Cult Membership as a Source of Self-Cohesion: Forensic Implications

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The study of cults and the types of individuals drawn to them has long been of interest to psychiatrists. Although many studies have been done on personality types and psychopathology in cult members, no consensus has emerged. Studies of psychopathology in cult members have viewed these individuals as having either no significant impairment, displaying elements of character pathology, or being severely impaired. The result is that no clear theoretical framework has been developed to explain cult membership. Psychoanalytic self psychology, as developed by Heinz Kohut, can provide such a framework. The cult may be understood as serving a number of functions for its members, all of which are designed to restore self-cohesion. Such a formulation implies a degree of self, or narcissistic, pathology in many cult members. This article reviews the literature on cults, offers a self psychology formulation to explain the function that cult membership serves for narcissistically vulnerable personalities, and describes forensic applications of these principles.

Over the past quarter century cults have become more prominent in our society. Although they have existed for centuries, cults have reemerged in contemporary society often with tragic results. Examples include the Tate-LaBianca murders committed by Charles Manson and his "family" in 1969, the 1978 murder/suicide of 912 people at the People's Temple in Jonestown, Guyana, and most recently the Branch Davidians in Waco, Texas. Events such as these raise questions about the

functions of cults in society and the types of personalities drawn to cult membership. This paper examines the role that cults play in maintaining self-cohesion for narcissistically vulnerable personalities, utilizing the concepts of Heinz Kohut's self psychology. This formulation provides valuable insights into understanding cult membership.

Cults: Definitions and Development

Cults have historically been considered as subsets of larger movements referred to as charismatic groups.¹ The concept of the charismatic group includes a large number of organizations such as self-help groups and radical political or social

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movements. Cults and other associated new religious movements, however, occupy a more narrow range characterized by a religious or spiritual preoccupation that breaks with accepted religious traditions and composed of individuals seeking some type of mystical experience. Within this definition, cults may range from radical offshoots of traditional religions, such as the snake-handling religious sects found in Appalachia, to the extreme satanic cults and other forms of witchcraft and occult activity.

Members of cults are recruited and controlled by means of what Hochman³ describes as the concepts of "miracle, mystery, and authority." Miracle refers to an ideology that ascribes special powers to the leaders and to the group's activities. Mystery serves to obscure the actual beliefs and goals of the group, such as power and control, and creates an atmosphere of awe. Authority reflects the claims on members' time, talents, lives, and/or property to meet the needs of the group. Through these concepts the cult establishes dominance over individual members.

The emergence of cults has been viewed as the result of some crisis within a culture. When this crisis occurs, members of the culture become disillusioned with accepted beliefs and attempt to construct new belief systems to provide structure for the group. These new beliefs, which form the basis for the cult, are designed to replace previous cultural ideologies that have lost credibility. The cult, in essence, becomes a stabilizing influence for persons who feel alienated from or abandoned by their culture. This view of

cult development is consistent with Kohut's^{6, 7} position that charismatic personalities emerge and exert their influence on groups in response to feelings of fragmentation within members of the group. The cult replaces some missing element for its members and thus provides structure.

Cult Membership and Psychopathology

A number of studies have examined the relationship between cult membership and psychopathology. Ungerleider and Wellisch⁸ found no evidence of mental illness in their study of cult members. Other studies, however, have found substantial numbers of severely disturbed individuals, most suffering from schizophrenia or mania, in certain cults. Psychosis-like symptoms, including hallucinatory experiences and paranoid/grandiose thoughts, have also been reported in cult members without clear psychiatric histories. 10, 11 Several studies have identified a general state of dysphoria as associated with cult membership. Deutsch¹² for example, found frequent complaints of chronic unhappiness and unsatisfactory parental relations among cult members. Others have reported higher neuroticism and depression scores on psychological tests for members of religious sects.¹³ Halperin¹⁴ identified a depressive episode secondary to the loss of a significant figure as a common precipitant for cult membership. It is clear that depression is an important factor influencing cult membership, and that a majority of persons in these groups can be described as "lonely, rejected, and sad". The description of cult members

as chronically unhappy and isolated raises the question of underlying characterologic disturbance in some members. It has been postulated that many individuals drawn to cults are influenced by the presence of narcissistic pathology, borderline personality organization, and excessive familial enmeshment.¹⁶ The actual incidence of diagnosable personality disorders among cult members, however, is not known. Issues related to excessive dependence and problems with separationindividuation are fairly clear in this population.¹⁴ For most cult members, involvement in the group is an ego-syntonic phenomenon and thus seems at least superficially related to the personality disorders.¹⁷ Sirkin and Wynne¹⁸ have argued that cult involvement represents a relational disorder characterized by impaired autonomous functioning, difficulty with separation, and excessive influence by the group on individual identity. This definition begins to approach the concept of self pathology as defined by Kohut and Wolf¹⁹ to explain the development of narcissistic disorders. Confirming this view is the finding that many cult members have "inadequate, borderline, or antisocial" characteristics.20

Substance abuse has also been implicated in cult membership. A number of reports cite heavy drug or alcohol use by cult members before entering the cult. 21–23 Alcohol, marihuana, and hallucinogen abuse were particularly common among cult members in a study by Galanter *et al.* 24 They further noted that substance use declined in these individuals after they were indoctrinated into the cult. This finding has led to the view that

zealous self-help groups, such as Alcoholics Anonymous, exert their influence on members in much the same way as cults and charismatic religions. 25–27

Self Psychology: Basic Concepts

Self psychology attempts to understand narcissism as both a normal and a pathological process. It grew out of Kohut's clinical observations and from his belief that certain flaws existed in Freud's drivedominated psychoanalytic theory. Kohut believed that narcissism played a larger role in the personality than merely laying the foundation for object relations, that narcissism was essential for the development of a healthy personality. ^{28, 29}

The development of a healthy, cohesive self arises from the interaction of the developing child with significant figures or objects in the environment. Kohut³⁰ termed these selfobjects and viewed them as extensions of the self. The need for selfobiects continues into adulthood, particularly during times of stress. In the absence of empathic responses from parents or caregivers, the self fails to develop adequately. This damaged self lacks cohesion and is disposed to fragmentation and selfpathology. 19 Kohut felt that a break in empathy between self and selfobject led to fragmentation.³⁰ The experience of narcissistic injury can also lead to loss of cohesion and subsequent fragmentation.³¹

Kohut^{32, 33} viewed the emergence of various pathological behaviors such as perversions, addictions, and delinquencies not as "primary psychological configurations but disintegration products," which appear as "a consequence of untoward (unempathic) responses from the

side of the selfobjects." More recently, violence has also been identified as a disintegration product.³⁴ These disintegration products serve the function of stabilizing. or providing structure for, the fragmenting self. The fragile self, when exposed to a stress that causes fragmentation, experiences an intense and overwhelming anxiety that Kohut called disintegration anxiety.³² According to Kohut this was "the deepest anxiety a man can experience". 35 In response to this disintegration anxiety, certain pathological behaviors are mobilized to fill a "hole" in the self, stabilizing the self-structure and preventing further fragmentation.²⁸ As a result of this process, the disintegration anxiety is controlled.

Kohut also noted that certain characteristic transferences invariably developed during therapy of individual's with self pathology. These transferences represent distorted archaic needs and the defenses against them that were acquired during childhood, and were the result of faulty interactions between the self and the selfobjects. Three types of selfobject transferences were defined: the idealizing transference; the mirror transference, consisting of two distinct processes, the merger transference and the "true" mirror transference; and the twinship, or alterego, transference.

The Cult as a Source of Cohesion

Self psychology provides valuable insights into the functions that cults serve for their members. It was mentioned previously that the character structure of many cult members resembles Kohut's definition of self pathology. It can be ar-

gued that these are persons who have a high degree of self pathology and are therefore prone to a loss of cohesion with resulting disintegration anxiety. The cult can be thought of as serving a number of functions, all of which are designed to restore cohesion.

Membership in the cult provides a sense of identity or belonging for those personalities whose underlying sense of identity is flawed, one of Kohut and Wolf's¹⁹ criteria for self pathology. Kohut,³⁶ for example, discussed the role that organizations played in restoring identity and cohesion for persons or groups with self pathology. The rise of Hitler and Nazism in Germany, for example, can be understood as a result of the fragmentation of Germany's collective self following the narcissistic injury of defeat in World War I. Hitler and the Nazi Party became symbols that the German people identified with, thus offsetting their loss of national identity. The narcissistically vulnerable personality may look to a group for the sense of self-identity that is lacking in that personality, just as a nation looks to a leader or political party for identity.

Membership in any group that provides a sense of acceptance and importance may also offset underlying feelings of isolation, vulnerability, and emptiness. These feelings may lead to intense disintegration anxiety. In this sense the group, specifically the cult, comes to serve a self-object function.

By serving as a selfobject, the cult provides an empathic matrix around which self-cohesion takes place. Even though the overt behaviors of the cult may be

pathological, the response may be thought of as empathic because it provides the sense of belonging that the person desires. For the damaged self, a pathologic relationship or attachment is viewed as preferable to the emptiness and isolation that the self would otherwise experience. These feelings invariably lead to fragmentation and intense anxiety, which are offset by frantic activity designed to provide stimulation and structure for the self. In response to this fragmentation the self resorts to disintegration products to provide structure or aligns itself with any selfobiect in the immediate environment. The cult may serve as such a selfobiect. This phenomenon is seen commonly in clinical work with severe character disorders, in which the patient conveys the sense that a bad relationship is better than none at all.³⁷

The choice of a cult, as opposed to other groups or organizations, to provide this cohesion may be influenced by several factors. The relatively close-knit nature of most cults, for example, may offer an attractive alternative to the fears of rejection and self-doubts that mark a damaged or vulnerable self. The tenacious belief systems present in most cults will signify a degree of cohesion, albeit at times pathological or artificial, for the group. This apparent cohesion is very attractive to the fragmenting self. The alienated self may shun membership in conventional groups and instead favor affiliation with fringe groups such as satanic cults.

Narcissistic rage may also influence the personality to cast aside traditional beliefs and accepted groups in favor of more radical ones. Kohut³¹ defined narcissistic

rage as aggression directed at selfobjects who threaten or have damaged the self. When a selfobject fails to fulfill its function of maintaining the self, that selfobject must be eliminated.³⁸ The cult becomes a symbol of the self's anger at unempathic responses from other selfobjects. In a sense, then, cult membership may represent an attempt to "get even" with an unempathic world. The violence associated with certain cults, such as many satanic groups, may literally serve to eliminate those selfobjects viewed as unempathic or rejecting.

A degree of sociopathy is common in persons with self pathology.³⁰ Satanic cults or other groups with violent or extremist philosophies that run counter to accepted societal norms may therefore appear very attractive to the damaged self. Within the context of the cult and its accepted behaviors, disintegration products become accepted and even reinforced long after their self-restorative function has ceased and been replaced by the cult's selfobject function.^{34, 39} Examples would include violence and aggression or sexual perversions carried out as a part of the cult's rituals. On the other hand, those disintegration products or behaviors not condoned by the group tend to disappear, because the selfobject function of the group renders them unnecessary. The disappearance of drug abuse in many cult members, for example, is compatible with Kohut's³² view that substance abuse represents a disintegration product of the self; the cult becomes a selfobject that provides a source of cohesion and thus removes the need for the disintegration product.

Both mirroring and idealization may occur between the individual and the cult. representing the emergence of selfobject transferences. These transferences represent a reactivation of archaic narcissistic strivings.³⁰ The transferences also serve as a source of structure and cohesion for the self. For example, members of a cult will come to embrace a common set of beliefs. In some instances the cult will also encourage a degree of conformity among its members. In this way the individual member becomes surrounded by a group of like-minded individuals, all of whom reflect similar views and feelings and who confirm the reality of each member's self. This is the essence of both the mirror and twinship transferences described by Kohut.

The cult also becomes a source of power and influence for the individual member. Commitment to the group's beliefs implies a sense of importance and uniqueness. The cult becomes an omnipotent entity for the member and provides a set of values and ideals that the individual is unable to provide for himself. This phenomenon represents an idealizing transference. Regardless of the specific type of transference that develops, the end result is a temporary restructuring of the self.

The transference processes outlined above represent the expression of certain defensive functions. In essence a primitive pathological identification occurs between the cult and its member, with both splitting and projective identification occurring. The presence of these primitive defenses implies self pathology and helps to understand why certain personalities are drawn to cults. Likewise, the more

damaged the self, the less it is able to use higher level defenses such as sublimation to attain identity from socially acceptable groups.

Discussion

For persons with a significant degree of self pathology, cult membership provides a source of cohesion that offsets fragmentation of the damaged self. In this sense, many cult members may be viewed as marginal personalities who are drawn to the cult by their own self, or ego, deficiencies. Through the cult these personalities find a place where they fit in. At the same time, by virtue of their self deficits, the cult begins to exert an undue amount of influence on the individual. Extrication from the cult is made very difficult because the damaged self risks losing the one selfobject that maintains its cohesion.

This process can be seen in many cults, but perhaps the clearest example is Charles Manson's "family," a group of highly vulnerable personalities who found a source of strength and inspiration in Manson. The individual members viewed Manson in an idealized manner and sought to please this omnipotent selfobject. Individual deficits were offset by the collective strength and cohesion of the group. Even after Manson was imprisoned, many members clung to his beliefs because abandoning them meant risking fragmentation. Likewise, without the influence of this significant selfobject, it is unlikely that any members of the group would have engaged in the violence displayed by the collective unit. This point has been elaborated on in a previous paper on cofactors in violent crimes.³⁹

Personality types attracted to cults would include those with borderline organization and the various narcissistic subtypes described by Kohut and Wolf. 19 Others with decreased self-esteem, such as the dependent personality, may also be attracted by the sense of importance that the cult bestows on its members. The DSM-II⁴⁰ concept of the inadequate personality, which still has some utility in understanding self pathology and is utilized by law enforcement officers to describe a particular type of criminal personality. would likewise membership an attractive alternative to feelings of inferiority, vulnerability, and disenfranchisement. Personalities with paranoid, antisocial, and sadomasochistic tendencies would also be drawn to the environment of the cult. Finally, those individuals described by Martin⁴¹ as having "fictive personalities" may find a sense of identity through the role they play within the cult. Examples of fictive personalities described by Martin include schizoid members of terrorist groups having cultlike belief systems and of many satanic sects. For all of these personalities, the loss of self-cohesion is offset by cult membership.

Self psychology, therefore, provides a theoretical framework that facilitates the understanding of cult membership in certain personalities. By serving as a selfobject for the vulnerable personality, cohesion is fostered and maintained. The deleterious effects of cult membership for the individual are counterbalanced by the need to maintain cohesion at any cost. This formulation also explains the difficulty in extrication from the cult because

in the absence of the group some other source of cohesion must be found.

Relevance to Forensic Psychiatry

A thorough understanding of the dynamics of cult membership, as exemplified in the formulation presented above, is of importance to forensic psychiatrists for a number of reasons. Forensic applications include: (1) consultation with law enforcement agencies dealing with cultrelated crimes, particularly where hostages are involved; (2) evaluation of victims of ritualistic abuse; (3) expert testimony regarding competency to stand trial and criminal responsibility; and (4) determination of capacity to give voluntary consent for cult membership. Each of these areas will now be described briefly.

An examination of the Waco, TX incident illustrates the importance of forensic consultation to law enforcement agencies. An assessment of individual and group dynamics is crucial in assisting police negotiators who are dealing with barricaded cult members who may be holding hostages. The degree of conviction with which the group adheres to its beliefs must be determined before negotiation strategies are developed. Cult members whose identity is closely tied to group membership will be unlikely to surrender, because they risk losing their most important selfobject, the group itself. For these individuals, the hostage negotiators must offer alternative selfobjects to replace those that are given up. Tactics designed to disrupt or fragment the group, such as the "psychological warfare" strategies employed at Waco, are likely to have the opposite effect of unifying the group. When this occurs, mass suicide may become more acceptable to members than surrender and the resulting loss of identity and selfobject support. Clearly, therefore, the forensic psychiatrist who understands the dynamics of cult membership can provide invaluable assistance to law enforcement negotiators.

Any review of either the popular media or the mental health literature reveals that reports by children, adolescents, and young adults of physical/sexual abuse at the hands of cults have increased dramatically in recent years. These ritualistic sex crimes are often bizarre in nature and difficult to document. 42 In general, the assessment of these persons should follow the same fundamental guidelines as any forensic evaluation. 43 In many of these cases it is difficult for the examiner to understand why an individual may choose to willingly engage in ritual abuse. It is in this area that an understanding of the individual motivation and the group dynamics are important. Does refusal to participate, for example, cause a member to risk expulsion from the group and subsequent loss of the only source of self cohesion? In some cult members the anxiety associated with rejection may outweigh any risk of physical injury of pain. In addition, the question of why a cult member comes forward with claims of abuse at a particular time can be better understood by examining the importance the group had for that person. Abuse at the hands of selfobjects perceived to be empathic will lead to narcissistic rage. The intensity of this rage and its impact on personality structure are important variables in determining the motivation and accuracy of claims of abuse.

Forensic psychiatrists may frequently be asked to evaluate cult members with respect to competency to stand trial, criminal responsibility, and the extent of emotional trauma experienced.44 Mental status, personality structure, and motivation are all significant factors in assessing these areas. Obviously, the more impaired the personality, the more likely it is that competency or responsibility will be called into question. At the same time, the severely disrupted personality is more likely to find cult membership a source of strength that offsets the vulnerability of the self. In these cases the significance and power of the group clearly influences the individual's capacity to appreciate the consequences of actions taken at the group's direction. The degree of fragmentation present in the personality will influence not only criminal responsibility but also the individual's ability to understand why criminal or civil liability is being pursued. Furthermore, the degree of personality impairment and motivation for cult membership will exert a significant effect on the perceived emotional trauma.

Finally, the forensic psychiatrist may be called upon to render an opinion regarding an individual's capacity to join or participate in a cult voluntarily. An example is the case of *Peterson v. Sorlien*, ⁴⁵ in which the parents of a young adult cult member forced her to leave the cult and enter deprogramming treatment. The cult member eventually rejoined the group and sued her parents and the deprogrammers for unlawful imprisonment. ⁴⁶ The court ruled that the cult member had been subjected to "indoctrination...predicated on a strategy of coercive persuasion that

undermines informed consent," and found that no unlawful imprisonment occurred as result of the parents' action. It is in cases like this that a thorough appreciation of the role played by the cult in personality cohesion is essential. As the need for cult membership as a source of self-cohesion increases, the individual's capacity to make well informed, voluntary decisions about membership decreases.

References

- Galanter M: Charismatic religious sects and psychiatry: an overview. Am J Psychiatry 139: 1539–48, 1982
- Nelson GK: The membership of a cult: the Spiritualists National Union. Rev Religious Res 13:170, 1972
- Hochman J: Miracle, mystery, and authority: the triangle of cult indoctrination. Psychiatric Ann 20:179–87, 1990
- 4. Galanter M: Cults and New Religious Movements. Washington, DC: APA, 1989, p 26
- 5. Eister AW: An outline of a structural theory of cults. J Sci Stud Religion 11:319–33, 1972
- 6. Kohut H: Creativeness, charisma, group psychology: reflections on the self-analysis of Freud, in The Search for the Self (vol 2). Edited by Ornstein P. New York: International Universities Press, 1978, pp 804–23
- Kohut H: Self psychology and the sciences of man, in Self Psychology and the Humanities. Edited by Strozier CB. New York: Norton, 1985, pp 92–3
- Ungerleider JT, Wellisch DK: Coercive persuasion (brainwashing), religious cults, and deprogramming. Am J Psychiatry 136: 279–82, 1979
- Kiev A, Francis JL: Subud and mental illness: psychiatric illness in a religious sect. Am J Psychother 18:66–78, 1964
- Galanter M, Buckley P: Evangelical religion and meditation: psychotherapeutic effects. J Nerv Ment Dis 166:685–91, 1978
- 11. Levin TM, Zegans LS: Adolescent identity crisis and religious conversion: implications for psychotherapy. Br J Psychol 47:73–82, 1974
- 12. Deutsch A: Observations on a sidewalk ashram. Arch Gen Psychiatry 32:166–75, 1975
- 13. Roberts FJ: Some psychological factors in re-

- ligious conversion. Br J Social Clin Psychol 65:185-7 1965
- 14. Halperin DA: Psychiatric perspectives on cult affiliation. Psychiatr Ann 20:204–13, 1990
- Levine SE, Salter NE: Youth and contemporary religious movements: psychological findings. J Can Psychiatr Assoc 21:411–20, 1976
- Markowitz A: The role of family therapy in the treatment of symptoms associated with cult affiliation, in Psychodynamic Perspectives on Religion, Sect, and Cult. Edited by Halperin D. Littleton, MA: John Wright-PSG, 1983, pp 323–33
- Sirkin M: Cult involvement: a systems approach to assessment and treatment. Psychother Theory Res Pract 27:116–23, 1990
- Sirkin MI, Wynne LC: Cult involvement as relational disorder. Psychiatr Ann 20:199–203, 1990
- Kohut H, Wolf E: Disorders of the self and their treatment: an outline. Int J Psychoanal 59:414–25, 1978
- 20. Etemad B: Extrication from cultism. Curr Psychiatr Ther 18:217–23, 1978
- 21. Galanter M, Rabkin R, Rabkin J, et al: The "Moonies": a psychological study of conversion and membership in a contemporary religious sect. Am J Psychiatry 136:165–70, 1979
- 22. Simmonds RB: Conversion or addiction. Am Behav Scientist 20:6, 1977
- 23. Robbins T: Eastern mysticism and the resocialization of drug users: the Meher Baba cult. J Sci Stud Religion 8:308–17, 1969
- Galanter M, Buckley P, Deutsch A, et al: Large group influence for decreased drug use: findings from two contemporary religious sects. Am J Drug Alcohol Abuse 7:291–304, 1980
- Galanter M: Cults and zealous self-help movements: a psychiatric perspective. Am J Psychiatry 147:543–51, 1990
- Trice HM, Roman PM: Sociological predictors of affiliation with Alcoholics Anonymous:
 a longitudinal study of "treatment success."
 Soc Psychiatry 5:51–59, 1970
- Eckhardt W: Alcoholic values and Alcoholics Anonymous. Q J Stud Alcohol 28:277–288, 1967
- 28. Chessick RD: Psychology of the Self and the Treatment of Narcissism. Northvale, NJ: Aronson, 1985, pp 81–91, 107–26
- 29. Ornstein P: Introduction, in The Search for the Self (vol 1). New York: International Universities Press, 1978, pp 1–106
- 30. Kohut H: The Analysis of the Self. New York: International Universities Press, 1971, pp 26, 27, 57–73, 112, 113, 122–32, 161–4
- 31. Kohut H: Thoughts on narcissism and narcis-

- sistic rage. Psychoanal Stud Child 27:360–400, 1972
- 32. Kohut H: The Restoration of the Self. New York: International Universities Press, 1977, pp 102–8, 171–3
- 33. Kohut H: A note on female sexuality, in The Search for the Self (vol 2). Edited by Ornstein P. New York: International Universities Press, 1978, pp 788–90
- 34. Feldmann TB: Violence as a disintegration product of the self in posttraumatic stress disorder. Am J Psychother 42:281–9, 1988
- 35. Kohut H: How Does Analysis Cure? Chicago: University of Chicago Press, 1984, p 16
- 36. Kohut H: On leadership, in Self Psychology and the Humanities. Edited by Strozier CB. New York: Norton, 1985, pp 51–72
- 37. Gunderson JG: Borderline Personality Disorder. Washington, DC: APA, 1984, pp 31–8
- 38. Wolf E: Treating the Self: Elements of Clinical Self Psychology. New York: Guilford Press, 1988, pp 77–84
- Feldmann TB, Johnson PW, Bell RA: Cofactors in the commission of violent crimes: a self psychology examination. Am J Psychother 44:172–179, 1990
- 40. American Psychiatric Association: Diagnostic

- and Statistical Manual of Mental Disorders (ed 2), Washington, DC: APA, 1968
- 41. Martin J: Who Am I This Time? Uncovering the Fictive Personality. New York: Norton, 1988, pp 26, 58, 59, 66, 142–7
- 42. Lanning KV: A law-enforcement perspective on allegations of ritual abuse, in Out of Darkness: Exploring Satanism and Ritual Abuse. Edited by Sakheim DK, Devine SE. New York: Lexington Books, 1992, pp 109–15
- 43. Kinscherff R, Barnum R: Child forensic evaluation and claims of ritual abuse or satanic cult activity: a critical analysis, in Out of Darkness: Exploring Satanism and Ritual Abuse. Edited by Sakheim DK, Devine SE. New York: Lexington Books, 1992, pp 73–6
- 44. Mohl PC: Civil liberties, cults and new religious movements: the psychiatrist's role, in Cults and New Religious Movements. Edited by Galanter M. Washington, DC: APA, 1989, pp 16–17
- 45. Peterson v. Sorlien, 299 N.W. 2d 123 (Minn 1980)
- Delgado R: Options for legal intervention, in Cults and New Religious Movements. Edited by Galanter M. Washington, DC: APA, 1989, pp 300, 301