

Between Belief and Delusion: Cult Members and the Insanity Plea

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Cults are charismatic groups defined by members' adherence to a set of beliefs and teachings that differ from those of mainstream religions. Cult beliefs may appear unusual or bizarre to those outside of the organization, which can make it difficult for an outsider to know whether a belief is cult-related or delusional. In accordance with these beliefs, or at the behest of a charismatic leader, some cult members may participate in violent crimes such as murder and later attempt to plead not guilty by reason of insanity (NGRI). It is therefore necessary for forensic experts who evaluate cult members to understand how the court has responded to such individuals and their beliefs when they mount a defense of NGRI for murder. Based on a review of extant appellate court case law, cult member defendants have not yet successfully pleaded NGRI on the basis of cult involvement, despite receiving a broad array of psychiatric diagnoses that could qualify for such a defense. With the reintroduction of cult involvement in the DSM-5 criteria for other specified dissociative disorder, however, there may be a resurgence of dissociative-type diagnoses in future cult-related cases, both criminal and civil.

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Cults are generally considered to be new charismatic groups that espouse religious doctrine that differs from mainstream beliefs. Common characteristics of such groups are members' adherence to a consensual belief system, the maintenance of a high degree of social cohesiveness, strong behavioral mores that influence member behavior, and the recognition of members or group leaders as charismatic or divine.¹ Galanter describes a cult as a charismatic group that "adds the issue of religious deviancy and rejection of participation in the majority culture" (Ref. 2, p 1539). In history and in the popular imagination, from the Peoples Temple atrocity in Jonestown, Guyana,³ to the ultraviolent Kevin Bacon show *The Following*, some cults have developed a mysterious and troubling reputation in society.

A defining characteristic of many cults is that members adhere to a set of beliefs and teachings, whether written or espoused by leaders, that may appear unusual or even bizarre to those outside of the

organization. Because of this perception, it can be difficult for an outsider to know whether a belief is grounded in the teachings of a cult or if it is, in fact, delusional. In their article on shared psychotic disorder and criminal responsibility, Joshi *et al.*⁴ stated that some cults may resemble a case of "mass" shared psychotic disorder (a diagnosis in DSM-IV-TR⁵ that was eliminated in DSM-5⁶), raising the question of where cult belief ends and delusion begins. The authors posited numerous questions about cults and their beliefs, including when such beliefs should be considered part of a delusional disorder rather than cult doctrine and whether cult members may in some cases be said to share a psychotic disorder. Newman⁷ expanded on this issue, suggesting that a cult can catalyze the formation of shared psychotic disorder "because it involves a dominant individual who dictates the beliefs, actions, and behavior of several sub-servients" (Ref. 7, p 373).

These questions are particularly germane when evaluating a cult member for a plea of not guilty by reason of insanity (NGRI). Some cult members may participate in violent crimes, such as murder, in accordance with a cult-related belief or at the behest of a charismatic leader. Could an individual's participation in a murder be considered the result of a fixed, false belief that developed in response to cult involvement? When cult-related beliefs or cult leaders' com-

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mands become part of a person's belief structure and behavior, do we consider them psychotic? These questions have obvious relevance in the courtroom when cult members stand trial for murder.

The Diagnostic and Statistical Manual of Mental Disorders has provided limited guidance in determining the answers to these questions. The Fourth Edition, Text Revision (DSM-IV-TR)⁵ recognized the diagnosis of shared psychotic disorder (or *folie à deux*), but the criteria and supportive text did not address religious beliefs or cults. DSM-5 does not include shared psychotic disorder, but instead has "delusional symptoms in [the] partner of [an] individual with delusional disorder" (Ref. 6, p 122), within other specified schizophrenia spectrum and other psychotic disorder as a diagnosis for an individual who, in the context of a relationship, receives delusional content from a dominant partner but may not entirely meet criteria for delusional disorder. The text associated with the diagnosis of delusional disorder in DSM-5 indicates that "an individual's cultural and religious background must be taken into account in evaluating the possible presence of delusional disorder" (Ref. 6, p 93). It is unclear to what degree "cultural and religious background" could include participation in a cult. The outline for the cultural formulation in DSM-IV-TR and the complete cultural formulation in DSM-5 likewise provide no guidance for evaluators when distinguishing between delusional beliefs and religious convictions.

The Supreme Court heard one of the earliest cases involving cult-related beliefs. In *United States v. Ballard* (1944),⁸ the organizers of the I Am movement appealed their conviction for defrauding people by claiming to have supernatural powers to heal incurable diseases. The Court held that the question of whether the defendants' claims about their religious experiences were valid should not have been given to the jury because the "freedom of religious belief . . . embraces the right to maintain theories of life and of death and of the hereafter which are rank heresy to followers of the orthodox faiths" (Ref. 8, p 5). In his dissent, Justice Robert Jackson suggested that the case should have been dismissed outright for being nearly tantamount to an investigation into the truth of a religious conviction.

Although the Supreme Court deferred passing judgment on a cult's beliefs in *United States v. Ballard*, lower courts have dealt with cult members who have engaged in murder. In some of these cases, cult

members and their attorneys have raised NGRI pleas and the courts have been forced to decide whether cult beliefs represent religious conviction or psychotic delusions. These court decisions provide answers to questions posed by Joshi *et al.*⁴ and guidance for forensic evaluators responsible for forming opinions regarding criminal defendants involved in cult-related litigation.

Existing Case Law

We searched the LexisNexis database for all reported federal and state cases involving cult-related murder phenomena that reached appellate review. First, we searched using the terms "cult" and "murder," which yielded 398 cases. In our search, we did not attempt to define cult, but determined for each case whether a cult or religious sect had significant involvement in a murder, defined as murder secondary to either a cult leader's directives or the cult's alleged beliefs. We then identified whether a mental illness defense such as NGRI or not criminally responsible was put forth at trial or raised as an issue on appeal (e.g., because of counsel's failure to press a mental health defense at trial). Of the 398 cases reviewed, there were 8 such unique cases of cult-related murder. See Table 1 for a summary of these cases.

People v. Manson

Perhaps the most well-known series of cult-related murders are those that Charles Manson and his "Family" committed in the 1960s.⁹ Mr. Manson and many of his Family members engaged in successive multiple homicides with the purpose of starting a race war that they termed "Helter Skelter," which would ultimately benefit the Family. The Family is notorious because of its charismatic leader Charles Manson; the intensity of mind control by drugs, violence, and fear that he exerted; and the bizarre beliefs preached by him and his followers. The Family members believed in a variety of odd teachings, such as Helter Skelter, the prophesied apocalyptic war that would result from interracial tension between blacks and whites, and that message of the war to come was foretold and spread to others by the Beatles' *White Album*. Despite the extraordinary grip that Mr. Manson had on his followers, or perhaps because of it, the Family members did not put forth a plea of NGRI. *People v. Manson* appeared in the LexisNexis search and bears mentioning because, even though the case was rife with bizarre details that were popularized

Table 1 Summary of Cases

Case	Year of Murder	Defendant Cult Leader or Member	NGRI Defense Raised	NGRI Defense Successful	Diagnoses
<i>People v. Manson</i> ⁹	1969	Both	No	N/A	
<i>Nebraska v. Michael Ryan</i> ¹⁰	1985	Leader	Yes	No	Paranoid schizophrenia
<i>Nebraska v. Dennis Ryan</i> ¹¹⁻¹³	1985	Member	Yes	No	Dependent personality disorder, shared paranoia, and shared psychotic disorder
<i>Ohio v. Lundgren</i> ^{15,16}	1989	Leader	No	N/A	Mixed personality disorder with features of narcissism, paranoia, and antisocial traits, a severe character disorder, delusional disorder, mixed type (with grandiose and persecutory themes), and psychotic disorder not otherwise specified
<i>Ohio v. Luff</i> ^{18,19}	1989	Member	Yes	No	
<i>People v. Vieira</i> ²⁰	1990	Member	No	N/A	
<i>Washington v. Applin</i> ²¹	1997	Member	Yes	No	
<i>Commonwealth v. Robidoux</i> ^{22,23}	1999	Member	No	N/A	

among general society, the Family members did not enter pleas of NGRI.

Nebraska v. Michael Ryan

Michael Ryan was the leader of a cult that lived on a farm outside Rulo, Nebraska.¹⁰ The cult relied heavily on teachings of the Reverend James Wickstrom, the head of the Posse Comitatus based in Hiawatha, Kansas. Wickstrom’s teachings focused on Anglo-Saxon supremacy, the unconstitutionality of income taxes, and the upcoming Battle of Armageddon that he predicted would soon occur. At a meeting of the Posse Comitatus in 1983, Mr. Ryan met many of Wickstrom’s followers who would go on to join him in Rulo. After the meeting, he began calling members of the Posse Comitatus and commanding them to steal items in preparation for the Battle of Armageddon. He warned members that “Yahweh” had told him to give these directions so that he could build a “base camp,” and if his followers would not complete his requests, their families would not be safe. His base camp became a stockpile of items that his followers had stolen, including cattle, hogs, farm machinery, and construction equipment. In the following years, Mr. Ryan consolidated his control over members by convincing them he had the spirit of the Archangel Michael and could communicate directly with Yahweh with his mind. Though already married, he married one of his followers, Cheryl Gibson, and later married her mother as well. By 1985, Mr. Ryan had moved all of his followers to his farm property, acquired over 75,000 rounds of ammunition and dozens of weapons, and married many more of

his followers. His proclamations became progressively more bizarre; for instance, he announced that one of his wives had become the queen of Israel.

Over time, Mr. Ryan became progressively more hostile and humiliating toward three of his male followers. He forced James Thimm, Rick Stice, and Mr. Stice’s five-year-old son Luke to have intercourse with each other and with a goat. Luke Stice died in March 1985 after being knocked unconscious multiple times. Mr. Ryan had Mr. Stice and Mr. Thimm bury Luke in an unmarked grave. In early April, Rick Stice escaped from the farm and did not return. As the remaining “marked” cult member, Mr. Thimm suffered horrible torture, including sodomy with a shovel handle and a pick handle that perforated his rectum, whipping, having his fingers shot off with a pistol, and skinning at the hands of Michael Ryan and his 15-year-old son Dennis Ryan. Tiring of the torture, Mr. Ryan finished Mr. Thimm off by stomping on his chest. Following Mr. Thimm’s death, Dennis Ryan shot him in the head.

The cult and murders were discovered when several members were arrested after they tried to return to the farm with stolen equipment. At trial, Mr. Ryan did not dispute having murdered Mr. Thimm. He made some specific denials that contradicted the testimony of the four other defendants, including that Yahweh had chained Mr. Thimm in the hog shed, that Mr. Thimm had agreed to the torture, and that he had not jumped on Mr. Thimm’s chest. Mr. Ryan ultimately put forth an NGRI defense. At the time Nebraska law followed an insanity standard based on

the *M'Naghten* Rule: to be found NGRI, an individual must prove that he lacked the ability to distinguish right from wrong or to appreciate the consequences of his actions. Clinical psychologist Dr. Maurice Temerlin, testified for the defense that Mr. Ryan had paranoid schizophrenia and believed he was “doing a virtuous deed” by murdering Thimm.

The defense psychiatrist, Dr. Wingert, stated that Mr. Ryan was “actively psychotic or being delusional with regards to the events that were going on at the time” and that Mr. Ryan “did not view what happened to James Thimm as wrong, but as something commanded by God and as something he was obligated to obey” and described his behavior as “clearly delusional” and “not under the influence of any kind of cognitive control” (Ref. 10, p 36).

The prosecution’s experts, psychologist Dr. James Cole and psychiatrist Dr. Emmet Kenney, testified that Mr. Ryan did not have any type of psychotic disorder and that he had the capacity to understand the nature and probable consequences of his actions. The jury found Mr. Ryan sane at the time of his violent acts and convicted him of the first-degree murders of Mr. Thimm and Mr. Stice. At the penalty phase, he received the death sentence.

Over time, several courts denied motions for relief and appeal, including the United States Supreme Court, which denied *certiorari*. In the most recent complaint heard by the District Court of Nebraska in 2003,¹¹ Mr. Ryan argued that he had not received the fundamental fairness required by the Due Process Clause of the Fourteenth Amendment because his fanatical beliefs and alleged communications with God had controlled all of his previous legal decisions. Mr. Ryan was assessed for competency to stand trial, and the court stated the following regarding his beliefs: “As repeated objective psychological testing of Ryan continually proved, and world events like ‘9/11’ starkly corroborate, the pursuit of fanatical religious beliefs—quite often at the explicit command of the true believer’s God—is not the same as incompetence” (Ref. 11, p 17). The United States District Court for Nebraska denied Mr. Ryan’s writ of *habeas corpus* and dissolved his stay of execution.

Nebraska v. Dennis Ryan

Dennis Ryan, Michael Ryan’s then 15-year-old son, was charged with the first-degree murder of James Thimm in 1985.¹² The son and his counsel

also put forth an insanity defense. At trial, three mental health experts testified on the defendant’s behalf. The first psychiatrist, Dr. Herbert Modlin, diagnosed dependent personality disorder, but felt that Mr. Ryan was “well put together,” understood right from wrong, and could form intent at the time of the torture-murder. The second, psychologist Dr. Cole, described the cult’s belief system as a “systematized religious delusion” and opined that the defendant had “shared paranoia.” Dr. Cole also believed that Dennis Ryan understood the nature and quality of his acts. The third expert, psychiatrist Dr. William Logan, diagnosed a shared psychotic disorder, or *folie à deux*, with the father, who was such an important, powerful figure in the young man’s life. He opined that the defendant’s ability to determine right and wrong at the time of the murder was distorted by a major mental illness, but that he could determine legal wrongfulness at the time. The prosecution expert, Dr. Kenney, testified that the defendant did not have a mental illness, knew the nature and quality of his acts, and knew they were wrong and punishable. The suggestion of *folie à deux* did not sway the jury, which convicted the accused of second-degree murder and sentenced him to life imprisonment. Dennis Ryan made numerous appeals to higher courts, stating that the lower court had incorrectly instructed the jury on second-degree murder. The Supreme Court of Nebraska agreed.¹³ The case was reheard, and he pleaded guilty to manslaughter. He left prison after serving 11 years of his initial life sentence and moved to Kansas to work in construction before joining a telemarketing firm.¹⁴

Ohio v. Lundgren

Jeffrey Lundgren was raised in the Reorganized Church of Jesus Christ of Latter Day Saints (RLDS), an offshoot of the Utah-based Mormon Church.¹⁵ In the 1980s, he and his family moved to Kirtland, Ohio, so that Mr. Lundgren could serve as a senior temple guide at Kirtland Temple, which was managed by the RLDS. Mr. Lundgren reportedly knew scripture exceptionally well and generally fit in with the traditions of the RLDS. The church allowed him to teach classes on the Bible and the Book of Mormon to fellow parishioners. In 1987, the church discovered that Mr. Lundgren had solicited and kept contributions from visitors to the temple. He was fired as temple guide, evicted from his quarters (offered by RLDS), and removed as a religious teacher.

He was formally excommunicated from the RLDS in 1988.

Beginning in 1985, Mr. Lundgren attracted a group of followers because of his teaching and knowledge of religious texts. Many of his followers eventually moved in with him and his family at the farmhouse that he rented after his eviction from the Kirtland Temple. Those who lived with the Lundgrens referred to him as Dad and gave their paychecks to him for group expenses. After his eviction from the RLDS, Mr. Lundgren continued teaching his disciples, but his teachings became more and more divergent from traditional RLDS beliefs. He said that his followers had to “recapture the temple, an earthquake would elevate it, and Christ would return and establish Zion” (Ref. 15, p 2). He told them that they had to kill 10 followers before Zion could be created and, in preparation for an assault on the temple, the men of the cult began paramilitary training.

In April 1989, Mr. Lundgren commanded his followers to prepare for a trip into the wilderness. The members who were employed left their jobs, bought provisions, gathered their worldly possessions, and exhausted the funds on their credit cards at Mr. Lundgren’s request. Two or three members of the group secretly dug a six-by-seven-foot pit in the dirt floor of Mr. Lundgren’s barn. On April 17, Mr. Lundgren invited one of his disciple families, the Averys, to have dinner at his farmhouse. At one point during the evening, follower Ronald Luff led each Avery family member (two parents and their three daughters) into the pit under the farmhouse where they were bound, gagged, and shot two or three times with a .45 semiautomatic weapon. Cult members then buried the Averys in the pit. The day after the murders, the FBI came to the farmhouse to investigate reports about the recapture of the Kirtland Temple, but the members who were interviewed said they lived on the farm voluntarily and denied plans to recapture the temple. The FBI left without learning of the murders. Cult members fled that same day to mountain campsites in West Virginia, where they lived until October 1989. Growing dissension among the followers, particularly over Mr. Lundgren’s decision to marry one of his followers’ wives, led a disenfranchised member to contact law authorities about the murders.

Mr. Lundgren admitted to the killings during his opening statement to the court, stating that he abhorred the sin he saw in the Avery family and that

God had commanded him to kill them. He said, “I am a prophet of God. I am even more than a prophet. I am not a false prophet; therefore, I am not worthy of the [death] penalty” (Ref. 15, p 10). The United States District Court of Northern Ohio convicted Mr. Lundgren of five counts of aggravated murder and five counts of kidnapping and sentenced him to death on September 21, 1990. During the sentencing phase, two clinical psychologists evaluated Mr. Lundgren and testified in his defense.

Dr. Nancy Schmidtgoessling testified that Mr. Lundgren had a “mixed personality disorder with features of narcissism, paranoia, and antisocial traits” (Ref. 15, p 14), but she did not feel that his delusional thinking rose to the legal definition of insanity. Dr. Jeffrey Smalldon diagnosed “a severe character disorder and a psychotic disorder . . . his psychotic condition is best described as either Delusional Disorder, Mixed Type (with grandiose and persecutory themes) or Psychotic Disorder Not Otherwise Specified”¹⁶ and stated that Mr. Lundgren “should have been seen as eligible at the time of his 1990 trial for a defense of not guilty by reason of insanity” (Ref. 16, p 18).

The defendant filed a writ of *habeas corpus* for a variety of complaints, including that his defense counsel was deficient in failing to assert an NGRI defense. The United States Court of Appeals for the Sixth Circuit heard Mr. Lundgren’s writ. Ultimately, the court dismissed his complaint as having no merit. After exhausting his appeals, Mr. Lundgren was executed by lethal injection at the Southern Ohio Correctional Facility on October 24, 2006.¹⁷

Ohio v. Luff

Ronald Luff was one of Jeffrey Lundgren’s followers who helped to construct the pit beneath Mr. Lundgren’s farmhouse and led the Averys to their deaths the evening before the cult fled to West Virginia.¹⁸ After his arrest, a jury found Mr. Luff guilty of five counts of aggravated murder (with death penalty specifications) and four counts of kidnapping. Mr. Luff entered a plea of not guilty and NGRI to all charges. In Ohio, a defendant could be found NGRI if, at the time of the offense, he did not know the wrongfulness of his acts as a result of mental disease or defect. At trial, psychiatrist Dr. Kurt Bertschinger testified in Mr. Luff’s defense, stating that, at the time of the murders, Mr. Luff’s ability to reason was severely impaired, and he did not recognize that his

participation in the death of the Averys was morally wrong. He did not, however, believe that Mr. Luff had a diagnosable mental illness or defect, and he concluded that Mr. Luff did recognize his acts as legally wrong. Furthermore, the trial court excluded testimony from two experts on cults from the University of California, Berkeley, sociologist Dr. Richard Ofshe and clinical psychologist Dr. Margaret Singer, arguing that Mr. Luff was attempting to present a diminished-capacity defense unrelated to the insanity defense. Mr. Luff appealed his conviction on several grounds, but the Sixth Appellate Court of Ohio affirmed the trial court's judgment and the Supreme Court of the United States denied *certiorari*.¹⁹

People v. Vieira

Richard Vieira was living in a cult community known as "the Camp" in Stanislaus County, California in 1990.²⁰ The Camp, led by Gerald Cruz and "disciplined" by David Beck, consisted of many people living in houses and trailers. Members pooled their money for shared purposes. One of the Camp's residents, Franklin Raper, caused concern for the Camp's members because he sold drugs out of his trailer and threatened to kill an elderly tenant who wanted to disconnect Mr. Raper from electricity that he was stealing. The Camp and Mr. Raper had a series of confrontations. During one confrontation, Camp members pushed Mr. Raper's car across the street and set it on fire, prompting Mr. Raper to move away from the Camp.

On May 21, 1990, Mr. Cruz gathered a group of his followers at one of the Camp's trailers and planned to attack Mr. Raper's trailer and "to do 'em and leave no witnesses" (Ref. 20, p 13). While looking directly at Richard Vieira, Mr. Cruz threatened that whoever "messed up" their assignments would "join" Mr. Raper and his friends. The mob entered Mr. Raper's trailer and attacked him and three other occupants with knives, baseball bats, police batons, and guns, killing all four. The day after the murders, Mr. Vieira told a Camp member that he had tried to silence one of the victims by hitting her with a baseball bat, then used a knife to cut her throat until "it felt like her head was going to come off" (Ref. 20, p 13). Two days later, Mr. Vieira admitted to being at the murder scene, but denied having killed anybody. During interrogation, he said that he only struck one victim in the legs several times with a baseball bat,

but acknowledged that he "completely condoned" the murders.

At trial a retired deputy sheriff and expert on cults named Randy Cerny testified in Mr. Vieira's defense. He described the Camp as a "cult style group" with Mr. Cruz as the leader, noting that the defendant was subject to "a process of mind control" including sleep deprivation, regular physical punishment, minimization of contact with family, shock treatments from an exposed electric wire, beatings from other group members, and several forms of sexual humiliation. The defense attempted to use Mr. Cerny's testimony to establish that the defendant, under the mind-control techniques of Mr. Cruz, was unable to form the mental state required for first-degree murder, although they did not actually put forth a formal NGRI plea. During the guilt phase, the trial court excluded Mr. Cerny's testimony stating that he was not a qualified expert on whether Mr. Vieira had a "mental defect, mental disorder, or mental disease" at the time he committed the murders, because Mr. Cerny was not a psychologist or a psychiatrist. A jury convicted Mr. Vieira of four counts of murder and one count of conspiracy to commit murder and sentenced him to death. On appeal, the Supreme Court of California upheld the conviction and denied finding error in the exclusion of Mr. Cerny's testimony.

Washington v. Applin

Blaine Applin was a member of a cult called the Gatekeepers.²¹ Christopher Turgeon, a self-proclaimed prophet who claimed to be in direct communication with God, was the organization's leader. In 1997, when Mr. Turgeon found out that Child Protective Services was planning to remove children from some members' homes, he arranged to move the organization from Washington to Southern California. To pay for this move, Mr. Turgeon organized schemes to steal from local businesses, including issuing a forged check to Jaime's Transmission in Snohomish, Washington. In an effort to obtain payment, the shop contacted Dan Jess, a former Gatekeeper. Upset at being implicated in the scam, Mr. Jess called Mr. Turgeon and accused him of being a false prophet. The accusation angered Mr. Turgeon, who called a meeting of the male members of the Gatekeepers and told them that he had heard the voice of God who said that Mr. Jess must be killed. Blaine Applin volunteered to kill Mr. Jess, stating "God told me that I must be the one who does it"

(Ref. 21, p 3). They drove to Washington, shot Mr. Jess multiple times, and then returned to California to commit several more robberies.

After his arrest, Mr. Applin was charged with first-degree murder. In Washington the insanity standard required that a defendant be unable to tell the difference between right and wrong with reference to the particular act. At trial, Mr. Applin asserted a deific-decree insanity defense, alleging that he was acting under a delusional belief that he had received a direct command from God that destroyed his free will and ability to distinguish right from wrong. Prosecution experts testified that both Messrs. Applin and Turgeon were aware of the legal wrongfulness of their act at the time of the murder. A defense psychiatrist testified that Mr. Applin clearly knew his acts were against the law, but could not say whether he “possessed the ability to tell right from wrong.” The jury rejected Mr. Applin’s insanity defense, including his deific-decree defense, and convicted him of first-degree murder.

Commonwealth v. Robidoux

A Massachusetts jury convicted Jacques Robidoux of first-degree murder in 2002 for the death of his 11-month-old son.²² Mr. Robidoux’s father was the leader of a religious sect that included his son and his daughter-in-law. The religious sect members believed that many institutions, including the United States medical system, legal system, and mainstream religions, were “Satan’s seven counterfeit systems” and that their teachings should be eschewed. On April 29, 1998, a son was born to Jacques Robidoux and his wife. The young boy appeared to grow normally during the first few months of life. In January 1999, family members noted that he would eat anything that was put in front of him. In March 1999, however, one of Mr. Robidoux’s sisters claimed to receive a “leading” or revelation from God that her sister-in-law should breastfeed the infant on each breast for ten minutes each hour and eliminate all other sources of food from the child’s diet. By late April 1999 the child had deteriorated from malnourishment and, instead of taking the boy to see a doctor, the sect held an unsuccessful prayer meeting to improve his condition. After notifying the sect of the boy’s death on the following day, Mr. Robidoux concealed the body in a bulkhead of his sister’s home and months later buried it in a park in Maine.

Mr. Robidoux was charged with first-degree murder, tried, convicted, and sentenced to life imprisonment. He filed two posttrial motions for relief, one of which was written by Dr. Ronald Ebert, a psychologist, who opined that Mr. Robidoux was unable to appreciate or understand that it was wrong to deprive his son of solid food, though he admitted that he had never interviewed Mr. Robidoux. The court denied both motions. The case reached the federal district appellate court after Mr. Robidoux filed a writ of *habeas* relief, claiming that his attorney provided ineffective assistance due to failure “to request a mental evaluation and a competency hearing” and failure to press a defense based on insanity or diminished capacity.²³ In the opinion, the court noted the following about competency:

[Competency] is a comparatively narrow concept and must not be confused with broader or different uses of the term. It is not the same as whether the defendant has an insanity or diminished capacity defense on the merits or [sic] whether his ideas about how to live or what to believe are common in the community or seem sensible to others. Rather the competency insisted on by the courts is a functional concept focusing on the defendant’s part in the trial [Ref. 23, p 5].

The court’s finding of competency was affirmed despite “an almost incoherent request to proceed *pro se* and to change his plea based on some jurisdiction argument” (Ref. 23, p 5–6) because:

Many litigants articulate beliefs that have no legal support—think of tax protesters who insist that wages are not income, that taxes are voluntary, or that only foreigners must pay taxes . . . sometimes these beliefs are sincerely held, sometimes they are advanced only to annoy the other side, but in neither event do they imply mental instability or concrete intellect . . . so deficient that trial is impossible (Ref. 23, p 6).

When discussing the failure to press for an insanity defense, the court noted that the DSM-IV “has ambiguous language on delusional disorder that might or might not be useful to Robidoux” (Ref. 23, p 7), who refused to meet with a doctor for an evaluation. The court noted that:

In our diverse religious cultures, Christian Scientists are often committed to resist conventional medical treatment in situations even where the results can be dire, and Jehovah’s Witnesses may oppose blood transfusions even where doctors say this is essential. Judges and juries rarely treat these beliefs as representing insanity, and the case law contains numerous rejections of the use of religious belief as a complete defense in the resulting criminal or civil case [Ref. 23, p 7].

The court added, “A mistaken religious belief with adverse consequences for the believer is hardly by

itself insanity” (Ref. 23, p 8). Of note, Mrs. Robidoux was acquitted of second-degree murder, in part because of a psychologist’s testimony that she had been “psychologically battered within the sect,” and her charge was reduced to assault and battery.

Discussion

Individuals involved with cults that commit murder, whether a charismatic leader or one of his followers, may attempt to raise an NGRI defense at trial. A noteworthy limitation of this review is that it features exclusively cases that reached the appellate court and therefore may have missed cases in which an individual involved with a cult-related murder successfully raised an NGRI defense, as most jurisdictions do not allow prosecutors to appeal such a finding. In four of the cases mentioned defendants raised NGRI defenses. In none of the four cases was the defendant found insane or not criminally responsible for the alleged offense. Mr. Robidoux refused to meet with a mental health expert to undergo any psychological evaluation, but he later appealed his conviction in part on the failure of his attorney to raise an insanity defense. Mr. Lundgren also appealed for this reason. Mr. Vieira appealed due to the exclusion of his expert witness’ testimony that would establish his inability to form the mental state required for first degree murder, but he never actually successfully launched an NGRI defense.

Typically the first prong of a state’s NGRI standard specifies that an individual must have a mental disease or defect at the time of the alleged offense. In the cases reviewed herein, three defendants had diagnoses of mental health disorders that could qualify for an NGRI defense. Experts gave Mr. Lundgren a diagnosis of a personality disorder, both “mixed personality disorder” and “severe character disorder,” and psychotic disorders, including delusional disorder, mixed type, and psychotic disorder not otherwise specified. Michael Ryan received a diagnosis of paranoid schizophrenia from one expert, and his son Dennis Ryan received a variety of diagnoses including dependent personality disorder, shared paranoia, and shared delusional disorder, none of which swayed the juries to the side of the defense. Mr. Robidoux ultimately did not raise an insanity defense, but the court noted that a diagnosis of delusional disorder may have been helpful to the defense if he had agreed to meet with a mental health expert for a formal evaluation. Four defendants raised insanity

defenses, but only 50 percent of them received formal diagnoses that would qualify them for the defense.

A useful question that Joshi *et al.*⁴ posed was how to distinguish cult beliefs from delusional beliefs. As shown by the cases herein, the law generally appears to define a clear boundary between delusions and cult beliefs, as there were no successful NGRI pleas, let alone one based on a diagnosis of delusional disorder or another psychotic disorder. Joshi *et al.* questioned whether cult members may be considered to have a “mass shared psychotic disorder,” but no defense expert posited such a claim in these cases. The one defendant with a diagnosis of *folie à deux*, Dennis Ryan, was unable to sway the court’s judgment about his sanity at the time of his participation in the murders. The courts appear to accept that there is an element of choice in participation in cults, with their attendant beliefs and behavioral mores, at least in the case of murder.

Relatively few psychiatric disorders were diagnosed in the cases reviewed, despite the longstanding history of psychiatric testimony in other areas of cult-related litigation. In the 1980s, plaintiffs’ experts frequently applied the DSM-III diagnosis of atypical dissociative disorder in civil lawsuits when plaintiffs sought damages from cults or groups that they joined voluntarily.²⁴ The atypical category served as the catch-all category (like the not-otherwise-specified category of DSM-IV-TR and the other-specified category of DSM-5) for dissociative diagnoses that did not fulfill criteria for the better established diagnoses. The DSM-III²⁵ text reads that examples of atypical dissociative disorder:

... include trance-like states, derealization unaccompanied by depersonalization, and those more prolonged dissociative states that may occur in persons who have been subjected to periods of prolonged and intense coercive persuasion (brainwashing, thought reform, and indoctrination while the captive of terrorists or cultists) [Ref. 25, p 260].

The final component of this diagnosis relevant to cults remained verbatim in DSM-III-R²⁶ under the list of examples of dissociative disorder not otherwise specified. The authors of DSM-IV²⁷ removed the explicit linkage of dissociation to cult involvement by eliminating the “of terrorists or cultists” descriptor. DSM-5 has revived cult involvement in its other specified dissociative disorder with the diagnosis of “identity disturbance due to prolonged and intense coercive persuasion” (Ref. 6, p 306). The criteria for this disorder are described as:

. . . individuals who have been subjected to intense coercive persuasion (e.g., brainwashing, thought reform, indoctrination while captive, torture, long-term imprisonment, recruitment by sects/cults or by terror organizations) [who] may present with prolonged changes in, or conscious questioning of, their identity [Ref. 6, p 306].

In the cases described herein, experts suggested that some defendants had experienced brainwashing or indoctrination during their cult involvement. Both Drs. Ofshe and Singer from the University of California, Berkeley testified that Mr. Lundgren had subjected Mr. Luff to “thought reform” to the point that he was unable to think for himself or make independent decisions. Ultimately, their testimony was excluded because the court found it to be unrelated to the insanity defense.¹⁸ Similarly, retired deputy sheriff Randy Cerny testified that Mr. Vieira underwent a routinized “process of mind control” while a member of the Camp that led him to commit murder, though his testimony was also excluded because he was not qualified to make an expert opinion on Mr. Vieira’s mental state.²⁰ Although these individuals alluded to the precondition of coercive persuasion for a dissociative diagnosis in the defendants, none offered a formal diagnosis that would support an NGRI defense.

The resurrection of cult involvement in DSM-5 diagnostic criteria may signal the return of dissociative diagnoses in future cult litigation. Unfortunately, the DSM-5 work group on dissociative disorders did not explain their rationale for adding cult involvement to the criteria for other specified dissociative disorder when describing the diagnostic changes from DSM-IV-TR to DSM-5.^{28–30} In addition, it is unclear how an evaluator would assess the “prolonged changes” to an individual’s identity when subjected to coercive persuasion during cult involvement. These will be important questions if a defendant attempts to plead NGRI due to other specified dissociative disorder. The DSM-5 criteria are limited to disturbances of “identity,” however, as opposed to the more broad set of experiences described in DSM-III. This limitation may make it significantly more difficult to devise an NGRI plea, as the individual would have to establish that a change in his or her identity led to the inability to distinguish right from wrong.

The case of Mr. Manson and his Family remains particularly noteworthy for its lack of psychiatric involvement at trial. Despite the cult’s well-described methods of torture, drug intoxication, and sexual

coercion used to maintain obedience and order and Mr. Manson’s own bizarre teachings that were rife with persecutory and grandiose themes, the Family member defendants did not use NGRI defenses at trial. This may have been due to the Family members’ unwillingness to cooperate with most of their attorneys, many of whom thought their clients were, in fact, mentally ill.³¹ A psychiatrist evaluated one of the Family members, Leslie van Houten, and in her second and third trials testified that Ms. van Houten was not “capable of meaningfully reflecting on the gravity of the contemplated acts” and that “the Manson cult was not an ordinary criminal gang involved in a conspiracy.”³² The testimony seems to suggest that Ms. van Houten had diminished capacity because of her involvement with the cult, but this testimony did not influence her sentence of life imprisonment for first-degree murder.

These cases raise some practical concerns for forensic examiners evaluating cult members who commit murder. First, based on this review of the appellate court case law, no cult member has successfully implemented an NGRI defense. As in any NGRI evaluation, though an individual may receive a formal psychiatric diagnosis, it can be challenging to prove that at the time of the offense psychiatric symptoms interfered with the individual’s ability to understand what he or she was doing or the ability to distinguish right from wrong. Thus, an examiner should exercise particular care in assessing the individual for a severe mental disorder along with other pertinent factors such as coercion, substance intoxication, and (as reintroduced in DSM-5) dissociation that may have contributed to the individual’s behavior. Second, courts tend to view cult beliefs like any other religious belief. Specifically, courts have not considered cult beliefs to be delusional, regardless of how bizarre they seem or how disastrous the results of adhering to the beliefs may be. Therefore, an expert should attempt to distinguish the defendant’s beliefs from those of his cult to determine if there is psychosis beneath the espoused cult doctrine. If the defendant’s odd beliefs stem solely from cult doctrine, the court may reject them as evidence of mental illness. As Young and Griffith put it, “No expert can expect to justify outrageous conduct in the name of religion” (Ref. 33, p 265). This set of cases may suggest that forensic experts could not expect to justify outrageous conduct in the name of cult involvement, either.

Conclusion

Despite the history of psychiatric involvement in cult-related litigation, the extant body of case law involving cult-related murder phenomena is relatively small. The cases reviewed in this article offer a clue as to how appellate courts, and perhaps lower courts, view cult members who kill and cite their beliefs as part of a defense. Although mental health professionals may diagnose any number of psychiatric diagnoses in these individuals, from personality disorders to psychotic disorders, in our review of cases reaching the appellate level their testimony did not serve to promote a successful NGRI plea. These decisions suggest that cult-related beliefs, however benign or bizarre they may seem, may not successfully be used to absolve individuals of their responsibility for involvement in murder, at least in appellate cases. With the reintroduction of cults into the diagnostic criteria of other specified dissociative disorder, however, there may be a resurgence of dissociative-type diagnoses in future cult-related cases, both criminal and civil. An increase in these diagnoses may have an important impact on forensic evaluators' assessments of cult members, with increased attention to the dissociative states that the DSM-5 reports may result from cult involvement.

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