

The Impact of Cult Membership on Career Development and Employment

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ABSTRACT

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Cults are widespread throughout the world and many have been shown to have negative effects on individuals who have been members of these types of groups. There is a lack of research completed addressing career development and employment in the recovery of cult survivors. Because of the limited amount of research concerning the impact of cult membership on career development, other populations who have experienced similar types of coercive relationships were examined including those involved in intimate partner abuse. The literature review indicated that victims of cult membership and survivors of domestic violence might experience some of the same issues that negatively impact their career development and employment. This study examined the following research question: Are the career development and employment of former cult members impacted by the length of time they participated in a cult, their level of education, their perceived need for vocational rehabilitation services and their mental health symptoms? A non-random sample of 56 former cult members who underwent treatment at the Wellspring Retreat and Resource Center participated in the study. Data for this study were received from two sources: the Work and Cult Recovery Index, a non-standardized instrument developed for this study, and scores from the Symptom Checklist-90-Revised (SCL-90-R) that were retrieved from the existing database at Wellspring. Multiple regression analysis was used to examine the predictors. The results indicated a rejection of the null hypothesis indicating that as a set, the

independent variables were significantly related to the perceived impact that cult membership had on career development and employment. The perceived need for vocational rehabilitation services and the length of time spent in the cult demonstrated a significant relationship with the perceived impact of cult participation on career development and employment. These two variables were both negatively correlated with the dependent variable as was expected. As a result, those individuals who perceived a need for vocational rehabilitation services were more likely to perceive that cult participation negatively impacted their career development and employment. Similarly, individuals who spent more time in the cult were more likely to perceive that cult participation negatively impacted their career development and employment.

Approved: _____

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CHAPTER I: THE IMPACT OF CULT MEMBERSHIP ON CAREER DEVELOPMENT AND EMPLOYMENT

Introduction

According to Aronoff, Lynn and Malinoski (2000), cults have been around for ages but did not receive much recognition until the 1960's and 70's when parents became concerned with the changes in their children who were participating in cults. This cult phenomenon has spiraled in today's society. It has been estimated that there are currently approximately three to five thousand cults in the United States that affect not only cult members personally, but also their families and loved ones (Hassan, 1990; Langone, 1993; Singer & Lalich, 1995).

Cults are widespread throughout the world but estimates concerning the number of people who are members of cults have been highly variable and range from two to twenty million Americans who are involved in this phenomenon in some capacity (Richmond, 2004; Singer & Lalich, 1995). In 1984, the Cult Awareness Network accumulated a list of more than 2,000 groups about which they had received inquiries. The frequency with which this network and others, such as the American Family Foundation, have encountered previously unheard of groups, suggests that 2,000 is likely a low number for cultic groups in the United States (Langone, 1993). The national office of the Cult Awareness Network reported receiving 18,000 inquiries in a year about cultic groups (Tobias & Lalich, 1994).

There have been several studies on the prevalence of cults showing inconsistency in the estimates of people involved with these groups. However, even the lowest estimates of people involved in cults warrant investigation and future research. Although

more than 70% of cultic involvement was temporary, Bird and Reimer (1982) conducted surveys showing that 21% of adult populations in San Francisco and 32% in Montreal have participated in new religious and para-religious movements. Zimbardo and Hartley (1985) surveyed 1,000 high school students from the San Francisco Bay area and found that 3% being members of cultic groups and that 54% had at least one contact with a cult recruiter. Bloomgarden and Langone (1984) reported finding that 3% of high school students in affluent Boston suburbs and 1.5% of students in working class suburbs reported that they belonged to cultic groups. In another survey, almost 1,400 Pennsylvania primary care physicians showed that 26% reported having had personal, professional or both experiences with cults (Lottick, 1993). From this statistic, 2.2% of physicians had a family member involved with a cultic group (Lottick).

Although cult membership appears to be prevalent in today's society, the term cult is often a challenge to define. As a result, these explanations about cults can be vague. In addition, most definitions available in the literature do not often come from empirical research and are often not operationally defined (Aronoff, Lynn & Malinoski, 2000). However, reliability and validity findings from The Group Psychological Abuse (GPA) Scale suggest that it should be helpful in distinguishing the types of abuse and in making a distinction between cults and harmless groups (Chambers, Langone, Dole & Grice, 1994). Consequently, an empirically based definition of a cult was developed from Chambers, Langone, Dole and Grice's analysis leading to the development of the GPA. They defined a cult as follows:

Cults are groups that often exploit members psychologically and/or financially, typically by making members comply with leadership's demands through certain

types of psychological manipulation, popularly called mind control, and through the inculcation of deep-seated anxious dependency on the group and its leaders (p. 105).

Background of Study

Over time there have been negative connotations attached to the term cult. However, there are some advocates who say cults are merely an alternative culture and are not dangerous (Alexander, 1985; Anthony & Robbins, 1992; Coleman, 1984; Levine, 1984). On the other hand, there are those that criticize cults and assert that they are psychologically damaging and have negative effects on the individuals who participate (Langone, 1993; Martin, 1993; Singer & Ofshe, 1990; Singer & Lalich, 1995; West & Martin, 1994). These critics noted that often, the leaders of these groups have been known to exploit the members and use unorthodox methods of leadership (Aronoff, Lynn & Malinoski, 2000).

Common societal assumptions vary about the types of people recruited into cults. These assumptions may suggest that these individuals are uneducated, strange, lonely or “crazy” (Tobias & Lalich, 1994). Martin and Orchowski’s (2007) research showed that although those who join cults are not always “normal”, there is not enough evidence to suggest that they are already “damaged”. Hassan (1990) stated from his personal experience that most individuals targeted for recruitment are well-educated, middle class citizens. Although Hassan’s work is not empirically based, it may be presumed that lower levels of education and socioeconomic status may not be predictive of those most likely to join a cult. Hassan suggested that individuals from various classes and social groups fall victim to cults, including the most recently targeted elderly population. In addition,

high school and college campuses are also ripe recruiting grounds for cults (Bloomgarden & Langone, 1984; Richmond, 2004; Russell, Greenhow & Allen, 2004; Zimbardo & Hartley, 1985). Consequently, it is possible that a significant amount of the population could be at risk for being approached by a recruiting cult member or in fact becoming a member of a cultic group.

Suggestive terminologies that are sometimes associated with cults include brainwashing, mind control, persuasive coercion and thought reform. Horrifying case studies and personal stories have captured the minds of readers who can only begin to imagine the ramifications of some of these groups (Hassan, 1990; Ireland & Ireland, 1994; Langone, 1993; Masis, 2004; Shaw, 2003; Singer & Lalich, 1995).

In the early 1960's, Lifton's work introduced the process of *thought reform* used in Maoist China. Lifton explored the brainwashing of Chinese citizens and Westerners by the Communist Chinese government. Lifton later applied this totalistic belief system to groups called cults in his essay on cult formation and totalism found in his 1987 collection, *The Future of Immortality and Other Essays for a Nuclear Age* (as cited in Lifton, 1989). Singer and Lalich (1995) described a cultic relationship as one in which cult leaders purposely cause others to become dependent on them for nearly all life decisions by using various techniques of persuasion such as thought reform, mind control, or brainwashing. Cult leaders employ these techniques by instilling followers with the belief that the leader has a special talent or knowledge than no one else possesses (Singer & Lalich).

The research related to cults contains discussions of the variable types of cultic groups as well as the varied nature of the consequences of membership. These issues are

further explored in Chapter Two. Cults can be formed around any content ranging from new-age religious groups to witchcraft and Satanist-oriented cults (Singer & Lalich, 1995). Other types may also include racial, “flying saucer”, political, and self-help cults (Singer & Lalich; Hassan, 1990). Cult names may suggest groupings or emphases (Singer & Lalich). Some cults may start their names with “The” emphasizing that theirs is the way to think or believe. Examples include The True Believers, The Way International, The Farm, and The Assembly. Other groups emphasize family or use images of siblings as a core component of the group including groups such as The Love Family, The Rainbow Family, Brother Evangelist, and The Great White Brotherhood. Singer and Lalich noted that the various belief systems in cultic groups are used as a tool to serve the leader’s hidden agenda’s.

According to Singer and Lalich (1995), cults have central goals of recruiting new members and raising money for the benefit of the leader. In many cases, a cult strips the members of their identities and leaves them debilitated financially, vocationally, spiritually, physically, sexually, and emotionally (Ford, 1993; Hassan; Langone, 1993; Singer & Lalich).

Based on the prevalence of cults today, it is important for the general public and counseling professionals to be cognizant of how a member escapes and recovers from the control of a cult. The cult recovery process has been examined in several different ways, each of which conveys similar core steps (Dowhower, 1993; Ford, 1993; Giambalvo, 1993; Goldberg, 1993; Hassan, 1990; Martin, 1993; Singer & Lalich, 1995; West & Martin, 1994). According to Herman (1997), the core experiences of psychological trauma describe dynamics that disempower and disconnect the individual from others.

Accordingly, Herman emphasized the importance of restoring autonomy and empowerment in recovery. Stages of cult recovery often include the survivor's ability to develop a conceptual framework, grieve, work through reconciliation, reach out, and be reintegrated into society (Langone, 1993). This study explores the role of vocational rehabilitation services in the recovery of cult survivors.

Statement of the Problem

In general, little attention has been given to the benefits of vocational rehabilitation or career counseling in facilitating a former cult member's recovery and reintegration into society, although some writers acknowledged these issues as being relevant near the end of the recovery process (Ford, 1993; Martin, 1993; Singer & Lalich, 1995). Consequently, the literature review in this study revealed a paucity of information relating to the impact of cult membership on career development, employment or the usefulness of vocational rehabilitation services in the recovery process. This is somewhat surprising in light of the career development and vocational rehabilitation literature that has supported the therapeutic value of work as a source of independence, self-esteem, social integration, and personal identity (Brown, 2003; Herr & Cramer, 1996; Niles & Harris-Bowlsbey, 2005; Rubin & Roessler, 2001; Szymanski & Parker, 1996). Ironically, much of the literature dealing with cultic groups has suggested that the dynamics of cult membership undermine these traits, while the recovery process is aimed at their restoration (Ford, 1993; Hassan, 1990; Langone, 1993; Singer & Lalich, 1995). This study addressed this problem by examining the relationship between cult membership and its impact on career development as well as the potential value of vocational rehabilitation services as a tool in the recovery experience of former members.

Psychosocial Benefits of Work

Based on the numbers of cults and individuals involved in this experience, it is worthwhile to explore the importance of work, as well as a rationale for the integration of vocational rehabilitation services into the recovery process of cult survivors. In addition to its economic function, meaningful employment has been associated with a person's self-esteem, self-efficacy and identity (Brown, 2003; Herr & Cramer, 1996; Niles & Harris-Bowlsbey, 2005; Rubin & Roessler, 2001; Szymanski & Parker, 1996).

Although the definition and purpose of work varies across cultures, three common elements that define the importance of work include the economic, social, and psychological domains (Herr & Cramer, 1996). Economic purposes of work include attainment of physical assets and security, as well as gratification of needs and wants. Herr and Cramer noted that work serves social purposes including: providing a place to meet people and develop friendships; indicating the social status of the worker and family; and giving the person feeling of being valued by others for accomplishments and responsibility. Finally, in addition to the economic aspects of work, Herr and Cramer noted that meaningful employment is associated with many positive psychological traits including self-esteem, personal identity, feelings of dependability and reliability and a sense of competency. Many of these positive psychological traits are undermined by the cult experience. For these reasons, it is important to explore the potential relevance of career development and employment to the recovery process of former cult survivors.

Cult Survivors as "People with Disabilities"

When addressing career and vocational issues with cult survivors, it may be beneficial to view them not only as individuals with psychological impairments but also,

in a broader context, as people with disabilities. The concept of disability implies a more functionally oriented perspective and allows consideration not only of an individual's personal limitations but also of the socio-political or environmental factors that affect the person's ability to fulfill important social and personal roles (like work) and the quality of life (Hahn, 1985; Olsheski & Breslin, 1996). Disabilities may be physical, psychological or developmental in nature. Due to the emotional turmoil that cult survivors endure throughout their time in the cult and in recovery, a psychological disability may develop. It is also possible that a psychological disability was present prior to cult involvement and this pre-existing condition may be exacerbated by the cultic experience. Consequently, many cult survivors may be considered as "people with disabilities" and be eligible for public vocational rehabilitation services that could be of tremendous value in recovery.

Wright (1980) stated that vocational rehabilitation services are continuous and coordinated services that are intended to enable an individual with a disability to obtain and maintain appropriate employment. Throughout the recovery process, vocational rehabilitation services may be provided, including but not limited to work evaluation, work adjustment training, job development and placement, job accommodations, supported employment and job seeking skills training (Olsheski, 2006). The implementation of these services in the recovery of cult survivors may be beneficial to their treatment and reintegration into society.

Vocational rehabilitation services are sensitive to environmental barriers that could hinder a former cult member's ability to obtain and maintain employment. Career development implies an interaction of personal and environmental factors that interact over the life span of the individual (Brown, 2003). Career interventions are accessible to

augment an individual's career development and may include career counseling, career education, career information and career guidance (Brown).

Although a number of career development theories exist, developmentally-oriented approaches maybe the most relevant to individuals whose careers have been disrupted by membership in a cult. Donald Super's (1957) theory seems to apply to cult survivors because of the emphasis placed on a person's self-concept. According to Super, the self-concept represents an individual's view of self and of the situation in which they live. Consistent with Super, psychological characteristics such as the development of needs, values, and interests lead to the development of personality and accomplishments of the person. When individuals interact with their environment these influences effect the development of the self. Super suggested that career development parallels human development and consists of a series of stages in which the individual attempts to implement his or her self-concept through the careers they choose. Membership in a cult weakens an individual's self-concept as this view of self is replaced by the beliefs and practices of the group. Therefore, an important part of the recovery process for former cult members involves a restoration of the self-concept. Bentz (1994) asserted that Super's theoretical contribution was recognizing that career development involves a process of self-concept implementation in occupational preferences and choices. Bentz also noted that in career development of women, a healthy self-concept and high self-esteem were associated with an increased ability to implement other aspects of their self-concepts in academic and occupational areas. This is directly applicable for cult survivors because in recovery they are regaining purpose and identity, as well as a new healthy self-concept (Langone, 1993). Thus, giving attention to the career development and

employment needs of former cult members may be therapeutically valuable and should not be overlooked in the recovery process.

Another relevant theory is that of Lent, Brown, and Hackett's (1994) Social Cognitive Career Theory (SCCT), a specific application of Bandura's (1986) social cognitive theory. Bandura's theory integrates discussion and emphasis of work and career, focusing on career and educational interest formation, the identification of career and educational choices, and performance and determination in career searches (Chronister & McWhirter, 2003). A central component of Bandura's theory is self-efficacy, defined as one's belief in the capability to successfully engage in specific behavior (Betz, 2004; Betz, 2000). Outcome expectation, another component of this theory suggests that people will not engage in behaviors in which they feel is impossible (Diegelman & Subich, 2001). Counselors can be agents of social change by treating clients holistically, using more integrated models of career counseling, being aware of multicultural issues, and identifying environmental barriers in relation to career development (O'Brien, 2001). By identifying potential barriers such as those characteristics undermined by cult membership, specific aspects of career development (i.e. increasing self-efficacy) may be incorporated into the recovery process by helping to rebuild one's identity, which is necessary for community reintegration.

Research Question

This study explored the following research question:

Is the perceived impact of cult membership on career development and employment among former cult members related to the length of time they spent in a cult,

their level of education, their perceived need for vocational rehabilitation services and their mental health symptoms?

This study explored the following dependent variable: the perceived impact of cult participation on career development and obtaining/maintaining employment. The study sought to determine what effects that the following independent variables had on this dependent variable: length of time in a cult, level of education, the perceived need for vocational rehabilitation services and the presence of mental health symptoms.

Significance of the Study

Current literature regarding cult recovery has paid little attention to vocational rehabilitation as an effective tool. Attention to career and vocational issues have been rather superficial in the discussion of recovering from the trauma typically associated with cult membership and has basically been limited to comments on help with resumes or mentioning the idea that career issues should be discussed with clients while in recovery (Ford, 1993; Martin, 1993; Singer & Lalich, 1995).

Consequently, there is a lack of research that has addressed career development and employment in the recovery of cult survivors. This lack of research suggests that mental health professionals, who work with former cult members, may be overlooking the potential value of vocational rehabilitation and career counseling in the recovery process. As a result, research in this area may have implications for mental health practitioners, supervisors and educators who are committed to improving treatment interventions for individuals who are confronted with challenges related to identity restoration and social reintegration following membership in a cult.

This study involved a survey of cult survivors regarding the impact that cult involvement had on their career development and vocational functioning. Their views on the usefulness of vocational rehabilitation interventions in the recovery process were solicited. Failing to address these areas with recovering cult survivors may contribute to a poor quality of life as a result of chronic unemployment, underemployment and increased reliance on public support systems. Results in this area of research may help to fill a void in the literature and offer guidance for mental health and rehabilitation professionals.

Limitations

There are several limitations present in this study. First of all, there has been minimal discussion in the literature and a lack of research to date examining the relationship between work, career development and vocational rehabilitation services with cults members. Therefore, it is necessary to review and discuss these issues that have been researched with other populations who are victims of coercive relationships and experience similar psychosocial traumas to those of cult members. One group that meets these criteria consists of victims of domestic violence including “battered women.” Thus, insights gained from the limited research concerning the importance of work and vocational rehabilitation for victims of coercive domestic relationships are discussed and associated with cult survivor victims when appropriate.

Another limitation is that no actual experimentation was conducted examining work, vocational rehabilitation services and cults in this study. The purpose of this study was to establish a rationale and connection between career development, work and the implementation of vocational rehabilitation services in the recovery of cult survivors. Additionally, the research reviewed as a foundation for this study related to trauma,

domestic violence, intimate partner abuse and battered women, presented in Chapter Two, is also somewhat limited. Many of these studies are not empirically based and some contain methodological flaws such as small sample size. In light of these considerations, the present study was exploratory in nature. However, the findings in this study may be valuable in identifying variables that may be used in future empirical investigations.

The sample used was derived from the database at Wellspring Retreat and Resource Center, located near Albany, Ohio. Wellspring is a residential treatment facility for individuals who have been abused in relationships, groups, cults, and by professionals such as therapists and clergy. At this facility, individuals who have been abused physically, sexually, psychologically, emotionally or spiritually by religious cults, harmful relationships and other manipulative groups are treated via services including counseling, education, consultation and family support services. Additionally, Wellspring is one of the few residential facilities worldwide that is accredited by the Commission for the Accreditation of Rehabilitation Facilities (CARF) that specializes in treating victims of trauma associated with coercion and exploitation.

Although the database at Wellspring Retreat and Resource Center is large and diverse, there was the possibility of a low return rate of surveys mailed to former clients of this facility. Because there was no guarantee of a high return rate, this was a factor that affected the results of the study in a negative manner. Standard procedures were followed for maximizing response rate such as sending follow-up letters to those who did not respond in a given amount of time. In addition, Dr. Martin prepared a letter encouraging past residents of Wellspring to participate in the study.

Some participants in this study were out of the cult for some time. This lapse in time may have affected their answers for several reasons. Individuals may not have remembered specifics about their recovery or that time in their life clearly enough to answer some of the survey questions accurately. It is possible that those individuals fresh out of a cult might have been better suited for this study. Participant's answers may also have been biased if over time they became successful and were doing well at the time the survey instrument was completed. It may have been a challenge for them to imagine themselves back in recovery and to contemplate what might have made things better for them at that time.

A final limitation to note for those participating in the study is the fact that it was hard to measure how their career development was progressing before cult membership. The results of this study were based on individual's self reported information. Each individual's experience in the cult varied, including the symptoms, if any, they may have experienced. Therefore, each individual's experience with career development and employment were likely to vary as well.

Delimitations

As mentioned above, this study was limited to the responses of those who received treatment at Wellspring Retreat and Resource Center. Although this treatment center accepts ex-cult members from around the world, it does not represent the general population of all cult survivors. Therefore, the results were not generalizable to the entire population of cult survivors.

Another delimitation of the study is that it focused mainly on the vocational aspects of the recovery of cult survivors and what services may improve recovery. Consequently, this excluded other aspects of cult membership and recovery.

Definitions of Terms

Significant terms identified for this study include:

Career development. Career development is a lifelong process of factors in an individual's life such as environment and education that interact to shape the career (Brown, 2003).

Cult. Cults are groups that often exploit members psychologically and/or financially, typically by making members conform with leadership's demands through certain types of psychological manipulation, popularly called mind control, and through dependency on the group and its leaders (Chambers, Langone, Dole & Grice, 1994). In this study, a score of 84 or higher on the Group Psychological Abuse Scale was used to operationally define cults. Each participant in this study had a score of 84 or higher on this scale.

Job development. Job development and placement is a process by which a professional works with an individual to place them in an employment position that is available or created based on that individual's interests or capabilities. Supported employment may be necessary if an individual does not have the skills to obtain and maintain competitive employment (Olsheski, 2006).

Job-seeking skills training. Finally, job-seeking skills' training involves intervening when individuals need assistance in the process of searching for employment. Assistance may be needed in a variety of areas including interviewing skills, explaining

skills to the employer, preparing resumes and completing applications correctly. This is applicable to former members of a cult when assisting in documenting time spent in the cult on resumes and explaining skills learned in the cult to employers (Olsheski, 2006).

Posttraumatic stress disorder (PTSD). PTSD is a mental health diagnosis that can occur in response to exposure to a traumatic event in which an individual is involved in some way with a threatening event, leading to intense fear, helplessness, or horror (American Psychiatric Association, Diagnostic and Statistical Manual, 4th Ed., 2000).

Vocational rehabilitation services. Wright (1980) stated that vocational rehabilitation services are continuous and coordinated services that are intended to enable an individual with a disability to obtain and maintain appropriate employment. Vocational rehabilitation services provide interventions combining vocational rehabilitation and employment assistance. The Rehabilitation Services Administration (2007) manages funding that help individuals with disabilities obtain employment and live more independently.

Work. The term work is often associated with concepts such as career, position, job or occupation and it's meaning has been found to vary across individuals and cultures (Szymanski & Parker, 1996). Work is productive and gainful activity that determines self worth, place in the community, and influences ones sense of well-being and purpose (Szymanski & Parker).

Work adjustment training. Work adjustment training involves teaching a variety of appropriate work behaviors and attitudes. This type of behavior modification program helps eliminate undesirable behaviors (i.e. poor social skills deficits, poor responses to

supervisors) and is beneficial in that it may help restore work personality, improve motivation to work and foster feelings of self-efficacy (Olsheski, 2006).

Work evaluation. A work evaluation is a situation allowing for observation of an individual's performance in an actual or simulated work environment. This evaluation allows for decisions to be made regarding their ability to work, preferences for various jobs and activities as well as the need for training (Olsheski, 2006).

The symptom checklist 90, revised (SCL-90-R). The Symptom Checklist 90, Revised (SCL-90-R) is an instrument given to individuals upon admission into Wellspring Retreat and Resource Center. The SCL-90-R was utilized in this study to measure the presence of mental health symptomology. Scores from the SCL-90-R were retrieved from the existing Wellspring database of past clients. Derogatis and Savitz (1999) described the SCL-90-R as an instrument utilized not only as a screening tool but also as an outcome measure developed to assess symptoms across the psychopathological continuum ranging from mild depression in the general population to levels of symptomology seen in severe psychiatric disorders.

The work and cult recovery index (WCRI). The Work and Cult Recovery Index (WCRI) was developed specifically for this study by the researcher. Scores from this instrument measured the perceived impact of former cult experiences on career development and employment as well as the perceived need for the implementation of vocational rehabilitation services in the recovery process. Additionally, the demographics section of the WCRI gathered information regarding the participant's age, marital status, ethnic identity, sex, educational history, details regarding cult involvement, work status and income.

Summary

In summary, the present introduction has attempted to establish a theoretical relationship between cults, career development, work and vocational rehabilitation services as well as the need for research in this area. The purpose of this introduction has been to provide background information for the present study by addressing the importance of work and career development, as well as a rationale for the integration of vocational rehabilitation services, into the recovery process of cult survivors.

Accordingly, participation in cultic activities may impede or cease career development or employment. The infusion of vocational rehabilitation services in the final stages of the recovery process of cult survivors may benefit this population and improve their reintegration into society. This need was established by analyzing results of surveys from cult survivors who have been discharged after completing treatment at the Wellspring Retreat and Resource Center. The present study utilized a quantitative methodology to analyze the survey findings.

CHAPTER II: REVIEW OF THE LITERATURE

In this chapter a review of the literature related to the research question is provided. Major headings in Chapter Two include: the nature of cults, characteristics of former cult members, recovery and treatment approaches for cult survivors, similarities between cult victims and victims of domestic violence, recovery and treatment approaches for victims of domestic violence, career development and vocational rehabilitation, battered women and employment, trauma and vocational rehabilitation, psychiatric rehabilitation, Posttraumatic stress disorder (PTSD) and employment, and career development and work among cult survivors. The electronic database PsycInfo and ERIC were searched in 2007 and the literature utilized in this review was obtained using terms including cult, cults, cultic, thought reform, brainwash, brainwashing, thought persuasion, work, employment, vocational rehabilitation, rehabilitation counseling, career development, trauma, posttraumatic stress disorder, domestic violence, intimate partner abuse and battered women.

Cults and battered women including their characteristics as well as recovery and treatment approaches are examined. Given that there is limited existing documentation relating career development, work and vocational rehabilitation services to cults, literature focusing on domestic violence, battered women and trauma will be examined as these populations share similar characteristics, abuse, manipulation, coercion, and effects from abuse. Literature discussed in this chapter has illustrated similarities between trauma, battered women and cult survivors, as well as the benefits of applying career development and vocational rehabilitation in the recovery of battered women and those suffering from other traumatic events (Boulette & Anderson, 1986; Bowen, 1982; Brown,

Reedy, Fountain, Johnson & Dichiser, 2000; Cassidy, 2000; Chronister and McWhirter, 2003, 2006; Chronister, Wetterson and Brown, 2004; Giankos, 1999; Herman, 1992; Ibrahim & Herr, 1987; Lysaker, Nees, Lancaster and Davis, 2004; Peterson and Priour, 2000; Strauser, Lustig, Cogdal and Uruk, 2006; Ward, 2000; West, 1993; Wolfson, 2002). Consequently, this literature is explored for the purpose of identifying similarities between victims of domestic violence and victims of cult memberships as both of these groups experience trauma associated with coercive relationships.

The Nature of Cults

As previously noted, the term cult is often challenging to define. Many researchers have addressed the issues related to defining what separates a cult from other types of groups in an attempt to educate the public about the harmful nature of cultic groups. The American Family Foundation (as cited in Tobias & Lalich, 1994) adopted a the following definition in 1985 at a conference of researchers and policymakers:

A cult is a group or movement exhibiting great or excessive devotion or dedication to some person, idea, or thing, and employing unethical manipulative or coercive techniques or persuasion and control (i.e. isolation from former friends and family, debilitation, use of special methods to heighten suggestibility and subservience, powerful group pressures, information management, suspension of individuality or critical judgment, promotion of total dependency on the group and fear of leaving it), designed to advance the goals of the group's leaders, to the actual or possible detriment of members, their families, or the community (p.12).

A study by Walsh, Russell and Wells (1995) noted that individuals join cults for two reasons. According to these authors, individuals join cults because they have

previous psychological issues or as a result of manipulative coercion. Just as there are varying perspectives in why individuals are drawn to cults and become members, there are different perspectives on the effects of cult membership. Some believe harm to cult members occurs during membership; some believe harm occurs in the process of leaving the cult or reintegration back into society; and others believe there are benefits to cult membership and that membership may even be therapeutic (Burghoffer, 2002).

Cults are widespread throughout the world with estimations that millions of Americans that are involved in these types of groups in some capacity (Richmond, 2004; Singer & Lalich, 1995). The manipulative process used by some groups has been described by a number of terms including brainwashing, thought reform, coercive persuasion, mind control and exploitative persuasion (Singer & Lalich). Several authors have discussed these concepts including thought reform and its criteria (Lifton, 1989; Martin, 1993; Ofshe & Singer, 1986; Schein, Schneier & Barker, 1961; Singer & Lalich, 1995; Tobias & Lalich, 1994). In thought reform programs, the personal sense of self is attacked and alters the individual's ability for self-evaluation, control of emotions, and use of defense mechanisms (Singer & Lalich).

Thought Reform

In the early 1960's, Lifton's work introduced the process of thought reform techniques used in Maoist China. Lifton explored the *brainwashing* of Chinese citizens and Westerners by the Communist Chinese government. Lifton later applied this *totalistic belief system* to cults. Lifton (1989) discussed eight themes for thought-reform that cults use for the purpose of promoting behavioral and attitudinal changes: milieu control;

mystical manipulation; sacred science; loading the language; cult of confession; demand for purity; doctrine over person; and dispensing of existence.

1. *Milieu control.* To implement thought reform and the establishment of power of the cultic group, milieu control is total control of communication in the group and its surroundings. Members are discouraged from expressing negative comments or doubts about the group. This includes discussion of outside viewpoints or perspectives that are contradictory to the groups. Members are often denied contact with family, friends or outside sources of information, such as the media, that is not approved by the group. Members are taught loyalty to the group and those who do not follow the group's rules are reported.

2. *Mystical manipulation.* Members are manipulated into thinking that they choose to join this group and develop new feelings and behaviors because of this choice. The group has the ability to persuade states of emotional arousal in the person such as feeling special that he or she is a part of this powerful group. Eventually, the group gains control over almost everything that influences the individual's mood.

3. *Sacred science.* Sacred science is the concept that describes the core practices and beliefs of the group. When individuals experience the emotional impact of mystical manipulation, this affirms the sacred science and reinforces dependency on the group and its leader. Often leaders present themselves as being in connection with higher powers or having special abilities. Leaders teach members that if they do not believe the sacred science they are immoral or unscientific.

4. *Loading the Language.* Groups have their own "language" consisting of jargons and slogans they must use when talking about the sacred science. Some leaders

may have their own dictionaries that must be used with their “language”. Eventually members are manipulated into thinking a certain way about the sacred science. Loading the language also serves to isolate members into only conversing with group members who understand the “language”.

5. *Cult of confession.* During this process, members tell about their lives and reveal intimate details about their past. This information is later used against them to further shape them into what the group desires. This information allows groups to manipulate them into believing they should not have lived the life they led prior to coming into the group. They are taught that their previous life was not reality, as it did not follow the sacred science. Members may be taught to ignore their history, forget it or rewrite it so they will not want to return to family or friends. Any doubts about this are seen as faults within themselves.

6. *Demand for purity.* Group members are taught they must be perfect and when they cannot demonstrate this they experience an endless cycle of guilt and shame. Members must believe the sacred science and may not deviate into their own thoughts or beliefs. Eventually, members become confused and do not trust their own thinking. This results in the individual succumbing to the total control of the group. This process erodes their self-esteem, confidence and independence.

7. *Doctrine over person.* As the group members are taught to ignore or rewrite their personal history, they are also taught to reframe or replace events in their life through the sacred science or beliefs of the group. Over time, members reject their personal experiences and the teachings or doctrine of the group is accepted as reality.

8. *Dispensing the existence.* At this point, the member's sense of self is diminished and he or she is in the total control of the group. Members are taught they are superior to the world around them and that non-members are unworthy. They believe that their group alone has the special gifts, power or knowledge in the world.

Accordingly, Singer and Lalich (1995) proposed six conditions that are necessary for thought-reform processes to take place: keep the person unaware that there is an plan to control or change the person; control time and physical environments such as who they speak with or information they are exposed to; create a sense of powerlessness, fear and dependency; block-out old behaviors and attitudes; introduce new behavior and attitudes; and present a closed system of logic. These conditions are similar to Lifton's eight themes for thought reform.

Several authors (Ford, 1993; Langone, 1993; Singer & Lalich, 1995; Tobias & Lalich, 1994) have discussed certain characteristics that help distinguish cults from other communities or groups. For instance, authoritarian groups, such as boot camps, have similar characteristics to cults but differ because these authoritarian groups are clear about their goals, are contractual rather than seductive in nature, and are often accountable to authorities outside the group (Langone, 1993). Authors (Ford, Langone, Singer & Lalich, Tobias & Lalich) noted, that some characteristics of cults include: an intensity of dedication from members that require their beliefs and values be replaced by those of the group; manipulation or exploitation of members leading them to give up many aspects of their lives to work long hours for the group; and the possibility of harm or the threat of harm to members, families or society due to inadequate medical care, poor nutrition, criminal activities, etc. These characteristics, found in cult members, are

brought about through the thought reform process. After such dependence on cult leaders, it would be a challenge to become independent again and return to their “pre-cult” selves, let alone successfully seek and maintain employment without barriers.

There are many types or categories of cults that are successfully recruiting members today including Eastern meditation groups, self-improvement groups, health-fad groups, new age groups, and satanic/occult groups (Tobias & Lalich, 1994). Leaders of Eastern mediation groups often distort an Eastern-based philosophy or religion using techniques such as meditation, repeated mantras, altered states of consciousness, and trance states. New age groups have core beliefs in the “You are God” philosophy, power through knowledge, wanting to know the future and quick fixes. New age leaders might present them selves as mystical or as an ultraspiritual being having members rely on crystals, holistic medicine, shaman devices or astronomy. Techniques used in new age groups might include magic tricks, altered stats, and peer pressure. Leaders of occult, satanic and black magic groups often claim to be evil incarnates and believe in supernatural powers, sometimes worshiping Satan. Techniques used in these groups include exotic rituals, secrecy, fear and intimidation, and extreme violence. Tobias and Lalich noted that cults could be placed on a continuum of control and restrictions with outcomes ranging from mildly damaging such as experiencing sleep deprivation to dangerous such as believing you must commit suicide to fulfill your destination on the earth. This control may contribute to impairment in the ability to function outside the cult including the ability to achieve independence through employment.

Characteristics of Former Cult Members.

Each individual's experiences as a cult member are unique. Therefore, characteristics of former members vary. According to Tobias and Lalich (1994), some individuals only experiment with cult participation, while others delve in full-force giving up what is most important to them including college, career, families, homes, etc. After leaving the cult, some individuals seem to move on as if nothing ever occurred while others are marked with psychological difficulties. Possible psychological difficulties include trouble sleeping, restlessness, memory loss, depression, lack of direction, panic attacks and ongoing experiences of varying emotions such as guilt, shame, enragement, confusion, betrayal, paranoia and feelings of being lost and in a fog (Tobias & Lalich).

Further, Singer and Lalich (1995) identified several effects resulting from cult participation including: depression and a sense of alienation, loneliness, low self-esteem and low self-confidence, phobic-like effects around people, fear of joining groups or making a commitment, distrust of professional services, doubt about their ability to make good decisions and problems establishing the values they will live by.

In addition, cults utilize many tactics on their members that may contribute to psychopathology. Singer and Lalich (1995) stated that former members of cults who practiced dissociation techniques (meditation, trance states, guided imagery, hyperventilation) tended to have reactions such as panic attacks, relaxation induced tics and anxiety, cognitive ineffectiveness, dissociation and worry over their "past lives". Furthermore, groups using aversive emotional arousing techniques (guilt and fear induction, strict discipline and punishments, severe criticism and blame) may have effects such as guilt, shame, excessive doubts, fear and paranoia, panic attacks and attitudes of

self-blame (Singer & Lalich). Similar effects were noted by Lazarus (1976) who explored the dangers of using some forms of relaxation including transcendental meditation. These risks include serious psychiatric problems such as depression, agitation and depersonalization. Lazarus did reference case studies but was otherwise vague in his statements supporting these findings.

Aronoff, Lynn and Malinoski (2000) reviewed studies regarding clinical impressions of former cult members, and reported several symptoms including depression, dissociation, anxiety and cognitive deficiencies such as simplistic black/white thinking and difficulty making decisions. Psychotic symptoms have been seen as well, but these symptoms are less frequently discussed. Further, Aronoff, Lynn and Malinoski noted that empirical studies of former members consistently show that psychopathology is a risk factor connected to cultic involvement.

Aronoff, Lynn and Malinoski (2000) reported that studies of cult members are flawed and noted significant problems with defining cults in research. In addition, a lot of the existing cult literature is non-empirical. Some of the relevant empirical studies in the literature contained methodological flaws including the use of non-standard measurements and small samples sizes (Aronoff, Lynn & Malinoski). Further, it is difficult to utilize a control group with this population. Finally, bias is always a problem in that the perceptions of cult members may be tainted by the influence of their cult leader (Aronoff, Lynn & Malinoski).

Recovery and Treatment Approaches for Cult Survivors

Based on the adverse psychosocial ramifications of cult membership and prevalence of cults today, it is important for the general public and counseling professionals to understand post-cult recovery.

Recovery from Trauma

Several authors (Dowhower, 1993; Ford, 1993; Giambalvo, 1993; Goldberg, 1993; Hassan, 1990; Martin, 1993; Singer & Lalich, 1995; West & Martin, 1994) have discussed recovery from trauma for cult survivors. Herman (1997) stated that psychological trauma is an affliction of powerlessness. Traumatic events disrupt individual's sense of control, connection and meaning in their lives. This may result in feelings of being overwhelmed with daily functioning and adjustment to life. Trauma causes individuals to question their basic human relationships. Herman went on to discuss that a secure sense of connection with people is the foundation of personality development. When this connection is shattered by membership in a cult, the traumatized person loses the basic sense of self and may engage in unstable relationships (Herman).

Accordingly, Herman (1997) explained that trauma shatters the construction of the self and affects systems of attachment and meaning that link people and the community together. Trauma destroys assumptions about the safety of the world, positive self-viewpoints, and the meaningful order of the universe (Herman). Consequently, traumatized people feel alone, disconnected, and alienated. The trauma survivor needs support in rebuilding a positive sense of self and in restoring personal worth (Herman). A phenomenon similar to Posttraumatic Stress Disorder (PTSD) has been described as Complex PTSD (Herman, 1992). Circumstances for this phenomenon are the presence of

prolonged and repeated trauma occurring in such conditions where an individual is held in captivity under the control of a perpetrator and is unable to flee. Complex PTSD may occur in some religious cults, prisons and concentration camps (Herman, 1992).

Components of the Recovery and Treatment

Burghoffer (2002) reported that treatments for former cult members include deprogramming, exit counseling, residential treatment programs, self-help groups and support groups. In recovery, former cult members process cult experiences, gain an understanding and acceptance of self and learn to meet their basic needs in a healthy manner by means of individual, family or group counseling (Burghoffer). Once an individual becomes educated on cults and rejects the teachings of the cult, he or she must return to their former life (Cassidy, 2000). At times, in this process, he or she may “float” back and forth between the original personality and the “pseudo-identity” developed when he or she was involved in the cult (West & Martin, 1994; Cassidy). He or she may have lost personal, as well as vocational identity at some point in the cult experience. Vocational identity may be eroded as cult members are kept from outside work, particularly women members (Wolfson, 2002). For a cult member, the work of the cult is the highest priority and the individual’s career and education are de-emphasized (Wolfson).

Ford (1993) briefly mentioned the importance of considering career planning in the post-cult recovery process. Ford described three phases in recovery including: awareness and exit; understanding and feeling; and rebuilding and dreaming. *Awareness and exiting* varies in length and focuses on the experiences making individuals aware of the dangers of the group. Becoming aware of the dangers of the cult and the decision to

leave may be slow or quick. Individuals in this phase gain information to validate their decision to leave. The phase of *understanding and feeling* marks the individual dealing with the pain and emotions he or she experienced in the cult and during recovery. Finally, in the *rebuilding and dreaming* stage, the individual focuses on thinking and planning for the future out side of the cult. Similarly, Tobias and Lalich (1994) discussed several factors that aide in rebuilding one's life after leaving the cult including: taking care of your body; trusting your self again; talking about your cult experience; restoring former relationships like family and friends; dealing with emotions resulting from those they left behind in the cult; and resolving identity issues.

Martin (1993) observed that individuals typically go through three stages of recovery after leaving the cult: developing a conceptual framework; grieving, reconciliation and reaching out; and reintegration into society. Development of a conceptual framework concentrates on education and self-acceptance, as well as exploring the loss of companionship the group provided. The grieving, reconciliation and reaching out stage involves grieving over the loss of the group and exploring emotions and questions about recovery by regaining purpose and support. The third stage, reintegration into society explores practical issues including career, spiritual, relational and personal issues that are needed to lead a satisfactory life. Regarding reintegration into society, Martin noted that often times, cults persuade members to change majors, drop out of school or change career directions to better suit the goals of the group.

Martin and Orchowski (2007) discussed the Wellspring Retreat and Resource Center treatment program that provided the sample used for this study. Wellspring has served over 900 individuals since it opened in 1986. Wellspring is purposefully placed in

a relaxing and rural environment providing a balance of care that is more intense than outpatient counseling yet not as restrictive as inpatient care. The program usually lasts about two weeks and provides a combination of a psychological assessment, counseling, individualized workshops, rest, relaxation, recreation, and nutritious meals. The “Wellspring Model” of treatment is based on Robert Lifton’s work on thought reform. The primary goal for the program is to educate clients about the abusive nature of the group. Clients become aware of the harm of coercive relationships on the negative impact that this harm had on their self-concept (Martin, 1993). At Wellspring, the therapy assists clients in recovering their pre-indoctrinated self by helping them to process the trauma that was produced by thought reform procedures (Martin). Wellspring assists in the grieving process and helps the person regain his or her identity by restoring hope for the future.

Giambaolvo (1993) also discussed issues regarding one’s departure from the cult and post-cult concerns. Individuals that leave a cult can be organized into groups of those who need interventions; those who left the cult on their own, “walkaways”; and those who were kicked out, “castaways”. Walkaways and castaways often carry the burden of additional inadequacy, guilt or shame. As a result, post-cult issues that should be addressed include the following: the method of leaving the group; the length of time in the group; if a leadership position was held; level of support when leaving the group; the adequacy of vocational skills and education to obtain employment; the intensity of the emotional and psychological effects of the group experiences; the availability of financial resources; the individual’s age; and the stability of the person’s immediate family.

Other Factors Related to Recovery

Tobias and Lalich (1994) noted that there are factors before, during and after cult involvement that affect recovery and the possible development of emotional difficulties or psychiatric disorders. One relevant factor before involvement is a person's age. Children who were born and raised in cults will have an extremely hard time adapting to non-cult society (Kendall, 2006). Individuals recruited in high school and college may not get to pass through normal developmental stages and their career, sexual and marital development may be disrupted by cult membership (Tobias & Lalich). Tobias and Lalich commented that individuals often join cults during stressful times such as divorce, job loss or unemployment, entering or graduating from school, marriage, death of a loved one, etc. Other factors affecting cult recovery that are relevant before cult involvement include a prior history of emotional problems and certain personality characteristics such as a low degree of emotional resilience and decreased sensitivity. Additionally, an individual's response to trauma may be influenced by his or hers level of education and socialization history (Tobias & Lalich).

During the period of cult involvement, factors influencing cult recovery include length of time spent in the group, intensity and severity of the thought-reform program, degree of physical harm and threats of violence, poor or inadequate medical treatment and loss of outside support (Tobias & Lalich, 1994). The cult impacts individuals differently depending on the duration of their membership in the group. The amount of exposure to the indoctrination process, levels of control used in the group and the type of responsibility group members held in the group also influence cult recovery.

After cult involvement, there are also factors that may facilitate recovery. These factors include education on the abusive nature of cults; counseling that focuses on post-

cult recovery issues; involving family members and friends in the recovery process; and attending support groups (Tobias & Lalich).

Based on the above discussion, cults may cause significant damage to individuals. This damage can be significant enough to impair basic daily functioning, including the ability to work and achieve financial independence. Although important for reintegration into society, little attention is given to the benefits of career goals and vocational planning and this is only recognized as relevant during the final stages of the recovery process (Ford, 1993; Martin, 1993; Singer & Lalich, 1995). Consequently, to date, there does not appear to be any studies that have empirically evaluated the need for vocational rehabilitation or career services among cult survivors. Accordingly, it is of benefit to explore the potential value that vocational rehabilitation services may play as former cult members recover and re-enter mainstream society. Studies of this nature may provide a better understanding of the role that work can play in restoring the autonomy and empowerment necessary for trauma and cult recovery. The next section of the paper addresses vocational and career needs of another population that shares the coercive relationship features of cult survivors: victims of domestic violence. By reviewing these studies, which are also somewhat limited, it is hoped that some insights may be gained about these issues for former cult members.

Similarities among Victims of Cults and Victims of Domestic Violence

Several authors (Boulette & Anderson, 1986; Cassidy, 2000; Herman, 1992; Ward, 2000; West, 1993) have noted that psychological abuse and control exist in various types of abusive relationships including prisoners of war, hostage situations, domestic violence and cultic systems. Three specific populations share common experiences

including isolation from a familiar environment, being abused and exploited, and eventually becoming dependent on the captor, abusive partner or cult leader (Cassidy, 2000). These populations include those suffering from Stockholm Syndrome (the bond that forms between captive and captor in a hostage situation), those suffering from Battered Women's Syndrome and those involved in cultic groups.

Much like cults, domestic violence continues to be an ongoing and growing problem in today's society. According to the National Center for Injury Prevention and Control (2003), approximately four million women are annually assaulted and an estimated one million women are annually assaulted in intimate relationships in the United States. The estimated lifetime prevalence rate for women who fall victim to domestic violence is 22% (Tjaden & Thoennes, 2000). Like cults, a key point to remember is that statistics for this population are typically underestimated because victims may underreport their abuse (Swanberg, Logan & Macke, 2005). There are various definitions of domestic violence discussed in the counseling literature (Liang, Goodman, Tummala-Narra & Weintraub, 2005; Walker, 2005; Webb, 1992). However, a common element in most definitions involves a partner in an intimate relationship who is abused physically, emotionally, sexually or financially by the other partner by use of coercion and manipulation (Walker, 2005).

Like cults, domestic violence may cross all walks of life. Although, the partner being abused may be a man or a significant other in a same gender relationship, the discussion is limited to the most prevalent type of domestic abuse, which involves a man abusing or "battering" a woman. There may be similarities in the etiologies of violence against women and the abuse of cult members by cult leaders. One reason may be

attributed to the individual pathology and deviance of abusive men as well as the violence embedded in today's culture and society (Liang, Goodman, Tummala-Narra & Weintraub, 2005). For instance, traditional sex stereotypes and the idea of male privilege that men are the superior sex provide evidence for this line of reasoning. This rationale may also apply to many cultic groups in which abuse of female members by a male cult leader is practiced.

Another theory of domestic violence is the feelings of powerlessness that abused women have, which may contribute to the cause and maintenance of abuse (Walker, 2005). Still, abuse may have other contributing factors such as mistaken beliefs (i.e. "I deserve this" or "This was my fault") that battered women often possess about themselves and others. Women may develop some of these beliefs from witnessing their mother's abuse or their own abuse as a child (Webb, 1992).

Another common theory is that battering behavior is maintained by learned helplessness (Walker, 2005). Learned helplessness is response reinforcement and consequent passive behavior (Bowen, 1982). Specifically, women begin to believe they cannot protect themselves because they have no control over the situation, and in turn, give up fighting to have control (Webb, 1992). Further, women fear many things including being crazy, not being able to survive in the "real world", being killed before they can leave, not being able to support themselves or their children and being worthless (Bowen). These fears or faulty "self-talk" may be similar to the thought reform process, that occurs in cults. Consequently, these fears coupled with learned helplessness might cause women to stay in abusive relationships. It is possible that learned helplessness also occurs with cult members.

Characteristics of Battered Women

Bowen (1982) suggested that there are no “typical battered women”, as they vary in social and economic classes, race and ethnicity, education and occupational status. Although battered women represent a very diverse group, they have been described psychologically as needy and dependent, and having low self-esteem and poor problem solving skills (Bowen; Peterson & Priour, 2002). Battered women often have false beliefs about the abuse they experience (i.e. they cause the abuse, only they can stop it, they deserve it, etc.). In addition, these women also have a distorted perception (i.e. “I won’t die” when they are in danger) of the consequences of abuse (Walker, 2005). Battered women might use sex to establish intimacy, experience stress and psychosomatic reactions, and often feel worthless (Ibrahim & Herr, 1987). Many battered women also develop psychological problems including depression, chemical dependency, anxiety and posttraumatic stress disorder as a result of the abuse (Webb, 1992).

Wolfson (2002) discussed the factors of psychological abuse and control in domestic violence and cultic relationships. The initial phase of her research focused on the development of an instrument, the Across Groups Psychological Abuse and Control Scale, designed to measure the psychological abuse and control in these two populations. In the second part of her research, this instrument and The Multidimensional Anxiety Questionnaire were administered. She reported factors that related to both the domestic violence and the cultic relationships including isolation, generation of guilt and shame, generation of low self-esteem, generation of dependency, difficulty with separation, the cycle of intermittent abuse, renunciation of previously held values and psychological stress. In Wolfson’s dissertation it was found that both populations were experiencing

psychologically abusive and controlling behaviors and suffered from anxiety. However, cult participants experienced mild anxiety while domestic violence participant's experienced severe anxiety. Results of this study must be interpreted with caution as several factors contributed to possible threats to external validity because ethnicity make-up varied significantly between the two groups and cult participants had much higher education degrees than domestic violence participants (Wolfson).

Recovery and Treatment Approaches for Victims of Domestic Violence

Similar to cults, the structure and content of treatment for counseling battered women vary depending on the setting. Some treatments include cognitive-behavioral therapy, teaching assertive communication, body awareness, self-esteem building, problem solving, use of feminist models and concrete plan development (Bennett, Riger, Schewe, Howard & Wasco, 2004). Although there are wide ranges of treatments available, similarities of various treatments include the viewpoint that abuse is centered on power, control, manipulation and gender inequality. Findings from the sparse efficacy studies done on counseling with battered women indicate that supportive, psychoeducational, individual and group treatments are typically most helpful (Bennett, Riger, Schewe, Howard & Wasco).

Additional considerations for treatment include the importance of addressing the psychological effects of abuse and assisting women in making adjustments in their lives (Bowen, 1982). Webb (1992) purported the need for battered women to be empowered and take control of their lives. Webb noted the importance of support and reeducation through cognitive-behavior counseling including the use of techniques such as reframing, modeling, thought stopping, cognitive restructuring and stress inoculation.

Walker (2005) emphasized the importance of making sure the women is safe, reversing cognitive sets by teaching success, and motivating women to gain skills to take control of their lives and become empowered and independent. Finally, Nosko and Brenton (2005) discussed the success of group work with this population, particularly when practicing under such principles as empowerment, strength and competency. Benefits of group counseling include validation of feelings and experiences, seeing other women as role models, and learning positive coping skills and success strategies. Nosko and Brenton's theories seem applicable to the cult population as well, as group work may be beneficial to cult recovery (Tobias & Lalich, 1994).

Battered women's shelters play an important role in recovery. Some battered women's shelters provide education and prevention programs to the community. Additionally, shelters typically provide a crisis hotline, advocacy, counseling and emergency housing (Bennett, Riger, Schewe, Howard & Wasco, 2004). Bennett, Riger, Schewe, Howard and Wasco indicated that advocacy and support from a shelter provide better outcomes than counseling alone. Further, Liang, Goodman, Tummala-Narra & Weintraub (2005) reported that formal (self-help groups, adult education programs, battered women's shelters) and informal supports (family, friends) actually decrease mental health problems and physical injury in battered women.

Accordingly, supports of many kinds seem to provide great benefits to this population. In light of that, battered women's shelters provide a multitude of purposes including safety, education, rest, counseling and access to community resources. It is the job of the shelter to provide women with all the necessary tools they need to be successful and regain independence. One of these tools is access to resources for career

development and employment, which contributes to this needed independence. Because battered women and former cult members are impacted in a similar way, it makes sense that they would need similar support in regaining their independence, particularly with career development and employment.

A number of underlying treatment issues are similar between battered women and former cult members. Both have to address dependence upon their abuser or cult leader, a sense of isolation, low self-esteem and a loss of independence. In addition, they both have to re-establish their identities and gain the necessary skills to reintegrate themselves back into society.

Career Development and Vocational Rehabilitation

As noted in Chapter one, career development is a lifelong process of factors in an individual's life resulting from environment and education that interact to shape his or her career (Brown, 2003). Career development involves creating a career pattern and decision making style, combining life roles, and expression of values and life-role self-concepts (Niles & Harris-Bowlsbey, 2005). Career development is relevant for everyone but is especially problematic for battered women and former cult members, because their education and career were disrupted as a result of being segregated from society by a coercive relationship. Career interventions are accessible to augment an individual's career development and may include career counseling, career education, career information and career guidance (Brown).

According to the results of four national surveys developed by the National Career Development Association (1999), 16.7 million people or one in ten need help in choosing, changing or obtaining new employment each year. In addition, while about

81% of individuals are at least minimally satisfied with their employment, seven in ten people would obtain more information about employment if this information were available. Therefore, improvement in offering information about employment and career to the public might be beneficial. This information is based on the general population, so it is possible to assume that a population of cult survivors might struggle just as much if not more in resuming their career development after leaving the cultic group.

The vocational rehabilitation process assists individuals with disabilities in obtaining and maintaining employment, as well as achieving independent living. Wright stated (as cited in Capuzzi & Stauffer, 2006) that vocational rehabilitation services are continuous and coordinated services that are intended to enable an individual with a disability to obtain and maintain appropriate employment. Public vocational rehabilitation agencies exist in all states and provide services to individuals who have severe mental, physical and developmental disabilities that hinder their career development and employment (Olsheski, 2006). These resources may be important throughout the cult recovery process and play an important role in restoring the individual's vocational and personal identities. Vocational services may include the following: vocational evaluation, work adjustment training, job accommodations, assistive technology, vocational training, job development and placement, supported employment and job seeking skills training. The implementation of these services in the recovery of cult survivors may be beneficial to their treatment and reintegration into society. Based on the emotional turmoil that battered women and cult survivors endure throughout their time in the cult and in recovery, an emotional disability or emotional impairment may develop that would qualify them for public vocational rehabilitation

services. Consequently, vocational rehabilitation is relevant and appropriate for those whose disability limits or disrupts their vocational functioning.

Accordingly, a practical issue battered women and former cult members must face when leaving the cult is how to earn a living and ultimately find a satisfying and meaningful career. When one leaves the cult they may be unfamiliar with handling personal money, unaware of how to earn money legitimately, or have resentment for turning over money earned or family savings to their former cult (Tobias & Lalich, 1994). According to Tobias and Lalich, most cults assign daily quotas and many members raise more money fundraising on the streets than they will earn in a lifetime on any job. It can be assumed that searching for and maintaining meaningful employment for former cult members could be quite challenging.

Battered Women and Employment

Work is essential for many individuals in today's society. Work provides and contributes a multitude of things for individuals including independence, financial stability, a positive self-concept, personal identity, a sense of purpose, satisfaction and fulfillment. Many of these things are taken away or diminished in an abusive relationship, whether this is within a cult or within a domestic violence situation. Battered women may fear leaving an abusive relationship due to not being able to support themselves or their children. Further, because many battered women are isolated and controlled, they may not have had the opportunity or developed the skills to seek, obtain and maintain employment.

There is some evidence that working supports some of the above statements, indicating that some battered women have a desire to obtain this type of independence.

Lynch and Graham-Bermann (2004) reported that battered women found work to be a positive influence, as it made them feel good about themselves and may later contribute to them leaving their abusive relationship. Similar results were found by Brown, Linnemyer, Dougherty, Coulsin, Transgrud and Farnsworth (2005), who reported that many battered women, have a strong desire to obtain necessary skills and education to work.

Although there might be a desire to work, abusive relationships create barriers for battered women. Over the years, the percentage of women in the work force has increased. According to the Department of Labor in 2004, 47% of the work force are women (Swansberg, Logan & Macke, 2005). Swansberg, Logan and Macke noted that three to five billion dollars are spent annually on the impact of domestic violence in the workplace due to lost productivity, and medical, administrative and liability costs. Abusive relationships hinder long-term employment. Two common problems that battered women who are employed experience include *work disruption* and *work stalking*. Examples of work disruption techniques include turning off the morning alarm, hiding keys, refusing childcare or inflicting physical injury. Examples of work stalking includes following the women to work, tapping on the window at work and harassing women or employers at work. Many times results of these behaviors make it hard for women to maintain employment (Swansberg, Logan & Macke).

Wetterson, Rudolph, Faul, Gallager, Transgrud, Adams, Graham and Terrance (2004) found further support for barriers in employment. Additional problems at work they discussed include women not being able to concentrate at work, missing work or being late. Wetterson et al. found three common themes throughout the literature

regarding vocational implications of battered women. These themes include that women have low self-esteem and self-efficacy; they seek short-term employment first due to financial crisis and finally; and that career counselors need to be educated about the psychological effects and safety issues of battered women. Authors in this qualitative study found that women desired to work and saw it as a safe and positive place. However, barriers included lack of childcare, lack of transportation, lack of education, etc. (Wetterson et al.). Further, it was also found that when job placement supports were available for women, it was beneficial. Bowen (1982) found that, when counseling battered women, the first priority is to gain short-term employment in order to assure an income and then focus on long-term satisfying employment.

Career Development Issues for Victims of Domestic Violence

Following an exhaustive review of four decades of research, Chronister and McWhirter (2003) reported finding only three articles that discussed career development issues of battered women and guidelines for programming (Bowen, 1982; Giankos, 1999; Ibrahim & Herr, 1987) and one article addressing battered women's perceived career barriers and career decision-making self efficacy (Brown, Reedy, Fountain, Johnson & Dichiser, 2004). There is little empirical evidence to guide career interventions for battered women. Since this time, Chronister and McWhirter (2006) published one empirical study that tested the effectiveness of two group career interventions the authors designed yielding results showing that groups were successful in their goals of raising career-search self-efficacy and critical conciseness. The drawback of this study was a small sample size.

It is realistic to assume these women's experiences will affect their abilities to successfully participate in career-related activities (Giankos, 1999). It is also realistic to assume this about former cult members. In fact, current career development theories emphasize the importance of a strong self-concept, realistic self-appraisal activities, and strong self-efficacy in developing progress toward career goals (Gianakos). Further, Super's self-concept theory is referenced in the literature as a conceptual model for working with battered women as their self-concepts are deteriorated throughout the abusive relationship (Ibrahim & Herr, 1987).

Ibrahim and Herr (1987) utilized a treatment model for battered women based on Mathews (1969) eight-phase developmental life-career model originally developed for adults with minimal vocational skills. Ibrahim and Herr made use of a group counseling approach by modifying Mathew's model to include: inner reflection, family involvement, vocational experimenting, vocational planning, vocational implementing, vocational analysis, vocational resynthesis and vocational resource implementation. Observational data suggested the value of the interventions as a total of six women who participated reported success from this group approach (Ibrahim & Herr). Ibrahim and Herr reported that the last three stages of the group focusing on follow-up at two and six month intervals were not as helpful as the other steps.

Similarly, Gianakos (1999) examined issues that were dealt with at various stages of Salomone's (1988; 1993) career-developmental process. These issues included understanding self, understanding the world of work, understanding the decision making process, implementing educational and vocational choices and adjusting to those educational and vocational choices. Giankos reported on the outcome of twenty women

who attended this group with fourteen who completed all the steps. All of these women were employed or in some kind of educational program. Gianakos found that all twenty women who participated in the process reached a tentative decision about their careers. They also noted the importance of exploring the dynamics of their abusive relationship in the career counseling process. Gianakos discussed the importance of maintaining career self-efficacy and found that women in this study identified this stage most difficult and meaningful. Interestingly, some women had no intentions of leaving their abuser. Accordingly, all the women reached a vocational goal but these six women did not continue.

Peterson and Priour (2000) continued to build on the ideas of the importance of using career development counseling with battered women. They developed a similar group based on Holland's (1992) theory. This group focused on issues of self-esteem, choices and decision-making, as well as vocational interests. Six women participated in this group (half employed) who had been separated from their abuser for a year and attending a support group for six months. These women all successfully completed the group (Peterson & Priour). Peterson and Priour reported that all of the women continued to work following the study. However, this information about continued employment was only gained by speaking to them informally in the community.

In a non-research based discussion, Chronister & McWhirter (2003) applied Social Cognitive Career Theory (Lent, Hackett & Brown, 1994) to the experiences of battered women and discussed a framework for empowering these women. This well known theory was developed to work with oppressed groups on issues of career development and employment. This theory is based on Bandura's (1986) Social Career

Theory. Social Cognitive Career Theory contains the core components of self-efficacy and outcome expectancy, carrier barriers (i.e. transportation, child care) and supports, and personal goals (Lent, Hacket & Brown). Brown, Reedy, Fountain, Johnson & Dichiser (2004) surveyed 71 residents of domestic violence shelters regarding their perceived career barriers, self-esteem, locus of control, work-role attitudes, and self-efficacy for making career decisions. High self-esteem was the most significant contributor to the women's self-efficacy for career decision-making activities.

Finally, in one of the only empirical based career-intervention studies, Chronister and McWhirter's 2003 study (as cited in Chronister, Wetterson, & Brown, 2004) found quantitative data supporting Social-Cognitive Career Theory as a useful framework for considering the career experiences and needs of battered women. Results indicated that career program participation resulted in significant increases in battered women's career self-efficacy and goal achievement. In an article focusing on social justice, O'Brien (2001) briefly discussed a 9-week career-counseling group for battered women implemented by doctoral students in a local community. O'Brien noted the benefits of involving students in these types of interventions as they strengthened their commitment to bring about change in their communities.

Accordingly, battered women often lack the necessary characteristics that are needed for using a Social-Cognitive Career Theory perspective. Battered women often lack self-esteem in making career decisions. Their low self-esteem also affects feelings of self-efficacy. These women have likely been isolated and sheltered from successful and supportive role models, opportunities for success, and opportunities for employment.

Therefore, it is important that these issues be addressed in counseling and that such opportunities are made available.

Like former cult members, there is certainly a place for vocational services in the treatment of battered women. Peterson and Priour (2000) noted that job placement is not enough and battered women's shelters need to implement programs or services that promote self and vocational awareness. In developing or implementing a vocational program in a community organization or battered women's shelter, certainly models discussed above or modifications of such can be utilized. There is no evidence that one model is better than the other. It is beneficial to have a treatment provider who is educated and aware of all relevant issues. Thus, it is possible to contract a private rehabilitation counselor or one employed in the public Vocational Rehabilitation program or to consult with one and train counselors on staff at the organization making the change.

In addition, education about the cult and community-based advocacy play an important role in the recovery process of cult survivors. In view of that, Allen, Bybee, and Sullivan (2004) reported that advocacy for a group of battered women was more effective in meeting their needs than women who did not receive this support. Furthermore, this difference was not based on the specific needs presented. Allen, Bybee, and Sullivan also emphasized that this sample of battered women had needs and goals beyond establishing housing and legal counsel. Chronister, Wettersten, and Brown (2004) discussed the importance of community advocacy and proposed vocational research ideas based on prevention of domestic violence and liberation of battered women. Based on this body of literature, findings supported the rationale for the importance of integrating

career development in the recovery of battered women and former cult members (Chronister, Wettersten & Brown).

To reiterate, battered women are characteristically defined as those victimized by domestic violence, enduring one or all of the following dimensions of emotional, physical, sexual, and economic abuse (Allen, Bybee, & Sullivan, 2004; Chronister & McWhirter, 2003; Chronister, Wettersten, & Brown, 2004; Gianakos, 1999; Ibrahim & Herr, 1987). Battered women endure a form of mind control and debilitation similar to that which cult survivor's encounter. Like cult survivors, battered women suffer similar ramifications from abuse such as low self-esteem, feelings of guilt, and denial of terror and anger (Ibrahim & Herr). Battered women also have passive behaviors, struggle to change the environment to protect themselves, and accept responsibility of the abuser's actions (Ibrahim & Herr).

Chronister, Wetterson and Brown (2004) noted that there continues to be a need for research on the vocational needs of battered women, particularly in examining the issue in a social context. In agreement with these authors, there needs to be more research in this area. As previously established, there is also an absence of literature on the career development of former cult members. Whereas the literature on the career development of battered women remains its early stages, its relevance to the cult population is significant as it is theorized that existing literature on battered women is applicable to former cult members.

Further, there are clearly limitations in the available studies in the literature on battered women. The current research on battered women is mostly theoretical in nature

and is based on studies with small sample sizes. Although these studies are flawed they lay a strong foundation for future studies with battered women and former cult members.

Trauma and Vocational Rehabilitation

As with the above literature on battered women, there are only a few studies relating trauma and work or vocational rehabilitation services. Lysaker, Nees, Lancaster and Davis (2004) conducted a study comparing work behaviors between abused and non-abused groups of individuals with schizophrenia spectrum disorders. They found that those individuals with a history of childhood sexual abuse worked fewer hours and demonstrated poorer work performance, as well as an overall decline in work performance when compared to the non-abused group whose performance improved. Their results are linked to findings that traumatic experiences in general may be related to trouble processing information when under stress and regulating or managing emotions (Lysaker, Nees, Lancaster & Davis). This is similar to findings on characteristics of battered women and former cult members.

In another study, Strauser, Lustig, Cogdal and Uruk (2006) explored the relationship between trauma symptoms and the career development process of college students. They found a significant relationship between higher levels of trauma symptoms and higher levels of dysfunctional career thoughts and lower levels of work personality. This suggests that those who reported higher trauma symptoms may experience trouble meeting the interpersonal demands of the work environment, creating a vocational identity and making successful career decisions (Strauser, Lustig, Cogdal & Uruk). Individuals may be at greater risk of displaying poor behavior at work and may have trouble keeping up regular attendance at work (Strauser, Lustig, Cogdal & Uruk).

Psychiatric Rehabilitation

Chapter One addressed the idea of vocational rehabilitation and its use with cult survivors. In recent years, services for individuals with mental illness have changed to include the expansion of psychiatric rehabilitation and community support services (Anthony & Spaniol, 1994). Psychiatric rehabilitation assists individuals with mental illness to reestablish important areas of their lives such as independent living, employment and socialization. Well-being and satisfaction can be accomplished by working with the individual to address barriers and functional limitations to improve quality of life.

Anthony and Spaniol (1994) discussed many models of the psychiatric rehabilitation delivery system such as clubhouse programs, consumer-operated services, transitional employment, supported housing and education, intensive case management, and recreational programs. In addition, many benefits are identified through psychiatric rehabilitation interventions including a decrease in the number and duration of psychiatric hospitalizations, improved employment conditions, skills development, consumer satisfaction, and the amount of time spent in the community (Anthony & Spaniol). Psychiatric rehabilitation services may be of benefit as former cult members attempt social reintegration. Although some former cult members do meet criteria for mental health diagnosis such as posttraumatic stress disorder, depression or anxiety, these rehabilitation concepts may be applied even if the former cult member does not have a mental health diagnosis.

In view of that, a plethora of individuals across the world suffer from severe mental illness and face the daily challenge of living a fulfilling and productive life.

According to Kessler, Chiu, Demler and Walters (2005), an estimated 26.2% or 1 in 4 American adults, age 18 and older, suffer from a mental health diagnosis. Based on the 2004 U.S. Census residential population, this number translates to 57.7 million people. Additionally, mental health disorders are the primary cause of disability in the U.S. and Canada for ages 15-44 (The World Health Organization, 2004).

Accordingly, Thomas (1995) reported that the literature recognizes the benefits and emphasizes the importance of providing vocational services to individuals with mental illness. Posttraumatic stress disorder (PTSD) is a mental health diagnosis that may result from experiencing trauma in a cultic relationship. According to Aronoff, Lynn and Malinoski (2000), PTSD has been a diagnosis used for former cult members.

Posttraumatic Stress Disorder (PTSD) and Employment

In today's society, individuals are exposed daily to a multitude of traumas including natural disasters (i.e. tsunami, earthquakes, hurricanes), man made disasters (i.e. war), crimes (i.e. robbery, assault, rape), and accidents (i.e. car wrecks, shootings, farming accidents). Psychological trauma and PTSD can also result from prolonged trauma or experiences addressed in this study including domestic violence and involvement in a cult.

According to Herman (1997), prolonged repeated trauma occurs when the victim is unable to leave a situation and is under the control of the perpetrator. Herman states these conditions exist in concentration and slave labor camps, some religious cults and in other organized situations involving sexual exploitation. Trauma occurs whether the victim is taken completely by force like hostages or prisoners, or by a combination of force, intimidation and enticement as in the case of some religious cults, battered women

and abused children. This confinement brings the victim in prolonged contact with the perpetrator and creates a special type of relationship, one of coercive control (Herman). As a result, the perpetrator becomes the most powerful person in the victim's life. Consequently, the victim then is re-shaped by the actions and beliefs of the perpetrator (Herman). This is what occurs in both domestic violence and cultic relationships.

PTSD can and does occur in response to exposure to a traumatic event in which an individual is involved in some way with a threatening event, leading to intense fear, helplessness, or horror (American Psychiatric Association, Diagnostic and Statistical Manual, 4th Ed., 2000). Additionally, an individual must meet criteria in three areas to receive this diagnosis including persistently re-experiencing the event, avoidance of related stimuli, and increased arousal (*DSM-IV-TR*). Under each area, there are several ways an individual may manifest symptoms as follows: persistently re-experiencing the event-recurrent and intrusive recollections, recurrent distressing dreams, acting or feeling as if the event were reoccurring, intense psychological distress at exposure to cues of the event and physiological reactivity on exposure to cues of event; avoidance of related stimuli-efforts to avoid anything associated with event including thoughts or places, inability to recall aspects of trauma, diminished interest or participation in activities, feeling detached or estranged, restricted range of affect and a sense of a foreshortened future; and increased arousal-difficulty sleeping, irritability or anger, difficulty concentrating, hypervigilance and exaggerated startle response (*DSM-IV-TR*).

Similar to treatment for former cult members and battered women, treatment for PTSD includes a variety of approaches such as psychoanalytic and cognitive-behavioral (Thomas, 1995). Watts (1997) noted the importance of preventative intervention of PTSD

such as becoming familiar with reactions and risk factors to attain early detection and successful treatment. He further states that preventative intervention decreases stress levels and the development of pathology, as well as the amount of secondary psychosocial problems such as unemployment, alcoholism, or divorce. The use of vocational rehabilitation as a way to augment treatment of PTSD will be discussed. Unfortunately, there appears to be a lack of empirical research on employment outcomes with individuals with PTSD utilizing the psychiatric rehabilitation model. PTSD treatment differs from treatment of cult survivors because it lacks focus on thought reform and coercion.

Koch and Samara (2005) reported that little research has been carried out that is directly related to the prediction of work disability in the population of those diagnosed with PTSD. Koch and Samara report that scattered studies in the general disability literature may be relevant to the prediction of work disability in those with PTSD for several reasons. First, individuals with PTSD and depressive symptoms are likely placed at risk for work disability. In addition, social/interpersonal factors (i.e. work/life dissatisfaction, hostility and social isolation, perceived or actual poor support from employers, availability of social support within an outside work setting) may influence an individual's ability to work productively (Koch & Samara).

More specific to individuals with PTSD, Smith, Schnurr and Rosenheck (2005) reported that PTSD is strongly related to poor work outcomes among Vietnam-era veterans, giving a nearly 50% lower probability of current employment in those individuals with a lifetime diagnosis of PTSD. In addition, these authors noted that men

diagnosed with PTSD were more than three times as likely to be out of work. Further, PTSD is associated with lower wages in this population (Smith, Schnurr & Rosenheck).

There are benefits of the rehabilitation professional acquiring knowledge about PTSD to better serve this population (Thomas, 1995; Watts, 1997). Consequently, this is applicable to rehabilitation counselors in the effort to obtain gainful employment and independent living. In fact, Thomas noted that the Veterans Administration utilizes an approach integrating psychodynamic and behavioral techniques, in addition to vocational rehabilitation. Additionally, Pendorf (1990) found promising results with the use of this program, supporting the Department of Veterans Affairs position that employment is a beneficial addition to PTSD treatment.

According to Keim, Malesky, and Strauser (2003), there is minimal research on the relationship between symptoms of trauma and factors influencing employment. In a population of women with disabilities, there is a negative correlation between PTSD symptoms and life satisfaction and work personality (Keim, Malesky & Strauser). Since this research indicated that PTSD interferes with work related factors, authors suggest that counselors evaluate women for PTSD, provide counseling and teach coping skills before referring to job readiness programs. This will likely help individuals improve satisfaction and performance at work (Keim, Malesky & Strauser).

Smith, Schnurr and Rosenheck (2005) considered how PTSD symptom severity correlates with work status, occupation type, and earnings. They found that veterans with more severe symptoms of PTSD were more likely to work part-time or not at all. In addition, these workers were associated with having sales or clerical positions. Further,

no significant relation between PTSD symptom level and earnings were found relating to employment and occupation category (Smith, Schnurr & Rosenheck).

In addition, Coursol, Lewis and Garrity (2001) noted interesting findings when examining the expectations of career counseling and the level of career maturity in a population of trauma survivors and those experiencing no trauma. Although there were no significant differences in career maturity, authors found that trauma survivors were more motivated and open to counseling. This finding is important in supporting the encouragement of individuals with PTSD to obtain or maintain employment.

Functional Limitations

Some studies have addressed the impact of functional limitations resulting from PTSD on employment (Koch & Samara, 2005; Davis & Kutter, 1997; Mueser, Essock, Haines, Wolfe & Xie, 2004; Bolton, Holohan, King & King, 2004; Pendorf, 1990; Keim, Malesky & Strauser, 2003). Information from these types of studies allows for an understanding of the negative effects of PTSD in the work setting. Although there is a lack of research on vocational issues among former cult members who have PTSD, studies of this nature involving other populations may be informative.

Koch and Samara (2005) discussed the negative impact of PTSD on employment by reviewing several studies and found a consistent pattern of reduced labor market outcomes among individuals who were exposed to traumatic stress. Individuals with PTSD are at risk for lost wages because the diagnosis appears to be related to reduced employment. Epidemiological research suggested that PTSD is a general risk factor for underemployment and reduced economic functioning (Koch & Samara). In addition, on

an idiographic level, it is important to determine how an individual with the emotional symptoms of PTSD results in occupational dysfunction (Koch & Samara).

Davis and Kutter (1997) investigated PTSD in homeless women and the role of occupational therapy in assisting in the development of independent living skills. It was found that symptoms of PTSD that may interfere with the ability to perform activities of daily living such as avoidance and numbing symptoms, which are related to withdrawal from social networks and from participation in activities. Similarly, Mueser, Essock, Haines, Wolfe and Xie (2004) discussed challenges in social relationships, as a factor playing an important role in employment outcomes. Problems such as social avoidance, trouble trusting others, and poor problem solving skills are common in individuals suffering from PTSD.

Additionally, symptoms of PTSD can impact occupational functioning and may result in decreased productivity, increased absenteeism, tardiness, poor concentration, and possibly loss of employment (Bolton, Holohan, King & King, 2004). Symptoms of PTSD will likely manifest depending on the severity of the disorder and whether the trauma experienced was work related.

Furthermore, Pendorf (1990) purported that PTSD affects cognitive processes and emotional stability, often resulting in behavioral challenges interfering with interpersonal problems and employment. In agreement, Keim, Malesky and Strauser (2003), added that many symptoms of PTSD could interfere with successful employment and vocational behavior including difficulty concentrating, anger outbursts, sleep disturbances, efforts to avoid things associated with the event, feeling detached, restricted affect, intrusive memories, flashbacks, distress when exposed to similar cues, foreshortened sense of the

future, and heightened startle response. If these symptoms are exhibited in certain vocational situations, the outcomes could be detrimental to successfully maintaining employment. Additionally, it could be particularly challenging if the work environment did not accommodate the individual to address these issues.

Accommodations and Other Vocational Considerations

Based on a search of professional counseling literature, there appears to be minimal information on actual accommodations in the work force of individuals with PTSD. Further, there is a lack of research with this population utilizing the psychiatric rehabilitation model and delivery systems.

Penk and Flannery (2000) explored the importance of implementing models of psychosocial rehabilitation as applicable to individuals in treatment for PTSD. These models include patient health and psychoeducation, self-care and independent living skills training, supported housing, family skills training, social skills training, vocational rehabilitation, and case management. Surveys, naturalistic studies, and clinical observations indicated that the techniques in psychosocial rehabilitation are hopeful for individuals with PTSD (Penk & Flannery). In the future, it may be beneficial if research explored the effectiveness of participation in psychosocial rehabilitation with individuals diagnosed with PTSD in comparison to those with other mental health diagnosis. To reiterate, there is also a lack of literature discussing possible accommodations specifically with individuals diagnosed with PTSD.

Individuals with psychiatric disabilities can have productive and meaningful employment with the implementation of effective job accommodations. Olsheski and Schelat (2003) emphasized the significance of the employers and rehabilitation

professionals understanding of the relationship between symptoms, functional limitations, and the effect the psychiatric disability has on an individual's vocational performance.

Examples of reasonable accommodations include modifications to the physical environment, schedule modifications, work procedure modifications, job restructuring, and changes in interpersonal communication.

Penk and Flannery (2000) offered a few examples of implementing vocational rehabilitation on individuals with PTSD. For instance, for female victims that have been sexually assaulted, resocialization programs might be developed to address difficulties in heightened sensitivities in females such as male interactions encountered in the workplace. Another example would be designing work readiness programs where veterans with PTSD learn to teach inner city youth faced with daily violence (Penk & Flannery). In addition, it is important to be able to recognize traumatic triggers in the workplace to aid in coming up with solutions before problems occur.

Further, job readiness and work factors would be impacted by PTSD symptoms and accommodations might be considered to increase success rate of employment. Keim, Malesky and Strauser (2003) noted some limitations as a result of PTSD and how employment may be affected. Achievement motivation might be effected by a sense of foreshortened future. Additionally, difficulty concentrating might interfere with following supervisory and work directions. Further, sleep difficulty might interfere with maintaining a time schedule. Respectively, employers might accommodate these limitations by implementing a behavior modification plan or reward system for increased motivation in addition to practicing anxiety reducing coping skills, present directions in

written form and provide frequent reminders, and allow some flexibility in the work schedule as well as due dates for projects (Keim, Malesky & Strauser).

It would be beneficial if future research would examine outcomes of individuals with PTSD in the work force, possibly utilizing the psychiatric rehabilitation model and delivery systems. These findings would provide information and insight into how this service delivery system will improve the rate of successful and gainful employment in those individuals diagnosed with PTSD.

Career Development and Work among Cult Survivors

Mention of the importance of work or career development in cult recovery in the literature is almost non-existent. This connection has only been made in a few sources in the literature (Ford, 1993; Martin, 1993; Singer & Lalich, 1995) by noting that one needs to think about career planning when reintegrating into society.

It has been established that there are similarities between the characteristics of battered women and former cult members, as well as similarities between domestic violence and cultic relationships. Current literature on work and career development with battered women may be applicable to former cult members. It is possible that incorporating career exploration groups similar to those used in the literature with battered women into the recovery process of former cult members could be effective and improve the recovery process. In addition, implementation of vocational rehabilitation services and application of the psychiatric rehabilitation model as described above may be beneficial to cult recovery.

CHAPTER III: METHODOLOGY

This chapter describes the methodology used in this study including: the research sample, instruments, data analysis techniques and research design.

Operational Definition of the Variables

This study addressed the following research question: Does length of time spent in a cult, level of education, perception of the need for vocational rehabilitation services and the presence of mental health symptoms relate to the perceived impact of former cult experiences on career development and employment? The four independent variables are: time spent in a cult, level of education, perception of the need for vocational rehabilitation services as measured by the Work and Cult Recovery Index (WCRI) and the presence of mental health symptoms as measured by the Symptom Checklist 90, Revised (SCL-90-R). The dependent variable is the perceived impact of former cult experiences on career development and employment, which was also measured by the WCRI.

The Sample

The sample for this study was derived from an existing database of former clients who underwent treatment at the Wellspring Retreat and Resource Center, a residential facility that provides counseling and rehabilitation for individuals who participated in cults or cult-like groups. A sample was selected from clients who participated in treatment.

The database at Wellspring Retreat and Resource Center consists of approximately 900 individuals' total. The individuals in the database ranged from those who have been members in cultic groups to those who have been in coercive one-on-one

relationships. Only those who have participated in cultic groups were utilized in this study. Random sampling was not used due to concerns of low return rate of the survey instrument. Participants for this study were selected from the Wellspring database starting with the most recently discharged and ending with the participant being no more than ten years removed from the treatment facility. A sample size of 250 was chosen because the response rate beyond ten years following discharge was diminished.

Pilot Study

Given that the WCRI is an untested instrument developed specifically for this study, a pilot study was completed to check for reliability and item functioning. The pilot study was sent to approximately 20 individuals that were affiliated with the founder and director of Wellspring. The pilot study participants consisted of former cult members who were not clients of Wellspring. An estimated return rate of 15 to 20 surveys for the pilot study was projected. A projected return rate was estimated of at least 75 surveys for the actual study. The projected return rate of 75 was based on a 30% return rate received from the pilot study. All participants were adults over age 18 and volunteered for participation with the use of a consent form. In an attempt to obtain a better return of the survey instrument, participants were selected in order of the date of discharge from treatment beginning with the most recent discharges. The pilot data confirmed that the instrument was adequate to use in the study.

Research Hypothesis

Data obtained from the sample was used to answer the research question concerning the relationship between the perception of cult membership on career development and employment and the following predictors: time spent in a cult, level of

education, perception of the need for vocational rehabilitation services and the presence of mental health symptoms. Standard multiple regression was used to determine the contribution of each variable to the perceived impact of former cult membership on career development and employment. Multiple regression is a statistical technique used to examine the combined relationship of multiple independent variables with a single dependent variable (Creswell, 2005).

The following null hypothesis was examined: The length of time spent in a cult, level of education, the perception of the need for vocational rehabilitation services, and the presence of mental health symptoms will not have an effect on the perceived impact of former cult experiences on their career development and employment.

$$R^2=0$$

$$H_0: \beta_1=\beta_2=\beta_3=\beta_4=0$$

$$H_a: \text{at least one } \beta \text{ is not equal to } 0$$

Instrumentation

Group Psychological Abuse Scale (See Appendix F). Involvement in a cult was identified through the demographic section of the WCRI and by a score higher than 84 on the Group Psychological Abuse Scale (GPA). The Group Psychological Abuse Scale is an instrument administered to all clients who participated in the program at Wellspring Retreat and Resource Center. A score that is higher than 84 on the Group Psychological Abuse Scale indicates that the individual is a member of an abusive group that may be classified as a cult (Burks, 2002). All individuals participating in this study had a score of 84 or higher on the Group Psychological Abuse Scale. Other than to operationally define membership in a cult, this scale was not utilized in any other manner in this study.

The Group Psychological Abuse Scale was developed from a factor analysis of cult survivor's descriptions of their experiences in groups (Chambers, Langone, Dole & Grice, 1994). Given the positive reliability and validity, these authors reported that the Group Psychological Abuse Scale could be useful in characterizing abusive groups and cults.

Work and Cult Recovery Index (See Appendix D). The WCRI was developed specifically for this study. Two subscales titled perceived impact and perceived need for vocational rehabilitation were used when scoring the WCRI. These two subscales measured the perceived impact of former cult experiences on career development and employment as well as the perceived need for the implementation of vocational rehabilitation services in the recovery process. The perceived impact scale had 20 items and the perceived need for vocational rehabilitation had 8 items. Both scales used a 5-point Likert-style response choice (i.e. strongly disagree, disagree, neutral, agree, strongly agree). Responses were coded from 1-5. Using the mean as the total subscale score created the score of the instrument. Higher scores on the subscale measuring the perceived impact of former cult experiences on career development and employment indicate that individuals perceived that the cult had a negative impact on their career development and employment. Lower scores on the subscale measuring the perceived need for the implementation of vocational rehabilitation services in the recovery process indicate that individuals perceived that the implementation of vocational rehabilitation services would be beneficial to the recovery process.

Additionally, the demographics section of the WCRI gathered information regarding the participant's age, marital status, ethnic identity, sex, educational history,

details regarding cult involvement, work status and income. Given that this survey instrument was developed for the purpose of this study and it is an unstandardized instrument, reliability had not been established.

Symptom Checklist 90, Revised (See Appendix E). The SCL-90-R is an instrument given to individuals upon admission into Wellspring Retreat and Resource Center. The SCL-90-R was utilized in this study to measure the presence of mental health symptomology. Scores from the SCL-90-R were retrieved from the existing Wellspring database of past clients.

The SCL-90-R is an instrument utilized not only as a screening tool but also as an outcome measure developed to assess symptoms across the psychopathological continuum ranging from mild depression in the general population to levels of symptomology seen in severe psychiatric disorders (Derogatis & Savitz, 1999). This inventory is a 90-item self-report symptom inventory and grew from the Hopkins Symptom Checklist (HSCL). According to Derogatis and Savitz, the SCL-90-R measures psychological symptoms and distress through nine primary symptoms dimensions including somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. The SCL-90-R has three global indices including Global Severity Index (GSI), the Positive Symptom Distress Index (PSDI) and the Positive Symptom Total (PST). These indices are used to provide summary measures of overall distress status from slightly differing perspectives.

In this study, only the Global Severity Index (GSI) of the SCL-90-R was utilized. When using this score, any number above a one is considered problematic and suggests pathology as evidenced by presence of mental health symptoms.

Data Collection

This study examined survey data obtained from former Wellspring clients and data from the Wellspring client database. The WCRI was developed as the survey instrument used in this study. The WCRI took from 10 to 20 minutes to complete. Data for this study were collected during a nine-month period in 2007 and 2008.

Participants were provided with a numbered packet containing an informed consent form (Appendix C), letter to participants (Appendix B) and the WCRI (Appendix D) via U.S. mail. Before the administration of the WCRI, participants were asked to complete the enclosed informed consent form. In addition, results from the SCL-90-R (Appendix E) were retrieved from the existing Wellspring former client database. After data analysis, the completed WCRI instruments were destroyed.

To protect confidentiality, numbered labels were placed on the return envelopes enclosed in the packet of information sent to participants. Only the primary researcher of the study had access to the master list of participant names.

The Ohio University Institutional Review Board approved this study. An expedited review was granted and letters of approval to this study's chair and to participants in the study granting permission to conduct research at Wellspring are included in Appendix A and B.

Design of the Study

Following data collection, data and scores from the instruments used were analyzed by using the Statistical Package for Social Sciences (SPSS) for Windows, version 15. A standard multiple regression was used to examine the contribution of the independent variables with the dependent variable. Concepts such as type I error, type II

error, reliability, validity, statistical power and effect size were considered. In addition, Pearson-correlation was utilized to examine multicollinearity (Light, Singer & Willett, 1990). According to Light, Singer and Willett, multiple regression is a powerful analysis because it is a parametric technique that uses all information in continuous data. Given that, assumptions that should be met for multiple regression include (Garson, 2009; Stevens, 2002; <http://facultystaff.richmond.edu>):

1. Errors are normally distributed-the independent and dependent variables are normally distributed in the population
2. The relationship between the dependent and independent variables is a linear relationship
3. Errors are independent-each predicted value is not related to any other predictor
4. The errors are distributed with equal variance or homoskedascity

Light, Singer and Willett (1990) discussed the above statistical assumptions. Two types of mistakes or errors may occur in research. When a type I or alpha error occurs, the null hypothesis is rejected when it is really true. When a type II or beta error occurs, the null hypothesis is accepted or fails to be rejected when it is really false. Therefore, it is important to minimize these errors. To minimize type I error, the null hypothesis will be tested at a specified alpha level of .05. Consequently, there will only be a 5% chance of rejecting the null hypothesis incorrectly. Further, the larger the sample size, the less chance there is of making type II errors.

Light, Singer and Willett (1990) continued their discussion of statistical concepts by discussing power. Statistical power is the probability that an existing effect will be detected. When power is increased, the chances of making a type II error are minimized

and the chances of finding real effects are increased. Authors suggested using at least a moderate power between .70 and .90. It is important to remember that to increase power, more individuals must be included in the study. However, based on Cohen's (1988) guidelines, it was proposed that at least a medium effect size be used, as the possibility of a small return rate of surveys exists in this study. In this study, it is important to have a larger effect size due to possible measurement error in the WCRI. This study used a large effect size ($R^2 = .36$). This instrument was not tested for reliability, as it was developed specifically to collect data for this study. Accordingly, if reliability is low, a larger sample size is required to ensure the same level of statistical power.

The level of significance used for all tests in this study was an alpha of .05. The power for the multiple regression analysis in this study was 99%. Power ranges were calculated for each independent variable. The power ranges and probability of type II error for each predictor are as follows, respectively: length of time spent in the cult 0.50-0.60 with 40-50% chance of type II error; level of education, 0.00-0.10 with 90-100% type II error; the perception of the need for vocational rehabilitation services 0.95-0.99 with 1-5% chance of type II error; and the presence of mental health symptoms 0.10-0.30 with 70-90% probability of type II error.

Dillman (2000) noted that implementation procedures (i.e. multiple contacts, the contents of letters, appearance of envelopes, personalization, etc.) have an influence of response rates of questionnaires. Accordingly, measures were taken to increase the probability of a higher return rate of the survey instrument for this study. The director of Wellspring Retreat and Resource Center completed a letter that was included in the packet mailed to participants encouraging their participation in the study. Typed address

labels and individual postage stamps were used to personalize the presentation of mailed materials. In addition, follow-up letters were sent to participants who did not initially respond.

Summary

Chapter Three provided a discussion of the methodology used to investigate the relationship between length of time spent in a cult, level of education, the perception of the need for vocational rehabilitation services and the presence of mental health symptoms with the perceived impact of former cult experiences on career development and employment.

This chapter described the research sample as well as the instruments, data analysis techniques and research design utilized in this study. The sample consisted of a non-random sample of client's who underwent treatment at the Wellspring Retreat and Resource Center. Data for this study were received from two sources. Data was utilized from the WCRI that was mailed to clients. In addition, scores from the SCL-90-R were retrieved from the existing database at Wellspring Retreat and Resource Center. Multiple regression analysis was used to examine the predictors.

CHAPTER IV: RESULTS

The purpose of this study was to explore the relationship between length of time spent in a cult, level of education, the perception of the need for vocational rehabilitation services and the presence of mental health symptoms related to the perceived impact of former cult experiences on career development and employment. This chapter presents the results of the study provided by the methodology described in Chapter Three. Results of the pilot study, characteristics of the sample, reliability analysis on research instruments, and results of the multiple regression analysis are presented.

Pilot Study

As noted in Chapter Three, a pilot study was conducted to check for reliability and item functioning of the test instrument the Work and Cult Recovery Index (WCRI). The pilot study data confirmed that the WCRI did not contain major flaws and the instrument was adequate for use in the study. There were a total of 6 participants out of a sample size of 20 for the pilot study. Participants were affiliated with the director of Wellspring Retreat and Resource Center. These were all individuals who have participated in a cult but were not past clients of Wellspring. All participants were adults over age 18 and volunteered for participation with the use of a consent form. Participants for the pilot study received a letter from the director of Wellspring about the study, the WCRI survey instrument and a consent form. Two follow up reminder calls were made by a staff from Wellspring Retreat and Resource Center to increase return rate for the pilot study.

Following analysis of the WCRI after the pilot study, the Cronbach's alpha was .95. Therefore, all items on the WCRI measured a uniform construct. The correlations

between the sum score and the individual questions were positive. The Cronbach's alphas for both subscales in the instrument were .83 and .87. A reliability analysis was performed to determine if there were questions in the WCRI that were not useful. It was determined that if question number 23 (vocational counseling would have helped me find a job after I left the cult) were removed it would increase reliability slightly. However, this was not enough to make an impact on the results since the reliability was already high. Consequently, survey question number 23 was left in the WCRI. The Cronbach's alphas for both subscales were .83 and .87.

Characteristics of the Sample

The sample for this study was derived from the existing database of past clients who underwent treatment at the Wellspring Retreat and Resource Center. Individuals for this study were selected by beginning with those clients who were most recently discharged until a targeted sample of 250 was achieved.

The study included 253 targeted participants. From these participants, there were 57 individuals that participated in the study. This was less than the proposed sample size of 75 participants. One subject was removed from the study due to multiple missing values on the survey instrument. This made the total number of participants 56. Three attempts to follow up with participants were made to increase return rate. These attempts included two reminder post cards and a new packet of materials resembling the initial packet mailed. As with the pilot survey, all participants were adults over age 18 and volunteered for participation with the use of a consent form. Each participant received a packet in the U.S. mail containing an informed consent form, letter to participants and the WCRI.

The demographics section of the WCRI gathered information regarding the participant's age, marital status, ethnic identity, sex, educational history, details regarding cult involvement, work status and income. Demographic material was obtained for this information. Along with the other information gathered by the WCRI, education was coded as a continuous variable entered into the Statistical Package for Social Sciences (SPSS) for Windows, version 15 in years. Similarly, the length of time spent in the cult was entered in years as well. Means, standard deviation, and frequency counts were calculated. There were a total of 56 participants in the study. Females accounted for 70.4% (n=38) and males for 29.6% (n=16) of the total population in the study. Two participants had missing information did not indicate their sex. The age of the individuals were between 23 and 61 with a mean age was 39.9 years (SD=10.2). Ethnicities of the participants were as follows: 89.1% (n=49) were Caucasian; 3.6% (n=2) were Asian; 1.8% (n=1) were African American; 1.8% (n=1) were Latin American; 1.8% (n=1) were American Indian or Pacific Islander; and 1.8% (n=1) identified themselves as "other". The marital status of the participants included: 42.6% were married (n=23); 35.2% (n=19) were never married; 5.6% (n=3) were not married but cohabitating with partner; 14.8% (n=8) were divorced; and 1.9% (n=1) were a widow/widower. Refer to Table 1 in Appendix G for a summary of demographic characteristics.

Demographic information was also collected regarding the participants' level of education and employment status. The following information describes the highest level of education that participants had when joining the cult: 42.1% had some college; 22.8% had a Bachelors degree; 10% were high school graduates; and the remainder of the sample had less than a high school education. The participants' current level of

education, i.e., at the time the data were collected, was as follows: 68.5% had a college degree including 10.8% with an Associate degree; 48.6% with a Bachelors of Arts degree; 21.6% with a Bachelor of Science degree; 13.5% with a Masters degree; and 5.4% with other advanced degrees. It was noted that 27.3% of the participants were enrolled in school at the time of data collection.

At the time of data collection, 66.1% of the participants were employed; 16.1% were unemployed; 8.9% were disabled; and 8.9% were classified in the “other” category. Participants reported that 35.7% had received vocational counseling in their treatment and 95% of those individuals thought this counseling was helpful. Participants on public assistance before joining the cult accounted for 5.5%, while 92.7% were not on any type of public assistance. Conversely, after cult participation, the percentage of participants on public assistance increased to 29.1%.

Reliability Analyses on Research Instruments

There were two instruments utilized in this study, the SCL-90-R and the WCRI. The SCL-90-R was the instrument given to individuals upon admission into Wellspring Retreat and Resource Center. The SCL-90-R was utilized in this study to measure the presence of mental health symptomology. In this study, only the Global Severity Index (GSI) was utilized. When using this score, any number above a one is considered problematic and provides evidence of pathology evidenced by presence of mental health symptoms. The mean GSI for this study was 1.35. The SCL-90-R is a standardized instrument. The internal consistency coefficient alphas for the nine symptom dimensions ranged from .77 for Psychoticism, to a high of .90 for Depression. A study with test-retest

reliability for an interval of one week for 94 mixed psychiatrist outpatients had a range of .78 to .90 (Derogatis and Savitz, 1999).

The WCRI is not standardized and was developed specifically for this study. Two subscales were used when scoring the WCRI. The Cronbach's alpha for the perceived impact subscale measuring perceived impact of cult participation on career development and employment was .83. The Cronbach's alpha for the perceived need for vocational rehabilitation services subscale measuring perceived need for implementation of vocational rehabilitation services in the cult recovery process was .87. Therefore, the reliability of both subscales was high. To account for missing data when scoring this instrument, the mean was taken of the valid values and used as a value for the missing data. From the perceived impact subscale, two subjects had one missing value, one subject had two missing values and one subject had nine missing values. From the perceived need for vocational rehabilitation subscale, one subject had eight missing values. The later subject with the most missing values was removed from the study resulting in N=56. Refer to Table 2 in Appendix G for the mean and standard deviations for the two subscales for the WCRI instrument.

Results of the Multiple Regression Analyses

Statistical analyses were conducted using the Statistical Package for Social Sciences (SPSS) for Windows, version 15.0. Descriptive statistics were used to test assumptions and the data were analyzed through multiple regression to answer the research question. The assumptions underlying the significance test for multiple regression analysis are that variables are normally distributed in the population, the relationship between the dependent and independent variables is a linear relationship,

errors are independent, and the errors are distributed with equal variance or homoskedascity (Garson, 2009; Osborne & Waters, 2002; Stevens, 2002; <http://facultystaff.richmond.edu>).

According to Stevens (2002), there are various plots involving graphing the residuals against the predicted values to evaluate potential problems with a linear regression model. For this study, examining a histogram of standardized residuals and a normal probability plot tested the first assumption for normally distributed variables in the population (Garson, 2009; Osborne & Waters, 2002; Statistica, 2008; Stevens). By visual inspection of the histogram of standardized regression residuals of the full model, this figure seems to have relatively normal curves but may have a small violation of normality. The normal probability plot does not show all points close to the line, which may also indicate a small violation. In addition, histograms looking at the independent variables were also visually examined. The histograms looking at three independent variables in this study were also fairly symmetrical showing relatively normal curves. However, the histogram for length of time in a cult was severely skewed. Although there may be a small violation of normality, Glass, Peckman and Sanders (1972) stated that non-normality has only a small effect on type I error, even for very skewed or kurtotic distributions. See the histograms and normal p-plot figures 1-6 in Appendix H.

To test the second assumption to see if the relationship between the dependent and independent variables is a linear relationship, the residual plots (or plots of the standardized residuals as a function of standardized predicted values) were examined (Berry & Feldman, 1985; Osborne & Waters, 2002; Statistica, 2008). Linearity does not

seem to be violated, as visual inspections of the scatterplots do not appear to be curvilinear. See scatterplot figures 7-11 in Appendix H.

The next assumption is independence of errors or that each predicted value is not related to any other prediction. The design of this study was set up so that the test instrument was sent to the participants independently. This implies that participants responded independently of one another (Stevens, 2002).

The final assumption to be examined is that the errors are distributed with equal variance or homoskedascity. In other words, the variance of errors is the same across all levels of the independent variables. When the variance of errors differs at different values of the independent variables, heteroscedasticity is indicated (Berry & Feldman, 1985; Osborne & Waters, 2002). This assumption was tested by examining a plot of the standardized residuals by the regression standardized predicted value (Garson, 2009; Osborne & Waters). When visually studying the scatterplot of residuals versus predicted scores, they appeared to be randomly scattered, possibly indicating no violation of this assumption. However, the residuals seem to be slightly fanned out on the right side of the scatterplot possibly indicating slight heteroscedasticity. See the scatterplot in figure 12 in Appendix H. If this assumption is acceptable, the residuals should scatter randomly about a horizontal line of zero (Osborne & Waters; Stevens, 2002). Any pattern or clustering of the residuals suggests a model violation (Stevens). However, slight heteroscedasticity has little effect on significance tests (Berry & Feldman; Tabachnick & Fidell, 1996).

In addition to violation of assumptions for multiple regression, multicollinearity can contribute to problems as well because it severely limits the size of R , increases the variances of the regression coefficients, and makes determinations about the importance

of a given predictor difficult because the effects of predictors are confounded due to the correlations among them (Stevens, 2002). Lack of multicollinearity was determined by examining the correlations among the independent variables along with the variance inflation factor (VIF) for each predictor. Multicollinearity problems were not indicated by the intercorrelations and the VIF for each predictor. The independent variables are not highly correlated with each other in the correlation matrix. Additionally, the VIF for each predictor is only slightly over 1. Multicollinearity problems may be indicated if there are intercorrelations of over .80 and if the VIF's are over 10 (Stevens). See Table 3 in Appendix G for the correlation matrix.

The following hypothesis was examined: The length of time spent in a cult (WCRI), the level of education (WCRI), the perception of the need for vocational rehabilitation services (WCRI) and the presence of mental health symptoms (SCL-90-R) will have an effect on the perceived impact of former cult experiences on career development and employment (WCRI). See Appendix G for Regressions Table 5.

The null hypothesis stated that there is not a relationship between the independent variables as a group and the dependent variable. The multiple regression analysis rejected the null hypothesis beyond the $\alpha=.05$ level for this study. Results indicated that the omnibus model is significant, $F(4, 51)=7.174, p<.001, R^2=.36$. See Appendix G for Means and Standard Deviation Table 4.

The perceived need for vocational rehabilitation services and the length of time spent in a cult demonstrated a significant relationship with the perceived impact of cult participation on career development and employment. These two variables were both negatively correlated with the dependent variable indicating the expected results. Those individuals who perceived a need for vocational rehabilitation services were more likely to perceive that cult participation negatively impacted career development and employment. Similarly, individuals who spent more time in the cult were more likely to perceive that cult participation negatively impacted career development and employment.

This study used a large effect size ($R^2 = .36$). Cohen (1988) stated that f^2 is used as an appropriate effect size to use in the context of an F-test for ANOVA or multiple regression. According to Cohen, f^2 effect sizes of 0.02, 0.15, and 0.35 are referred to as small, medium, and large. Effect sizes for each predictor are as follows: length of time spent in a cult, 0.14-medium; level of education, 0.02-small; the perception of the need for vocational rehabilitation services, 0.45-large; and the presence of mental health symptoms, 0.07-small. Type I error was minimized as the null hypothesis was tested at a specified alpha level of .05. Consequently, there was only a 5% chance of rejecting the null hypothesis incorrectly.

Discussion of Additional Findings

This research generated additional findings that were not revealed through statistical analysis with Statistical Package for Social Sciences (SPSS) for Windows, version 15.0. The informed consent given to participants included contact information if the participants had questions or wanted to give feedback to the researcher. Some

participants sent e-mails to the researcher and several participants made comments on the questionnaire sharing their personal experiences.

One participant was placed on SSDI for mental health diagnosis including PTSD and depression as a result of cult participation. She reported working with the Department of Vocational Rehabilitation Services to help gain employment. Services received included a job coach, neurological coach for problems with memory and PTSD, a clinical neuropsychologist, a mental health counselor, and a psychiatrist. This individual reported working towards a full time job in nursing.

Another participant stated that although she had a temporary job, there was anxiety about a career choice. She reported not being able to think straight about a career choice and that time spent in the cult taught her what not to do. She stated that leaving the cult greatly enhanced her self-esteem and did not instill values but indoctrinated them. She reported wanting to do something more meaningful than her current work.

Several participants in the study reported being in a string of cults. Another stated it took awhile before being ready for full time commitment regarding employment and had to “ease into it.” A different participant stated while in the cult he learned mostly what not to do with his life. He reported learning the value of being a loyal member of a group but not in a healthy balanced way. Other responses included having no job skills when leaving the cult. He reported that his thinking was so ingrained that going to school to learn a skill was an investment in this “evil world” and caused a backslide in recovery. He reported that three years after leaving the cult, he went back to school and was constantly plagued with guilty feelings. He reported that many of his ex-member friends

marveled at the success of finishing school. He reported being a follower of Christ today and belongs to a normal church.

A final participant reported that over the past few years after treatment she had to cut back on her work schedule and deal with recovery from the cult and childhood sexual abuse. She reported realizing that although she was able to get a job when leaving the cult, his or her ability to get a job after college, 12 years after leaving the cult, may have been hampered by the cult experience. She was not fully aware of this at the time. During the past few years this individual reported being able to work temporarily and very little. She reported that filling out the WCRI questionnaire was somewhat difficult as it made her think about leaving the cult again. She reported answers on the questionnaire might be different if completed at various times after leaving the cult. There have been have been changes in her thinking about how the cult affected self-confidence, subsequent job skills, and performance. She reported getting stronger and valued time spent focusing on recovery.

Summary

This chapter described the results of this study. A description of the pilot study, characteristics of the sample, reliability analysis on research instruments, results of the multiple regression analysis and discussions of additional findings were provided. The results of this study indicated a rejection of the null hypothesis indicating that as a set, length of time spent in a cult, level of education, the perception of the need for vocational rehabilitation services and the presence of mental health symptoms significantly affected the perceived impact of former cult experiences on career development and employment. The perceived need for vocational rehabilitation services and the length of time spent in a

cult demonstrated a significant relationship with the perceived impact of cult participation on career development and employment.

CHAPTER V: DISCUSSION OF RESULTS, CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

Discussion

This chapter summarizes the study and the findings presented in the last chapter that explored the possible relationship between the perceived impact of cult membership on career development and employment and several predictor variables. Topics in this chapter are discussion and results of the study, implications of the findings, limitations of the study and suggestions for future research.

The purpose for this study was to investigate the perceived impact of cult membership on career development and employment. Cults are widespread in the United States and throughout the world so it is important to understand and improve the recovery process of cult survivors (Hassan, 1990; Langone, 1993; Singer & Lalich, 1995; Richmond, 2004). There is a lack of research concerning the therapeutic value of work and career development with cult survivors. Therefore, exploring the importance of work, as well as a rationale for the integration of vocational rehabilitation services into the recovery process of cult survivors may be beneficial.

Discussion of Results of the Study

A linear regression analysis was conducted to explore the perceived impact of cult membership on career development and employment. The following four independent variables were entered simultaneously into the regression: 1) length of time in a cult, 2) level of education, 3) the perception of the need for vocational rehabilitation services, and 4) the presence of mental health symptoms.

The multiple regression analysis rejected the null hypothesis indicating that there was a significant relationship between the independent variables as a group and the dependent variable ($p < .001$). The perceived need for vocational rehabilitation services and the length of time spent in a cult demonstrated a significant relationship with the perceived impact of cult participation on career development and employment. These two variables are both negatively correlated with the dependent variable indicating the expected results. Those individuals who perceived a need for vocational rehabilitation services perceived that cult participation negatively impacted career development and employment. Similarly, individuals who spent more time in the cult perceived that cult participation negatively impacted career development and employment.

The findings of this study are consistent with, Giambaolvo (1993) who identified important post-cult issues that should be addressed in recovery. These issues included: the length of time spent in a cultic group, the degree of an individual's vocational skills and education that would facilitate employment, and the intensity of emotional and psychological effects experienced in the cult. Further, age at the time one joined the cult and the time spent in a cult are factors affecting recovery and the possible development of emotional difficulties or psychiatric disorders (Tobias & Lalich, 1994). Tobias and Lalich explained that the longer one is in a cult the more difficult it is for them to adapt to living outside of the group due to their exposure in a closed, controlled environment reinforced by cult beliefs. According, in their study those who were in a cult for a long period of time were more likely to perceive the negative impact that membership had on their career development.

An interesting finding in this study indicated a significant increase in percentage of participants on public assistance after cult participation was reported. Participants on public assistance before joining the cult accounted for 5.5%. After cult participation, the percentage of participants on public assistance increased to 29.1%. This may suggest that individuals had trouble finding adequate employment or that it may have taken them longer to find employment after leaving the cult. These issues indicate that failure to address career and vocational issues among cult survivors in the recovery process may result in more use of public assistance programs.

In the sections of the WCRI instrument that allowed for participant's to make comments on their career situation following cult membership, it was noted that most indicated that they struggled with employment in some aspect after leaving the cult. The participants who made these types of comments apparently felt the need to provide more information regarding the impact of cult membership on their career development than was solicited by the WCRI survey instrument. Some participants also sent emails to the researcher describing in more detail their unique experiences. Some participants indicated that they were impaired to the degree that they experienced long-term negative effects several years after leaving the cult. For example, one individual indicated that he or she had anxiety about their career choice after leaving the cult. Another individual utilized many services to help in recovery including the use of vocational rehabilitation services to aid in finding employment. Tobias and Lalich (1994) stated that when one leaves the cult they may be unfamiliar with handling personal money, unaware of how to earn money legitimately, or have resentment for turning over money earned or family savings to their former cult. Martin (1993) stated that often times, cults persuade members to

change majors, drop out of school or change career directions to better suit the goals of the particular cult. This may explain part of the reason why individuals struggle with career development.

This study established a theoretical relationship between cult participation and career development and employment. Further, individuals who perceived the need for the addition of vocational rehabilitation services in their recovery felt that the cult negatively impacted their career development and employment in some way. The study also showed that individuals who spent a longer amount of time in a cult perceived that cult participation negatively impacted their career development and employment in some way. The additional comments by study participants' helps to conceptualize findings.

There has been minimal discussion in the literature and a lack of research examining the relationship between work, career development and vocational rehabilitation services for individuals who have been members of cults. This makes it difficult to compare the results of this study to previous findings in the literature. The literature review in this study established a theoretical relationship between cults and other populations who have been involved in coercive relationships, particularly battered women. The literature suggested that many battered women have a strong desire to obtain the necessary skills and education to find work to be a positive influence in restoring a positive self-concept (Brown, Linnemyer, Dougherty, Coulsin, Transgrud & Farnsworth, 2005; Lynch and Graham-Bermann, 2004). Additionally, some studies reported some success using a small group approach that focused on issues associated with career development and employment with battered women (Chronister & McWhirter, 2006; Gianakos, 1999; Ibrahim & Herr, 1987; Peterson & Priour, 2000).

Implications of the Findings

This study provided some support that working may help to restore the autonomy and empowerment necessary for the effective recovery of former cult members. Career development and employment are important issues to consider when an individual is recovering from any traumatic situation, particularly cult recovery. More specifically, the results of this study revealed that vocational rehabilitation services might help in the recovery process. This information establishes a foundation for continued research in the area of recovery for cult members. New research in this area would be beneficial for practitioners, supervisors, as well as counselor educators. Increased awareness about the needs of this population is important in providing the appropriate treatment required for recovery. More knowledge about the role of career development and employment in promoting recovery may assist mental health and rehabilitation counselors in designing more effective treatment interventions for cult survivors.

Limitations of the Study

There are several limitations in this study. Limitations of this study included: a small survey return rate, limitations in the self-report measures, and the fact that some of the participants had been out of the cult for several years.

The survey return rate for this study was 23%. This low return rate may be partially accounted for because the participants may be seen as a transient population (Tobias & Lulich, 1994). Many individuals leaving the cult are not in a stable place in their lives and may have moved several times after they left the cult. Many members participating in the study had moved since their last known address provided at Wellspring evidenced by returned survey packets in the mail. This made the former cult

members from Wellspring difficult to access after their discharge from the treatment facility. Participants for this study were selected from the Wellspring database starting with the most recently discharged and ending with the participant being no more than ten years removed from the treatment facility. The response rate beyond ten years following discharge was diminished precluding going further than ten years back in the database.

Another limitation is the self-report nature of the instruments in the study. Both the WCRI and the SCL-90-R are self-report measures. The results of this study were based on individual's self report. Each individual's experience in the cult varied, including the symptoms they may have experienced. Therefore, each individual's experience with career development and employment will likely vary as well. Individuals in this study participated in a variety of different cults making it difficult to know how the various beliefs and teachings of each cult impacted each person. It is possible some cults may have different views about work and education. These differences are unknown about the participants in this study. Further, when using self-report measures it is possible that participants may not be honest or accurate in their responses and provide answers that are viewed as more socially desirable (Dillman, 2000).

A final limitation is that some participants in this study had been out of the cult for some time when participating in this study. This lapse in time may have affected their answers for several reasons. Individuals may not remember specifics about their recovery or that time in their life clearly enough to answer some of the survey questions accurately. It is possible that those individuals "fresh-out" of a cult might be better suited for this type of study. Participant's answers may also be biased if over time they became

successful and are doing well presently. It may be a challenge for them to imagine themselves back in recovery and to contemplate what might have made things better at that time. On the other hand, some individuals may waiver back and forth between feeling positive and feeling guilty about their current career choices because of previous cult experiences. Some participants who made additional comments on the WCRI indicated that initially they felt they were doing well but later experienced the negative consequences of cult membership on their career development and employment.

Directions for Future Research

Future research is needed concerning the value of vocational rehabilitation and other career interventions in the recovery of former cult members. In this study, a relationship between cult membership and the perceived impact on career development and employment was established. Future research may take many directions. This study could be replicated using a larger sample size. With a larger sample size, it may be that such variables as level of education and the presence of mental health symptoms are significantly related to the dependent variable used in the present study. Other instruments may be used to explore issues of career development and employment. A future study could administer test instruments to participants prior to their discharge from a treatment facility like Wellspring ensuring a shorter timeframe between treatment and assessment of career issues. Similar studies could be done with a sample size from the same cultic group. It would also be interesting to experiment by integrating career and vocational rehabilitation services into the treatment program at Wellspring. This design may allow for pre and posttests on issues of career development and employment.

Despite the range of participants from other countries and various ethnic groups that received treatment at Wellspring Resource and Retreat Center, it was difficult to evaluate the impact of these multicultural factors due to the small sample size. To help increase generalizability, future research with a more diverse sample could broaden the scope of data collection and better assess the impact of cultural factors on findings.

Finally, some participants wrote comments on the surveys and some sent e-mails to the researcher further elaborating on questions from the survey. This type of “qualitative” information may be useful in designing interview questions for a more in-depth qualitative study or in modifying the survey instrument for future quantitative studies. Future studies may also employ a mixed methodological approach using both qualitative and quantitative techniques.

In conclusion, career development theory has long emphasized the value of meaningful work as a source of personal identity, social status, self-efficacy and a positive self-image. Conversely, the positive psychosocial traits that come from employment are often undermined in the coercive relationships associated with cult membership. At the present time, additional research is needed to more fully document the benefit of vocational rehabilitation and employment in the recovery of former cult members.

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APPENDIX A: OHIO UNIVERSITY INSTITUTIONAL REVIEW BOARD LETTER



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Office of Research Compliance
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The following research study has been approved by the Institutional Review Board at Ohio University for the period listed below. This review was conducted through an expedited review procedure as defined in the federal regulations as Category(I/II):

7

Project Title: The Impact of Cult Membership on Career Development and Employment

Researcher(s): Aissa Leisure

Faculty Advisor (if applicable): Jerry Olszeski

Department: College of Education

Rebecca Cale

Rebecca Cale
Institutional Review Board

12/4/07

Approval Date

12/3/08

Expiration Date

This approval is valid until expiration date listed above. If you wish to continue beyond expiration date, you must submit a periodic review application and obtain approval prior to continuation.

Adverse events must be reported to the IRB promptly, within 5 working days of the occurrence.

The approval remains in effect provided the study is conducted exactly as described in your application for review. Any additions or modifications to the project must be approved by the IRB (as an amendment) prior to implementation.

APPENDIX B: LETTERS OF APPROVAL FOR RESEARCH

W

WELLSPRING
Retreat & Resource Center

Paul R. Martin, Ph.D., M.A., M.A., Director
 Debra Adams, M.Ed., Clinical Administrator
 Gregory K. Satterness, Clinical Resource Manager
 Wendy Polyzosakis, S.S., Human Resource Manager

Dear Wellspring Alumni:

As you may be aware, so little data exists regarding the cult problem in general. Very little data exists in terms of about how many people received or maintained employment after their group experience.

Enclosed you will find a survey that will assist in the understanding of employment issues of our alumni. It would be greatly appreciated if you could take the time to fill out this relatively brief survey. Thank you for your assistance.

Sincerely,



Paul R. Martin, PhD, licensed psychologist, LPCC
 Executive Director
 Wellspring Retreat and Resource Center



4/24/2007

Jerry Olsheski, Ph.D.
Chairman
Department of Counselor Education
Ohio University
Athens Ohio

RE: Dissertation of Alissa Leisure

Dr. Olsheski,

This letter is to inform you that I fully support Alissa's dissertation topic that examines the issue of cult survivors and the importance of work and vocational rehabilitation in the recovery process. The entire field of cult survivors is a crucial area that is in critical need for research. The field of vocational rehabilitation, as applied to this field, is also a crucial issue that needs to be examined.

Further, I grant permission for her to use the Wellspring data set in her ongoing research in this field. She needs to sign the customary research intern confidentiality form that we have at our office.

We look forward to our continued relationship with Alissa as she pursues her research.

Sincerely,

Paul R. Martin, Ph.D. LPCC, Psychologist
CEO Wellspring Retreat

APPENDIX C: INFORMED CONSENT FORM

Ohio University Consent Form

Title of Research: The Impact of Cult Membership on Career Development and Employment

Principal Investigator: Alissa Leisure, MEd, PC, CRC, Doctoral Candidate

Department: Counseling and Higher Education

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as an informed consent. This form describes the purpose, procedures, possible benefits and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions have been answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

The purpose of this study is two fold and focuses on the recovery process after leaving the cult: (1) to explore the impact of cult participation on career development and obtaining/maintaining employment (2) to explore the role of vocational rehabilitation services in the recovery process.

This study involves no physical injury for participants. However, some individuals may experience minor, temporary emotional discomfort as questions are related to some aspects of past cult involvement. If emotional discomfort does occur and presents concerns or problems, this researcher and Wellspring Retreat and Resource Center, will be available for consultation and to make appropriate referrals if necessary.

If you choose to participate in this study, you will be asked to fill out a questionnaire. This should take approximately 10 to 20 minutes. When the questionnaire is completed, please return this consent form and the questionnaire in the enclosed envelope. No postage necessary. All answers will be kept confidential. There will be a number on the enclosed envelope. Only this researcher will have access to the master list matching the number with identifying information, as well as the contents of the envelope.

When you participated in the treatment program at Wellspring Retreat and Resource Center, you completed various test instruments as part of the admission process. With your permission, this study will look at the results of some of these test instruments. However, personal information about your counseling sessions and progress are protected and will not be used in this study, only the scores of test instruments. By signing this consent form, you are granting the researcher permission to use these test scores in this study.

While we are hopeful that you will choose to assist us in this study, you can choose not to participate. Your relationship with Wellspring Retreat and Resource Center will not be affected if you choose not to participate in this study.

If you have questions about this study, please contact:

Alissa Leisure at doubleajw1@yahoo.com or 740-374-6989 extension 233, principal investigator of this study or the director of research compliance at 740-593-0664 to inquire specifically about your rights as a research participant.

I certify that I have read and understand this consent form and agree to participate as a subject in the research described. I agree that my risks have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. I agree that my participation in this study is voluntary and that I may discontinue participation at any time. I certify that I am at least 18 years of age.

Signature:

Print name:

Date:

APPENDIX D: WORK AND CULT RECOVERY INDEX (WCRI)

Work and Cult Recovery Index

This study is interested in finding ways to improve the recovery process of those individuals who have left the cult. Specifically, the role of work in recovery is examined. The researcher is interested in the impact of cult membership on career development and employment.

Refer to this scale to rate the following statements:

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. Participating in a cult offered me healthy support.
SA A N D SD
2. After leaving the cult, I experienced trouble making decisions that adversely affected my job search or employment.
SA A N D SD
3. After leaving the cult, I experienced a loss of independence that adversely affected my job search or employment.
SA A N D SD
4. My time in the cult provided me with valuable work skills I could apply to other jobs.
SA A N D SD
5. While in the cult, I was discouraged to keep my job, pursue the job of my choice, or continue the pursuit of education of my choice in school?
SA A N D SD
6. Participating in a cult enhanced my overall self-esteem.
SA A N D SD
7. I realize that participating in a cult affected my subsequent employment or education in a negative way.
SA A N D SD
8. Participating in a cult instilled the value of being a loyal member of a group.
SA A N D SD
9. My career development was impacted in a negative way by my involvement in a cult.
SA A N D SD
10. After leaving the cult, I experienced difficulty returning to a competitive work force.
SA A N D SD
11. After leaving the cult, I experienced low confidence that interfered with my job search or employment.

SA A N D SD

Refer to this scale to rate the following statements:

Strongly Agree Agree Neutral Disagree Strongly Disagree

12. Due to my cult experiences, work is more satisfying and meaningful than it would have been otherwise.

SA A N D SD

13. I experienced barriers obtaining satisfying employment as a result of my cult membership.

SA A N D SD

14. After leaving the cult, I experienced trouble finding employment.

SA A N D SD

15. My participation in the cult weakened my vocational identity.

SA A N D SD

16. Participating in a cult offered me a sense of stability in my life.

SA A N D SD

17. After leaving the cult, I experienced continued loyalty to the cult that adversely affected my subsequent employment.

SA A N D SD

18. After leaving the cult, I experienced a lack of job skills needed for employment.

SA A N D SD

19. After leaving the cult, I experienced fear of cult membership being disclosed to employers or others.

SA A N D SD

20. Participating in a cult enhanced my work ethic.

SA A N D SD

21. After leaving the cult, it would have been helpful to have assistance identifying the best match between my skills and the best job for me when looking for employment.

SA A N D SD

22. After leaving the cult, it would have helped me to have assessments to tell me about my interests, values, aptitudes and personality traits to guide my job search.

SA A N D SD

23. Vocational counseling would have helped me find a job after I left the cult.

SA A N D SD

Refer to this scale to rate the following statements:

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

24. It would have been helpful to have support services that helped me adjust to my first job after leaving the cult.

SA A N D SD

25. Going back to work would have been easier for me if someone had coached me in having appropriate work behaviors and attitudes.

SA A N D SD

26. After leaving the cult, help with interviewing skills and resume development would have been beneficial in my job search.

SA A N D SD

27. If someone had worked with my employer to accommodate my need at the job site (i.e. dealing with stress, flashbacks, dissociation, making decisions, inability to concentrate or get along with others), it would have helped me keep a job following cult membership.

SA A N D SD

28. After I left the cult, a special job re-entry or training program designed specifically for former cult members would have helped me get a job.

SA A N D SD

29. Did your treatment at Wellspring include any vocational interest testing or vocational counseling?

Yes ___ No ___ Unsure ___

If yes, was it helpful in looking for or keeping a job or in educational pursuits?

Yes ___ No ___

30. Have you participated in career development or vocational counseling since you left the cult?

Yes ___ No ___ Unsure ___

If yes, was it helpful in looking for or keeping a job or in educational pursuits?

Yes ___ No ___

***Demographic Questions: Please answer each of the following questions to the best of your ability.**

1. What is your age? _____
2. What is your ethnic status?
 Black or African-American _____ Asian _____ Latin American or Hispanic _____
 Middle Eastern _____ American Indian or Alaska Native _____ White _____
 Native Hawaiian and other Pacific Islander _____ Two or more races _____
 Other (Specify) _____
3. What sex are you?
 Male _____ Female _____
4. Marital status?
 Married _____ Never married _____ Not married, cohabitate with partner _____
 Divorced _____ Widow/Widower _____ Separated _____
5. Do you have a college degree? Yes _____ No _____
If yes, what is your degree? _____
If no, what is your highest level of education? _____
6. What was your highest level of education at the time you joined the cult?
 Year in school you stopped attending _____ High school graduate _____ GED _____
 Some college, no degree _____ Associates degree _____ Bachelor's degree _____
 Graduate/Masters degree _____ Post-graduate, Ph.D., M.D., D.O. _____ Other _____
7. Are you currently in school?
 Yes _____ No _____
If yes, currently enrolled _____ full time _____ part time _____
If yes, what level of education are you in the process of obtaining?
 High school diploma _____ GED _____ Some college, not towards a degree _____
 Associates degree _____ Bachelor's degree _____ Graduate/Masters degree _____
 Post-graduate, Ph.D., M.D., D.O. _____ Other _____
8. Were you on public assistance before cult membership? Yes _____ No _____
9. Were you on public assistance following cult membership? Yes _____ No _____
10. Were you born into the cult?

Yes ___ No ___

11. What age did you enter the cult? _____

12. How long were you in the cult? _____

13. How long have you been out of the cult? _____

14. Are you currently employed?

Yes ___ No ___ Retired ___ Disabled ___ Other (please specify) _____

If yes, are you?

Full time ___ Part time ___

If yes, what type of work do you do? _____

If no, are you currently seeking work? No ___ Yes, full time ___ Yes, part time ___

15. How long did it take you to find employment following your leaving the cult?

Specify length of time _____ I continued working _____ I have not worked _____

16. What is your individual gross annual income?

0-\$15,000 ___ \$15,000-\$30,000 ___ \$30,000-\$50,000 ___ \$50,000-\$70,000 ___

\$70,000-\$90,000 ___ \$90,000-\$200,000 ___ \$200,000 and up ___

You have now completed the questionnaire.

Please keep the unsigned informed consent form marked “Your Copy for your records”, place the informed consent form you signed and this questionnaire in the enclosed envelope and place in the mail.

Thank you for your participation!

APPENDIX E: SCL-90-R

SCL-90-R

Below is a list of problems and complaints that people sometimes have. Read each one carefully and circle the number that best describes how much discomfort that problem has caused you *during the past week, including today*.

	1	2	3	4	5
	Not At All	A little bit	Moderately	Quite a bit	Extremely
48. Headaches	1	2	3	4	5
49. Nervousness or shakiness inside	1	2	3	4	5
50. Repeated unpleasant thoughts that won't leave your mind	1	2	3	4	5
51. Faintness or dizziness	1	2	3	4	5
52. Loss of sexual interest or pleasure	1	2	3	4	5
53. Feeling critical of others	1	2	3	4	5
54. The idea that someone else can control your thoughts	1	2	3	4	5
55. Feeling others are to blame for most of your troubles	1	2	3	4	5
56. Trouble remembering things	1	2	3	4	5
57. Worried about sloppiness or carelessness	1	2	3	4	5
58. Feeling easily annoyed or irritated	1	2	3	4	5
59. Pains in heart or chest	1	2	3	4	5
60. Feeling afraid in open spaces or on the streets	1	2	3	4	5
61. Feeling low in energy or slowed down	1	2	3	4	5
62. Thoughts of ending your life	1	2	3	4	5
63. Hearing voices that other people do not hear	1	2	3	4	5
64. Trembling	1	2	3	4	5
65. Feeling that most people cannot be trusted	1	2	3	4	5
66. Poor appetite	1	2	3	4	5
67. Crying easily	1	2	3	4	5
68. Feeling shy or uneasy with the opposite sex	1	2	3	4	5
69. Feelings of being trapped or caught	1	2	3	4	5
70. Suddenly scared for no reason	1	2	3	4	5
71. Temper outbursts that you could not control	1	2	3	4	5
72. Feeling afraid to go out of your house alone	1	2	3	4	5
73. Blaming yourself for things	1	2	3	4	5
74. Pains in lower back	1	2	3	4	5
75. Feeling blocked in getting things done	1	2	3	4	5
76. Feeling lonely	1	2	3	4	5

	1 Not At All	2 A little bit	3 Moderately	4 Quite a bit	5 Extremely
77. Feeling blue	1	2	3	4	5
78. Worrying too much about things	1	2	3	4	5
79. Feeling no interest in things	1	2	3	4	5
80. Feeling fearful	1	2	3	4	5
81. Your feelings being easily hurt	1	2	3	4	5
82. Other people being aware of your private thoughts	1	2	3	4	5
83. Feeling others do not understand you or are unsympathetic	1	2	3	4	5
84. Feeling that people are unfriendly or dislike you	1	2	3	4	5
85. Having to do things very slowly to insure correctness	1	2	3	4	5
86. Heart pounding or racing	1	2	3	4	5
87. Nausea or upset stomach	1	2	3	4	5
88. Feeling inferior to others	1	2	3	4	5
89. Soreness of your muscles	1	2	3	4	5
90. Feeling that you are watched or talked about by others	1	2	3	4	5
91. Trouble falling asleep	1	2	3	4	5
92. Having to check and double-check what you do	1	2	3	4	5
93. Difficulty making decisions	1	2	3	4	5
94. Feeling afraid to travel on buses, subways, or trains	1	2	3	4	5
95. Trouble getting your breath	1	2	3	4	5
96. Hot or cold spells	1	2	3	4	5
97. Having to avoid certain things, places, or activities because they frighten you	1	2	3	4	5
98. Your mind going blank	1	2	3	4	5
99. Numbness or tingling in parts of your body	1	2	3	4	5
100. A lump in your throat	1	2	3	4	5
101. Feeling hopeless about the future	1	2	3	4	5
102. Trouble concentrating	1	2	3	4	5
103. Feeling weak in parts of your body	1	2	3	4	5
104. Feeling tense or keyed up	1	2	3	4	5
105. Heavy feelings in your arms or legs	1	2	3	4	5
106. Thoughts of death or dying	1	2	3	4	5
107. Overeating	1	2	3	4	5

	1	2	3	4	5
	Not At All	A little bit	Moderately	Quite a bit	Extremely
108. Feeling uneasy when people are watching or talking about you.	1	2	3	4	5
109. Having thoughts that are not your own.	1	2	3	4	5
110. Having urges to beat, injure, or harm someone	1	2	3	4	5
111. Awakening in the early morning	1	2	3	4	5
112. Having to repeat the same action such as touching, counting, or washing	1	2	3	4	5
113. Sleep that is restless or disturbed	1	2	3	4	5
114. Having urges to break or smash things	1	2	3	4	5
115. Having ideas or beliefs that others do not share	1	2	3	4	5
116. Feeling very self-conscious with others	1	2	3	4	5
117. Feeling uneasy in crowds, such as shopping or at a movie	1	2	3	4	5
118. Feeling everything is an effort	1	2	3	4	5
119. Spells of terror or panic	1	2	3	4	5
120. Feeling uncomfortable about eating or drinking in public	1	2	3	4	5
121. Getting into frequent arguments	1	2	3	4	5
122. Feeling nervous when you are left alone	1	2	3	4	5
123. Others not giving you proper credit for your achievements	1	2	3	4	5
124. Feeling lonely even when you are with people	1	2	3	4	5
125. Feeling so restless you couldn't sit still	1	2	3	4	5
126. Feelings of worthlessness	1	2	3	4	5
127. The feeling that something bad is going to happen to you	1	2	3	4	5
128. Shouting or throwing things	1	2	3	4	5
129. Feeling afraid you will faint in public	1	2	3	4	5
130. Feeling that people will take advantage of you if you let them.	1	2	3	4	5
131. Having thoughts about sex that bother you a lot	1	2	3	4	5
132. The idea that you should be punished for your sins	1	2	3	4	5
133. Thoughts or images of a frightening nature	1	2	3	4	5
134. The idea that something serious is wrong with your body	1	2	3	4	5
135. Never feeling close to another person	1	2	3	4	5
136. Feelings of guilt	1	2	3	4	5
137. The idea that something is wrong with your mind	1	2	3	4	5

APPENDIX F: GROUP PSYCHOLOGICAL ABUSE SCALE (GPAS)

GPA SCALE

This scale is designed to evaluate certain aspects of religious, psychotherapeutic, political, commercial, and other groups. Please rate, as best you can, the degree to which the following statements characterize the group under consideration. Rate each item according to **your** experience and observations (in retrospect) of how the group **ACTUALLY** functioned. If your group had different levels of membership (in which the group's dominant features differed), please apply your ratings to the level with which you have greatest familiarity. Think carefully about each answer so you give the most appropriate rating.

Circle the appropriate number.

	1=not at all characteristic	2=not characteristic	3=can't say/not sure	4=characteristic	5=very characteristic
49. The group does not tell members how to conduct their sex lives.	1	2	3	4	5
50. Young women are directed to use their bodies for the purpose of recruiting or for manipulating.	1	2	3	4	5
51. The group advocates or implies that breaking the law is okay if it serves the interest of the group.	1	2	3	4	5
52. Members are expected to postpone or give up their personal, vocational, and educational goals in order to work for the group.	1	2	3	4	5
53. The group encourages ill members to get medical assistance.	1	2	3	4	5
54. Gaining political power is a major goal of the group.	1	2	3	4	5
55. Members believe that to leave the group would be death or eternal damnation for themselves or their families.	1	2	3	4	5
56. The group discourages members from displaying negative emotions.	1	2	3	4	5
57. Members feel they are part of a special elite.	1	2	3	4	5
58. Teaches that persons who are critical of the group are in the power of evil, satanic forces.	1	2	3	4	5
59. Uses coercive persuasion and mind control.	1	2	3	4	5
60. The group approves of violence against outsiders.	1	2	3	4	5
61. Members are expected to live with other members.	1	2	3	4	5

	1 = not at all characteristic	2 = not characteristic	3 = can't say/ not sure	4 = characteristic	5 = very characteristic
62. Members must abide by the group's guidelines regarding dating or intimate relationships.	1	2	3	4	5
63. People who stay in the group do so because they are deceived and manipulated.	1	2	3	4	5
64. The group teaches special exercises (e.g., meditation, chanting, speaking in tongues) to push doubts or negative thoughts out of consciousness.	1	2	3	4	5
65. Medical attention is discouraged, even though there may be a medical problem.	1	2	3	4	5
66. Members are expected to serve the group's leaders.	1	2	3	4	5
67. Raising money is major goal of the group.	1	2	3	4	5
68. The group does not hesitate to threaten outside critics.	1	2	3	4	5
69. Members are expected to make their own decisions without consulting the group's leader(s).	1	2	3	4	5
70. Members are just as capable of independent critical thinking as they were before they joined the group.	1	2	3	4	5
71. The group believes or implies that its leader is divine.	1	2	3	4	5
72. Mind-control is used without conscious consent of members.	1	2	3	4	5
73. Members feel little psychological pressure from leaders.	1	2	3	4	5
74. The group's leader(s) rarely criticized members.	1	2	3	4	5
75. Recruiting members is a major goal of the group.	1	2	3	4	5
76. Members are expected to consult with leaders about most decisions, including those concerning work, child rearing, whether or not to visit relatives, etc.	1	2	3	4	5

APPENDIX G: TABLES

Table 1

Demographics

	Frequency	Percent
<hr/>		
Gender		
Female	38	70.4%
Male	16	29.6%
Ages between 21-61		
Mean age 39.9 years		
Ethnicity		
Caucasian	49	89.1%
Asian	2	3.6%
African American	1	1.8%
Latin American	1	1.8%
Amer. Indian/ Pac. Islander	1	1.8%
“Other”	1	1.8%
Marital Status		
Married	23	42.6%
Never married	19	35.2%
Not married/Cohabiting	3	5.6%
Divorced	8	14.8%
Widow/widower and	1	1.9%

Table 2

Means, Standard Deviations, and Ranges for the WCRI

Scale	N	Mean	Standard Deviation	Range of Scores (1-5)
Perceived Impact of Cult Participation on Career Development and Employment	56	2.19	0.58	1.25-3.75
Perceived Need for Vocational Rehabilitation Services in the Recovery Process	56	3.69	0.76	2.50-5.00

Table 3

Pearson Product Moment Correlations among variables

	GSI	Education	Perceived Impact	Perceived Need for	Length Time
GSI (SCL-90-R)	1	-0.153	-0.260	-0.226	-0.065
Education		1	0.055	-0.004	-0.434**
Perceived Impact of Cult			1	-0.539***	-0.213
Perceived Need for Vocational				1	-0.028
Length Time in Cult					1

** $p < .01$; *** $p < .001$

Table 4

Means and Standard Deviation Table

	Mean	Standard Deviation	N
Perceived Impact of Cult	43.68	11.54	56
GSI (SCL-90-R)	1.36	.69	56
Perceived Need for Voc Rehab Services	3.69	.76	56
Level of Education	12.32	4.86	56
Length of Time in Cult	10.02	9.92	56

Table 5

Regression Table

	B	SE B	β	t	P	Part Correlation
GSI (SCL-90-R)	-3.057	1.971	-0.182	-1.551	0.127	-.174
Perceived Need for Voc Rehab Services	-7.499	1.745	-0.494	-4.298	0.000***	-.481
Level of Education	-0.232	0.302	-0.098	-0.770	0.445	-.086
Length of Time in Cult	-0.319	0.146	-0.274	-2.183	0.034**	-.245

* $p < .05$; *** $p < .001$

R=.60

R²=.36

Adjusted R²=.31

APPENDIX H: FIGURES

Histogram

Dependent Variable: Negative Impact (DV) Use this.

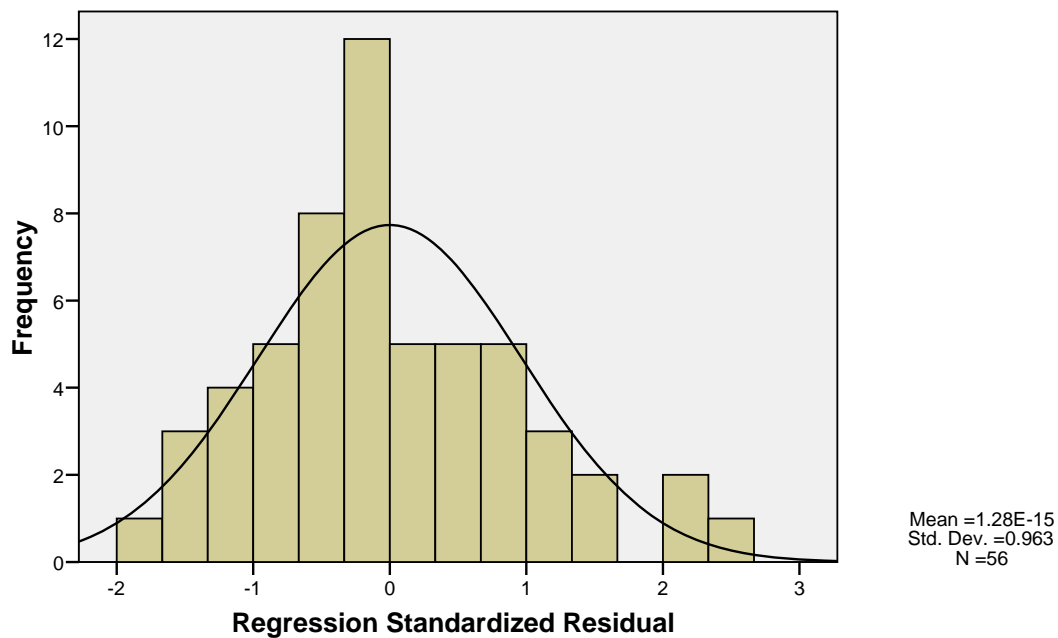


Figure 1: Histogram of standardized residual for perceived impact of cult membership on career development and employment

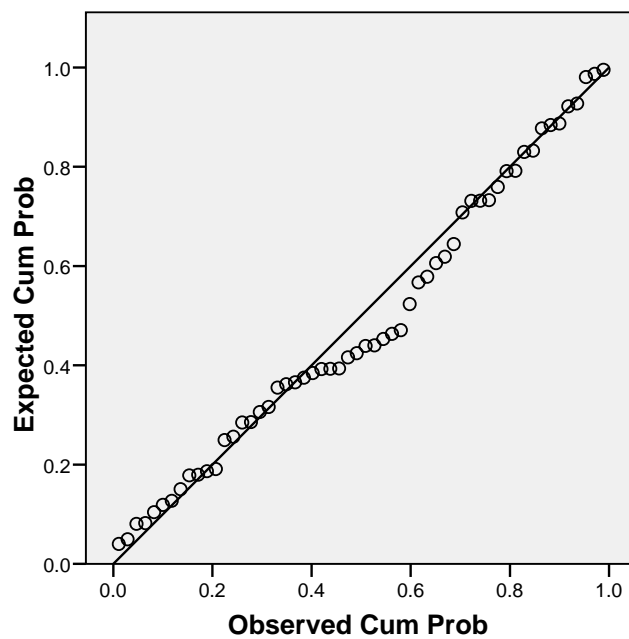
Normal P-P Plot of Regression Standardized Residual**Dependent Variable: Negative Impact (DV) Use this.**

Figure 2: Normal p-p plot of regression standardized residual for perceived impact of cult membership on career development and employment

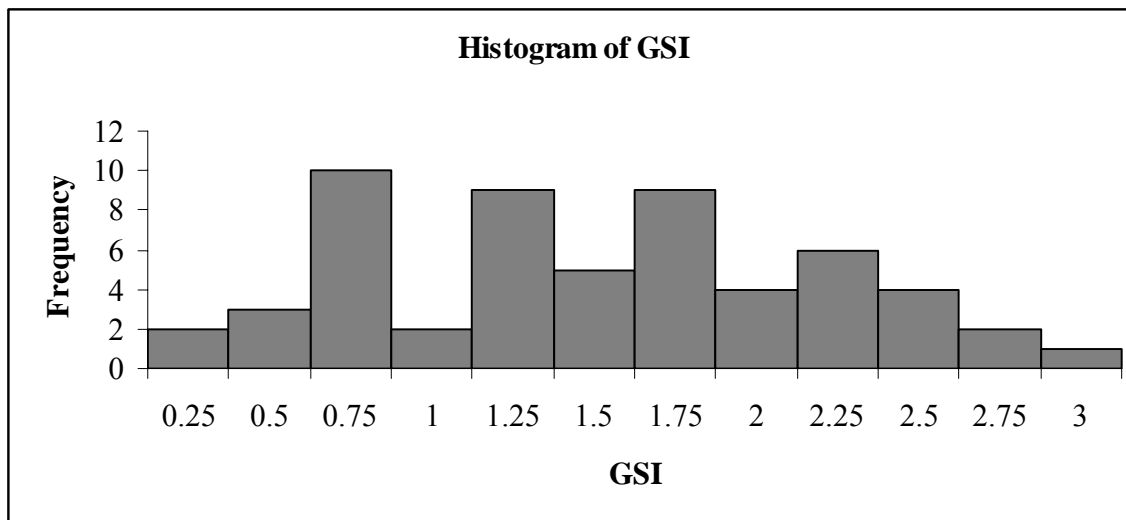


Figure 3: Histogram of GSI from the SCL-90-R

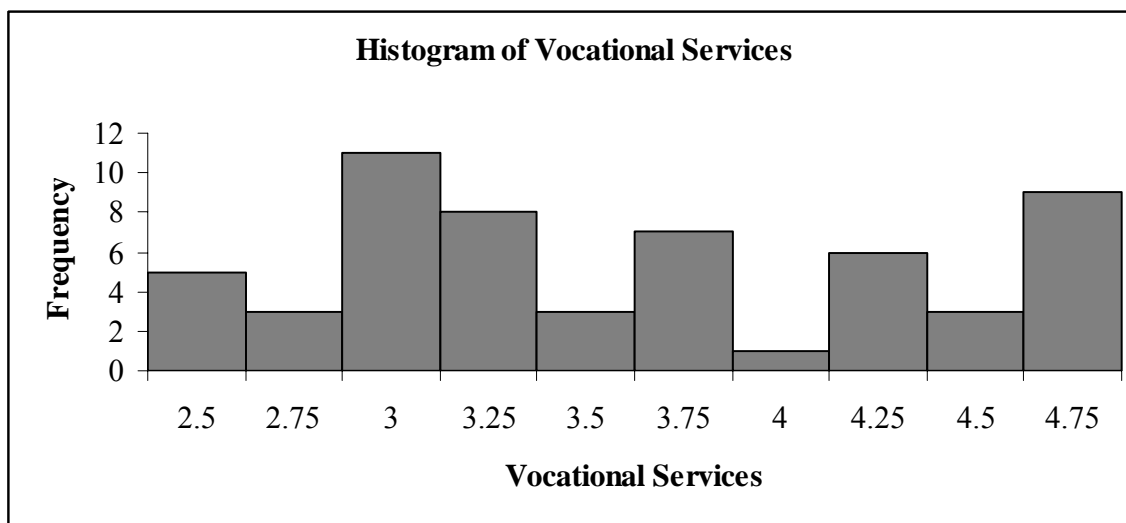


Figure 4: Histogram of the perceived need for vocational rehabilitation services

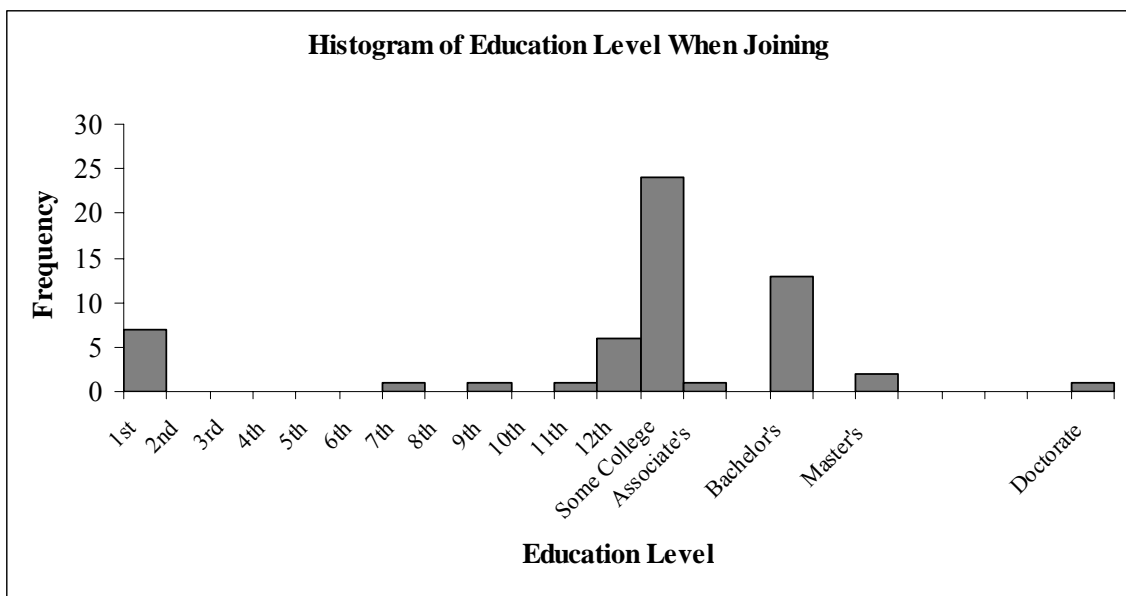


Figure 5: Histogram of the level of education when joining the cult

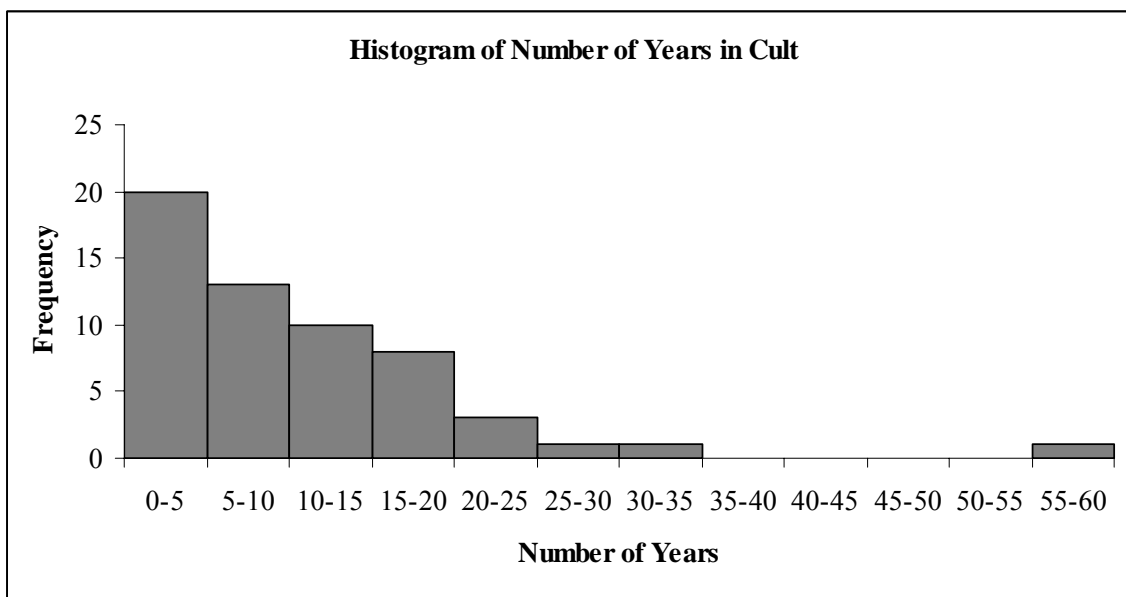


Figure 6: Histogram of the length of time in a cult

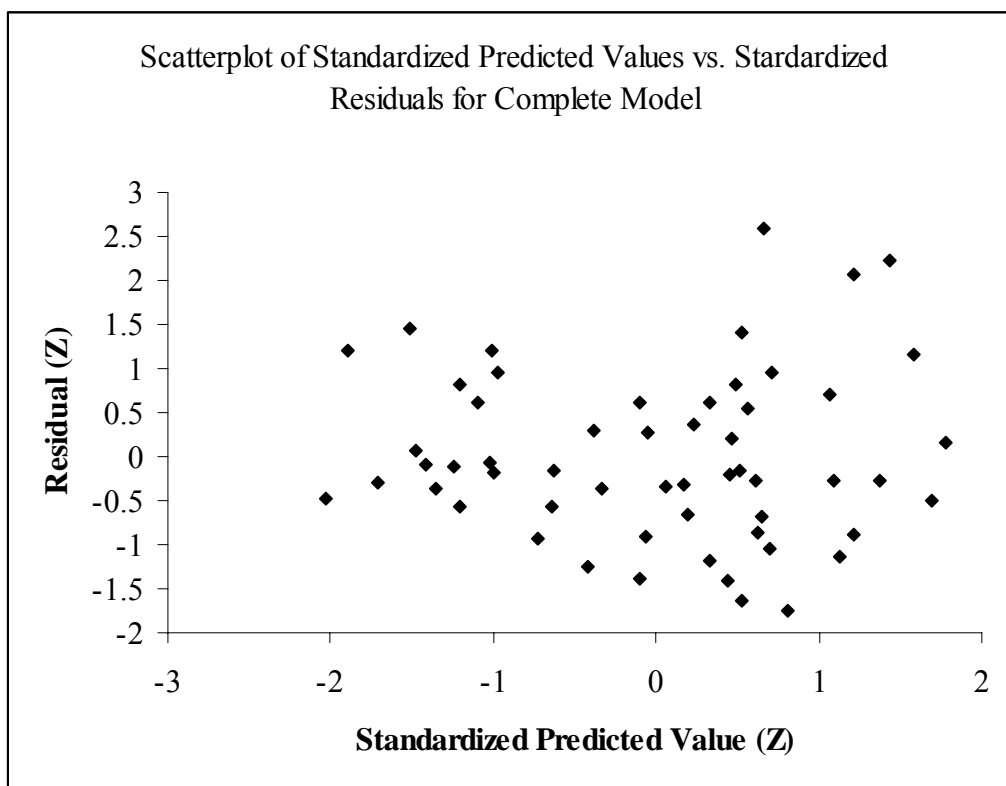


Figure 7: Scatterplot of standardized predicted values vs. standardized residuals for complete model

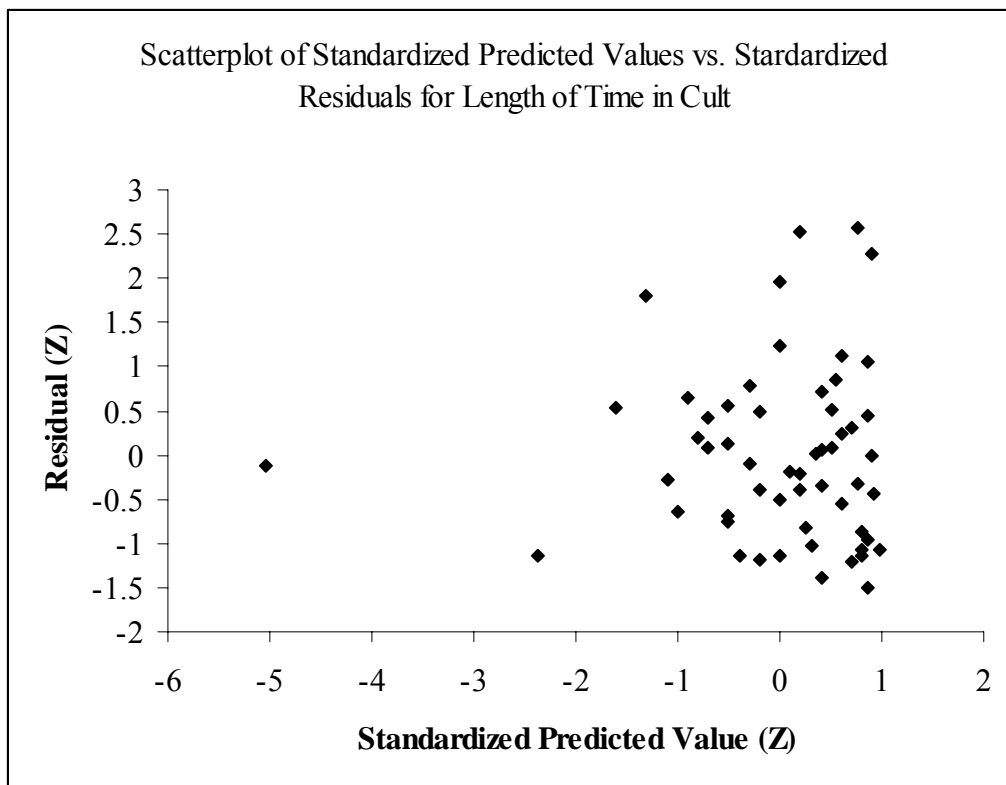


Figure 8: Scatterplot of standardized predicted values vs. standardized residuals for length of time in cult

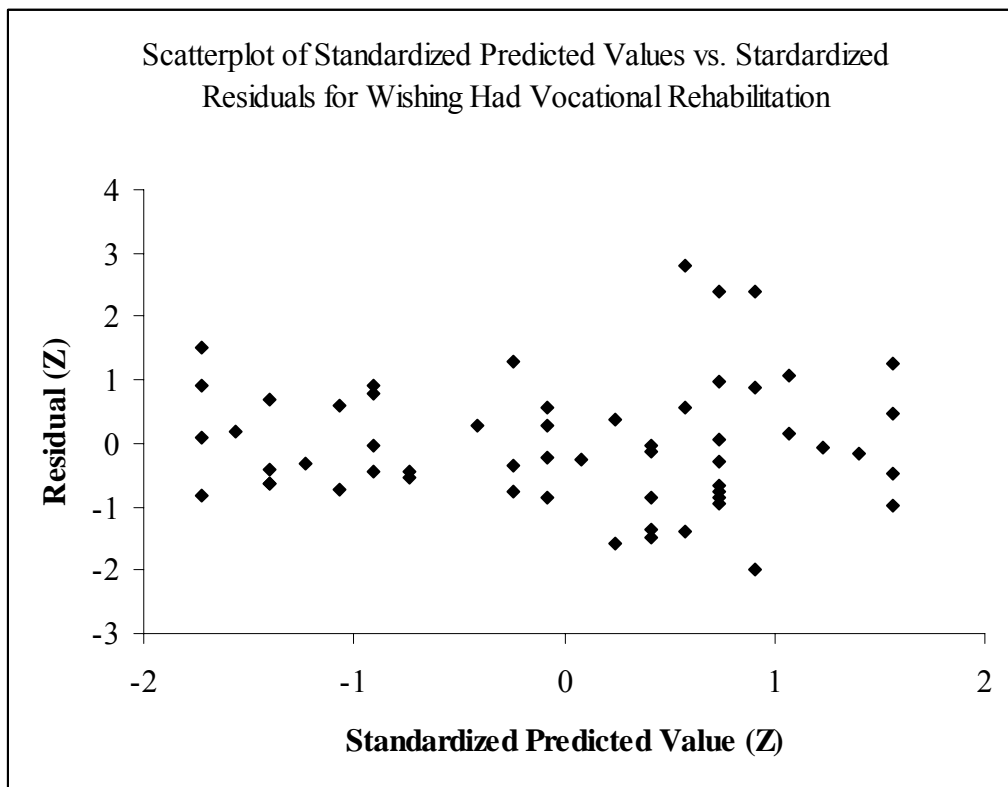


Figure 9: Scatterplot of standardized predicted values vs. standardized residuals for perceived need for vocational rehabilitation services

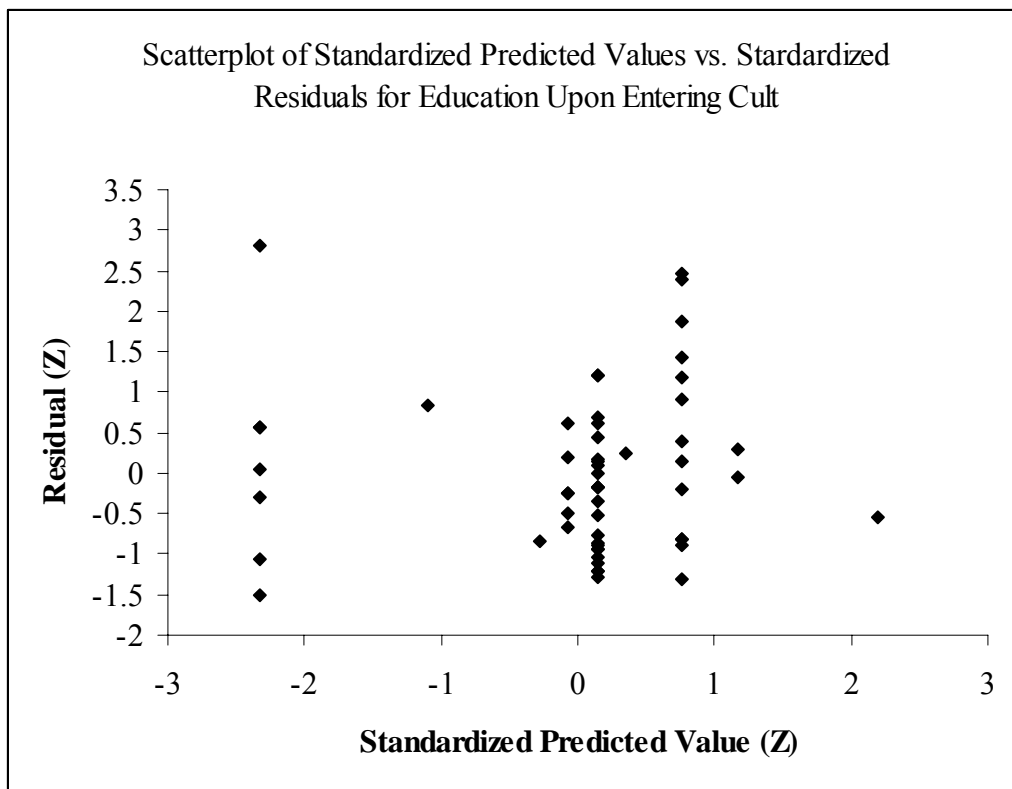


Figure 10: Scatterplot of standardized predicted values vs. standardized residuals for education upon entering cult

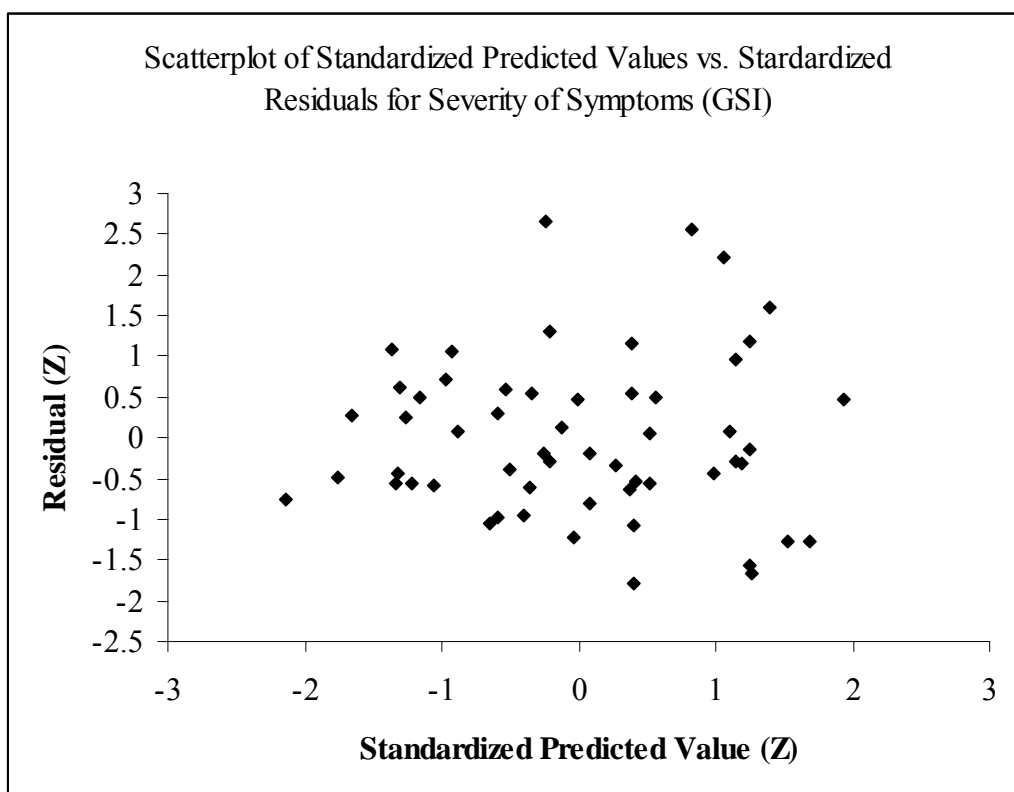


Figure 11: Scatterplot of standardized predicted values vs. standardized residuals for severity of symptoms (GSI)

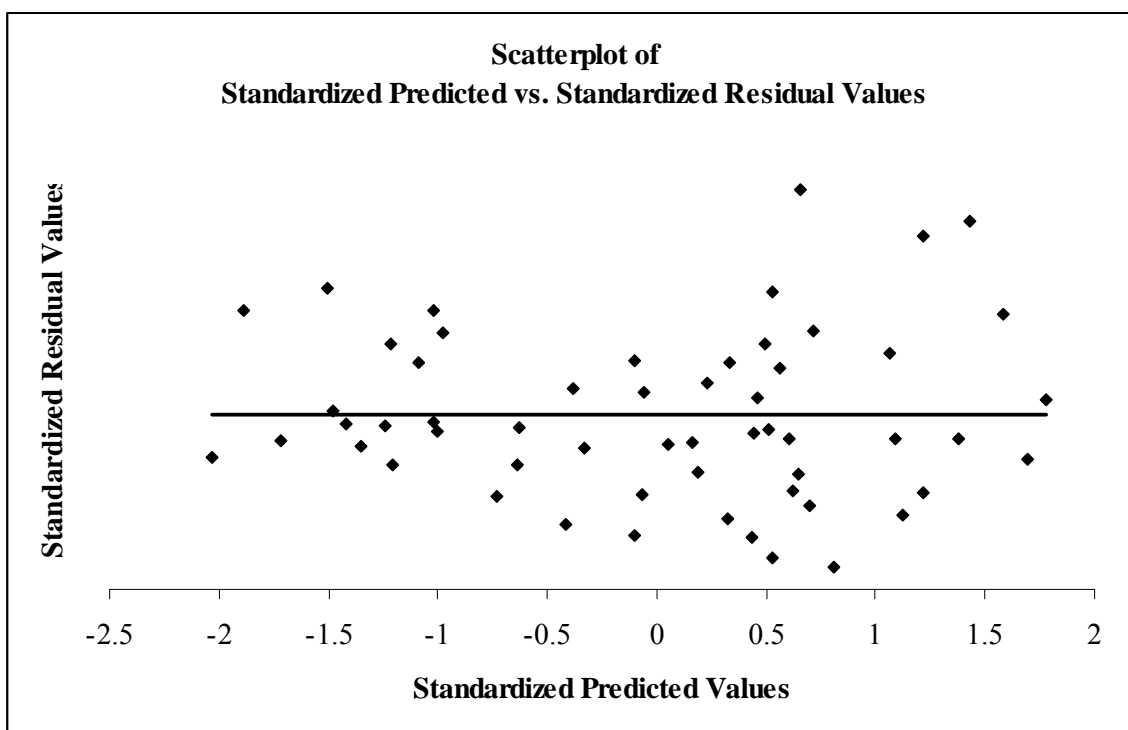


Figure 12: Scatterplot of standardized predicted versus standardized residual values