



Path or pathology?

Gillie Jenkinson

explores how as a profession we need to tread cautiously and be aware of those practitioners who do not practise within safe, ethical therapeutic and spiritual guidelines



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Jamie's story

Jamie, 32, was struggling with depression. He went to a psychotherapist who advertised as a trained therapist and who said he would definitely be able to help him. The therapist explained that a meditation practice was fundamental to the success of psychotherapy. Jamie was interested in exploring his spirituality and had heard that meditation could be helpful. He thought 'What could go wrong?' with this attractive mixture of spirituality and psychotherapy. Jamie met with the therapist, really liked him and continued seeing him for eight years. What Jamie had not been told was that the psychotherapist was a member of a group who used meditation to draw in new recruits. Jamie ended up becoming an active member of this group and promoted the meditation practice in order to draw others in to the group.

The therapist took the view that the blame for Jamie's depression lay with his undemonstrative mother, and encouraged him to see less of her and to practise meditation in order to counteract the past and his depression. He told Jamie that he had suffered unacknowledged sexual abuse, even though Jamie could not recall any sexual abuse in his childhood and had never thought of this before. Jamie trusted in the expertise and authority of the therapist, so believed him and complied with his suggestions.

Jamie's family, during this time, were alarmed by his withdrawal from them and the change in his personality: he seemed so completely different – 'spaced out' and defensive – and whilst they wanted to intervene, they did not know where to start. They felt they had lost their son. Their main concern was that he had become more secretive and uncommunicative and it took many years for Jamie to begin to see for himself what was happening.

When he did begin to question and see how unethical it had been for a therapist to recruit him into his specific belief system and influence him in this way³, he felt betrayed and enraged. He then sought counselling with a number of other therapists, who did not understand what had happened to him; they interpreted Jamie attending therapy with an unethical therapist as a lack of judgment on his part and a sign of disturbance in him in relation to his mother and unresolved family issues. They did not seem to acknowledge that the fault for the outcome of the therapy lay with the unethical therapist.

Jamie came to see me and we began by addressing the fact that he had been influenced and subtly coerced into joining the group through unethical therapy and spirituality. He needed help to understand how such influence and coercion^{1,2} occurs in order to alleviate the self-blame – what he perceived as his being 'stupid enough to be recruited into the group in the first place'. His change of personality – his pseudo-personality³ – was harmful in itself as he had not been living or acting from within his real or authentic self for many years and so had a good deal of re-learning to do in order to undo the teachings and the effects of the practices which he had learned when he was part of this group.

I helped Jamie to critically appraise his experience and make his own decisions about it; including holding onto any positive aspects of the experience. Once he understood and had dealt with the unethical therapy and abusive spiritual experience, he was able to begin to address the original issue that he had entered therapy for in the first place: his depression. He realised that his depression had remained mostly unaddressed because the meditation practices had distracted him from tackling the underlying issues he thought were there.

Spirituality and psychotherapy - pathology or path?

Christopher Cook and colleagues define spirituality thus:

'Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both with the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', imminent and personal, within the self and others and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values⁴.'

Certainly from my perspective as an APSCC executive member it seems that interest in spirituality in the field of counselling and psychotherapy is burgeoning. The many life-enhancing and enriching aspects of spirituality are being recognised. Those who are 'spiritual' are often empathic, intuitive and can draw on their spirituality, faith, religion, whatever they call it, for support and emotional sustenance. Harrison points out that 'faith, prayer or

meditation can have an insulating or curative effect against many symptoms of mental illness⁵.'

But, what happens when that spirituality is pathological and harmful⁴, as in Jamie's case? How do you know whether what you are becoming interested in is going to harm you? Different modalities of counselling and psychotherapy may use similar language and terminology, but that language can be defined and used differently. The same is true of spiritualities and religions; the term 'spirituality' will have different meanings for different individuals. Some organisations and approaches 'load the language'^{6,7,8} in such a way that their use of the language purposely misleads unsuspecting potential new members; and it is not obvious that this 'loaded language' is different from that of common usage. Take the terms 'mindfulness' and 'meditation', for example. These practices have been used helpfully in various spiritualities for generations⁹ and safeguards have been built around them¹⁰. They have however now crossed from the East into the West, and even into the world of counselling and psychotherapy; but what do therapists know about these practices? Manu Bazzano has 30 years' experience of practising meditation. Experience has taught him that meditation is 'not about stopping the mind, interrupting the flow of thoughts'¹¹. He notes that over the years,

meditation for him has 'shed its aura of specialness'. Rothschild⁹ promotes secular mindfulness in relation to working with trauma recovery. But there are those groups and individuals who claim almost magical qualities for such practices^{7,12} and some (perhaps more people than are commonly recognised) who claim that that magical quality comes from the person promoting the practice, or leading the group that promotes the practice. Robert Jay Lifton called it 'Mystical Manipulation'⁶ which Martin summarised as: 'The claim of divine authority or spiritual advancement that allows the leader to reinterpret events as he or she wishes, or make prophecies or pronouncements at will, all for the purpose of controlling the group members⁷.'

Temerlin and Temerlin¹³ look at the destructive erosion of therapeutic boundaries and the techniques used by cultic, harmful therapists which result in four types of outcome. They consider that they 'increase dependence; increase isolation; reduce critical thinking capacity; and discourage termination of therapy.'

The same could be applied to harmful spirituality; we see all four illustrated in Jamie's story.

This raises questions such as, do therapists know who is running the courses they want to attend or recommend to their client or to the NHS? Do the organisations running



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these practices have an agenda to recruit into their version of spirituality or psychotherapy, or are they simply helpful tools to use in life and with clients? And does it matter?

I consider that it matters greatly. It is recommended by BACP that a potential client verify that the counsellor or psychotherapist whom they are considering working with has the necessary skills¹⁴. Lalach and Tobias also suggest that the potential client checks what kind of training the counsellor has received; whether they are accredited, having supervision and what they charge – after all we would not buy the first washing machine we looked at, and we should not necessarily see the first therapist, or attend the first training course, without checking them out⁸. The links on the BACP 'It's good to talk' web-page gives good information on what therapy should be like and the role of the therapist¹⁴. The client should always feel comfortable and in control of the process.

Whilst most therapists are honest, there are some practitioners who set themselves up unethically. Some do not tell the truth about themselves and, as the complaints received by BACP and other accrediting bodies occasionally illustrate, some are trained, and accredited, but work in an unethical way nonetheless. Sadly, in my experience, perhaps because of the fear created by such individuals or groups, complaints are rarely made.

From my own research, and the people who have consulted me, I know that there are those who offer free peer 'counselling' with unusual psychological theories that sound helpful but actually can hold someone in an existing trauma for longer than necessary, or even create new traumas, as illustrated within Jamie's story. There are those who believe that re-enacting sexual abuse (including sexual contact) in the therapeutic relationship is helpful (I cannot think of any ethical theory or circumstance that would justify this). Some 'therapists' are mixing Eastern ideas with Western psychotherapeutic philosophy and presenting themselves as charismatic and helpful therapists (promising more than a therapist should promise), but behind closed doors, displaying what could be described as a 'narcissistic personality disorder'^{15,18} and behaviour that I consider borders on the psychotic. This can cause deep harm to those members of the spiritual group, psychotherapy group or community.

Just as those seeking a therapist need to check them out, so we as professional therapists have a responsibility to check out spiritual practices and the roots of the spiritual healer or teacher who is promoting them – especially if we are suggesting/recommending them to supervisees, clients, hospices, the NHS and other agencies. David Hare states: 'Good people are rarely suspicious: they cannot imagine others doing the things they themselves are incapable of doing'¹⁶.

Good people need to be open-minded, question, and if necessary, challenge. Many therapeutic and spiritual practices are good for some people some of the time. Psychologist Margaret Singer notes that whilst meditation can be positive, it may not always be good for you and that

the results of meditation may include: 'blackouts, lack of sensory filters and anxiety attacks; altered states and memory difficulties; loss of boundaries; inappropriate and unrelated bursts of emotion; muscle jerking; long-term emotional flatness; seizures; visual hallucinations'¹¹ amongst other things. Individuals' vulnerabilities, along with the setting in which the meditation is practised and the type of practice promoted, will all impact on the outcome.

I therefore urge members of our profession to be aware, to check out what is behind what they are being 'sold' and not to be naive – they may save themselves (and their clients and service providers) a great deal of pain in the long run; and as client safety is paramount, this is an ethical responsibility. I suggest that all counsellors and psychotherapists be open about their affiliations and that this issue be included within our own ethical guidelines.

Ways of checking

The internet is a great tool for researching the background of an individual or organisation. BACP, UKCP and other accrediting bodies are good places to start by checking what, if any complaints have been lodged. There are three specialist organisations that can be approached by either searching their websites or calling them directly: the International Cultic Studies Association (www.icsahome.com); INFORM (www.inform.ac); London Cult Information Centre (www.cultinformation.org.uk).

It can be helpful to find others who have seen a particular therapist or been part of a group, in order to find out what they have to say – don't just write them off as disaffected – but listen, and weigh up what they have to say. Reputable internet forums can be a source of such contacts and information. I get an increasing number of referrals because individuals have joined or been recruited into therapies or spiritualities that are pathological and harmful⁴. When, for example, meditation, yoga or mindfulness has been practised in a coercive and controlling environment, recovery from such pathological spiritual abuse is often long, hard work and can require specialist counselling – such as Post Cult Counselling – the psycho-educational relational approach to therapy I have developed¹⁷.

Therapeutic issues

When therapists suggest mindfulness or meditation techniques alone for recovery from cult trauma it can, in my opinion, leave the client feeling that they have not been heard, and that can prove destabilising. There are many other ways of grounding a client⁹ and it is important to look into them.

In therapy where subtle coercion has resulted in a changed personality or a 'pseudo-personality'^{3,8}, which we see illustrated in Jamie's story, it may be necessary to address the issues appertaining to the unethical practices, and 'what has been done to the individual' first. The families of those so changed often say that their loved ones are not who they used to be, and these families are desperate to get them back – both physically and relationally. This takes

time, expertise, money and hard work on the part of both client and therapist. I suggest that as therapists we need to be more aware of these issues so we can keep ourselves safe, support those clients so affected and avoid unwittingly causing further harm¹⁷.

Biography

Gillie Jenkinson is a member of the APSCC executive and director of Hope Valley Counselling Limited specialising in offering counselling and psychotherapy to those who have left cults or coercive relationships/groups and those who have been abused. She has an Advanced Diploma in Pastoral Counselling, an MA in Gestalt Psychotherapy, and is currently studying for a PhD. If you are interested in learning more about Post Cult Counselling or training, please contact Gillie at: info@hopevalley.counselling.com www.hopevalleycounselling.com



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- See also BACP's client information sheet C3: Choosing a counsellor or psychotherapist. All the Client Information sheets are available on the BACP Register website: www.bacpregister.org.uk/public/
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