

Post Traumatic Stress Disorder and other consequences of cult-involvement

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Introduction

PTSD and other consequences of cult-involvement is not a topic that can be comprehensively covered in twenty minutes. Therefore, I have chosen to discuss some lesser known perhaps, and more current information about trauma, specifically the neurobiological aspects which, I believe, add explanatory power to the symptom picture.

PTSD, I believe, is in essence a disorder of *affect regulation*. Many mental health professionals have come to believe that *affect regulation* is the cornerstone of good mental health while *affect dysregulation* is the basis for mental illness. First, let me set the stage with a description of PTSD.

Post-traumatic Stress Disorder

According to the Harvard Mental Health Letter (2007) PTSD has become the default diagnosis for all kinds of symptom pictures. This is unfortunate since it dilutes the meaning and seriousness of the diagnosis. In the U.S. and elsewhere, our mental health “bible” is the Diagnostic Statistical Manual (DSM-1V) which, although it has its flaws, specifies criteria for an identifiable diagnosis. According to the DSM, the definition for PTSD is: “Exposure to an event that is out of the range of normal human experience.” To qualify for this diagnosis, the symptomatology of the client must include three aspects:

Re-experiencing of unwanted recollections resulting in intrusive thoughts, flashbacks, and/or nightmares. Because the person has not integrated the experience into his/her personality, it remains unmetabolized and is re-experienced in its original form.

Avoidance: the person avoids stimuli that might trigger the memories and result in re-experiencing and hyperarousal. He also isolates socially to avoid any possibility of further betrayal from people he trusts. Constriction of one’s emotions is also considered part of the avoidance category.

Hyperarousal, the third prong of this tripartite picture, refers to a lack of ability to regulate one’s affect/emotions. Sudden activation of the sympathetic branch of the ANS re-

sults in outbursts of anger, an overactive startle response, insomnia and lack of concentration.

Complex PTSD has been distinguished from Simple PTSD by the degree of impact on the victim. Being born and raised in a cult, or spending years in one, qualifies for the Complex PTSD diagnosis as the effects of growing up in this stressful environment has far reaching implications for development. Bessel van der Kolk, a traumatologist from Boston, has a fairly inclusive description:

Affect Dysregulation as a consequence of cult involvement

Affect Regulation is the ability to calm oneself down when one is agitated/anxious and to enliven oneself when one is depressed. We acquire this ability first through a secure attachment with our earliest caregiver, usually mother, who initially provides these psychobiological functions, picking the baby up when it is distressed and playing with him for optimal stimulation. If these emotional needs have been met, the child will have a secure attachment. His brain will sprout the necessary axons and dendrites to wire the brain for optimal functioning in the world. She will be able to take on the soothing and enlivening functions for herself and not always have to depend on others for affect regulation.

So, let us look at optimal brain development.

For a brain to work optimally, there must be strong synaptic connections between the lower, more primitive and emotional regions of the brain (brain stem and limbic system) and the higher cortical regions (frontal lobes) that enable us to think, reason, and make good judgments. A well-functioning brain has robust connections up and down, so that thinking and feeling are integrated. Otherwise, people either “live in their heads,” where they are cut off from their feelings (as in alexythymia) or, on the flip side, they are continually flooded with affect.

Affect attunement on the part of the mother is the essential ingredient for the baby’s brain to develop **affect regulation**. As she responds contingently, and in a timely fashion, the baby’s body is flooded with endorphins, those ‘feel good’ chemicals that enable him to attach to mother.

On the other hand, children who are born or raised in a highly stressful environment, such as a cult, are robbed of their birthright to have parents whose prime directive is to attend to these physical and emotional needs. Overwhelmed with the cult demands on their time and energy, and exposed to the shaming practices well-documented in the literature, parents are neither emotionally nor physically available to provide the secure attachment needed for optimal neurobiological development. Over-involved in cult-related activities (e.g. proselytizing, fund raising) parents

often consider children a hindrance to their personal goals of reaching enlightenment (in Eastern-based cults), attaining salvation (in Bible-based cults), or becoming mentally healthy and self actualized (in therapy cults). The attachment bond between parent and child is purposely diluted because, to the degree that any one member is attached to another, to that degree she is less attached and dependent upon the leader. His control is thereby diminished.

Being in a childlike position vis a vis the cult leader, parents relate more like siblings. They have abdicated their role as the executive branch of the family and given over decision making authority to the cult leader who is often given the title of “father” or “mother.” Parents function as “middle management” (Markowitz and Halperin, 1984) who channel the leader’s ideas of child rearing and their loyalty is tested by how obediently they carry out his orders. Angry and frustrated, parents often displace their feelings onto their children.

Under such stressful conditions forming a secure attachment is challenging if not impossible, and there are consequences. EEGs have shown that the infants of depressed mothers exhibit excessive activity in the right frontal lobe which is biased for negative emotions and psychopathology. Researchers at Baylor Medical Center also found that babies of depressed mothers had 20% - 30% smaller brains than babies of non-depressed mothers. The famous studies of Romanian orphans who had not been held and played with in infancy showed little or no activity in the parts of their brains dedicated to emotions. Thus, they were unable to attach because they could not feel.

Neural Networks

Another important aspect related to brain development for our purposes is that neural networks formed in childhood continue to influence us throughout life. Although we are born with 100 billion neurons (brain cells), the connections, or synapses, between these neurons are not developed yet. They depend upon the environment to inform them which ones should get activated. Neurons that are needed for a person to live and adapt in that environment will get stimulated; those that are not needed will die off.

Now, if a particular set of neurons get stimulated at the same time, they tend to fire together. The more often they do so, the more likely they are to continue to fire together. So, if a child is punished for questioning his elders, “punishment” neurons will get activated every time he questions the leader and soon he will stop questioning. As Donald Hebb, a neuroscientist put it, “Neurons that fire together wire together.” In this way, people learn what is acceptable in a particular environment.

The problem, of course, comes in when a child has grown up in a toxic environment, such as a cult. Shaped by that environment, his feelings about himself (bad, shameful), others (undependable, untrustworthy), and the world (a dangerous place) form a negative template that get projected onto the outside world, making adjustment difficult.

The Stress Response

Living in a chronically high stress environment damages the ability to deal with stress.

To better understand this, we need to understand the physiology of the normal stress response. Faced with immediate danger, the body pumps out the adrenaline hormones known as *cortisol* and *epinephrine*. These hormones go to our heart which begins beating faster, and to our muscles, to prepare the body either to fight or to flee when we don't think we have a chance of winning the fight.

In a wonderful feedback loop known as the HPA axis (Hypothalamic-Pituitary-Adrenal axis) cortisol levels reach a certain height which tells the body the danger is over, that it's ok to return to baseline, adrenaline is no longer needed. In this way, we have extra "warp speed" when we need it to cope with an emergency but we don't live there. This feedback loop is important because while cortisol is essential in the short-run, it is toxic in the long run. If left in the bloodstream too long, cortisol burns out synaptic connections in the brain and wears out bodily organs leading to ulcers, G.I. problems, heart disease, etc.

Children who live in cults do, in fact, live in this chronic state of alarm. Their bodies continue to be "at the ready" to fight or flee. When Dr. Bruce Perry worked with the Waco children, he found that even at rest the heart rates of the children were higher than normal. While the average HR for children is 80 BPM, the resting heart rate of the Branch Davidian children 6 weeks after the Waco disaster was still above 100 (conference presentation)

Having a secure attachment in childhood has been found to mediate the stress response. Michael Meaney at McGill University in Montreal demonstrated that when baby rats were licked and groomed a lot they were less anxious and fearful as adults; that is, they were able to be calm in the face of stress. Although it is never clear how generalizable animal research is to human behavior, studies from the field of attachment appear to confirm these findings.

Hippocampal Damage

Another robust finding from the trauma literature is that people who get PTSD have less hippocampal volume. The hippocampus is responsible for putting events into their proper time folders

and thereby consolidating memory accurately. If the hippocampus is functioning suboptimally the person will not have an accurate time perspective on his life history. During a traumatic event, the hippocampus is flooded with cortisol, the stress hormone, and goes offline. The event is therefore not placed into its appropriate temporal folder. When the event gets triggered in the present, the body will react as it did in the past manifesting the *hyperarousal* characteristic noted in PTSD. The same research study of Vietnam Vets mentioned above showed reduced hippocampal volume in the PTSD group.

Dissociation

A talk on the consequences of cult-involvement would not be complete without a discussion of **dissociation** as it is so pervasive in this disorder. As we know, when faced with a danger, a person will either fight or flee and when neither of these strategies are possible, he will “freeze.” A freeze state is a dissociated state. It provides a means of psychological escape when physical escape is not possible. This is the case for children who live in chaotic, fearful, and often abusive families. Unable to either fight or flee, they dissociate. Assisting dissociation is the fact that norepinephrine is another hormone released when faced with a person is facing a traumatic event. Norepinephrine is responsible for narrowing attention, so that the person doesn’t get distracted but is able to bring all his/her mental faculties to bear on the present danger. However, this often results in remembering only parts of an event while other details are blocked out.

From the trauma literature we have learned that only about 15% of people exposed to the same event will develop PTSD and that the people most at risk are those dissociated during the event. We also know that people most likely to dissociate as adults are people who learned to “tune out” as children. Dissociation had become the default coping mechanism in all stressful situations.

Cult practices are notorious for inducing dissociative states: chanting, repetition of mantras, rote recital of bible verses, long lectures w/t breaks, and long periods of meditation are just a sample. Many cults teach people techniques for ignoring doubts and negative feelings such as to laugh when one is sad. A child I once interviewed because her mother who was not in the cult was worried about her bizarre behavior, started barking like a dog whenever she got anxious. She did this quite often. After years of such training the brain gets hard wired in such a way as to disconnect when stimuli are too dangerous, much like a train that gets uncoupled from its intended destination.

Other consequences

Spiritual Consequences

Different symptoms have been noted to be associated with different types of groups. In Bible-based groups for example, the former member often reports “hearing” the critical voice of the pastor/minister admonishing him/her. In Eastern meditation groups the attack appears to come more from within. Because the boundaries between outside and inside were more blurred in these groups where members were taught that God is one with the Universe, they believe the guru can hear their thoughts.

Emotional consequences: Guilt and Shame

Guilt and **shame** are two very powerful emotional residuals of cult involvement, guilt over behaviors one did to others, especially children, in order to conform and survive in the cult, and **shame** about having been so vulnerable to mind manipulation. We hear heartbreaking stories of children who did not visit their parents when they were dying or attend weddings and funerals. Tales of physical abuse and verbal assault on other members is also quite common. But the shame about who one is and who one became is worse. Shame goes to the very core of a person. And unlike guilt, for which one can make amends, there is no antidote for shame. Forgiveness, from others and oneself, comes the closest to salving those wounds.

Morality

Another consequence is in terms of **morality**. The cult leader’s conscience, with all its flaws, becomes the standard of morality for the group. All aspects of life are affected, especially sexuality which is also used to control the members. Sex is either encouraged, but often in prescribed ways, or it is prohibited (except of course for the leader).. Most cults are male dominated (there are a few headed by women), men are taught they are entitled to sex, and marital rape is not uncommon.

The self-fulfilling prophecy

Another effect of cult involvement is what I call the **self-fulfilling prophesy** effect. In cults, members are told that if they should leave, terrible things will happen to them. For example, in one case I had, children were told that if they left they would get into drugs, live on the streets, and become prostitutes. This is exactly what happened to a client I saw. Having been home-schooled by the group, with no formal education, degrees, or skills she lived on the streets for a number of years, engaging in exactly the behaviors that were predicted. This confirmed the pro-

phetic powers of the cult leader in her mind. Fortunately, she got into therapy before returning to the group.

Consequences to the spousal relationship

Intimacy between couples was also inhibited in the cult, so that when couples emerge their intimacy skills are rusty or non-existent. Showing affection was dangerous because it would call attention to the pair bond which would threaten the leader's omnipotent control. He would then find a way to come between them, often seducing one of the partners into a sexual relationship with him. After all, having sex with "God" can be a powerful aphrodisiac. Love and sex were not connected and often the leader would choose partners for members who were not suited for one another so that true intimacy could not develop. In therapy, then, couples need help in reaffirming their commitment.

Identifications and risks for couples

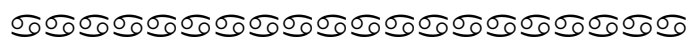
Another consequence of cult involvement is an *identification with the aggressor*. Members often take on the leader's characteristics in an effort to change trauma to triumph; they may become arrogant, sexist, and even paranoid. and project these attitudes onto the partner. Couples in which both partners were in the cult are especially at risk for various projections and projective identifications as they were both subjected to similar dynamics and don't have the benefit of outside influences.

Conclusion

In conclusion, cult involvement has many consequences. In an effort to better understand cult survivors I have tried to explain some of the ways neurobiology contributes to PTSD and its consequences. To quote M. Teicher:

Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds.

Nevertheless, the good news is that the brain remains plastic throughout life and new neural networks can be formed in the context of a nurturing, empathically attuned environment. There is hope for us all!



References

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