1953). The majority of those cults were religious and lasted on the average about 20 years; the secular variety usually endured only half that long. Most purported to offer health benefits of one kind or another. Of course, many similar cults were established elsewhere in America, some becoming transformed by their own success—for example, the Oneida colony and the Amana colony—into enterprises far different from their founders' intent.

Some cult-like activities and the beginnings of a counterculture—beatniks or the beat generation—emerged in America in the 1940's and 1950's after World War II and the Korean War. A new set of disturbances in the American culture welled up during the 1960's with the expansion of an unpopular war in Southeast Asia, massive upheavals over civil rights, and a profound crisis in values defined by unprecedented affluence on the one hand and potential thermonuclear holocaust on the other. The youth were caught up in three rebellions: red (new left), against political and economic monopolies; black, against racial injustice; and green (the counterculture), against materialism in all its manifestations, including individual and institutional struggles for power (West and Allen, 1968).

Drug abuse and violent predators took an awful toll among the counterculture's second generation (hippies) in the late 1960's. Many fled to form colonies, now generally called communes. Others turned to the apparent security of paternalistic religious and secular cults, which have been multiplying at an astonishing rate ever since.

Those communes that endured the 1960's or appeared during the 1970's—perhaps 2,000 or 3,000 in North America—can generally be differentiated from cults in three respects:

- (1) Cults are established by strong or charismatic leaders who control power hierarchies and material resources, but communes tend to minimize organizational structure and to deflate or expel power seekers.
- (2) Cults possess some revealed "word" in the form of a book, manifesto, or doctrine, whereas communes vaguely invoke general commitments to peace and libertarian freedoms and a distaste for the parent culture's establishments.
- (3) Cults create fortified boundaries, confining their membership in various ways and attacking those who would leave as defectors, deserters, or traitors; they recruit new members with ruthless energy and raise enormous sums of money; and they tend to view the outside world with increasing hostility and distrust as the organization ossifies. In contrast, communes are like nodes in the far-flung reticulum of the counterculture; their boundaries are permeable membranes through which people come and go relatively impeded, either to continue their pilgrimages or to return to a society regarded by the communards with feelings ranging from indifference to amusement to pity. Most communes, thus defined, seem to pose

relatively little threat to society. Many cults, on the other hand, are increasingly perceived as dangerous both to their own members and to others.

It is currently estimated that between 2 million and 3 million Americans, mostly between the ages of 18 and 25, are involved in cults. The rapidly expanding Church of Scientology, founded by L. Ron Hubbard, claimed 5.5 million members world-wide in 1972, and The Unification Church of Reverend Sun Myung Moon boasts of 30,000 members (often called "Moonies") in the United States alone.

Those enterprises may seem rich, respectable, and secure, compared with the Reverend Jim Jones's tragic People's Temple, with its membership of only 2,000 or 3,000, of whom more than 900 died by order of the cult leader in the now notorious spasm of suicide and murder on November 18, 1978, after the cult had moved from California to Guyana. However, The Church of Scientology, The Unification Church, The World-wide Church of God, Synanon, and other similar organizations have been under recent investigation by government agencies. Other large religious cults—such as Divine Light Mission, Hare Krishna (International Society of Krishna Consciousness), and Children of God—are also facing public scrutiny. There is increasing public alarm about some cults' methods of recruitment, exploitation of members, restrictions on members' freedom, retaliation against defecting members, struggles with members' families engaged in rescue operations (including so-called deprogramming), dubious fiscal practices, and the like. Lately, the public's concern has been increased by death threats against investigative reporters, leaked internal memorandums, justifying violence, the discovery of weapons caches, the rattlesnake attack against an anticult attorney (Paul Marantz on October 10, 1978, in Los Angeles), the violent 39-hour siege by the Hanafi Muslims in Washington, D. C., on March 9-11, 1977, and, of course, the gruesome events in Guyana.

Some cult-like organizations, such as Charles Dederich's Synanon, are relatively passive with regard to recruitment, albeit harsh when it comes to defections. Others, like Moon's Unification Church, are tireless in their recruitment activities. Many use techniques that in some respects resemble the political indoctrination methods prescribed by Mao Tse Tung during the communist revolution and its aftermath from 1945 to 1955 in China. Those techniques, described by the Chinese as "thought reform" or "ideological remolding," were labeled "brainwashing" by the American journalist Edward Hunter (1951, 1958). Such methods were subsequently studied in depth after the Korean War by a number of Western scientists. (Lifton, 1961; Schein, 1961).

RECRUITMENT AND INDOCTRINATION

Like the political indoctrination studied by Schein (1961), successful indoctrination of a recruit by a cult is likely to include most of the following elements:

(1) isolation of the recruit and manipulation of his environment; (2) control over channels of communication and information; (3) debilitation through inadequate diet and fatigue; (4) degradation or diminution of the self; (5) induction of uncertainty, fear, and confusion, with joy and certainty through surrender to the group as the goal; (6) alternation of harshness and leniency in a context of discipline; (7) peer pressure, often applied through ritualized struggle sessions, generating guilt and requiring open confessions; (8) insistence by seemingly all-powerful hosts that the recruit's survival—physical or spiritual—depends on identifying with the group; (9) assignment of monotonous tasks or repetitive activities, such as chanting or copying written

materials; (10) acts of symbolic betrayal or renunciation of self, family, and previously held values, designed to increase the psychological distance between the recruit and his previous way of life.

A cult that uses such drastic techniques to control and exploit hundreds or thousands of members does not begin by doing so with each novice. Typically, the approach is made by an attractive peer, often of the opposite sex, to a person who appears vulnerable through shyness, homesickness, uncertainty of purpose, alienation, or unchanneled idealism or who simply happens to be alone. In a friendly way, with much smiling and casual touching, a conversation is generated during which the recruit's interests and background are elicited. The recruiter then happily announces that he or she has some friends who are interested in the same things (e.g., peace, poverty, altruism, racism, the meaning of life). In fact, they are meeting that very evening; there will be a free meal and a guest speaker.

By such means, aided by intense eye contact, flattery, and personal attention, the recruit is maneuvered into attending the first meeting. There is little discussion of a religious nature; the leader's name may not even be mentioned. Instead, there is a rousing but nebulous lecture, followed by cheery talk, sincere smiles, eye contact, hand holding, and general expressions of great affection, characterized by some cynical cult instructors as "love bombing."

Toward the evening's end the recruit may be encouraged to attend a 3-day workshop at an attractive ranch located in the country, "to learn more about us and to allow us to get to know you better." Manipulation, sensory barrage, and indoctrination begin in earnest at the retreat. Long hours, a continuous frantic pace, cheering, chants, and constant stimulation by the group render the young person fatigued, suggestible, compliant.

Gradually, information about the group's identity and the nature of the demands it places on members are revealed. But the recruit, isolated from his usual surroundings and overwhelmed by the group, loses the ability to evaluate those items according to his usual frame of reference. He wants to leave, but his car has been moved; everyone insists that he should stay; they all love him; he yields. Sometimes he actually becomes entranced, entering a dissociated state of altered consciousness, with subsequent amnesia for these crucial early hours and days.

In the weeks that follow, the recruit is constantly accompanied by members of the group who surround him with love, affection, and camaraderie and who increasingly exhort him to surrender his autonomy, embrace the cult's discipline, relish self-sacrifice, and do unselfish work. In return, he will receive a divine message, inspiration, a new way of life, and a sense of absolute security through identification with the all-encompassing group and its omnipotent leader.

When the adaptation process has progressed for a number of weeks, the elders may judge the recruit ready to assume the duties of full membership. Those duties may include menial labor, raising money on street corners and at airports, parading and chanting, recruiting new members, even scavenging for edible garbage. The new cultist is asked to abandon friends, family, and career and to donate all his material goods and his earnings to the organization. He is required to make a will in favor of the leadership and to agree to carry out all commands given him by those in charge.

As time passes, the member's psychological condition may deteriorate. He becomes incapable of complex, rational thought; his responses to questions become stereotyped; he finds it difficult to make even simple decisions unaided; his judgment about events in the outside world is impaired. At the

same time, there may be such a reduction of insight that he fails to realize how much he has changed.

After months or years of membership, he may emerge from the cult—perhaps “rescued” by friends or family, more likely having escaped after prolonged exploitation and suffering culminating either in revolt against a particular outrage or in a gradual and painful disillusionment. Many such refugees appear dazed and confused, unable to resume their previous way of life and fearful of being captured, punished, and returned to the cult. Singer (1978, 1979) worked with more than 300 of these refugees from cults, and found that many of them experienced thinking difficulties and marked impairment of self-expression. “Floating” is a frequent phenomenon, with the ex-cultist drifting off into dissociated states of altered consciousness. Other frequent symptoms of the refugees include depression, indecisiveness, and a general sense of disorientation, often accompanied by frightening impulses to return to the cult and throw themselves on the mercy of the leader.

The following criteria apply to most of the cults from which such refugees are likely to come, as well as to many other contemporary organizations of that type.

1. The venture was initiated by a self-proclaimed leader who claims to have been chosen by a higher power to lead such a group or to have discovered some great cosmic secret justifying his leadership. For example, leaders of outer space cults often claim flying saucer and UFO personnel assigned them their mission.

2. The cult has developed a double set of ethics in order to promote the group's welfare—one for use within the cult, such as to be open and honest with each other and with the leader, and another for use in dealing with nonmembers, such as to deceive and manipulate.

3. The cult has required the recruit to undergo a major disruption or change in life style. Many cults put great pressure on new members to leave their families, friends, and jobs to become immersed in the group's major purposes, such as recruiting and fund raising. Because of the double standard of ethics, duplicity in fund raising is often practiced, the declared premise being that anything that advances the group's glorious ultimate purpose is justified.

In the United States there are at least 10 major types of cults, each with its own beliefs, practices, and social mores (Singer, 1978). The list below is not exhaustive, but most of the new cults can be classified under one of the following headings:

(1) neo-Christian religious cults; (2) Hindu and Eastern religious cults; (3) occult, witchcraft and satanism cults; (4) spiritualist cults; (5) Zen and other Sino-Japanese philosophical-mystical cults; (6) race cults; (7) flying saucer and outer space cults; (8) psychological cults; (9) political cults; and (10) certain communal and self-help or self-improvement groups that, over time, become transformed into cults.

Several investigators described the experiences of a number of adolescents and young adults, mostly from cults under the first two headings (Patrick and Dulack, 1976; Enroth, 1977; Stoner and Parke, 1977; Conway and Siegelman, 1978). They provided vivid descriptions of life in some of those groups. Other studies focused on specific groups or noted contrasts between orthodox religious groups and the newer religions (Zaretsky and Leone, 1974; Sparks, 1977).

Some cults start their names with “The,” implying that theirs is the only way to be, to think, or to live. Examples include The True Believers, The Way, The Walk, The Process, The Foundation, The Local Church, The Jesus People, The Body, The Farm, The Assembly. Other groups emphasize the concept of family: The Family, The Love Family, The Rainbow Family, The Forever Family, The Christ Family, The Lyman

Family, The Barranca Family, The Manson Family. Images of siblings provide other family models, such as Brother Julius, Brother Evangelist, Brother David, and countless “Brotherhoods (very few Sisterhoods) of the....” Many are simply churches or temples: The Church of Final Judgment, The Church Universal and Triumphant, The People's Temple. Other miscellaneous names abound: The Alamo Christian Foundation, Bubba Free John and the Dawn Horse Communion, JHO, The No Name Group.

CULT INDOCTRINE SYNDROME

Delgado (1977) compiled various signs and symptoms, suggested by various mental health professionals, indicating that a cult indoctrinee syndrome may be defined. Seen that way, the indoctrinee can be considered the victim of a traumatic neurosis. The authors' own observations and interviews support that formulation, at least in a general way. The features include:

1. Sudden, drastic alteration of the victim's value hierarchy, including abandonment of previous academic or career goals. The changes are sudden and catastrophic, rather than gradual changes that might result from maturation or education.

2. Reduction of cognitive flexibility and adaptability. The victim answers questions mechanically, substituting stereotyped cult-specific responses for what his own responses might have been.

3. Narrowing and blunting of affect. Spontaneous feelings of interpersonal affection or love are suppressed (although certain cults, such as the Children of God, use sexual relations or “the gift of love” as part of “FFing” or “heavy witnessing” in both the recruitment and the retention of members, as well as to raise money from resulting “donations” by recipients of the sexual gifts). The victim may appear emotionally flat and lifeless or almost frantically cheerful and ebullient.

4. Regression. The victim becomes childishly dependent on the cult leaders and desires that they make decisions for him.

5. Physical changes. These often include weight loss, considerable deterioration in the victim's physical appearance, and a strange or mask-like facial expression, with a blank stare or darting, evasive eyes.

6. In some cases clear-cut psychopathological changes may appear, including dissociation, obsessional ruminations, delusional thinking, hallucinations, and various other psychiatric signs and symptoms.

As Delgado (1977) wrote:

Many of these changes are so dramatic and unmistakable that a medical judgment is not required to discern that something is wrong; they are readily apparent to lay persons who have known the victim in his earlier life.

Proper evaluation of a cult indoctrinee should include a thorough history obtained from at least two persons—parents, siblings, spouse, or friends—who knew the person well in precult days and have had contact with him during the cult experience. Special attention should be given to ascertaining the indoctrinee's range of precult intellectual and other interests and accomplishments and to assessing how they presently appear to the relative or friend. A comparison of the changes from precult to present behavior is important, even though the family member or friend may not be able to label what he noticed with technical terms. Observers often use such descriptive terms as “spacey,” “zombie,” “programed,” “not herself anymore,” “a different person now,” “they changed him somehow,” and “has a 10-mile stare in his eyes.” It is important to elicit several examples or instances of each aspect of change from the informant, because doing so permits the professional interviewer to appreciate better what is being reported.

CULT REFUGEES OR VETERANS

Mental health professionals are beginning to see a number of ex-cultists as patients. Those veterans are returning to society after many months or years in cults. Some studies report that a significant fraction of those who become involved in cults were maladjusted, troubled, or even psychiatrically ill beforehand (Singer, 1978, 1979; Galanter et al., 1979; Ungerleider and Wellisch, 1979). However, the majority of adolescents and young adults who join cults are not seriously disturbed to begin with. Most of them come from middle-class backgrounds and are fairly well educated. Especially at times of dislocation, disorientation, loneliness, or existential crisis, they become vulnerable to approaches by groups looking for just such persons to recruit. The large cults instruct recruiters to seek out those traveling alone, newly arrived foreign students, students entering university life for the first time, and persons who seem lonely, depressed, alienated, or displaced. Any person who is in a vulnerable state, seeking companionship and a sense of meaning, is a good prospect. Although most contemporary cults recruit mainly young adults, a few, such as The People's Temple, seek entire families. Family life can also be profoundly disturbed by cults, and sometimes a whole family becomes a group of refugees.

FAMILY BACKGROUNDS

Certain family backgrounds may render some young people more vulnerable than others to the lures of cults. The cults offer instant, simplistic, and focused solutions to life's problems. Some families unwittingly foster a combination of indecisiveness and rebelliousness that makes the cult seem like a perfect solution to the young person seeking escape from the frustrations of that family situation. A number of cultists are found to come from such family backgrounds.

What do the current cults offer to lonely, depressed, or uncertain persons? In one form or another, each cult purports to offer an improved state of mind, an expanded state of being, and a moral or spiritual state of righteous certainty. That supposedly beneficial state of apparent salvation can be reached only by following the narrowly prescribed pathways of the particular group master, guru, or trainer. To grasp that approach to life, the new recruit—the "babe," "the preemie," "the spiritual god-child," "the lower consciousness one," as certain groups label the beginner—must surrender his or her critical mind, must yield to the flow of force, must have child-like trust and faith.

Special methods are used to manipulate recruits into such an accepting state of mind. They are variously instructed: "Stop fighting it." "Do not express negativity." "Melt!" "Flow with it." "Accept and surrender." "Bliss out." "Stop using your critical mind." "Seek mindlessness." They are lured, cajoled, and induced to suspend the use of rational judgment and are urged to narrow their attention to what is at hand; to drop all ties with the past; to leave families, jobs, friends, schools; to shut out all competing ideologies; to block off memories of the past; to erase all doubt.

To those ends a tremendous amount of mental avoidance is necessary. Attention must be constricted; contact with families and past life must be minimized or abandoned; the mind must narrow its focus; any sense of personal independence or rebellion against the cult leader must be suppressed; an accepting, noncritical mental stance must be attained and maintained. That state of mind is induced by the use of such well-known techniques as trance induction through hours of incessant, mind-numbing solitary or group chanting; long repetitive lec-

tures; guilt-inducing dogma; and social measures of every kind.

When the desired result is achieved, the new cultist does not necessarily appear mentally ill or bizarre. However, family and friends who previously knew him well may observe distressing changes from his former self. Attention is now constricted. New information is avoided. "His mind seems closed." Conversation is monotonous and repetitious, filled with the dogma and catchwords and phrases of the cult. Mental mechanisms of dissociation, denial, suppression, and regression are implicated in the victim's maintenance of the cult's formulations of life. Of course, such maintenance is reinforced. The more the person conforms to cult requirements, the more approval and affection are forthcoming from the group.

By regressing mentally and socially, conforming to the leader's dictates, and identifying with his power (identification with the aggressor), the cultist feels secure. He is no longer lonely and powerless. The exercise of critical, rational, and even verbal intelligence is suspended. The guru, prophet, cult leader (or surrogate) has persuaded the person to attain a passive, empty mind; to accept, surrender, melt, and obey. While maintaining such a state daily, even for years, the cultists are laboring up to 20 hours a day in the fields and shops, fund raising, baby sitting, doing household chores, and so on. They wear used clothing and eat cheap food while the cult leaders wear jewels, drive expensive cars, live in palatial homes, use cultists as servants, and control all the money and resources the members turn over to the cult. Those contrasts are justified by the leaders as being proper and even necessary for the good of the group.

COMMUNICATION STYLES

Letters written home by cult indoctrinees in their twenties, many of them college graduates, often resemble letters from young children away at camp. The content is childish and allusive. Where the person is, what he is doing, who he is with—all remain vague. The main theme is that everything is great. Occasionally, the childish, regressed qualities are shown by little flowers, happy faces for dots and periods, small valentines sketched in the margins, and the like. When the writer is a former college athlete or otherwise a previously assertive or effective person, the letters are likely to be even more out of character with the past. Letters sent to parents by various members of a single cult often bear striking resemblances. When those letters are compared with letters written before the cult experience, the childish features are clearly seen as a marked regression. Extensive histories from the parents, friends, and siblings of a cult member have been used to secure as objective a picture as possible from the several informants. When such a cult member is interviewed, the informants' descriptions of great change are usually found to be accurate.

In the interviews of present cult members, many of them respond stereotypically, no matter what the interviewer asks, with long and often circumstantial recitations. They speak rapidly and volubly, using cult jargon and pursuing tangential topics, seemingly unaware that their responses do not relate to the topic at hand. For example, when asked how long he had been in the cult, one indoctrinee smilingly and rapidly launched into a speech on vegetarianism, seemingly unaware that he was not replying to the question. That particular quality of unresponsiveness is central to what parents often term the programmed quality of cult recruits' conversations.

Various observers, including the authors, have found that most cult indoctrinees do not show gross psychopathological signs of mental illness, such as obvious and marked thought or

affective disorders. Rather, one finds subtle yet significant constructions, decrements, and fluctuating inefficiencies in cognitive functioning and blunted, fixed qualities in affective state, even when it is cheerful. The style of relating to the interviewers also seems inappropriate for the indoctrinee's age. He often seems immature and child-like, maintaining a fixed smile and a fixed emotional tone, failing to exhibit the appropriate ranges of concern, annoyance, suspicion, humor, inquiry, or even anger throughout long interviews (Shapiro, 1977; Clark, 1978; Etamed, 1978).

Interviews of numerous cult indoctrinees reveal two major styles of communication among them. One group comprises energetic, apparently euphoric, literally bright eyed and bouncy persons who talk in driven, forced, characteristically endless cult jargon, seemingly unaware of the details of questions put to them or that a listener desires to respond or wants to change the topic. A second group exhibits slowed, emotionally blunted and flat speech: they seem tired and pale and have difficulty in maintaining responsiveness, in spite of their efforts to smile continually and to interact with the interviewer. Both groups appear to be extended versions of ordinary young adults—the former group appearing excited or anxious, the latter apathetic and depressed.

At first, the complaints of families and friends that the indoctrinees seem programed may not seem justified to the objective observer. But after numerous interviews with cultists, certain uniformities in response style are revealed—for example, the smiling intensity, the repetitive monologues in cult jargon, and the unawareness that he or she is preaching to the listener, rather than conversing—even though superficial individuality remains. Those behaviors are not typical of members of orthodox religious training groups. Interviews with Catholic, Jewish, and Protestant seminarians disclose the same variety of individual difference in conversational style that is found among their age-mates in other callings. Such persons do not show the so-called programed quality that is often observed in cult indoctrinees.

If the cult member begins to think critically and finds a way to escape the social and psychological bonds that maintain the cult's group structure, he has a chance to escape. Sometimes families lure or pull the member away, legally or even bodily. Then in many instances a remarkable phenomenon, sometimes called the awakening process, may be observed.

DEPROGRAMING

Perhaps because of the contemporary ubiquity of computers, the terms "programing" and "deprograming" have become part of the cult-relevant language. The social and interpersonal influences and indoctrination methods used by cultists produce the above-described stereotyped responses, which resemble computer tapes that have been programed toward a particular goal. The term "deprogramer" is now used to label a person who presents to a cultist information that may cause him to reconsider his commitment to the cult and to leave it.

During the 1970's Ted Patrick and Joe Alexander, Sr., became well known as deprogramers. Each man had sought out a young cult-involved relative and had insisted that the relative listen to a recitation of facts about the cult's practices. Since those first experiences, Patrick and Alexander have talked with hundreds of cultists, some of whom were literally abducted to permit a deprograming dialogue to take place (Patrick and Dulack, 1976).

As more young adults have left cults, they have joined the

growing ranks of those who now act as deprogramers or "reentry counselors." They provide information to persons considering joining or who have already joined cults. From personal experience they know how they were personally persuaded to join, how the cult indoctrinated them to its ways, and what their mental states were while they were members. Some have collected masses of data from newspapers, books, and interviews to use in helping cult members experience the special awakening feeling as they begin to assimilate information previously avoided or denied them by the cults. Some of that information was, in fact, available, but the member feared—or found himself unable—to think about it while in the cult.

POSTCULT DIFFICULTIES

Just as there is no single pattern of precult experiences, there is no uniform set of postcult problems. However, three major difficulties faced by most persons who emerge from cults are feelings of loneliness, difficulty with decision making, and the return of any precult depression or pervasive sense of existential meaninglessness. Many young adults joined cults at a time when they were in states of mild to moderate depression; were struggling with issues concerning school, marriage, and sexuality; or were in conflict with their families. Often, they felt concerned about an insufficient sense of meaning or purpose in their daily lives. Cult life, by contrast, provided a totalistic system, similar to that in thought reform (Lifton, 1961), that used all their energies, provided constant companionships, and made all decisions for them. Consequently, they emerged from the cult experience as passive, acquiescing persons in need of support while learning to function independently again.

Ex-cultists remark about great changes in their mental states that occurred after being out of the cult for some time. Those changes are difficult for them and others to label. One man said:

It's more that something comes back. One day I realized my thinking had gradually expanded. I could see everything in more complex ways. The group had slowly, a step at a time, cut me off from anything but the simplest right-wrong notions. They keep you from thinking and reasoning about all the contingencies by always telling you, "Don't doubt; don't be negative." And after a while you hardly think about anything except in yes-no, right-wrong, simple-minded ways.

Journalists who interviewed people while they were active cult members and later, after they had left, also reported observing great changes in those persons. While in the cult, the members seemed ordinary enough, perhaps with the exception of a peculiar stare about the eyes. However, after the cultists had been out of the cult for some time, the journalists noted how much brighter, more resourceful, and more talented they seemed than before (Singer, 1978, 1979). Social scientists, increasingly fascinated by the cults as social experiments of nature, have made similar observations. One sociologist collected a number of illustrative case histories from several of the more powerful cults, including Hare Krishna, The Children of God, The Alamo Christian Foundation, The Unification Church, The Love Family, The Divine Light Mission, and The Way (Enroth, 1977).

LEGAL RAMIFICATIONS

The cult-related scandals of the 1970's led inevitably to calls for government intervention or some other type of legal reform

to protect the vulnerable or the unwary from the depredations of cults and their leaders. Society began to consider steps to make sure that its members, particularly the young, would not unwittingly become lost in cults that use psychologically and even physically harmful techniques reminiscent of coercive persuasion. Parents may inform themselves and their children about cults and the dangers they pose. Religious and educational leaders may teach the risks of associating with such groups. However, when prevention fails and intervention assumes an official character, as through legislation or court action, one must consider the potential impact of such intervention on the free exercise of religion as guaranteed by the First Amendment. Delgado (1977) provided an excellent discussion of that issue, on which much of the following is based.

Under the Constitution, religious liberty is of two types—freedom of belief and freedom of action. The first freedom is, by its nature, absolute. A person may choose to believe in a system that others find bizarre or ludicrous; society must not interfere. Religiously motivated conduct, however, is not protected absolutely. Instead, it is subject to a balancing test, in which courts weigh the interest of society in regulating or forbidding the conduct against the interest of the group in carrying it out.

Today, the recruiting practices and programmatic activities of many cults have created social concerns that are clear and tangible. How can society best protect the individual from physical and psychological harm, from stultification of his ability to act autonomously, from loss of vital years of his life, from dehumanizing exploitation—all without interfering with his freedom of choice in regard to religious practices? And, while protecting religious freedom, how can society protect the family as a social institution from the menace of the cult as a competing superfamily?

A number of legal cases involving polygamy, blood transfusions of religious objectors, and the state's interest in protecting children from religious zealotry suggest that courts hold those interests constitutionally adequate to check the obvious depredations of cults. Furthermore, the cults' interest is likely to be found weakened by lack of sincerity (a requirement deriving from conscientious objector and tax exemption cases) and lack of centrality of the objectionable practices to the essential religious functions, such as worship.

To be protected by the First Amendment, religious conduct must stem from theological or moral motives, rather than from avarice, personal convenience, or a desire for power. Such conduct must also constitute a central or indispensable element of the religious practice. Many religious cults demonstrate extreme interest in financial or political aggrandizement, rather than the spiritual development of the faithful. Because their religious or theological core should not be affected by a prohibition against their using deceptive recruiting methods and coercive techniques to indoctrinate and retain their members, it is likely that courts would consider the use of such methods neither sincere nor central.

Accordingly, the constitutional balance appears to tip toward intervention. It could be objected, however, that obnoxious practices that might otherwise justify societal intervention should not be considered as harmful if the persons experiencing them do so voluntarily and do not see them as harmful.

Is coercive persuasion in the cults inflicted on persons who choose to undergo it—who freely decide to be unfree—or is it imposed on persons who do not truly choose it of their own free will? The decision to join a cult and undergo a drastic reformation of one's thought and behavioral processes can be seen as similar in importance to decisions to undergo surgery,

psychotherapy, and other forms of medical treatment. Accordingly, that decision should be protected in the same manner and to the same degree as the decision to undergo medical treatment is protected. That means the decision must be fully consensual. Consensuality in this context means that those making such decisions do so with both full mental capacity and with a complete knowledge of the choices offered them. As is the equivalent requirement from medical practice, recruits should give fully informed consent before the process of indoctrination can be initiated. If they have not done so—and in the authors' experience they almost never do—intervention on their behalf through the courts should be permitted.

Delgado's (1977) conclusion—based on reviews of legislative reports and court proceedings, including cases involving conservatorships or the defense of necessity in kidnaping prosecutions—conforms with the authors' observation that the cult-joining process is usually not fully consensual, since knowledge and capacity—the essential elements of legally adequate consent—are not simultaneously present. Cults should be required to obtain fully informed consent from prospective members, who then give permission in advance to apply the procedures of indoctrination. There should be ample warning of the potential risks and losses. If that warning has not been given, societal measures may properly be taken to protect against cultist indoctrination without violating the principle, central to American jurisprudence, that the state should not interfere with safe behavior that is voluntarily chosen by adult citizens.

Most but not all young persons approached by cultist recruiters have relatively unimpaired capacity at that time. True, they may be undergoing a momentary state of fatigue, depression, boredom, or restlessness. They may be worried about exams, separation from home or family, the job market, or relations with the opposite sex. But generally their minds are intact. If the recruiter were to approach such a person and introduce himself as a recruiter for a cult, such as The Unification Church, it is likely that the target person would be on guard. But the cult conceals the identity of the organization and the role the recruit is expected to play in it until the young person has become fatigued and suggestible. Further information is imparted only when the capacity to analyze it has become low. In other words, when the recruit's mental capacity is high, his knowledge is not; later, the reverse obtains. Deception is used to prevent him at the outset from bringing to bear his unaffected judgment on items of information he might ordinarily see as repugnant. Consent given under such circumstances should not deserve the respect afforded ordinary decisions of competent adults. The same should hold true of the cultist's subsequent commitments and recommitments to the group. The later consents are derived from the initial ones: if the original commitment is defective, the later ones are as well.

If intervention against cults that use coercive persuasion is consistent with the First Amendment, the problem arises that a line must be drawn between cults and other organizations. Is it possible to impose restrictions on the activities of cults that use coercive persuasion without imposing the same restraints on other social enterprises—for example, television advertising, political campaigns, Army training camps, Jesuit seminaries—that use influence, persuasion, and group dynamics in carrying out their plans?

Established religious orders and Army training camps may sequester their trainees to some extent. Military recruiters and Madison Avenue copywriters may use exaggeration, concealment, and puffery to make their products appear more attractive than they are. Revivalists may invoke guilt. Religious mystics may engage in ritual fasting and self-mortification.

However, although it has been argued that the thought control processes used by cults are indistinguishable from those used by these other, more socially accepted groups, it is really not difficult to distinguish between cults and other institutions. Such differentiation simply entails examining the intensity and the pervasiveness with which mind-influencing techniques are applied. Jesuit seminaries may isolate the seminarian from the rest of the world for periods of time, but the candidate is not deliberately deceived about the obligations and burdens of the priesthood; in fact, he is warned in advance and is given every opportunity to withdraw. Mainstream religious organizations do not concentrate their search on the weak, the depressed, or the psychologically vulnerable; in fact, many orders use psychiatric screening to eliminate those whose motivations to join are expressions of emotional instability. Some religious groups even impose a waiting or cooling-off period. Military training and executive training programs may use both dictates of authority and peer pressure to encourage the adoption of new patterns of thought and behavior. However, they do not seek to accelerate the process by prolonged or intense physiological depletion or by stirring up feelings of dread, guilt, or sinfulness.

In fact, few, if any, social institutions claiming First Amendment protection use conditioning techniques as intense, deceptive, or pervasive as those used by many contemporary cults. A decision to intervene and prevent abuses of cult proselytizing and indoctrinating does not by its logic alone dictate intervention in other areas in which those activities are mild and easily controlled by social sanctions or by law (West and Delgado, 1978).

Quacks

Voltaire commented that the charlatan was born when the first knave met the first fool. Quacks probably deserve to be considered charlatans, but their victims—or patients—are not necessarily fools. They may be merely ignorant or superstitious or naive or suggestible or misled by sincere friends or misguided by certain religious teachings or frightened or even desperate enough to try anything when other remedies have failed or when more responsible helpers can offer no hope. Such persons are vulnerable to the false or exaggerated claims of the quack, whose primary motives are usually financial gain, prestige, power, or all three.

Historically, the quack has thrived by offering to help people with ailments for which cures or treatments have not yet been satisfactorily developed by scientific medicine; for diseases that are particularly feared, such as cancer and, in the past, venereal disease, tuberculosis, and epilepsy; for recurrent or intermittent syndromes, such as arthritis, multiple sclerosis, and vascular headaches; and, of course, for nervous and mental disorders of all kinds.

Famous quacks, both men and women, are often striking in appearance or personality or both. They commonly attach phony degrees and titles to their names and may display false or misleading credentials on their office walls. Testimonials by persons allegedly helped or cured are often used, not only by ordinary quacks but by religious faith healers as well to enhance the charlatan's prestige and to increase the suggestibility of prospective patients.

Most of the quackery of the past 5 centuries has been concerned with physical ailments. However, as mental illness emerged into specificity, if not respectability, it gradually entered the enterprising quack's domain. For example, one of the most famous quacks in history was a 19th-century Englishman named John St. John Lung. He specialized in curing usually

healthy patients of imaginary tuberculosis, but he also ventured formally for a time into the field of psychiatry. As he put it (Jameson, 1961):

The great power I possess in extracting fluid from the brain, has enabled me to reach the very seat of disease.

He was a handsome and dynamic man who was said to be particularly successful in treating unhappy female patients.

Morris Fishbein spent more than 40 years studying and exposing quacks and frauds in health-related fields, and he summarized some of his views as follows (Fishbein, 1965):

Increasing knowledge of the glands of internal secretion gave rise to [quack] preparations for rejuvenation, beautification and sexual power. Vitamins have been incorporated in preparations for growing hair or preventing grayness, without any real evidence that they could be helpful. Indeed, in the realm of cosmetology, quackery and nostrums seem destined forever to reap a pecuniary harvest.

Because people believe in "nature," uncooked foods, muscles and tendons, complicated machines of no particular merit, heat, cold, baths, lights (plain and coloured), static electric currents and even radioactivity have been vaunted as useful in the control of disease and the promotion of health.

An important element of the continuing success of quackery, especially in relationship to psychiatric disorders, is mistrust or resentment toward the established practice of medicine. Scientology perennially crusades against the American Medical Association, the American Psychiatric Association, and against physicians and psychiatrists in general. As one social historian pointed out, physicians have always been vulnerable to attack. Keeping mankind healthy and out of the grave is an impossible task. Health professionals are likely to be prosperous, invoking envy; they are busy, and their professional manner is often brusque; the therapy they prescribe may be unpleasant, protracted, and without guarantees of cure. Therefore, quacks have traditionally enhanced their own credibility by disparaging reputable physicians and playing on the widespread ambivalence toward the medical establishment (Young, 1967).

Spiritual healing is, of course, extremely difficult to attack under laws concerned with pure foods and drugs and governing the practice of medicine. Thus, it is not surprising that many quacks operate under that umbrella. For example, the famous visionary Edgar Cayce, who made diagnoses while in a trance and claimed to detect disease even from a letter written by a sick person, not only used spinal manipulation techniques for healing but also sold such potions as Red Bug Juice and Oil of Smoke. He attributed his healing powers to God and developed a reputation as a miracle healer. His books of prophecy sell as well now as they did at the time of his death in 1945 (Maple, 1968).

One historian believed that—despite various government regulations, agencies to control fraud and misrepresentation, and widely available educational materials on health matters—the future of quackery may have brightened in the past few years because contemporary youth have taken a neoromantic posture that makes them vulnerable. In their skepticism of gigantic institutions, including universities and large research organizations, they have been caught up in a wave of anti-intellectualism that began in the 1960's and has not yet abated. Meanwhile, the quacks are constantly at work to exploit every advantage, legally and culturally, in their untiring efforts to make money at the suffering public's expense (Young, 1976).

Contemporary quacks, although thriving, have been subject

to considerable scrutiny (Jameson, 1961; Camp, 1974; Barrett and Knight, 1976). However, on the contemporary scene, with its myriad of psychotherapies, it has become extremely difficult to differentiate the traditionally defined quack from the non-professional psychotherapist of greater sincerity or claim to genuine expertise. Therefore, the remainder of this section considers the problem in its entirety under the less pejorative label.

Nonprofessional Psychotherapies

Many organizations, agencies, cults, sects, and individuals offer nonprofessional mental healing, psychotherapy, and self-improvement to the public today. They are a large and constantly changing group. Some purport to be purely spiritual, mystical, or religious. Others profess to be totally scientific, secular, and rational. Between those extremes is a spectrum of enterprises—The Church of Scientology is only one of many—that partake, to various degrees, of both mystique and pseudoscientific rationale.

Another spectrum applicable to nonprofessional psychotherapeutic enterprises is the specificity of goals. Some operators and organizations offer procedures that are directed precisely at highly defined problems or symptoms, such as smoking, overeating, alcohol abuse, drug addiction, and sexual inadequacies. Alcoholics Anonymous, Weight Watchers, and Gamblers Anonymous are three successful examples; so was Synanon for a time. Other organizations strive generally for the restoration or maintenance of health, regardless of the nature of the disease or the complaint in the particular case. Still others seek a general state of self-improvement, going far beyond the health orientation proper but including it. The widely accepted idea, one that is especially popular in Western societies, that there is always room for improvement and for the development of untapped potentialities in everyone makes such approaches essentially universal in their stated applicability.

TRANSCENDENTAL MEDITATION

One of the most widely known current examples of the universalist type is known as Transcendental Meditation (TM). Unique in many ways, it nevertheless incorporates some of the historically typical components of a successful nonprofessional healing enterprise—a charismatic founder and leader (Maharishi Mahesh Yogi); an appealing but global body of theory that partakes of both science (Maharishi's science of creative intelligence or SCI) and mystique; a parental enterprise representing the founder's original organizational effort (the Spiritual Regeneration Movement or SRM); derivative organizations, such as the Student's International Meditation Society (or SIMS); and the establishment of a major institution for the promulgation of the belief, the promotion of the movement, and the diversification of its enterprises (Maharishi International University). Maharishi (an honorary title meaning great sage or world teacher) Mahesh Yogi defines TM as an effortless, automatic mental technique consisting of (Hospital Times, 1970):

turning the attention inwards toward the subtle levels of a thought until the mind transcends the experience of the subtlest states of the thought and arrives at the source of thought (pure consciousness).

The meditator usually sits comfortably in a chair, with eyes closed, and allows the sound of a selected Sanskrit word—his mantra, given to him during his initiation—to echo in his mind

at will. He avoids pursuing any special line of thought, maintains an alert but relaxed state of mind, and permits all intruding thoughts to fragment or refine themselves until there are no longer any specific ideas at all, only an experience of transcendent awareness or pure consciousness. From time to time, specific thoughts return, only to dissolve again peacefully.

That meditative state is usually practiced for about 20 minutes twice a day. During meditation, there is likely to be a considerable degree of bodily relaxation, with a slowing of pulse and respiratory rates, an elevation of galvanic skin resistance, a diminution of blood lactate, and other signs of decreased metabolic activity (Benson and Wallace, 1972). At the end of each session, a sense of refreshment, alertness, and well-being is typically described. Those who practice the procedure twice daily over a period of months commonly report an over-all rise in spirits, energy, and morale. Routine tasks are accomplished with more relish and effectiveness. Various bad habits and unhealthy practices, such as the use of tobacco and alcohol and drug abuse, are said by some to decrease without special effort (Benson and Wallace, 1972). Creativity is supposed to increase, chronic tension and neurotic symptoms to diminish, and a sense of peace and benevolence toward others gradually to emerge. Benson (1975) reported that the beneficial physiological effects of TM are not specific to the procedure but can be achieved in other ways as well.

Other recent findings have also modified some of the earlier claims that TM produced unique effects that could be explained only in terms of its own mystique. For example, it now appears that meditators, although believing themselves to be in a special state of consciousness while awake, actually spend considerable time asleep (Younger et al., 1975; Pagano et al., 1976; Fenwick et al., 1977). On the other hand, some new evidence indicates that experienced meditators show a greater degree of electroencephalographic lateral asymmetry than do controls (Bennett and Turner, 1977) and that their right hemispheric functioning, as measured by the Seashore Tonal Memory Test, is enhanced or facilitated (Pagano and Frumkin, 1977). However, the frequent claim that meditation leads to increased creativity was not supported by the findings in a well-controlled empirical study (Domino, 1977).

Glueck and his co-workers, who have studied clinical applications of TM for the past decade, continue to see it as a useful adjunct to psychotherapy but one with some hazards to certain borderline patients and those prone to dissociative reactions (Glueck and Stroebel, 1975). Lazarus (1976) also found that agitation, depression, and even schizophrenic decompensation may be precipitated by TM in certain cases. Recent efforts to treat heroin users with TM failed (Anderson, 1977). The early hopes that TM would prove useful in treating hypertension have also proved disappointing (Pollack et al., 1977). However, Benson continues to be optimistic about its value, defined in the larger context of the relaxation response as an adjunct to pharmacotherapy in hypertension (Benson, 1977) and even more generally in the practice of medicine (Benson et al., 1977).

Meanwhile, Maharishi Mahesh Yogi seems to believe fully and seriously that the practice of TM alone—supported by the theoretical knowledge and values of the Vedic tradition, as formulated in his teachings as the science of creative intelligence—will eventually lead to the prevention or cure of most if not all mental and emotional illness and the conversion of mental hospitals into recreation centers. Other results would be the disbanding of armies and the emptying of jails. The Maharishi is a warm, gentle, intelligent, and educated man who elicits great loyalty and devotion from his followers. He is said to supervise all aspects of the international movement that

he began, although that claim now seems doubtful.

The fact that the Maharishi is both a Vedic scholar and a practical 20th-century man may account for the attractive combination of mystery and practicality that has contributed to the popularity of TM. Instruction is not time consuming and, in comparison with most rival movements, is quite inexpensive. Apparently, most normal persons of about age 10 or older can learn and practice the technique without difficulty. But it may well be that the mystique of ancient Eastern wisdom gives TM its greatest appeal.

A branch of the science of creative intelligence is concerned with the restoration of physical and mental health to those who are ill. Although the emphasis of the over-all organization of Maharishi International University is to teach TM to persons who are relatively normal, special techniques of meditation may be given out by teachers, who may themselves be physicians, with particular interest in curative aspects. Used in addition to regular twice-a-day meditation, those special techniques are directed toward the alleviation of specific problems. The development of that branch of the movement, in addition to its major goal of universal self-improvement, appears to justify the designation of TM as a nonprofessional psychotherapy.

The Maharishi's organization has spread around the world since its origins in 1957. The initial training of large numbers of teachers began in the 1960's at several locations in India, Europe, and the United States. The university was founded in 1971 and has since become legally established in about 30 states and a number of other countries. Major administrative centers of the university are located in Santa Barbara, California; New York State; Seelisbert, Switzerland; and Rishikesh, India.

All records of the various TM organizations have been computerized since 1967, so that fairly accurate statistics are available. World-wide, the total number of persons trained in TM is now said to be more than a million, of whom perhaps 1 per cent are teachers paid for their services by fees from trainees. More than half are Americans; Germany and England also have a good many meditators. However, it is probable that about a third of those who receive instruction are no longer meditating regularly by the end of 1 year.

Usually, a person learns about TM from an enthusiastic friend, or he sees a persuasive article or television program. He seeks further information, most likely from one of the 208 permanent centers in the United States or from similar centers in other countries. Whereas the university-age population provided much impetus for TM during the 1960's, with enthusiasm generated by members of the Student's International Meditation Society, today more than half of the new TM trainees appear to be working adults.

In the history of movements for human self-improvement, Maharishi Mahesh Yogi and his followers in TM achieved a significant place in the past 2 decades. However, having gone through the institutional developments described above, TM, like many other movements, can be expected to reach a peak and then gradually decline. Factors involved in that common sequence of events include the loss of novelty (a potent factor in the appeal of any remedial program); saturation of the natural market (those most likely to be attracted to the program); disappointment in the inevitable failure of the method to fulfill expectations (many of them quite unrealistic); and the inexorable changes of fashion, in healing as in everything else, that cause one method soon to become old hat and a newer one to attract the restless and fickle attention of the public.

Already, many brands of encounter groups and marathons,

so much in vogue during the late 1960's, are rapidly dwindling away. New varieties, each seeming to offer something a little different, are still appearing, which suggests that the approach has not yet lost its drawing power. Those modalities appeal to self-improvement motivations, scientific explanations drawn mostly from popular psychology, and a desire to be associated with a procedure or an organization that has both power and, inevitably, mystery.

In the foregoing respects there is a certain similarity of TM to many of the other contemporary nonprofessional psychotherapies and to those of the past. If TM really provides what its followers claim for it, it will endure where others have not. In that respect, time is the only test. Meanwhile, TM appears to have a good deal more to be said for it than do most of its current rivals among the nonprofessional psychotherapies, because TM appears to be much less likely than most such enterprises to do harm. However, it is still subject to the risks inherent in all nonprofessional psychotherapies if the recruits expect to receive the equivalent of professional care or if such care is postponed because of the palliative effects of TM. It is also subject to the risk that is always posed when an inner circle develops at the core of a large organization. For example, an elite group of advanced meditators are now secretly practicing levitation and seem convinced that they can counteract the effects of gravity on their bodies by the concentrated application of pure mental energy.

PSYCHIC HEALERS

Certain nonprofessional healers claim that their powers are psychic, mystical, or spiritual. They are believed by some to be genuinely endowed with mysterious special powers. Moss (1974) differentiated them from charlatans and quacks and noted several characteristics common to those psychic healers who are, in her view, authentic. Those "genuine" psychic healers usually use no medication and no special ritual and cannot explain how they accomplish the desired effects. The outgoing of a force, energy, or spirit—often together with strange physical sensations—seems to be the healer's most common subjective experience while engaged in the process. The gift was not taught to the healer but was discovered in an unexpected way. As a rule, no special ability or talent is claimed; such healers usually describe themselves as conduits for some external force.

Such healers do not claim to help everyone. There is said to be a 2 per cent chance of improvement among those who make the pilgrimage to Lourdes (Moss, 1974). Most of the practicing psychic healers studied by Moss claimed higher percentages than that but admitted that a large percentage of those who had sought help from them did not respond. Those "genuine" psychic healers are said to be happy to work with members of the medical profession, and a number of them have sought out connections with physicians or medical institutions. Recently, in both England and the Soviet Union, nonprofessional healers have obtained permission to treat patients in government hospitals under medical supervision. In America such cooperation has been mostly limited to lay hypnotists who help with obstetrical deliveries or other special procedures. However, under the banner of holistic medicine or holistic health, many nonprofessionals have recently become involved in the care both of the physically ill and of psychiatric patients in the United States (Reiman, 1979). Psychic healers have been rationalized as people who are somehow able to use hitherto undefined manifestations of energy flowing within and between persons. The study of those phenomena is sometimes

called bioenergetics, although the term is more often applied to a combination of physical and psychosocial activities intended to restore or maintain general health and well-being (Lowen, 1969).

OTHER MYSTIQUES

In the past few years some psychiatrists have shown a growing and unabashed interest in parapsychology, including telepathy, psychokinesis, clairvoyance, and prescience. A distinguished psychiatrist (Stevenson, 1966) has written on reincarnation, another (Eisenbud, 1967) on mediums, a third (Ullman, 1973) on thought transference in dreams. Experiences with hallucinogenic drugs have led some behavioral scientists, such as Casteneda (1968), to formulate different, even mystical, ways of knowing reality. However, even the biological scientist (Lilly, 1972) and the astronaut (Mitchell, 1974) are no longer hesitant about involving themselves in experiments and self-revelations that would have seemed outrageously mystical 20 years ago but that are now taken as a matter of course.

Astrology and prophecy seem to be as much in vogue today as they were in the 16th century. Many citizens eagerly accept the idea that the earth is being visited regularly by benign denizens of other solar systems who are ferried by spacecraft seen as unidentified flying objects (UFO's). Acupuncture is much in vogue. Self-improvement groups with religious or mystical overtones but modern mental health goals are sponsored by various lay organizations and are often managed by unabashed amateurs. In such a climate, perhaps it is not surprising that an upsurge of interest in and fascination with unconventional modes of healing is also taking place.

The extent to which mental illness today is generally thought to represent bona fide disease, despite the arguments of those who declare it to be a myth, may be reflected in the fact that faith healers of this day seem to be concentrating more of their attention on it. In the past the nonprofessional healing of mental disorders remained largely in the province of various priesthoods. Madness, defined as demonic possession, was cast out (exorcised) through the use of interpersonal or group ceremonies that were given religious definitions. Today, some of the most successful nonprofessional healing and self-improvement programs offer a combination of old-fashioned religious and modern scientific—or science fiction—formulations. The reasons for such a development probably include the combined power of suggestion derived from the mysteries of both science and religion and also the tax benefits and freedom from governmental harassment that churches enjoy in the United States. One of the most successful examples of that development is The Church of Scientology.

SCIENTOLOGY

The Church of Scientology had its beginnings as a pseudo-scientific healing cult, primarily directed toward psychiatric and psychosomatic disorders. It is discussed here rather than under cults because for many years its main claims to attract new members emphasized psychotherapeutic techniques and putative mental or psychosomatic benefits. The founder of Scientology is a former science fiction writer named L. Ron Hubbard who in 1950 published a best-selling book called *Dianetics: The Modern Science of Mental Health*. It described a procedure (dianetic auditing) that seemed to include popular elements of psychoanalysis (tracing all troubles back to infancy, even to the womb), hypnosis (inducing a dianetic reverie to get on the time track to the past), cybernetics (obtaining informa-

tion from a mental file clerk out of memory banks), and catharsis (undamming or releasing mental energy by clearing away inhibitory engrams, with resultant relief and even—if totally cleared—permanent cure and subsequent full utilization of all personal potentialities).

Dianetics was occasionally in trouble with the law because of statutes concerning the practice of medicine by nonprofessionals. However, in 1954 Hubbard and his attorneys legally transformed the nonprofessional psychotherapy of dianetics into a religious enterprise called Scientology, rather indistinguishable from dianetics as a healing enterprise, and until recently it remained immune from government interference. The official hostility of Scientology toward the medical establishment in general, as exemplified by the American Medical Association, is exceeded only by its open warfare with the specialty of psychiatry.

The Church of Scientology is now clearly a multimillion-dollar, multinational enterprise that is growing steadily in power and respectability and openly using its special brand of nonprofessional psychotherapy without interference. It is beyond the reach of malpractice lawsuits, statutes governing the healing arts, and committees on ethics of the various health professions. At present, a world-wide membership of some 4.5 million, 75 per cent in the United States, is claimed in 14 countries. Government figures suggest that the United States membership is closer to 600,000. Recent income estimates for The Church of Scientology range from \$25 million to \$100 million annually. Branches are to be found in most American and many European cities.

The expansion of Scientology succeeded in the face of opposition that at times involved severe attacks by various elements of government in several countries. For example, the state of Victoria, Australia, passed a law in 1965 that made the practice of Scientology a crime punishable by a large fine and a maximum sentence of 2 years in jail. The official hearing report (1965) stated that Scientology was

a serious threat to the community . . . its adherents are sadly deluded and often mentally ill.

The report concluded that The Church of Scientology was

the world's largest organization of unqualified people engaged in the practice of dangerous techniques that masquerade as mental therapy.

But the Scientologists fought back fiercely. The Australian ban was subsequently repealed. In 1971 the United States Food and Drug Administration, which had seized 100 E-meters—electric gadgets for which healing powers had been claimed—lost its case when a federal court ruled that Scientology was a bona fide religion protected by the First Amendment. The church put labels disclaiming therapeutic effects on the E-meters, and the FDA was forced to return the hundred that they had confiscated.

Meanwhile, Hubbard had added another major notion to his original concept of producing a "clear" person free of engrams by dianetic therapy. The addition was the identification of the human spirit, called *theta* (for "thing") and subsequently given a persona, the Thetan. That conceit added substance to Scientology's claim to be a religious identity and in the subsequent literature has received more and more emphasis. A Thetan is supposedly able to create or re-create the elements of the universe—space and time, matter and energy, life and thought. It is reminiscent of Hubbard's earlier contributions to the science fiction pulp magazines.

Today, despite its conflicts with various governments and organizations, the Church of Scientology wields great influence and power. For a fairly complete and objective account of the rise of Hubbard's Church of Scientology from its science fiction origins, the reader is referred to the study by Wallis (1976).

Other Nonprofessional Psychotherapies

The yellow pages of the telephone directory in any American city with a population of a quarter-million or more and in many smaller cities as well reveal advertisements by a great variety of putative mental healers, counselors, hypnotists, spiritual health advisers, and nonprofessional psychotherapists of every imaginable stripe. Other practitioners, although not advertised so blatantly, nevertheless attract large followings of seekers after peace of mind, relief from stress, or simply The Answer.

Reviews of some of the avant-garde psychotherapies, mostly quite nonprofessional, are now beginning to appear. Some reviews take a sardonic view of the current scene. For example, *Psychobabble* is Rosen's (1977) title for an analysis that includes Werner Erhard's est, Arthur Janov's primal therapy, Harvey Jackins's co-counseling, and Leonard Orr's theta or rebirthing. A less critical but more comprehensive collection gives brief but reasonably factual descriptions of a great many psychotherapies, both professional and nonprofessional, and their founders or main protagonists (Lande, 1976). Unfortunately, in that compendium the less respectable and even the outrageous gain a panache of respectability by inclusion with the legitimate and the professional.

Such reviews are useful, but they are always, of necessity, incomplete and out of date. There are more nonprofessional psychotherapies than can be catalogued, and new ones are appearing all the time. It remains incumbent on the health professional to be generally aware of the ubiquity and appeal of cults, quacks, and nonprofessional psychotherapies; to understand their inevitable benefits to some persons (through the placebo effect, if nothing else) and hazards to others; and to so conduct himself, as a true professional, that even to a confused and bemused public the differences between professionals and nonprofessionals become ever increasingly clear.

Suggested Cross References

Hypnosis is discussed in Section 30.4 and group psychotherapy in Section 30.5. Psychosomatic disorders are discussed in Chapter 26. Parapsychology is discussed in Section 56.15.

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