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Iatrogenic Symptoms Associated with a Therapy Cult: Examination of an Extinct "New Psychotherapy" with Respect to Psychiatric Deterioration and "Brainwashing"

John Hochman

IN 1982, the first and only discussion of psychotherapy cults appeared in the literature. Temerlin and Temerlin (1982) studied five "bizarre" groups which were formed when five practitioners of psychotherapy simultaneously served as friends, lovers, relatives, employers, colleagues, and teachers, all to patients who were themselves mental health professionals. In choosing the term "psychotherapy cult," the authors have noted similarities of the groups they reviewed to some religious cults, citing the three definitions of the "cult" in *Webster's 1966 Third New International Dictionary*: (1) a system for the cure of disease based on the dogma, tenets or principles set forth by its promulgator to the exclusion of scientific experience or demonstration, (2) great or excessive dedication to some person, idea or organization, (3) a religion or mystic regarded as mysterious or unorthodox. The psychotherapy cults studied by Temerlin and Temerlin varied from 15 to 75 mental health professionals held together by their idealization of a shared therapist and the activities which they conducted jointly: workshops, seminars, courses, businesses, professional ventures, and social life. As patients became more involved in the social and personal life of their therapists, they gradually withdrew from all friends and family, becoming increasingly dependent on the therapist and their new "siblings." Upon joining the group, many patients felt a sense of being loved and belongingness. The authors described the "cognitive pathology" of idiosyncratic group jargon which served to maintain an illusion of knowledge, sophistication, and personal growth, while removing all ambivalence and uncertainty. The authors concluded that psychotherapy cult membership is an iatrogenically determined negative effect of psychotherapy. Of the former cult members they interviewed, most had perceived themselves as deteriorating or at an impasse, or had experienced disillusionment with their therapists; however, they were unable to terminate unilaterally because of a pathological symbiosis with the group.

This paper focuses on a now defunct school of psychotherapy which had both much in common with these psychotherapy cults and several contrasting quali-

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ties. First, the school was officially led by a junta of psychotherapists, in a deliberate attempt to avoid any taint of a personality cult. Second, the group of patients and therapists was far larger than any referred to in the original study. Third, most patients were not mental health professionals. Fourth, liberal usage was made of many novel techniques identified with the California psychotherapy scene.

The Center for Feeling Therapy was the locus of this new school of psychotherapy. In 1974, its founders established a "therapeutic community" where patients took up residence for periods of years, until it literally closed its doors in 1980. While many patients at that time claimed to have been helped by the therapy, others felt they had been significantly harmed. The nature of some of the residual complaints appears to be sufficiently unusual to invite further inquiry, particularly as some former patients felt that the Center had evolved into a cult.

Psychotherapy as Part of the Counter-Culture

That the practice of psychotherapy is culture-bound is a simple truism. An examination of the *Zeitgeist* that was important in the evolution of Feeling Therapy is given by sociologist Daniel Bell in his essay, "The Sensibility of the Sixties" (1976):

> By the end of the 1960s, the new sensibility had been given a name (the counter-culture) and an ideology to go with it. The main tendency of that ideology—though it appeared in the guise of an attack on the "technocratic society"—was an attack on reason itself.
>
> In place of reason, we are told to give ourselves over to one form or other of pre-rational spontaneity—whether under the heading of Charles Reich's "Consciousness III," the "shamanistic vision" of Theodore Rozak, or the like. "Nothing less is required," said Mr. Roszak, one of the movement's most articulate spokesmen, "than the subversion of the scientific world view with its entrenched commitment to an egocentric and cerebral mode of consciousness. In its place, there must be a new culture in which the non-intellective capacities of personality—those capacities that take fire from visionary splendor and the experience of human communion—become the arbiters of the true, the good, and the beautiful." [p. 35]

New Age religions and cults began to proliferate in these years (Needleman and Baker 1978; Zaretsky and Leone 1974), alongside an explosion of hundreds of new psychotherapies (Corsini 1981; Herink 1980). A cult that is destructive could be described as one that veers toward remolding individuality to conform to codes and needs of the cult, institutes new taboos that preclude doubt and criticism, and produces a kind of splitting where cult members see themselves as an elite surrounded by unenlightened, and even dangerous, outsiders.

In the realm of psychotherapy, Strupp and Blackwood (1980) have described how some of the newer ones are marked by "the supremacy of experience for the sake of experience, regardless of its long-range consequences; the group as a vehicle and goal of relatedness; and, often, the wholesale rejection of reason and contemplation as viable forces in solving human problems" (p. 2234). The increasingly influential ideas of Maslow (1972) emphasized the importance of "peak experience," which he described as being so profound and shaking that it can change the person's character forever.

California provided the cultural backdrop for many of the new psychotherapies, just as the artistic and intellectual life of fin-de-siècle Vienna nurtured the psychoanalytic movement. California became the destination for pupils and patients who wanted to learn Primal Therapy from Janov, Gestalt Therapy from Fritz Perls, and Transactional Analysis from Eric Berne. California was also the home of "nonprofessional psychotherapies" such as

Diederich's Synanon and Erhard's *est.* A critical view of what all of these California therapists had in common is offered by Clare and Thompson (1981):

> Gone are those dark primaeval passions whose existence so troubled Freud. In their place is a vision of man as a virtuous, competent, triumphant ego, an ego whose flaws are always the product of a crippling, headtripping (Esalen jargon for 'thinking'), authoritarian society. Where poor, misguided Freud saw the constraints of society holding man back from indulging his polymorphous, perverse and psychopathic tendencies, the new dewy-eyed fraternities of California see them as inhibiting man from holistic growth, sensual fulfilment and mutual love. [pp. 21–22]

Dissident therapists from Janov's Primal Institute in Los Angeles founded the Center.

The Nature of Feeling Therapy

By the end of the decade, a "Core Community" of up to 350 Center patients and therapists were living near one another, sharing homes in the Hollywood district of Los Angeles. Hundreds more maintained contact with the Center as nonresidents through an outpatient Clinic, while many others maintained "Associate" status, communicating with "therapists" by letter. Maximum benefit from Feeling Therapy could only be gained by residing within the "therapeutic community." Patients saw themselves as potential leaders—therapists of a movement that would dominate the therapy of the 21st century.

Theory maintained that an imperfect environment caused numerous defenses, which allowed an individual to function with "reasonable insanity." The price paid for these defenses was an inability to "go 100%" in areas of expression, feeling, activity, clarity, and contact. "Neurosis" was seen as being as disabling as psychosis, and the ability to fully experience feelings was seen as the next stage of human evolution. Once able to live fully in these five areas, a person had put aside his "old image" and would now be "sane."

Techniques appeared to be adapted from diverse sources. The "therapeutic community" of Jones (1953), where an individual would reside to overcome mental disorder and then return strengthened to his prior life-structure, was transformed; a "growth" model replaced a medical model. Thus, significant pathology was not needed as a "ticket of admission," and return to the prior life-structure was no longer a goal. In the manifesto, *Going Sane: An Introduction to Feeling Therapy* (Hart, Corriere, and Binder 1975), the authors state, "For a transformative psychotherapy, 'cure' is a side issue" (p. 380). New Center patients would go through a three-week "intensive," reminiscent of the introductory phase of Primal Therapy (Strupp and Blackwood): after paying several thousand dollars in advance and signing various consent forms, a patient was plunged into three weeks of group and individual therapy, six to eight hours *daily*; those meetings were marked by aggressive confrontation with elements ranging from the physical contact found in encounter groups to harsh criticism as used in the Synanon game referred to as "Busting" (Markoff 1973).

> The first three months of therapy are disorienting, exciting, terrifying, and fulfilling. Therapy is structured so that all of the roles normally used to maintain reasonable insanity are vacated. During the first month, the patient will not work or interact with anyone outside therapy unless specifically instructed to do so by his therapist. The individual is left being a patient. [Hart et al., p. 300]

Remaining time would be taken up with "Assignments" comparable to, but more far-reaching than, Menninger's milieu prescriptions (Menninger 1952).

> Intensive therapy *could be anything.* What it takes to move a patient closer to his real feelings never matches what the patient thinks is needed. Some patients may be told to get a job or buy new clothes or shower twice a day—whatever is appropriate. [Hart et al., p. 310]

After the intensive, group and individual sessions dropped down to about six hours a week. Troublesome "defenses" or reverting

to a pretherapy "old image" were met head-on with Busting by therapists, group members, and community members outside of one's therapy group. Perceived progress would be rewarded by praise and eventual promotion to a "more advanced" group level. Ongoing Assignments might be to have it out with a family member, to have (or not to have) sexual relations with certain specified people, to wear a humiliating costume, or to change jobs. Therapy literally became a way of life, and the Center purchased an Arizona ranch as a potential retirement retreat.

A feeling community must be capable of two essential functions: *first it must cope with the recurrent bouts of insanity of its members*; and, *second, it must be extend and support the feeling openness that people acquire as they return to sanity.* [Hart et al., p. 340; emphasis in original]

Transcripts of Therapy Published by the Therapists

The book *Going Sane* provided extensive excerpts of therapy sessions from which brief fragments will be presented. These are not meant to be representative of all of the excerpts presented in the book, but rather are chosen to present specific examples of patients' compliance with aggressive interventions by therapists. Starting on page 150, the authors describe the first session of the second week of therapy for "Stan." "He had been pushed very hard the first week and still chose not to feel." "At 29, he was a virgin and passive." On Friday of his first week of therapy, his therapist told him to have sex over the weekend. Stan fails his assignments, and excerpts are given in which Stan is ridiculed by the therapist for being dishonest. Stan complains of feeling "tired" and "dead." The therapist is concerned but he is still being "run solely by defenses" and is avoiding his feelings. The session comes to a climax:

P: I was afraid with them. I was afraid to fuck because my cock always softens. I never can fuck. I never could. (crying)
T: Face those girls and tell them. (softly)
P: I'm afraid my dick will get soft, Molly. (His voice is roaring from his body. He is moving, kicking and thrashing.) I *do* want to fuck. I *want* to fuck. I'm afraid that my dick won't work. I do want to fuck. [p. 154; emphasis in original]

The therapist's opinion is that this has been a successful session since the patient showed his feelings, even though it took over two hours. It appears from the transcript that the dialogue with Stan took place in a group setting and seemed to involve something of a public confession before the women in the group. There is no further discussion of the patient's sexual dysfunction or his passivity.

The second example of the intensity of the aggressive and intrusive atmosphere begins on page 162, when a therapist-patient dialogue with "an experienced patient," an ex-Vietnam fighter pilot, is reported. The transcript documents how the therapist eggs the patient on to hit him with batacas by saying "Get up . . . just get as physically violent as you feel . . . Just hit *me*" (p. 164; emphasis in original).

The patient is still not hitting out with full expression, so the therapist provokes him, just as the therapist-patient [theoretically, every patient is a therapist, and vice versa] had tried to mobilize his own patient's aggression in the morning. This is extremely difficult to do because no one really wants to evoke violent feelings from another person; it was a fearful thing for the therapist to do. He commented, "A minute later, I held back and got afraid he would hurt me."

P: Dont' fucking, take after me . . . ouch . . . ouch . . . ouch . . . (crying) That really hurts there . . . it hurts . . . I hurt my wrist . . . I hurt my wrist . . . that hurts there . . .
T: Come on . . . come on . . .
P: (Hitting) I don't want to hit . . . I hate that . . . I hate you hitting me . . . Goddam it, Lee, don't hit me . . . Goddam it, Lee, don't hit me . . .
T: Real slow, you're going way to fast to feel it . . . way too fast . . . really hit hard . . . real slow . . . feel your body really hitting . . . . [p. 166]

The process notes seem to imply that the therapist had gone beyond verbal instigation and had apparently assaulted the pa-

tient (with batacas?) in order to heighten the patient's aggressive response.

Case Reports

I interviewed six former patients in mid-1982. Their status as Center patients ended at the Center's closing in November 1980. The four cases that I will present in detail are those that were not complicated by major premorbid difficulties. One of the patients reported a significant drug abuse problem while on military duty in Asia, and was excluded as perhaps pathological prior to entering the Center. The other case not included was a physician's wife who described being coerced by her therapist into breaking up her marriage and relinquishing the custody of her son; however, she also gave a history of having had an extended sexual relationship with a psychiatrist previously, while she was under treatment with him. It seemed to me that she had come in damaged by an earlier psychotherapy experience and prone to receiving additional abuse. However, the interviews with both excluded patients served to corroborate descriptions given by the other four subjects about aspects of Feeling Therapy.

My initial contact with the ex-patients came through my work as a consultant with the Task Force on Cults and Missionary Efforts of the Jewish Community Relations Council of Greater Los Angeles. This organization, originally set up to educate the community about the activities of such groups as the Unification Church, People's Temple, and Scientology, was joined by an ex-patient of the Center, who perceived his experiences as having been comparable to membership in a religious cult. I told this ex-patient of my interest in conducting an independent study to see what sort of effect the Center had had on people's lives. He made arrangements for me to meet several ex-members, who, in turn, made arrangements for me to meet several more. None of the individuals I interviewed had contacted me in order to undergo psychotherapy, and none were referred to me for that purpose. The single interview I had with each person was not part of any treatment program but was specifically for the purpose of this study.

Case 1

Mr. A., at age 19 in 1973, was a successful university student. He felt bored and wondered about the meaning of life. He went to the Center planning to "take a year off" in spite of cynical discouragement from his parents. He arrived there shaken by the unexpected death of his father. During his intensive, he kept a "secret diary," first writing of a cruel and pompous therapist; he then wrote "Maybe this was what I needed." After several weeks: "I feel sad to give up my old identity." He was Busted many times for being a "Jewish kid" and "wimp." Feelings of inferiority and self-doubt continued in spite of successfully completed assignments: praise was received for assertively demanding a large sum of money from his widowed mother and demanding that a platonic girlfriend from high school become his lover. He was Busted for dating nonresidents and for dating a resident not in his group level. He settled in with one of the dozen women in his group level some time after he reluctantly gave details of his sexual performance to the group. "I would go to every group a nervous wreck." He recalled having been spat upon and throttled by therapists. Shortly after he started to date his girlfriend, in a joint therapy session, he was told to disrobe as he jumped up and down, while they both listened to the therapist's threat that their relationship might be severed.

Mr. A. was at first relieved when the Center closed, but later expressed anger. He now blames a seven-year estrangement from his family and friends on his therapists. He supported himself selling real estate and was bitter about having been talked out of potentially lucrative real estate deals by therapists. He compares himself unfavorably with age mates now out of graduate school and settled in careers. He has lingering self-doubts, which he blames on years of being labeled a "wimp" and "crazy." Having become attached to the

woman in his group whom he lived with for five years, he felt ambivalent about ending the relationship, even though it lacked strong commitment from the beginning. When I first met Mr. A, he had been accepted by a law school even though he had not finished college; I met him again in mid-1983, when he told me his first year in law school was a success and he had relocated to the East Coast, where he had been accepted to complete his studies at an Ivy League law school.

Case 2

Mr. B, at age 23 in 1974, was an assistant art director for a major advertising agency. The principal distress he recalled was profound post-Watergate disillusionment, as he had been a strong Nixon supporter. He had planned to travel to Los Angeles to spend a year in a therapy experience in spite of discouragement by his parents. The Intensive "made me go crazy." "They put me in a room and called me every name in the book." "I'd start crying and not know what was going on." He fainted during one session. He was assigned to masturbate for an entire day. During the months after his Intensive, "I became convinced I was a loser." He was further convinced of this after spending $7,000 in six months at the Center. He found menial employment as a stock boy. "I didn't think I deserved anything." "It seemed like I had to redeem myself," and he did get back into the advertising industry, but with a much smaller and less prestigious agency. Relations with his parents further deteriorated when he couldn't accept their criticisms of his therapy. While phone calls to home always ended in a fight, "they convinced me that my parents were the source of my craziness." At times, he wanted to leave but, "Thirty people looked at you like you're nuts—you think 'God, what could be happening here?'" Therapists responded to his thoughts of going to his home city by suggesting that he settle down with a girlfriend. He was assigned to go with one, not of his choosing, for six months, but then took up with one he genuinely liked, in spite of some opposition from therapists. While a patient at the Center, "I couldn't get mad at other patients when I was supposed to."

After leaving, he began experiencing violent outbursts with little provocation. Once he knocked a door off its hinges and another time he threw a coffee table. On leaving, "I was disillusioned all over again." He felt that he had more trouble than before in "psyching" himself up for new job interviews. He reported pervasive feelings of shame "that I got suckered in." He is now back on speaking terms with his parents, but little more than that; he feels too embarrassed to discuss any of his experiences there with them.

Case 3

Mr. C, ag age 27 in 1973, was a teaching assistant in a university writing program. He came to the Center hoping to resolve, among other things, a "creativity block." His phlegmatic temperament, in spite of frequent Bustings, showed little change. He left after three years, went back to the Midwest, launched a publishing venture, and married. A year later, two Center therapists visited his city on a lecture tour. The therapists paid a call on Mr. C and his wife liked what they had to say. She traveled to Los Angeles for an Intensive and decided to stay. When she insisted that her husband join her, he resumed residence in the Center, now as a married man. He was Busted for repeatedly leaving the Center to tend to his publishing venture; subsequently, he was assigned to work in a construction crew with Center members even though he had no knowledge of manual arts or inclination to learn them.

After the Center's closing, Mr. C was plunged into a deep depression for two months. He felt ashamed about his years there and was suspicious of any involvement in therapy of any sort. He remains bitter because when he wanted to start a family, his wife was "brainwashed" into having an abortion—childbearing and parenting met with group disapproval. Former members encouraged him to write a book on experiences at the Center; after nine

months of research and compilation, he began to complete his manuscript and then fell into another two-month depression, after which he signed up for a course in "writer's block." When I interviewed the patient, he described his experiences in a slightly sardonic but unemotional manner; his phlegmatic temperament seemed to remain unchanged.

Case 4

Miss D, at age 28 in 1979, was in crisis. Her fashion industry career had snagged and the serious relationship with her boyfriend had ended. She met a Center member and was invited for a number of dinners, shared with the member's housemates. Miss D was uplifted by all the friendship offered to her, not realizing that her hosts were under assignment to recruit new patients. She was encouraged to become an outpatient by her new friends, who nicknamed her a "NIT" (not in therapy). Another career reversal led her to call the Clinic; she reluctantly signed a contract committing herself to eight months of therapy, borrowing the funds from her sister. She soon met *Mr. E*, a Center resident; they fell in love and began dating. Her social circle was now expanding to include Mr. E's "boyfriends," all Center patients, as he had been a resident for five years. Peer pressure escalated for her to become a full-time Center patient. Shortly after her best girlfriend died of cancer, Mr. E broke a date with her. His friends gave her an ultimatum to join the Center or lose Mr. E. She wondered "Why am I living?," mixed some hypnotics with alcohol, and called back Mr. E's friends. They got her to an emergency room. Her employer found out the nature of her overnight hospital stay and suggested that she resign.

Miss D now was booked for the next available Intensive; Mr. E took out a $4,500 loan to pay for it. Multiple therapists told her she was "nothing without Mr. E," and if she ever bad-mouthed the Center, there would be consequences. Her prior involvement in a high fashion industry had her labeled a "snob" and "artificial." She started dressing down and put on weight. She began to assist Mr. E in his plant care business, and eventually consented to move into Center housing, leaving behind a pleasant surburban rental. She and Mr. E were assigned to be "man and wife" without benefit of civil or religious ceremony. Therapists discovered she was uncomfortable with oral sex: assignments compelling the couple to engage in new positions were made, with resultant long-term decrease in sexual pleasure. She resigned herself to patienthood, and was told by therapists that if she left, she would be so "insane" that she would be a state hospital case; she feared the Center actually had the power to commit her.

Miss D had been at the Center for nine months at the time it closed. She returned to her suburban home with Mr. E and developed disabling depressive and phobic symptoms that lasted for six months. During this period, she became pregnant and had an abortion; she remains confused as to how much of her decision to do this was influenced by Center values which depreciated childbearing. Although now suspicious of all therapy, she agreed to go with Mr. E to a clinic for ex-members of cults. "It scared us off when they said we should make another appointment." She saw a movie on cult life, "Ticket to Heaven," and "then I didn't feel so bad." She now felt "alienated" from her parents; they had said that she was making a mistake all along, and she feels that they doubt her judgment. Her sister, to whom she is repaying a loan for outpatient fees, will not talk to her; the sister was put off by a telephone interrogation Miss D was required to subject her to. Meanwhile Mr. E is paying off the loan for her Intensive fees. Eighteen months after leaving the Center, Miss D became Mrs. E in a small church wedding. She felt too ashamed to invite friends she had been out of touch with for years, who she felt would not be able to understand what had happened in her life.

Discussion

My impression was that although the people I interviewed did experience a lot of

posttherapy turmoil, basic personality structure did not seem to be changed. In the absence of any corroborating information from friends and family members, I would defer offering an opinion about personality changes that might have taken place in these people, as eight or nine years had gone by between the time many had started Feeling Therapy and the time I interviewed them.

Two of the cases manifested significant symptoms of depression during the interview. While this could be a reflection of a pathological quality and quantity of dependence, which had been cultivated at the Center, both Case 3 and Case 4 had issues in their life that by themselves could lead to depression. Case 3 was bitter about the abortion his wife went through and the loss of a potential child, while Case 4 felt alienated from relatives and friends. There is one significant difference between Case 4 and the other three: When Miss D entered the Center, it was at a later stage in its evolution. At that time, the Center had encouraged its patients to recruit new patients through a show of fellowship and friendship, similar to the "love-bombing" associated with some religious cult groups. When I interviewed Miss D, she communicated to me how she had experienced feelings of warmth and admiration toward the Center members when she first met them. The loss of this chaotic but exciting social milieu may have been a significant contributant to the depression she reported, which was more extensive than anything reported by the other subjects. Compared to the other patients, Miss D was more interested in love and companionship than in specific personality change or symptom relief.

The institution that is most comparable to the Center is Synanon. Both enterprises emphasized communalism, highly confrontative therapy techniques, humiliation within the community as an extension of therapy, instructions to members as to vocation and sexual partners, exhortation of members to seek new recruits, and the belief that their way of life would serve as a beacon to the 21st century. There were, however, significant differences. The therapists at the Center emphasized their professional credentials and provided therapy on a fee-for-service basis; Synanon had no professionals and coerced its members to turn over their assets to Synanon, in return for which they would receive room, board, groups, and WAM (walk-around-money). The Center made no claim to "cure" anything but emphasized its concern with "transformation" of people; Synanon benefited from a steady stream of drug addicts who were sent for a "cure," although as time went on an increasing number of Synanon residents were non-addicts who simply wanted to be part of the community (life-stylers). The Center did not maintain a taboo against aggressive physical contact during group sessions as did Synanon for many years. Ex-members of the Center did report being coerced into having abortions and entering into marriages or divorces on the instruction of their therapist; events of that kind tended to take place at Synanon on a mass scale at the whim of its leader—for example, on one day all married couples should get divorced, and on another day, all the men should have vasectomies (Gerstel 1982).

Because over the years, Synanon gained a substantial reputation as a drug treatment program that worked where other measures failed, one might be tempted to compare the Center to Synanon in order to better understand how it went astray. However, Synanon's reputation as a successful drug abuse program may be a reflection of successful public relations and popular faddism rather than of scientific fact. Synanon leaped into national prominence when it became apparent that conventional psychiatric treatment was not curing heroin addiction, and became the subject of a widely circulated book by Yablonsky (1965) and even a favorable Grade B Hollywood movie. However, Berkeley sociologist Richard Ofshe (1984) has pointed out the inadequate statistical evidence for Synanon's claims of success, particularly when the horrendous drop-out rate was taken into account. A very troubling account by an ex-member of a sojourn of several years within

the confines of Synanon has recently been published (Gerstel). The risk that ongoing therapeutic communities for drug abusers may degenerate into totalitarian cults has recently been explored (Rebhan 1983).

One may also compare aspects of the Center with the encounter group phenomenon. While encounter groups were designed to last only a weekend and the Center experience was designed to last a lifetime, some encounter groups had much in common with aspects of groups that were run at the Center. Of particular interest here is the study by Yalom and Lieberman of encounter group casualties (1971). In this study, 209 undergraduates at Stanford University (again in California) were randomly assigned to 18 encounter groups, which met for a total of 30 hours. Among these students, 16 subjects were considered "casualties," defined as an enduring, significant, negative outcome which was caused by their participation in the group. The leaders were not found to be reliable judges of casualties. The highest risk leadership style was characterized by high stimulus input, agressivity, charisma, confrontation, and intrusiveness. The most vulnerable individuals were those with low self-concept and unrealistically high expectations and anticipation of change. Based on the accounts given to me by ex-patients and the published transcripts of therapy sessions by Center therapists, it does appear that participants at the Center would be vulnerable to becoming psychotherapy casualties; new members entered the Center with anticipation of undergoing extensive personal "transformation."

Bad results from the encounter groups included crippling anxiety attacks, severe depression, disruption of self-esteem, self-negation, feelings of inadequacy, shame, discouragement about changing, withdrawal from others, and fear of taking risks. Of note, two of the therapists with the highest casualty rates in this study were Synanon group leaders.

The study by Yalom and Lieberman presents casualties that occurred after a weekend group experience, while this paper deals with casualties that took place after several years of therapy. It is important to consider that the occurrence of iatrogenic symptoms during the initial months of Feeling Therapy might increasingly bind the patients to their therapists. This effect would be likely not only because of emotional debilitation leading to increased dependency on a helping figure, but also because the existing belief system identified the occurrence of even the most dysphoric feelings as progress.

Temerlin and Temerlin believed that the former psychotherapy cult members they had interviewed had substituted a pathological symbiosis to a psychotherapy cult for one with their family of origin. The isolation of the groups prevented reality testing, and group dynamics opposed individuation. Patients also dreaded the consequences of termination without approval of the therapist because of fantasies—which the therapist often provided—of personal and professional destruction should they leave the group. At this point, Temerlin and Temerlin noted a remarkable resemblance to some of the techniques of thought reform and brainwashing, described by Frank (1973) and Lifton (1961).

Yalom and Lieberman posited that some encounter group casualties were caused by "input overload." Participants were so challenged and overstimulated that instead of assimilating new perspectives on themselves and their world, they were sucked into a maelstrom of confusion and uncertainty. The authors referred to this as an "unfreezing" process, the same term used by psychologist Edgar Schein (1961) in his classic study of "brainwashing" by Chinese Communists.

Lifton described in detail how both Chinese and Europeans subjected to the thought reform process found themselves over the course of months condemning their past and expressing increased feelings of gratitude toward their Communist captors for raising their consciousness. *Going Sane* presented what one patient wrote about his entry into the therapeutic community:

At first, I was really scared. I acted aloof and sophisticated, so they had me do silly things in my sessions—act like an animal or a fool. This went on for a few weeks and I didn't like it. Slowly, I started to wake up and feel myself being at the Center and how I wanted to be here, but my craziness kept me away. I began to know I was here for help and that these people, the therapists, were helpers. They were like a school of dolphins to me, not savage like sharks I had grown up with, but able to fight sharks. I felt they were schooling me in a feeling reality as new and strange to me as the world of the sea. Within three months, I was saying and showing everything just to get the contact I wanted. Often what I would say was fucked and mixed up, but I could say it anyway and they would nudge me closer to my real feelings. Now, ten months into the therapy, I have my ups and downs, but I can feel my life opening up inside me. I look back on the ways I was and remember how bored I was; now I'm sometimes scared but not bored. Now I feel like a dolphin, too, an animal with feeling. [p. 337]

In this retrospective account, the following sequence of events is evident: (1) Initial resentment toward the therapists for coercing the patient to indulge in humiliating behavior. (2) Assumption of a negative identity foisted on him by therapists—acting crazy and not meeting his therapists' expectations. (3) Now very dependent on his therapists; resentment is handled by reaction-formation. (4) Projection of aggression to outsiders, "sharks I had grown up with." (5) A devaluation of life before therapy, when he was "bored." (6) Rationalization of unresolved anxiety—he may be scared but at least he is not bored.

The dust jacket of *Going Sane* told how Feeling Therapy's Founders "made what may well become the most incredible discoveries since Freud's discovery of the unconscious. That the PEAK EXPERIENCE, the brainchild of Maslow, and the elusive goal of Western and Eastern psychologies alike, is very simply . . . a breakthrough of positive feeling." Founders "were able to have PEAK MOMENTS, to hold them, to extend them, and to deepen them." Of these same peak experiences, Lifton stated:

> Ideological totalism itself may offer a man an intense peak experience: A sense of transcending all that is ordinary and prosaic, a freeing of himself from the encumbrances of human ambivalence, of entering a sphere of truth, of reality, trust, and sincerity beyond any he had ever known or ever imagined. But these peak experiences, the result as they are of external pressure, distortion, and threat, carry a great potential for rebound and for equally intense opposition to the very things which initially seem so liberating. Such imposed peak experiences—as contrasted with those more freely and privately arrived at by great religious leaders and mystics—are essentially experiences of personal closure. Rather than stimulating greater receptivity and 'openness to the world,' they encourage a backward step into some form of 'embeddedness'—a retreat into doctrinal and organizational exclusiveness, and into all or nothing emotional patterns more characteristic (at least at this stage of human history) of the child than of the individuated adult. [p. 435]

Aside from Lifton and Schein, the two other major contributors to the psychiatric literature on coercive persuasion have been West and Singer, who began their work in the 1950s evaluating "brainwashed" POWs released from prisons in North Korea. Their discussions of destructive cults (Synanon included) in the *Comprehensive Textbook of Psychiatry* (1980) currently serves as the most authoritative introduction to this subject. Indoctrination techniques used in cults, as enumerated by West and Singer, correlate with elements of that culture of the Center: (a) environmental manipulation via Assignments maintained by group pressure; (b) communication with people outside of the Center precluded during the Intensive and discouragement of more than superficial contacts thereafter; (c) therapeutic strategies resulting in feelings of humiliation; (d) induction of confusion with "loaded language" about one's "sanity" and dangers of relapsing into previous "insanity"; (e) progress marked by identification with group expectations; (f) skepticism dismissed with thought-terminating clichés such as "It's your negativity"; (g) alternation of intense positive and negative feedback, at times unpredictable; (h)

cathartic abreactions and confessions in the presence of the significant others in response to strong group pressure rather than to spontaneous movement in therapy; (i) insistence by therapists that patients would not be able to cope if they left the Center, generating a possible vicious cycle of self-fulfilling prophecies; (j) a whirlwind of sessions, Assignments and a communal lifestyle discouraging leisurely contemplation; (k) symbolic betrayal of previous "insane" aspects of identity and pressure for harsh confrontations with outside family, particularly parents.

The patients I interviewed described how they had undergone a process of searing psychological intensity. Certainly startling changes could be expected after an Intensive described by Center therapists as "So intense a process that the therapist is unable to initiate more than one person at a time into the community" and "more akin to entering a spiritual community than it is like going to an ordinary psychotherapy" (Corriere et al. 1980). Temerlin and Temerlin described psychotherapy cult membership as having perverted psychotherapy from an ego-building process of individuation into an infantilizing and destructive religion, which patients could no more leave than those people can leave the religion of their youth.

Yalom and Lieberman noted that the encounter group leaders with the highest casualty rates seemed to have a "religious aura":

> Perhaps the religious element helps us to understand these leaders' failure to discriminate between individuals since they may tend to imbue the individual with a system of beliefs and values (a single and final pathway to salvation) rather than to encourage the individual to change according to his own needs and potential. [p. 29]

There is increasing ambiguity as to when therapy ends and religion begins. L. Ron Hubbard originally presented Dianetics as an alternative to psychoanalysis, and its use of the E-Meter was seen by some observers as a form of health quackery; however, evaluations of these matters were put off limits when Dianetics became incorporated into the Church of Scientology (Wallis 1977). *Est*, which describes itself as a "training," has been perceived by evangelicals as being a religion (Weldon and Albrecht 1982) and by psychiatrists as being akin to a psychotherapy (Erhard and Gioscia 1978).

One of the most astounding developments to date has been the growth of the international following of Bhagwan Shree Rajneesh. While popularly perceived as an exotic Indian guru with two dozen Rolls Royces, he is also the centerpiece of an organization that provides multiple avant-garde psychotherapies, including encounter groups, as part of a prescribed path for enlightenment. These groups are offered on a fee-for-service basis, not only on the group's sprawling commune in Oregon but also in dozens of Rajneesh centers in various American and European cities (Haack 1983; Hummel 1983). The original ashram, in Poona, India, was reported to be the scene of numerous psychiatric casualties (Fishlock 1983).

Prevention of Future Casualties

Yalom and Lieberman hoped that responsible public education could teach prospective encounter group members about what they could expect in terms of process, risks, and profit from a certain type of group: "then, and only then, can they make an informed decision about membership." However, a significant number of the newer psychotherapies have limited interest in establishing any objective accounting of their practices. Certain exponents of therapies even perceive such explorations as irrelevant. Having little faith in anything resembling scientific method, some therapists regard their own subjective feelings that their enterprise is a success, accompanied by testimonials from satisfied patients, as sufficient evidence of worthwhile outcome. There are no imminent plans for any professional body to designate particular psychotherapies as "legitimate" and others as "illegitimate," in emulation of FDA regulation of pharmaceutical products and medical appliances. In fact, while increas-

ing public attention has been focused on the dangers, real and imagined, of psychotropic medications and ECT, the principal apprehension associated with psychotherapy seems to be the expense associated with prolonged treatment.

In conclusion, the experiences at the Center for Feeling Therapy support the observation that if techniques of psychotherapy are potent enough to help, they are potent enough, particularly in a more intense form, to harm as well (Bergin 1963; London and Klerman 1982; Strupp and Hadley 1977). Prognosis for the future reduction of casualties is poor as long as there continues to be little evidence of interest in the problem, and as long as some psychotherapeutic enterprises adopt the coloration of religious practice, where they are free from the scrutiny of professional bodies and scientific study.

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