

Chapter 11:
Psychopathy and Personality Disorders

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“Remorse for what?
You people have done everything in the world to me.
Doesn’t that give me equal right?
I can do anything I want to you people at any time I want to
Because that’s what you’ve done to me.”

Charles Manson [1]

[INSERT FIGURE 11.1 ABOUT HERE]

I. Introduction

Crazy, [2] demented, [3] evil, [4] insane, [5] remorseless, [6] deranged [4]—These psychologically-loaded words have been used across time and media platforms to describe cult leaders and their followers. Given the exposure of cults’ bizarre rituals, extreme overvalued beliefs, surreptitious nature, unconventional and often outright criminal behavior, these characterizations are not surprising. Undoubtedly, the radically counter-normative and innately destructive nature of cults invites meaningful scientific inquiry into the personality characteristics that underpin cultic leadership and engagement. In this chapter, we will illuminate the profile of the psychopathic cult leader, and the corresponding personality disorders that we have observed in cult followers, as well as the complementary and concordant ways in which

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such personalities interact. We conclude with a review of suggestive forensic instruments utilized for the clinical and forensic assessment of cult leaders and their followers.

II. Case Vignette: Charles Manson

In August 1969, Charles Manson orchestrated the massacre of seven individuals, including the actor Sharon Tate, over the course of two nights in Los Angeles, California. Although he was not present during the killings, Manson was the leader of a cult referred to as “the family,” and the subsequent trial and conviction of all the defendants in the case cemented the “Tate-LaBianca” murders as one of the most notorious crimes of the twentieth century. All of the Manson family members were initially sentenced to death, subsequently commuted to life in prison following a U.S. Supreme Court decision in 1972 [7]. Manson served out his sentence until his natural death at the age of 83.

Manson’s upbringing was traumagenic, including multiple abandonments by his mother, and he spent most of his adolescence and adulthood in some form of custody due to an extensive history of both violent and nonviolent crimes. When he was paroled in 1967, he gathered together his group of mostly young women on the streets of San Francisco, and with a combination of existing vulnerabilities, physiological deprivation, drug use, group pressure, isolation, the excitement of unbridled sexuality and aggression, and his charismatic leadership, created a cult which embraced a grandiose and violent “helter skelter” fantasy: the massacres would initiate a race war and eventually the family would emerge from the desert to lead the post-apocalyptic world disorder. On a more plebeian level, Manson had experienced a humiliating rejection of his music at the same house where the first five murders occurred; he

had been befriended by Terry Melcher, a producer for the Beach Boys, who previously lived at the home at 10050 Cielo Drive, but declined to record Manson and his songs.

A recent published analysis of a 1997 psychological evaluation of Manson, including multiple test results, indicated that he scored 36 on the Psychopathy Checklist-Revised (PCL-R) [8], placing him at the 98th percentile for severe psychopathy among inmates, and ruled out a historical diagnosis of schizophrenia [9]. Other testing indicated an additional mood dysregulation disorder such as mania or hypomania, and personality *organization* at a borderline or psychotic level.

III. Clinical Profile of Cult Leaders

“Without me, life has no meaning.”

Jim Jones, [10] just before ordering the mass suicide and murder of over 900 Peoples Temple devotees and their children in Guyana

Cults are deliberate endeavors often orchestrated by psychopaths, which cannot be fully understood without first unraveling the psychopathology of their leader. As the brief passage above suggests, cult leaders present with distinctive personalities that enable them to exert inordinate influence over others and to exhibit highly manipulative and remarkably destructive conduct. Within the literature on cults, narcissistic and antisocial³ personality disorders [11] are among the most commonly identified character pathologies ascribed to cult leaders. However, psychopathy may be the most fitting yet least explored constellation of traits and behaviors observed in such individuals [8]. To disentangle the personality structure and functioning of cult

³ Antisocial personality disorder will be discussed at length within the subsequent section concerning cult followers.

leaders, we begin with examination of narcissistic personality disorder before proceeding to explore psychopathy. Next, we consider the role of histrionic and borderline personality disorders [11] among female cult leaders.

Narcissistic Personality Disorder

Cult leaders have been widely recognized across the literature as presenting with narcissistic personality disorder (NPD) or its relevant traits [12, 13, 14, 15, 16, 17, 18, 19, 20, 21]. The DSM-5-TR [11] diagnostic criteria of NPD encompasses impairments in self functioning (exaggerated self-appraisal or sense of entitlement) and deficits in interpersonal functioning (impaired ability to empathize or superficial relationships), along with grandiose and attention-seeking personality characteristics. These features are readily identifiable among some figures who present themselves as gurus, prophets, messiahs, and saviors. Beyond mere monikers that invite adulation, narcissistic cult leaders claim to possess prescient knowledge of things ordinary, spiritual, otherworldly, or exceptional to all others. With an insatiable need for attention and adoration, they are prone to be impatient and angry when they feel they are not receiving special treatment by their followers.

To illuminate the etiology of NPD among charismatic cult leaders, much of the literature [12, 17, 22, 23, 24] has leveraged Kernberg's [25, 26] and Kohut's [27, 28, 29] divergent psychoanalytic perspectives on early impairments in narcissistic development as antecedents to such pathology. While Kohut considers developmental arrest to be key to the narcissistic leader's grandiose self, Kernberg views the grandiose self as a pathological development. Its origins notwithstanding, NPD appears ubiquitous among cult leaders. In an in-depth case study, Clarke

[13] illustrated the features of NPD⁴ exhibited by self-proclaimed guru Bhagwan Shree Rajneesh to include grandiosity, fantasies of unlimited success, need for constant attention, interpersonal difficulties, and a preoccupation with grooming and lying. However, beyond these narcissistic traits and without explicit mention of psychopathy, Clarke [13] more aptly describes Rajneesh as a psychopath with his extensive discussion of the guru's impulsivity, contempt for others, lifelong pattern of manipulation and law-breaking, lack of empathy, disregard for the wellbeing of others, affective and predatory aggression [31] toward others, documented behavioral problems in childhood, as well as severe emotional detachment. Indeed, narcissistic personality traits and an avoidant attachment style of detachment may distinguish self-serving charismatic leaders from benevolent charismatic leaders [16], or as Volkan [24] terms them, destructive and reparative leaders, respectively.

Though NPD serves as a central component of charismatic personalities, narcissism alone belies the full psychopathological portrait of the cult leader. Indeed, the psychopathic process proves particularly pertinent to this population. Though psychopathy bears certain similarities to NPD [32, 33], each is considered a distinct clinical construct for both clinical and research purposes [34]. Specifically, NPD lacks the full constellation of affective, interpersonal, lifestyle, and antisocial features exuded by cult leaders that is more aptly captured by the construct of psychopathy.

Psychopathy

Psychopathy is a distinct clinical disorder characterized by affective and interpersonal deficits and a socially deviant lifestyle [8]. While not a diagnosis in the DSM series, most

⁴ Utilizing the criteria set out in the *DSM-III* [30].

recently DSM-5-TR [11]—although highlighted in the companion treatment volume to DSM-5 [35], *Gabbard's Treatments of Psychiatric Disorders* [36]—psychopathy shares some personality traits and behavioral characteristics among the antisocial, borderline, histrionic, and narcissistic personality disorders [37, 38, 39], which have in common generally intact cognition and often primitive defenses. Many consider psychopathy a more biologically-based and severe variant of antisocial personality disorder [40]. Absent genuine socialized emotion and compassion for others, the psychopath's distinguishing characteristic is an inability to form human attachments, a “fundamental disidentification with humanity” [41]. Adept at camouflaging their profound emotional poverty with a superficial and deceptive veneer, the bright psychopath is at once charismatic, manipulative, callous, and exploitative, with the distinctive capacity to harm others without shame, guilt, or remorse. Psychopaths characteristically exhibit aggressive narcissism while engaging in a socially deviant lifestyle [42]. Since the construct's first measurement and validation over thirty years ago [8, 43], psychopathy is the most widely researched personality disorder, with several hundred scientific studies published each year in the world literature. There is also a small but substantial literature on psychopathy as an evolutionary adaptation, although this is a minority view [44].

Are cult leaders psychopaths? Indeed, many present as striking prototypical examples of the psychopathic personality. Yet there is scant literature that explores this connection. The smattering of research that tackles this query is largely comprised of idiographic case studies that are qualitatively rich but scientifically uninformative. A review of the extant literature provides a springboard upon which we will expand our understanding of the cult leader's psychopathy.

Anthropologist Weston La Barre [45, 46] was among the first scholars to recognize the construct of psychopathy among cult leaders. In his case study of a southern snake-handling cult, La Barre [45] describes in detail how psychopathic cult leader and spiritual con man Beauregard Barefoot insidiously exploited his parishioners for personal gain and routinely subjected them to venomous snake-handling rituals as a supreme test of faith—of which there were numerous fatalities. The etiology of Barefoot's psychopathic personality is traced back to deficiencies in parental attachment and the developmental psychodynamic underpinnings of “his father's passive sabotage...of his mother's hysteric religiosity” [47]. In pioneering this novel perspective, La Barre [45] paved the way for subsequent studies of psychopathic cult leaders. Yet, in the next three decades of literature to follow, psychopathy was seldom associated with cult leaders despite an obvious nexus. The notion re-emerged in a typology of youth who join satanic cults, in which Moriarty [48] contended that psychopathic delinquents opportunistically seek out cults as a means to acquire power. Shortly thereafter, Tobias and Lalich [49] were the first to systematically conceptualize the cult leader personality as psychopathic. Drawing upon Hare's [50]⁵ seminal list of personality and behavioral markers, the authors performed an item-by-item examination of 15 psychopathic characteristics and their salience to cult leader affect and behavior, illustrated by a case study of David Koresh, the leader of the Branch Davidians in Waco, Texas, who perished in a conflagration in April, 1993.

Efforts to study the psychopathic cult leader slowed yet again until Barbara [51] rendered a review of the abuse of religion by psychopathic leaders within cults. Meanwhile, Hassan [52] incorporated psychopathy into the cult leader segment of his continuum model of cult influence,

⁵ In *Without Conscience*, Hare [50] briefly mentions that psychopaths may be found operating in society as cult leaders among several other flourishing subcriminal vocations.

as did Harms and colleagues [53] in their model of archetypal autocratic leader personality characteristics. Others have also drawn cursory connections between psychopathy and cult leaders over the years [50, 54, 55, 56, 57). Most recently, Roy and colleagues [9] classified Charles Manson as a severe psychopath using the PCL-R in the first publication of Manson's psychological test data. Incidentally, research has also analogized the family unit to a cult when the household is run by a psychopathic parent [58]. As a whole, the scant extant literature forms a preliminary connection between psychopathy and such authoritative figures, but leaves the reader longing for a much more vivid and validated portrait of the psychopathic cult leader.

Psychopathy, much like cultism [59], exists on a continuum [40, 60, 61, 62, 63]. Therefore, cult leaders may exhibit some or all of the psychopathic personality characteristics and behaviors; some may be more psychopathic than others. Indeed, not all cult leaders are psychopaths, and certainly most psychopaths do not become cult leaders [49, 64]. As a clinical disorder, psychopathy is distinguished by distinct but interrelated pathological features and conduct that are readily observable among cult leaders. We use the well-validated four facet model of the construct psychopathy as measured by the PCL-R to illustrate these findings [8, 65].

[INSERT TABLE 11.1 ABOUT HERE]

Affective Personality Traits

Spiritual cons, much like "corporate cons" [66], embody certain personality characteristics desirable in a leader. In fact, several core affective psychopathic traits masquerade as attractive leadership qualities. The psychopathic cult leader's compelling superficial charm

and grandiose sense of self-worth serve to elevate their status and help them attain power and influence over others. For instance, as part of a myriad of fiction used to gain trust and compliance, sex cult leader Keith Raniere convinced countless women that he was the smartest man in the world with a self-reported IQ of 240 [18]. Though cult leaders are preoccupied with their own self-perceived exceptionalism and superiority, they are generally no more cunning or intelligent than the average person [67].

With a keen persuasive ability, cult leaders convincingly distinguish themselves from others as superior beings or agents of God who possess special knowledge, abilities, powers, spirituality, or immortality. Despite a wide array of self-adorned titles – guru [13], prophet [68], deity [69], and messiah [70] – the magnificence implied in such monikers remains homogeneously grandiose. Psychopaths opportunistically seek out cults as a means to acquire power, control, and superiority over others, often masking their own narcissism by proclaiming themselves an *agent* of an omnipotent power. Adept at expertly appraising individuals' wants, needs, and vulnerabilities, the psychopathic cult leader's skill for manipulation and effortless ability to lie enables them to masterfully gain the trust and control of others, levy their imposed reality, and assume an autocratic role over others, as shown in Table 11.1.

Interpersonal Style

Void of empathy, shame, and remorse, the solipsistic cult leader is able to accomplish their objectives (e.g., power, control, sex, money) at the expense of others without enduring the emotional toll of such endeavors. True to their shallow nature, the leader will employ convincing but contrived and exaggerated displays of emotional, spiritual, and mystical experiences to influence followers, such as speaking in tongues or delivering divine messages. The

psychopath's inability to access the same emotional experience that is fundamental to others may prompt them to misattribute emotions to sensations. Cult leaders frequently conflate sexual activity (whether willing or coerced) with love [64]. For instance, in the Children of God cult, David Berg encouraged pedophilia and incest under the pretext of familial love in the name of God [68]. Beyond profound emotional deficits, psychopathic cult leaders express striking callousness toward outsiders, defectors, and, at times, devotees. There are many documented instances in which cult leaders have planned and orchestrated murders (typically carried out by proxy—Manson being a prime example) of such outgroups and opposition [see e.g., 69, 70, 71, 72]. Indeed, even loyal devotees are subjected to mental and physical punishment such as confessionals, isolation, extreme diets, beatings, and rape to prove their loyalty, atone for rule violations, or simply to serve their leader. Physiological deprivation is one of the keys to submission.

Predictably, the psychopathic cult leader is quick to avoid any personal responsibility for their destructive behavior. In accord, they routinely engage in victim-blaming as part of their coercive pattern of control and thought reform [72]. Additionally, they have been known to take extreme measures (e.g., going into hiding, fleeing the country, or committing suicide) to evade the legal and criminal implications of their actions. Suicidal attempts by psychopathic cult leaders, in particular, “are affectively triggered by the commingling of acute dysphoria and narcissistic rage, oftentimes precipitated by the psychopath's perception of being unjustly contained by a malevolent authority. This authority is commonly the criminal justice system, perhaps legal sanctions against the individual, or sudden, unexpected arrest and jailing” [73]. We

have likely seen a recent example of this in the suicide of Jeffrey Epstein following his imprisonment for several decades of child sexual abuse and sex trafficking [74].

Lifestyle Characteristics

To avoid the “zero state” [75], an inner state of worthlessness and emptiness, psychopaths seek continual excitement to assuage chronic boredom. To this end, cult leaders routinely engage themselves and their followers in risky rituals, rites of passage, and tests of loyalty. A few such practices include drinking one another’s blood [55], amateur castration [76], venomous snake-handling rituals [45], and murder [71].

Beyond habitual thrill-seeking, the cult leader leads an intentionally parasitic lifestyle characterized by the psychological, physical, financial, social, and sexual exploitation of followers and cult outsiders. Opportunistic leaders demand that devotees finance the cult through extreme pressure to advance the cult’s higher purpose; such carefully crafted schemes often involve personal disbursement of exorbitant amounts of money for tuition, rent, and living expenses, or bilking followers’ family members through financial schemes or theft. Followers are often required to live austere while they fund their chronically unemployed leader’s more comfortable, even extravagant, way of life. As entrepreneurs of exploitation, cult leaders’ persistent pattern of reliance on others may also involve labor or sex trafficking. In the Children of God, David Berg established a program called “Hookers for Jesus” in which female cult members were sex trafficked in servitude to the cult to generate income for the enterprise and to recruit new followers [68].

Yet another integral component of the psychopath’s capricious existence is the lack of long-term, realistic goals. Cult leaders pursue short-term, lofty, fantastical, unachievable, and

unsustainable ambitions. In doing so they make hollow promises to followers of immortality, salvation, reincarnation, or guarantees of absolute certainty about life's many unpredictabilities. Many fixate on imminent apocalyptic events or end-of-the-world inevitabilities wherein the cult will assume a position of secular power and dominance, or spiritual salvation [72].

In accomplishing their aims, a persistent pattern of impulsivity and irresponsibility is evident. For instance, David Berg's zealous endorsement of unprotected sex with numerous partners within the Children of God resulted in rampant spread of sexually transmitted diseases within the cult, which he explained was a necessary sacrifice to endure in order to save souls [68]. Another fundamental aspect of the cult leader's aberrant lifestyle is a corresponding pattern of destructive conduct that deliberately disregards the rights of others.

Antisocial Behavior

Cult leaders exhibit a lifelong pattern of antisocial behavior characterized by *both* affective (i.e., reactive, impulsive, emotional) and predatory (i.e., planned, instrumental) violence toward followers, defectors, and outsiders; these modes of violence are characteristic of psychopaths [31]. With the tendency to deliberately operate on the fringe of society, off the grid, and outside of the reach of the laws and institutions that hold individuals criminally accountable, these spiritual con artists may exhibit poor behavioral controls and engage in a wide array of crimes. The notion that criminal behavior is at once both universal and distinct [77] extends into the world of cults as well. Like many criminals, psychopathic cult leaders have a diverse criminal résumé. They have been known to commit violent crime (e.g., assault, sexual assault, child abuse, kidnapping, murder), organized and financial crime (e.g., fraud, theft, racketeering, tax evasion, money laundering, labor and sex trafficking), and crime against the state (e.g.,

treason, sedition, terrorism, hijacking). The cult leader's varied criminality as an adult is typically preceded by early behavioral problems and juvenile delinquency. In the case of Charles Manson, his adult criminal record was preceded by a long and storied history of juvenile misconduct and escape from institutions [71]. Correspondingly, when apprehended, cult leaders are prone to violate conditions of release or to attempt escape from custody. To name a few, polygamist Lyle Jeffs absconded from home confinement while on pretrial release [78]; 'Black Jesus' Steven Tari absconded from conditional release and later escaped from prison in Papua New Guinea [79]; sex cult leader George Feigley twice escaped from prison [80]; and, on the island of Réunion, false prophet Juliano Verbard escaped from prison via hijacked helicopter flown by his devotees [81].

Two additional indices of psychopathy, although they do not statistically cluster with the other four facets, entail many short-term and committed relationships and promiscuous sexual behavior. Cult leaders may satisfy the first item by having several civil, religious, or common law marriages, or multiple committed live-in relationships over their life course. Among cult leaders this oftentimes presents in unconventional forms such as polygamy. It is common for cult leaders to acquire multiple spouses while at the helm of the cult [49]. Promiscuous sexual behavior, on the other hand, involves a variety of casual sexual activity. This component would be characteristic of cult leaders who have sex with several partners, select sexual partners indiscriminately, maintain several sexual relationships at once, or are unfaithful to their committed sexual partners. Additionally, sexual activity that is mandated or coerced by the cult leader, including sex trafficking and sexual assault, is common. Kent [68] describes how David Berg initiated a "Flirty Fishing" practice within the Children of God in which he granted himself

full sexual access to all women and children in the cult, including his own daughters and granddaughters; a sinister and archaic *droit du seigneur* of sorts. Meloy [80] wrote about the polymorphous perversion within psychopathy, and subsequent research has validated the psychopathic sexual patterns of offending involving many acts and coerced objects [81].

Gender Considerations

The gendered notion of men as cult leaders and women who occupy subordinate roles is the dominant paradigm throughout the cult literature. Though less prevalent than their male counterparts [23, 84], women certainly lead cults as well. Some notable names include Anne Hamilton Byrne, ‘Archangel Uriel of Unarius’ Ruth Norman, and ‘Mother God’ Amy Carlson Stroud. Many female cult leaders assume a maternal or matriarchal role (à la Mother Earth or Mother Nature) that personifies creation, destruction, and healing; a siren or temptress archetype that exudes sexuality and lust; a goddess or high priestess persona that embraces magic and divinity; or an enmeshment of several such identities. Much like male cult leaders, female cult leaders may present with the clinical disorder of psychopathy and/or various personality disorders. Notably, psychopathy correlates moderately to strongly with antisocial, borderline, histrionic, and passive-aggressive personality disorders in women [85]. Coolidge and colleagues [86] reported that borderline and histrionic personality disorders are twice as prevalent among women than men, which can be attributed to a greater frequency of traumagenic histories in women, and may also be due, in part, to biases implicit in DSM nosology or the diagnostician [87, 88]. Indeed, female cult leaders may present with one or both of these disorders as defined in DSM-5-TR [11].

Borderline Personality Disorder

Borderline personality disorder (BPD) involves a pervasive pattern of unstable relationships, frantic efforts to avoid real or perceived abandonment, an erratic self-image, impulsive behavior, actions of self-sabotage, suicidal threats or behavior, inappropriate anger, and temporary periods of paranoia [see 11]. Cult leaders with BPD will have severe difficulty recognizing and respecting the physical and psychological boundaries of their followers. They will attempt to exert intense control over followers by demanding extreme loyalty and will often create chaos in situations where none exists. Cult leaders with BPD will be overly sensitive to criticism and abandonment and prone to lash out explosively and unexpectedly. Other indicative behavior may include risky and impulsive behaviors such as hoarding, binge eating, spending sprees, self-injury, drug use, speeding, erratic driving, suddenly quitting jobs and terminating relationships, and instigating fights. BPD may also be found among cult followers [89].

Histrionic Personality Disorder

Histrionic personality disorder (HPD) is characterized by intense emotional instability, suggestibility, provocative attention-seeking behavior, theatrical affective expressions, and a distorted self-image [see 11]. Cult leaders with HPD must be the constant center of their followers' attention and will perceive relationships as much closer than they actually are. They will exhibit provocative behavior and exaggerated emotions. Cult leaders with HPD are highly sensitive to criticism and view it as a form of rejection to which they may emotionally overreact. One such cult leader is 'Archangel Uriel of Unarius' Ruth Norman, a self-proclaimed extraordinary being and flying saucer prophet who gilded herself in outrageous costumes, elaborate blue and purple wigs, extravagant tiaras, and carried a gaudy scepter [90, 91]. One of

her prophecies foretold of aliens who were preparing an enormous closet to hold all of her beautiful dresses upon a spacecraft that was soon arriving to pick her up [92]. With a short-lived run on the talk show circuit and the routine self-reporting of her extraterrestrial prophecies to tabloids, she enlisted her devotees to make outlandish movies about (and starring) her, to create lifelike busts and oil portraits of her, and to sing songs about her [91, 92, 93]. Norman had zero tolerance for criticism and excommunicated two senior assistants who dared to question her [94]. Her noted capriciousness [91] may indicate features or a possible comorbidity of BPD.

Individual psychopathology notwithstanding, cult leaders leave a wake of harm and a trail of victims, and continue to warrant meaningful scientific analysis and discussion. Integral to the cult leader's psychological profile is that of the cult follower, since without devotees, a guru is nothing at all. In the following section, we describe in detail the psychological profile of the cult follower with attention to the personality disorders common among such individuals.

IV. Clinical Profile of Cult Followers

“It was the most invigorating feeling that I had ever experienced.
I suddenly knew what my life was about.
And honestly, I don't know if I'll ever feel that much security,
that much excitement again in my whole life.”

Diane Bencoter, Former Follower of
the “Moonies” Cult [cited in 95]

The nexus of cult membership, psychological characteristics, and personality disorders has been a topic of considerable attention but few definitive conclusions. Supposition abounds that cult followers are “crazy.” This depiction is expected given their radical beliefs and bizarre

behavior. Yet, far from this oversimplified and imprecise characterization, cult followers present a complex set of personality traits and mental disorders that are deeply enmeshed in their relationship with their psychopathic leader. As cult followers simultaneously engage in aggressive behavior toward others, yet are routinely victims themselves of psychological abuse by the cult leader, it is vitally important to assess their unique personality and psychopathology.

Prior to cult involvement, followers generally present without major mental disorder [see 96, for a full review]. However, following indoctrination, cult followers tend to exhibit a myriad of severe psychopathology [12], illustrating the dynamic rather than deterministic nature of the latter. The distinct psychological profile that emerges for those ensnared within cults is typified by a noteworthy comorbidity of antisocial personality disorder, obsessive compulsive personality disorder, and dependent personality disorder. The dimensional understanding of these psychological disorders is key to understanding the personality structure and functioning of cult followers.

Antisocial Personality Disorder

As specified by the DSM-5-TR, antisocial personality disorder (ASPD) is a “pervasive pattern of disregard for and violation of the rights of others” as indicated by a combination of the repeated nonconformity to lawfully-prescribed social norms, a pattern of dishonesty, impulsivity, aggressiveness, irresponsibility, disregard for safety of self and others, and lack of remorse [97]. Research indicates that only a minority of ASPD individuals will also meet criteria for severe psychopathy [8, 98]. Applying the ASPD criteria, cult followers may abandon their careers and families to join the cult with no realistic plan for making a living; they may relinquish their financial assets and possessions to the cult; they may engage in psychological, physical,

financial, social, and sexual exploitation of others while in the cult; they may engage in risky or exploitative sexual behavior (e.g., unprotected sex, frequent sex with multiple partners, sex as a recruitment tactic, sex trafficking, and so on); and they may neglect, endanger, and harm their own and others' children (e.g., child labor, corporal punishment, medical neglect, pervasive sexual abuse, and so on); they may commit ritualistic abuse, torture, murder, even mass murder of outsiders, defectors, government officials, and one another; and they may lie persistently to shield the cult from criticism and accountability. In conjunction with distinct behavioral markers, followers will likewise show affective indices of ASPD. These emotional deficits will present as indifference to the impact of their harmful behavior, and furthermore, a tendency to rationalize the consequences of their violent and aggressive behavior toward cult outsiders and defectors.

In a novel perspective which depended on the lived experience of one of the authors within al Qaeda, Rahmani and colleagues [57] contend that incorporation of a group-based identity within cults can trigger an intrapsychic conflict or disturbance among cult followers which can manifest in the unusual comorbidity of ASPD and obsessive compulsive personality disorder. These co-occurring personality impairments are uncommon outside of the cultic population, but when linked with fervent zealotry can amount to a dangerous combination.

Obsessive Compulsive Personality Disorder

Obsessive-compulsive personality disorder (OCPD)⁶ is characterized by a pervasive preoccupation with orderliness, asceticism, perfectionism, and control expressed with such intensity and rigidity that it interferes with task completion and productivity [see 11]. In the context of zealous groups, this obdurate compulsiveness is sometimes referred to as “religious

⁶ Not to be confused with obsessive compulsive disorder (OCD). OCPD is a personality disorder, whereas OCD is an anxiety disorder.

perfectionism” [99] in which devotees ambitiously strive to achieve exalted status by meticulously following the cult’s rules no matter how strict, strange, or beyond reason. This is observed through adherence to extreme dietary restrictions [see 100], rigid religious rituals, excessive devotional practices, and strong adherence to the ingroup.

When OCPD and ASPD co-occur, a striking juxtaposition of complex, and at times contradictory, symptomology emerges. Drawing from a reservoir of righteousness affirmed through shared zealotry, OCPD behavior is apparent in the followers’ extreme adherence to and defensiveness of the cult *ingroup*, whereas ASPD is correspondingly revealed in the followers’ harsh rejection of the *outgroup* [57]. Such extreme identification with the ingroup contributes to the potential for violent behavior associated with collective moral disengagement and dehumanization of outsiders [101, 102, 103, 104] achieved through “a shared state of aggressive numbing” that can precipitate sadism, cruel aggression, and murder [105]. Through the composite of OCPD and ASPD, cult ingroup clinging is inextricably linked to outgroup aggression. These maladaptive personality characteristics and behavioral patterns are normalized by the cult, which reinforces, even rewards, such conduct.

In an assessment of personality characteristics of 226 active Hare Krishna followers and 727 non-followers utilizing the Comrey Personality Scales (CPS) [106], Weiss and Comrey [107, 108] found that Hare Krishna devotees of both genders were more compulsive,⁷ hostile, suspicious, and distrustful of societal systems and values than non-followers. Indeed, compulsivity was strikingly 3.7 times more likely in cult followers than non-followers, rendering

⁷ This factor specifically measures compulsivity as it relates to obsessive compulsive personality traits, in which order, perfection, and rigidity become dominant aspects of one’s identity, as described in the *Manual for the Comrey Personality Scales* [109].

it “the hallmark characteristic of the Hare Krishna personality” [110]. Overall, these findings lend convincing empirical support for the comorbidity of OCPD and ASPD among cult followers, with OCPD apparent in the fervent dogmatism and highly structured requirements of religious practice and ritual, and ASPD evident in the hostile attitudes toward and distrust of mainstream society that precipitate violent and unlawful behavior of devotees.⁸ An obvious research priority is the extension of this work to include samples from a broader array of cults and a more widely validated instrument.

Dependent Personality Disorder

As individuals integrate into a cult, they become exceedingly reliant on their leader, particularly in their zealous adherence to the leader’s thought system and their strict obedience to the leader’s control of all aspects of their lives (e.g., diet, sex, relationships, occupation, and so on). Whether developed prior or subsequent to cult affiliation, cult followers are likely to present with dependent personality disorder (DPD; see DSM-5-TR [11]) [54, 112, 113, 114]. Given the retrospective nature of studies on cult followers, it can be difficult to discern when DPD precedes cult membership versus when it takes root through coercive cult indoctrination or a hybrid of the two. Nevertheless, in this actively submissive psychological state, followers may no longer exercise independent thought; they may be unable to disagree with the cult leader; they may allow the cult leader to take over their personal and financial affairs; and they may endure abuse, mistreatment, and participate in dangerous, unlawful, and violent activities at high personal cost in order to maintain closeness to the cult leader. Cults erode individuality of the followers, divesting them of their autonomy, as they are subsumed into the cultic dynamic.

⁸ Several Hare Krishna cult leaders were later criminally charged with murder, murder-for-hire, physical and sexual abuse of children, prostitution, drug trafficking, and racketeering (see Formanek [111]).

As those with DPD characteristically struggle to define their individuality, routinely avoid being alone, and find it difficult to make even the most rudimentary autonomous decisions, cults offer an attractive environment for such individuals. With conformist ideals, intimate connections, and a self-assured leader, cults can relieve those with DPD of difficult decision-making and life's many uncertainties (particularly with respect to religion, spirituality, death, the meaning of life, and other existential ambiguities). Cult leaders actively target such universal fears and vulnerabilities. The follower's anxious awareness of the salience of mortality, or inevitability of death, is modulated through ingroup clinging and outgroup exclusion [115, 116, 117, 118]. Harmony and unification are weaponized as mechanisms of control, while cohesion and cooperation are leveraged to accomplish the cult leader's messianic goals [9].

In the cult's dependency dynamic, the leader also infantilizes followers by alleviating them of the responsibilities that accompany a mature societal existence. This relieves followers of the burden of reconciling the inevitable contradictions and multiplicities of the world. Schwartz and Kaslow aptly describe this as "the cocoon of perennial childhood offered by the cults" [119]. In some instances, cult leaders will even don childlike names, as did Heaven's Gate's Marshall Applewhite and Bonnie Nettles when they insisted devotees call them "Bo and Peep" [120] and later "Do and Ti" [121]. For the DPD follower, such seemingly trivial eccentricities that, *prima facie*, appear to proffer guidance, reassurance, and a sense of belonging, belie insidious underlying mechanisms of power, control, and subjugation. Cult leaders create a social and psychological panopticon with an inbuilt system of ideological and behavioral control.

As the cult leader establishes an increasingly dominant role in their lives, followers with DPD may also become sexually submissive to the cult leader and other members [64]. While in

the throes of this dependency dynamic, followers may willingly submit to coercive sex, arranged marriages and sexual partnerships, sexual sadism, sexual trafficking, reproductive controls, abstinence or celibacy, and even castration. In Heaven's Gate, followers submitted to castration in a quest for collective celibacy at the behest of leader Marshall Applewhite [76]. In fact, the first castration took place in a non-medical setting in which one follower performed the surgery on another while the rest of the cult watched. After uncontrollable bleeding, the followers rushed the injured to the emergency room where he survived after undergoing lifesaving measures. Undeterred, seven other men in the cult, one as young as 21, traveled to Mexico where they too underwent surgical castration. As this disorder is undergirded by a deep fear of rejection, followers with DPD will often acquiesce to the cult leader's every demand without question, no matter how extreme or harmful.

As cult leaders frequently engage followers in the practice of self-blame, followers with DPD may not initially recognize their intense dependency on the cult leader and may have great difficulty seeing themselves as a victim in this relationship. Cult practices that intensify follower dependency include isolation, physiological deprivation (e.g., sleep and food), tests of loyalty, retention of damaging collateral data (e.g., compromising photos, knowledge or proof of unlawful behavior, and intimate or humiliating life details), and punishment, among others. In severe cases of DPD, cult followers will experience acute depressive symptoms following their exit from or the dissolution of the cult, or following any severance of their relationship with the cult leader—sometimes magnified with threats of death for doing so.

Group Dynamics

Though cults can vary in ethos, era, and locale, the psychological dynamics that underpin such groups appear to be universal. Through intensive thought reform practices [72] and by wielding near-complete control of the followers' daily lives, the psychopathic cult leader psychologically subjugates their followers by preying upon vulnerabilities and fears of uncertainties in order to satisfy narcissistic desires. Dazzled by the cult leader's charisma and swayed by their persuasively proselytized philosophy, cult followers adhere to the cult's rules with the aim of achieving the cult's purported greater purpose at any cost, even to the detriment of themselves and others. The erosion of individual personality dovetails with the indoctrination of group ideology. Together, cult leaders and followers ascribe to rigidly held shared extreme overvalued beliefs which can lead to violent behavior in their service [122, 123, 124, 125]. Yet beyond the more generalized relationship between cult leaders and followers unveiled by the preceding analysis of the distinct psychopathology of each, it is possible to further identify relationships in which a follower forms an inordinately strong attachment to the emotionally detached psychopathic cult leader.

Psychopathic Pairings

Present in some cults are destructive dyads in which a follower (often a woman) forms an intense attachment to the psychopathic cult leader (often a man) and the two partner together to oversee control of the cult. In these pairings, the personality of the attached partner may be complementary (masochistic or histrionic/hysterical) or concordant (sadistic or psychopathic) to that of the psychopathic cult leader [42], as shown in Table 11.2. Complementary identifications are those dissimilar to the psychopathic cult leader (yet complete his pathology), whereas concordant identifications are similar to (and an extension of) the character of the psychopath.

The attachment paradigm at play in these pairings can precipitate staggering violence and destruction. Popularized accounts of such relationships include Lori Vallow's alleged murders of her two children with Chad Daybell [126], actress Allison Mack's mutilation and sexual abuse of women with Keith Raniere [127], Ma Anand Sheela's small town reign of terror with Bhagwan Shree Rajneesh [128], vegan restaurateur Sarma Melngailis' investment fraud as a fugitive with Anthony Strangis [129], Isabella Pollok's conning of coeds with Larry Ray [130], and ex-socialite Ghislaine Maxwell's sophisticated child sexual exploitation endeavors with Jeffrey Epstein [74]. Alternatively, when the cult has a female leader at the helm (psychopathic or not), she may attach to a complementary or concordant male lieutenant in order to avoid power struggles with male followers [23].

[INSERT TABLE 11.2 ABOUT HERE]

Among complementary identifications, masochistic may be the most common attachment to the psychopathic cult leader [42]. This individual, whether she is the cult leader's wife, mistress, or lieutenant, seeks and experiences pleasure (often sexualized) through her suffering at the will of the psychopath. In the masochistic partner's submission to his omnipotent control, the psychopathic cult leader's grandiosity is exalted while his mate experiences gratification from the sensation of sharing in the control of the dominant-submissive interplay with him [42]. She feels exhilarated by his dangerous, violent, and debasing behavior toward her, whether psychological, physical, or both. Just as she is treated cruelly, cult followers will likewise be the target of his devaluation and control tactics.

In the concordant sadistic identification, the partner revels in the psychopathic cult leader's sadism toward others [42]. The sadistic mate vicariously participates with the

psychopath in his humiliation of and violence toward others, typically, cult followers, defectors, and the outgroup. The sadistic partner identifies with her mate and finds such experiences pleasurable, even erotic. Passive acts of sadistic voyeurism and fantasy hold a central role for this partner [42]. She may enforce his rules over cult followers, report back to him when they are not strictly obeyed, and in doing so, may precipitate and be present for his retaliatory cruelty and degradation. Throughout her relationship with the cult leader, she may alternate between sadistic and masochistic identifications due to the antipodal yet interrelated nature of the two [42].

In other instances, the psychopathic cult leader pairs with a complementary hysterical or histrionic personality [42, 45, 131]. This partner is provocative, exhibitionistic, impressionistic, mercurial, attention-seeking, and highly dependent [11]. Just as she is autonomically drawn to his volatile unpredictability, he is highly aroused by her eroticized naiveté [42]. In this destructive pairing, the histrionic partner idealizes the psychopathic cult leader, which in turn, bolsters his own feelings of grandiosity and importance [42]. Though opposite personalities in many ways, the two complete one another's interpersonal pathology. Within this caustic relationship, the female counterpart psychodynamically represents the cult leader as a love object in her mind, typically to the gross neglect of herself and others [42]. The cult leader, on the other hand, views his histrionic partner as a part object or selfobject, a devalued extension of himself, as he distinctly lacks the capacity for mature and meaningful attachment to others. The dance is often sadomasochistic. Despite her shared participation, the cult leader ultimately retains control of the histrionic partner as she is desperate to please him. In this complementary role, she is acting at the behest of the cult leader to carry out his wishes and control others while she too is being manipulated by the psychopath all the while [42].

In the concordant psychopathic identification, albeit rare, a psychopathic partner attaches to a psychopathic cult leader [42]. Much like her male counterpart, she exhibits a myriad of affective and interpersonal deficits while living an antisocial lifestyle, as detailed in Table 11.1. Partnering with a fellow psychopath allows her, through transference, to fortify her own grandiose self-structure [42]. Just as he does, she can wield, at times, unbridled control and power over cult followers to gratify her own aggressive narcissism. Typically, she serves as his lieutenant, but may also acquire or even deliberately cultivate her own faction of followers who are expressly loyal to her. If this volatile concordant psychopathic attachment becomes unsustainable and she splits from him and the cult, these allied devotees are very likely to leave with her, perhaps to form their own breakoff group under her leadership.

In the wake of such violent attachments, the psychopathic cult leader's mate may take the fall for or with him or may otherwise meet her demise. In many instances, the chaotic reign of this terrible twosome ends in prison or violent death. The two case vignettes to follow illustrate in rich detail both complementary and concordant identifications with psychopathic cult leaders and the grim aftermath. .

Histrionic – Psychopathic Dyad: Mack and Ranieri

The complementary attachment of the histrionic individual to the psychopath is the classic pairing seen between Allison Mack and Keith Ranieri. Soon after meeting 46-year-old NXIVM cult leader, the 24-year-old leading *Smallville* [132] television series actress, Mack, devoted herself to Ranieri,, referring to him as her mentor, lover, and “master” [133]. A consummate histrionic personality, Mack has been described as a bubbly and exuberant starlet who presents as insecure [127], naïve, impressionable, sensitive to criticism, and attention-

seeking [134]. Of herself, she wrote, “I am insatiable. Greedy, in a way. I live with voracity and intensity ... *voracitensity*” (cited in Knoll, 2019, emphasis in original [134]). Captured even in this brief quote are the exaggerated, impressionistic, and self-centered expressions characteristic of the individual with HPD. Raniere, on the other hand, exhibits a myriad of psychopathic traits. As a longtime self-help and pyramid scheme con man, he presents as a narcissistic, coercive, callous, and exploitative pathological liar [18].

In this complementary coupling, the histrionic mate idealizes her psychopathic partner and seeks his attention through seductive, flirtatious, and approval-seeking behavior [42]. The psychopath welcomes this idealization as it elevates his own grandiosity. He unconsciously views her as a devalued and submissive extension of himself. To mitigate the impact of the psychopathic cult leader’s aggression toward her, and to gratify his appetite for violence, the histrionic partner may invite others into their orbit onto which his violence can be displaced. In an overtly sadomasochistic scheme, Mack recruited women and underage teens to be Raniere’s “sex slaves” and Mack’s “slaves” [134, 135]. As a “master,” she enforced sexual subservience to Raniere, also a “master.” Other times, she and other women would engage in sex acts while Raniere watched. In these erotic acts, the histrionic partner’s exhibitionism is stimulated by the psychopath’s voyeurism—a prelude to aggression [42]. In a gesture of omnipotence, Mack and Raniere orchestrated the permanent physical branding of herself (submission to violence) and other female followers (displacement of violence) on their pelvic regions with a symbol comprised of Raniere’s and Mack’s initials using a cauterizing device to burn and scar their flesh.

In the obsessive concern with physical appearance characteristic of HPD, the already thin Mack adhered to a strict 500-calorie-a-day diet to lose more weight in a masochistic attempt to

satisfy Raniere's penchant for underweight women and to continue to be gratified by his presence [135]. She enforced the same restrictions with Raniere's other sexual partners— all were expected to weigh less than 100 pounds—their frailty and suffering a physical representation of their devotion and of his omnipotence.. As collateral, she would take nude photos and sexually explicit videos of them, and forced one woman to write a falsified story about being sexually abused by her father, which were to be shared publicly if they attempted to exit the cult [144]. As their elaborate criminal enterprise replete with sexual servitude and pyramid schemes inevitably unraveled, both faced sex trafficking and racketeering charges. Raniere was sentenced to 120 years in federal prison, and Mack to only three after providing extensive assistance to federal prosecutors [136, 137].

Mack was one among 13 actors who were affiliated with NXIVM [138]. HPD is prevalent among actors [139, 140], and actors appear to have held a notable presence in several high-profile cults. Indeed, Heaven's Gate, Scientology, Breatharianism, and NXIVM have all counted actors among their ranks. Curiously, there may be a mutual attraction for thespians and cultic groups. While cults can give performers a unique starring role, there appear to be clear benefits for cults too in having actors among their acolytes, as resident stardom may help cults appear legitimate to outsiders and aid in the recruitment of new members. In any event, the fringe and radical nature of cults provides fertile ground for volatile psychopathic personality pairings to take root.

Psychopathic – Psychopathic Dyad: Sheela and Rajneesh

Though concordant psychopathic identification with another psychopath is exceedingly uncommon, Ma Anand Sheela and Bhagwan Shree Rajneesh (a.k.a. "Osho") formed such a

pairing. At 16, Sheela met 34-year-old Rajneesh. Immediately infatuated, she devoted her life to him, declaring, “It was a necessity to be near him” [128]. As a charismatic psychopathic guru, Rajneesh profited financially, emotionally, and sexually from his followers. Among other excesses, the wealth from the cult afforded him over 90 Rolls-Royces [13]. While amassing an arsenal of weapons and arranging sham marriages among his disciples, Rajneesh also enforced participation in abusive sexual practices, female sterilization, prostitution, and forced labor [128]. As his personal secretary, Sheela oversaw the cult’s day-to-day operations. Charming and exploitative in her own right, Sheela was a provocative and ruthless lieutenant who exhibited an antisocial pseudomale identity [141] often seen in the psychopathic female partner of the male psychopath [42], and in the erotomaniac woman [142]. Sheela publicly gave the middle finger, cursed, open-carried firearms, threatened violence, and infamously quipped “tough titties” in a national television interview [128]. Her relationship with Rajneesh allowed Sheela to experience a narcissistic twinship identification [27] in which her own grandiosity could compensate for internal feelings of worthlessness and disregard for self [42]. Through Rajneesh, she was able to solidify her own grandiose self-structure through transference. In this concordant psychopathic dyad, Sheela utilized Rajneesh as an idealized object image which she condensed with her self-concept [42].

In an attempt to rig a local election, she orchestrated the first and largest bioterrorist attack in U.S. history [143] and bussed in over 3,000 homeless individuals from across the country to outvote the locals [128]. By attacking the outgroup, Sheela was managing her fear of annihilation through the vigilance of paranoia [42]. Abruptly, Rajneesh diminished Sheela’s role and access to him as he promoted a new female aide. Sheela then wiretapped Rajneesh’s home

and discovered he had arranged a physician-assisted suicide [128]. Sheela instructed her secretary to murder Rajneesh's doctor. After the physician survived the attempted murder, Sheela left the cult with 20 followers who remained loyal to her, and publicly exposed Rajneesh as an exploitative mastermind [128]. Infuriated, Rajneesh held a press conference where he aired Sheela's criminal activity and invited law enforcement to the cult's commune to investigate. Ironically, Rajneesh's invitation to search his property for evidence of Sheela's crimes exposed his own illegal activity [128]. However, his assertion that he was in the midst of a yearslong vow of silence and was therefore unaware of and uninvolved in the cult's illegal activities, allowed him to circumvent criminal accountability for the most serious charges, which ultimately fell on Sheela. Sheela pled guilty and served prison time for attempted murder, assault, wiretapping, arson, and immigration fraud. Rajneesh entered an Alford plea for two immigration fraud charges and was deported from the country [128].

According to both, they fell in love but never engaged in a sexual relationship. Of this, Sheela declared, "There was no sex with Osho. Our relationship was not sexual. The integrity mattered because I was already drowning in him" [144]. In this projective identification, Sheela simultaneously fears and attributes her own destructive omnipotence to Rajneesh, which he accepts/reflects, and she then fears as all-consuming ("drowning"). The absence of a sexual relationship between the two, which Sheela attributed to "integrity," may in fact be her unrequited sexual desire for Rajneesh [142]. In later statements, Rajneesh indicates that Sheela desired a sexual relationship with him, which he denied her, stating, "I have never made love to her. That much is certain. Perhaps that is the jealousy. She always wanted [to] but I have made it a point to never make love to a secretary. Love affair never ends. It can turn into a hate affair.

She did not prove to be a woman. She proved to be a perfect bitch” [128]. Unrequited sexual desire can provoke violence toward the love object [142]. When the deprivation of such desires is projectively identified onto others, it can lead to intense hatred and revenge [145]. To this end, Sheela orchestrated the attempted murder of Rajneesh’s physician and confidante, and publicly exposed him as a manipulative and exploitative mastermind [128]. In retort, Rajneesh publicly threatened unspecified violence toward Sheela if law enforcement failed to take action against her. When the prosthesis of compensatory transference of grandiosity no longer served their partnership, only by annihilation of one another (through devaluation and violence) could each truly achieve omnipotence.

Object Relations

The cult dynamics and behavior suggest borderline personality *organization* for both leaders and followers. In Kernberg’s [146] objects relations model, the level of development and integration of the ego and superego determines where one falls along a personality continuum (neurotic ↔ borderline ↔ psychotic). Across these levels there are differences in object relations, defenses, and reality testing. For example, at the borderline level of personality, there is no mental representation of self or others as whole, meaningful and separate individuals; common psychological defenses are splitting, denial, projection, introjection, and projective identification; and reality testing impairments are evident in the person’s confusion over the origin of stimuli—anger, for example, may be perceived as coming from others when in fact it is originating in the self. Cult members and leaders appear to both fall within the borderline or

psychotic level of personality organization [147,148]. Preliminary research even suggests those with OCPD may be organized at a borderline level [149, 150].

Cult followers often also suffer from narcissistic personality deficits, or a defective sense of self. Weakened ego functioning of followers may precede cult involvement, or as Salande and Perkins [151] contend, the cult experience itself may impair the follower's ego, which then elicits regression to borderline personality organization. Followers compensate for a fragmented and defective sense of self by seeking an idealized selfobject, or extension of self. This extension of self is especially found in the cult leader through the mechanism of idealizing transference in which the follower views the cult leader as superior, God-like, or an agent of God – an ideal object [22]. This process is reciprocally reinforced through the intensive thought reform [72] and control practices of the leader, and the obsessive worshipping, idolatry, and fanaticism of the cult followers. In this sense, the cult superficially serves a reparative and substitutive function for the followers' narcissistic personality impairments [22]. In turn, the cult leader loves the followers as an idealized extension of self [23, 24]. Despite the outward presentation as omnipotent and superior to others, the narcissistic cult leader is what Volkan terms "object-hungry" [152]. In other words, he is overly dependent on the continual attention and adulation of his worshippers to supplant his defective ego. Thus, in this complex identity integration and exchange, the follower serves as a narcissistic prosthetic of self-love for the psychopathic leader, while the leader provides compensatory fulfillment to the followers' impaired sense of selves; both maintained through antisocial hostility toward the outgroup and obsessive compulsive tendencies within the group [52].

V. Forensic Psychological Instruments

A range of forensic psychological instruments can be utilized to effectively assess personality disorders and their risk among cult leaders and followers. Such tools offer systematic and dimensional measures to empirically and heuristically evaluate the psychopathology and mental mechanisms at work in such populations. As cult followers simultaneously engage in harmful behavior to self and others yet are routinely victims of psychological, physical, and sexual abuse by the cult leader, it is vitally important to assess their unique personality and psychopathology. In exposing the psychological underpinnings of such radical groups with well-validated instruments, the clinical or forensic psychiatrist or psychologist not only gains deeper insight into the complex dynamics and functioning of cults, but can also gauge competency, risk, dangerousness, and amenability to treatment in order to predict and prevent future catastrophic violence.

Psychopathy Checklist-Revised

The Psychopathy Checklist-Revised (PCL-R) [8] is considered the most valid and reliable standardized observational measure of psychopathy across research, clinical assessment, and criminal justice practice [8, 63, 153, 154, 155]. This unidimensional measure captures a comprehensive range of personality and behavioral features to quantify an individual's level of psychopathy. The PCL-R is administered through an in-depth interview and a review of the individual's institutional and other records. With scores ranging from 0 to 40, the PCL-R distinguishes the subject as severely psychopathic ($PCL-R \geq 30$), moderately psychopathic ($PCL-R = 20-29$), or mildly psychopathic ($PCL-R = 10-19$), although use of each item's parameters will arrive at a more individualized understanding of the subject's psychopathy [156].

Within forensic and clinical practice, psychopathy is best understood dimensionally along a continuum [60, 61, 63]. Categorization (>30<) using a cutting score for psychopathy (psychopath/nonpsychopath) should only be used for group research studies.

Risk Assessment

Although not originally intended, the PCL-R also serves as a robust predictor of criminal behavior [157], violent recidivism [63, 158, 159, 160, 161, 162, 163, 164], dangerousness [165, 166], poor amenability to treatment [167, 168], and institutional misconduct [50, 169, 170, 171; 172]. It is considered the “gold standard” for the measurement of psychopathy, and is widely used in forensic settings [173]. Across the spectrum of cult leaders, the PCL-R would prove valuable in predicting whom are most prone to acts of violence and criminal behavior. Even more, PCL-R results indicative of severe psychopathy in cult leaders, taken together with the specific cult characteristics predictive of mass suicide and murder in cults offered by Bohm and Alison [174], may bolster the predictive power in estimating the most destructive cults. Such features entail physically preventing members from leaving the group, endorsing violence, engaging in drills, doomsday preparation, building defensive structures, collecting weapons, and a leader who claims to be an incarnation of a religious or historically significant figure. Within correctional facilities, psychopathy has been linked to institutional violence, infractions, and escape [50, 169, 170, 171, 172]. Furthermore, psychopaths are less amenable to treatment [167]. Correctional facilities consider these factors when managing prison populations, and psychopathy measures are routinely utilized in decisions determining institutional classification, placement, housing restrictions, privileges, access to treatment, and release decisions.

Beyond prediction of risk and future behavior, the PCL-R carries important legal implications for cult leaders. Within the courts, expert testimony about psychopathy and forensic use of the PCL-R impacts decisions concerning competency, determination of guilt, sentencing, parole, and release [173, 175, 176]. Though psychopaths are considered cognitively intact, a group of mock jurors was more likely to find defendants labeled “a psychopath” not guilty by reason of insanity (NGRI) than those labeled “not mentally ill” [177]. However, a noteworthy review of appellate case law reveals that pleas of NGRI have proved wholly unsuccessful for cult leaders and members in court [178]. Further, cult leaders may attempt to justify their actions under the guise of religion in such a way that conflates the legal protections afforded to the freedom of religion with that of their unlawful actions within the cult. In a review of expert testimony in cult-related litigation, Young and Griffith [179] emphasize the critical role of the forensic psychiatric and psychological expert in distinguishing religious belief from psychopathology for the judge and jury. Despite a dearth of recent literature regarding expert testimony in cult litigation, clinical and forensic psychiatrists and psychologists continue to testify routinely in cult-related trials [180, 181]. Defensive strategy notwithstanding, a diagnosis of psychopathy can lead to more punitive and restrictive outcomes overall concerning sentencing, release, level of supervision, and access to treatment in prison. Nevertheless, as shown in Table 11.3, the PCL-R can benefit from the supplement of complementary forensic tools that illuminate dimensional aspects of psychopathy [182, 183, 184].

[INSERT TABLE 11.3 ABOUT HERE]

The Rorschach

The Rorschach Inkblot Test [185] contributes incremental validity to the dimensional assessment of psychopathy and personality disorders across cult leaders and followers (147, 182, 186). As a valid and reliable measure of personality structure and functioning [187, 188], this performance-based psychological test can deepen the clinician's understanding of the internal architecture of the cult leader's personality and of the followers' personalities as well.

With the Rorschach, the subject is handed a series of ambiguous inkblots one by one and asked, What might this be? Their perceptions are recorded and scored by the evaluator based on the subject's description of the perceived form of the inkblot including whether and how movement, color, texture, shading, and dimensions are described. Subsequent analysis of the recorded responses can open a dimensional window into the subject's personality traits and mental mechanisms. With cult leaders and followers, the Rorschach can be employed to detect thought processes, personality traits, and emotional functioning that underlie personality disorders, especially when subjects are reluctant or unable to express their thoughts openly or explicitly. Given the intrinsically insular and reticent nature of the cult-involved this can be an effective way to supplement diagnostic data from other psychological assessment tools.

The test's namesake and creator, Hermann Rorschach, had a particular interest in cults and cult leaders himself [189], having published several in-depth psychoanalytic biographical case studies of Swiss cult leaders Johannes Binggeli and Anton Unternährer [190, 191, 192], which have been linked to his inkblot studies [193]. More recently, Roy and colleagues [9] analyzed Charles Manson's responses to a Rorschach test administered in 1997, which presented a preoccupation with sex, aggression, and other people; elevated features of narcissism and grandiosity; the presence of psychopathy; and the absence of disorganized thinking and cognitive

impairment. Research by Gacono and colleagues [194] generally suggests the psychopathic cult leader would present on this measure with ambitent or extratensive style, narcissistic self-perception, moderate to severe levels of thought disorder and impaired reality testing, abnormal attachment patterns, affective avoidance, and low interest in human objects in any form. The psychopathic cult leader would tend to be unbothered by internal distractions such as fear, anxiety, empathy, or desire for dependency [194]. Rorschach data can yield abnormal structural features often present in the psychopathic personality, and can also reveal features indicative of comorbidities and traits characteristic of other personality and mental disorders [186], such as a psychopathic cult leader with paranoia or delusions[195]. The examiner should look for consistencies in the subject's responses with their behavior and real world histories. In some instances, the severe psychopath may malingering by constricting response frequency [196]. When assessing the psychopathic personality, Rorschach testing is best utilized as one of several forensic tools in the dimensional psychological assessment and diagnosis of cult leaders [182, 186, 194, 197].

Among Rorschach studies that have focused on cult followers [22, 114, 198, 199, 200], one found that Unification Church followers' Rorschach protocols were "rich in primary process features" (e.g., loose associations, illogical thought, and fusion of ideas and images), but that the degree of adaptiveness varied across subjects [201]. A Rorschach analysis of former cult followers pre- and post-psychotherapeutic treatment, found that they generally had "significant movement toward lessened constrictedness and greater perceptual accuracy" after treatment [202]. This indicated that, through treatment, cult followers gained a stronger sense of self, and exercised greater independent thought compared to their initial passivity and muddled identities

presented prior to treatment. In comparison to non-cult followers, Kriegman and Solomon [22] found that Divine Light Mission followers scored significantly higher on fragmentation of self-experience, narcissistic disturbance in relationships with formative selfobjects, investment in objects that enhance the subject's self-experience, and general psychopathology. Overall, the literature suggests that Rorschach use with cult followers provides valuable insight into their internal psychological dynamics, and underscores the benefits of psychological treatment following cult involvement.

Rorschach data are commonly admissible in court [203, 204, 205] but care must be taken to ensure proper administration of the tool and presentation of the data in order to maintain the integrity of the forensic instrument. To this end, guidelines have been developed for the forensic psychological expert who testifies about Rorschach data in court (see Meloy [206]; Viglione et al. [204]).

The MMPI/MMPI-2 and Progeny

Much as with cult leaders, the MMPI/MMPI-2 are ideal self-report tests that can capture a broad spectrum of psychological problems and personality disorders among cult followers. As utilized in studies of cult members [207, 208, 209, 210, 211, 212, 213], early work with the MMPI/MMPI-2 demonstrated clinical and research utility for the diagnosis and treatment of this population. Moreover, resultant data provide a springboard for further examination with other tests, including the Rorschach, which has also seen application in cult research. Unlike the PCL-R and the Rorschach, however, the original MMPI has undergone a series of revisions over the decades, most recently the MMPI-RF shortened versions of the instrument, and the MMPI-3.

Such changes, although good for business, often invalidate previous research and make generalizing previous empirical findings from the MMPI/MMPI-2 to the MMPI-3 invalid.

Beyond these standard psychological measures, several forensic psychological instruments have been developed specifically to assess the psychological problems and violent risks of former cult members and their leaders.

Non-Diagnostic Research Instruments

In an effort to develop a standardized measure of the detrimental psychological effects experienced by cult followers, Chambers and colleagues [214] created the Group Psychological Abuse (GPA) scale. Grounded in theoretical bases furnished by cult scholars specializing in psychological abuse (see Langone [215]; Lifton [216, 217]; Ofshe & Singer [218]; Singer et al. [219]), this 28-item self-report scale was derived from factorial analysis of responses to 112 descriptive items presented to 308 former cult members of 101 different groups of their accounts of their time in such groups. As a four-factor scale comprised of Compliance, Exploitation, Mind Control, and Anxious Dependency, the GPA has shown adequate internal consistency across factors (.70-.81) [214].

Rather than diagnosing specific psychological problems for clinicians, this measure primarily serves the cult research domain by empirically differentiating abusive cults from more benign groups based on individual experiences [96]. Nevertheless, this instrument can help uncover the specific cult practices and cult leader behavior that underpin associated individual psychological difficulties among followers. However, critiques leveled against the GPA draw attention to confusing wording, content that eclipses the domain, and muddled units of analyses,

as some questions target behavior witnessed within the cult, generally, in addition to conduct that was personally experienced [14, 220]. A Spanish version with a modified factor structure, the Group Psychological Abuse-Spanish (GPA-S) [221] scale, has seen a marginal increase in reliability across factors (.74-.86) [222].

Beyond the GPA suite, myriad other instruments have emerged as measures of psychological abuse experienced by cult followers. The Individual Cult Experience Index (ICE) [223] serves as an empirical measure of individual post-cult psychological distress. As a reliable measure with good internal consistency (.89), the 47 items on this self-report survey are scored dichotomously. Next, the Across Groups Psychological Abuse and Control scale (AGPAC) [224] was developed to explore factors of psychological abuse and control across two groups: survivors of intimate partner violence and former members of cults. With good internal consistency (.83-.89) across three scales designed to measure emotional abuse, isolation/control of activity, and verbal abuse, this tool uncovered that the two groups similarly experience psychological abuse and control. A contemporary Spanish 18-item unidimensional measure of emotional disturbances in former cult members, the Emotional Distress Scale in Survivors of Abusive Groups (EDS-SAG) [225], appears to likewise be a reliable measure (.86). Last, the Inventory of Psychosocial Difficulties in Survivors of Abusive Groups (IPD-AG) [226], a recently developed Spanish self-report survey with good internal consistency across scales (.91-.99) measures psychological and social difficulties experienced by former cult members.

That none of these standardized measures have been externally validated reveals a notable and significant limitation of each. Moreover, none (the GPA and GPA-S included) are suitable for active cult followers as they subjectively and retrospectively measure the cult

experience in such a manner that could invite misperception and deception by those in the throes of the cult leader's coercive control. Although these measures are not designed for purposes of clinical diagnosis and treatment, they do offer promising application for cult research.

TRAP-18

The most applicable structured professional judgment instrument for assessment of targeted violence risk among cult leaders and their followers would be the Terrorist Radicalization Assessment Protocol (TRAP-18). The violence of cults invariably targets members of the outgroup, often civilians, to advance their cause and is typically framed by the belief system, or ideology of the cult leader—the hallmarks of an act of terrorism. For cult leaders with messianic goals, certain pressures (e.g., the salience of mortality [whether by old age or serious illness], an imminent fall from power, and/or betrayal by followers) can prompt increased urgency to accomplish radical objectives [227]. In Meloy and colleagues' [228] typology of proximal warning behaviors, such stressors can lead to “last resort” warning behaviors: a call to action which contains within it both a violent action and time imperative.

The TRAP-18 is a reliable and valid assessment of risk of violence [229], and is composed of eight proximal warning behaviors and ten distal characteristics. It is widely used among counterterrorism professionals in North America, Europe, and Australia, and helps prioritize the most extreme and imminent risk cases. It also generalizes across ideologies [230], and has been shown to have excellent sensitivity and specificity [231]. Although originally developed for the assessment of lone actor terrorists, a recent study found that it could accurately postdict whether or not subjects were charged with violent or nonviolent crimes in the

assault on the U.S. Capitol on January 6, 2021 [232]. Preliminary research supports TRAP-18's robust face and content validity, and emphasized its utility to predict future violence of radical individuals [233]. As law enforcement, counterterrorism, and counterintelligence professionals have made concerted efforts to identify risk factors for cult violence [234, 235] and, thus, deal effectively with cult leaders and their followers, the TRAP-18 offers a structured professional judgment instrument for such professionals to help prevent and mitigate violence. The instrument is marketed by Multihealth Systems, Inc. (mhs.com), and was developed by the second author who derives income from both the training and distribution [236].

VI. Written Summary

This chapter sheds critical light on the salience of psychopathy and personality disorders observed among cult leaders and their followers. As illustrated by the psychological evaluation of Charles Manson, cult leaders often present with distinctive psychopathic personalities that enable them to exert inordinate influence over others and to exhibit highly manipulative and remarkably destructive conduct. Such leaders are nothing without their devotees, and this chapter illuminated the integral psychological profile that emerges for cult followers, which is often typified by a noteworthy comorbidity of antisocial, obsessive compulsive, and dependent personality traits and disorders. With this information in mind, forensic instruments, such as the PCL-R, Rorschach, MMPI-2, and TRAP-18, should be increasingly utilized to assess such individuals as they provide valuable clinical and forensic data as well as assessments of risk of targeted violence. Such tools can be leveraged to predict future violence, recidivism, risk, amenability to treatment, and institutional misconduct. Future research should more deeply

explore the psychology of female cult leaders and the psychodynamic underpinnings of psychopathic dyads (of both the complementary and concordant type) at play within cults.

VII. Key Points

- Psychopathy appears to be the most fitting yet least explored clinical disorder observed among cult leaders.
- Though psychopathy shares some personality traits and behavioral characteristics among the Cluster B personality disorders most commonly ascribed to cult leaders (ASPD and NPD), it is a distinct clinical construct characterized by affective and interpersonal deficits and a socially deviant lifestyle.
- With application of the well-validated four facet model of the construct psychopathy (affective, interpersonal, lifestyle, and antisocial), the profile of the psychopathic cult leader presents as a charismatic and persuasive, yet aggressive, parasitic and impulsive figure who exhibits a lifelong pattern of antisocial behavior and distinctly lacks empathy, shame, and remorse.
- Despite the pervasive gendered notion of men as cult leaders, women certainly lead cults as well and may present with psychopathy, as well as Cluster B personality disorders, especially HPD and BPD.
- The corresponding psychological profile that emerges for cult followers is typified by a noteworthy comorbidity of ASPD, OCPD, and DPD.
- The psychopathic cult leader may pair with complementary (masochistic and/or histrionic/hysterical) and/or concordant (sadistic and/or psychopathic) personalities.
- Suggestive forensic instruments to utilize for the clinical, forensic, and risk assessment of cult leaders and their followers include the PCL-R, Rorschach, MMPI-2, and TRAP-18.

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