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“Why did you join?”, “What made you vulnerable?” and “Why didn’t you just leave?”: A Critical Literature Review of Shame in First-Generation Cult Survivors and the Efficacy of Humanistic Therapeutic Approaches

Introduction

This critical literature review focusses on shame in first-generation survivors of spiritual cults within the context of emergent cultural, academic and political themes. The literature considered is not exhaustive but selected to provide insight into definitions of shame and cults, narratives around these, attachment in cults, the relevance of adverse childhood or adverse life experiences, the role of shame in cults, and the efficacy of therapeutic approaches to working with shame in cult survivors. Several areas for future research are highlighted including issues specific to this population that may arise in relation to shame within the transference relationship.

What is Shame?

Extant literature around shame is extensive. It is largely understood as distinct from guilt in that guilt arises in relation to behaviour that breaks a code of conduct or transgresses a moral sense and shame impacts one's sense of self. It has been suggested that guilt and shame share different motivational and evolutionary origins and functions (Gilbert, 2019). Relational-interpersonal theorists propose shame as a threat-based affect associated with dissociated states or parts of self. (Merrick, 2024) . Phenomenological-Contextualist theories focus on shame as relational mis- or mal-attunement and attachment dynamics. Both internal and external manifestations of shame are recognised, and it is variously conceptualised as a wide range of powerful emotions, a similarly wide range of affects, and a process, all with related physiology and neurological processes. (Benau, 2022; Deyoung, 2022). Shame is also considered by some to have a socio-political value that has a revelatory and emancipatory function as it raises awareness of personality and expands awareness beyond the self . (Merrick, 2024)

In contrast to the value of shame, the link between trauma and toxic or chronic shame are now seen as inextricably linked, with some suggesting that shame may be the dominant emotional experience following trauma and shame-sensitive practice is more effective in addressing trauma states. (Osborne-Crowley, 2020; Theisen-Womersley, 2021; Dolezal & Gibson, 2022). The role of shame in cults is complex and is significantly linked to interpersonal trauma within a totalistic, controlling environment. It is perhaps Merrick (2024) and Merrick & Goldin's (2024) concept of the nature of shame that best complements and is reflected in the literature around shame in cults; shame has a totalising tendency that can claim the essence of self by claiming grandiose, universal

value and truth for itself, separating shamed from shamer, and which can therefore perfectly serve totalist agendas. This totalising tendency sits on the extreme end of the shame spectrum proposed by Goldin & Posner (2024) and is implicated in dissociation, narcissism, PTSD and CPTSD, all of which pervade current literature on cults and cult survivors.

What is a Cult?

Arguments in literature around the definition of cults are spread across disciplines and definitions are selective, reflecting different academic, religious or social perspectives. For example, Kern & Jungbauer (2022), from a social-work perspective, limit their concept of a cult to a controlling religious setting. However, cult-dynamics have been recognised more broadly in zealotry and political populism (DeHanas, 2024), whereby the leader seeks to own reality (Lifton, 2019; 2020). The term “cult” or “cultism” has also been applied to intimate partner violence, multi-level marketing, therapy cults, self-development cults, families, corporations, sex trafficking, New Religious Movements (Laycock, 2022), some religions, such as Jehovah’s Witnesses (Aboud, 2020), toxic fandom, the incel movement, and more (Steel, 2022).

The majority of literature focuses on the definition of a cult based on its structure and function and how it recruits and retains members. Lifton (2019) applies the term “cult” where worship shifts from a broad spectrum of ideas to a charismatic leader, where thought reform processes are actively pursued together with some kind of merging with the leader, and where there is sexual, financial or psychological exploitation of the followers by the leader or their close disciples.

Most definitions are built on a foundation of mind control as defined by the seminal work of Lifton (2012), who sets out eight criteria for totalistic thought reform:

- Milieu control (of the environment through restricting information, including internal thoughts and feelings, control of diet, sleep, living arrangements, and isolation);
- Mystical manipulation (situations engineered or interpreted to reinforce the ideology as the only legitimate path/truth);
- Demand for purity (black and white thinking establishing “us and them” mentality applied to internal self and others outside the group - absolute purity cannot be attained inducing perpetual shame);
- Cult of confession (excessive acts of confession considered an act of ego-surrender, inflating and exploiting individual sense of guilt and shame);
- Sacred science (the ideology demands reverence creating a sense of sacredness and vision of being the ultimate morality or order of existence)
- Loaded language (Cliched jargon imbued with significance in the group and used to terminate rational thought or questioning, often used to shame)
- Doctrine over person (doctrine presides over individual experience, creating inner conflict, fear, guilt and shame when not in alignment)
- Dispensing of existence (those who do not totally subscribe to the doctrine are not worthy - reinforces us and them mentality and individual fear and shame when doubts arise)

Building on these core principles, Shaw (2014; 2024), a psychoanalytic therapist, hinges his concept of a cult on the personality of the cult leader as a traumatising narcissist.

Lalich, a social scientist, defines a cult as a self-sealing, self-reinforcing system comprised of “charismatic authority, a transcendent belief system, a system of control and a system of

influence” (Lalich, 2004; Thompson et al, 2023). Stein (2021), another social scientist, suggests that cults can be identified through the presence of attachment, trauma-bonding and brainwashing - indoctrination through deconstruction and coercion - dynamics.

Since the legal recognition of coercive control in intimate partner relationships and families in the Serious Crime Act (2015), cult experts across the globe are pushing for legal recognition of coercive control in groups, and literature is emerging defining cults through this new lens, made more visible by advocating news articles (Anon., 2023; Baker, 2024). Following this shift, the first MSc in the psychology of coercive control was launched in 2017 by two leading psychologists and cult experts (Dubrow-Marshall & Dubrow-Marshall, 2017), raising social, political and academic awareness across many sectors and disciplines. Feliciano’s Phd (2023) is the first criminal-justice study to apply the coercive control framework to cults, suggesting that this separates the dynamics of abuse from its consequences and potentially bringing clarity through definition, and recognition of abusive cults within the criminal justice process. She identified coercive control tactics of manipulation, intimidation, micro-regulation, sexual coercion, reproductive coercion, surveillance, degradation, and the presence of specific sub-tactics, such as shaming and loaded language specific to each group, and a high level of group enforcement compared to intimate relationships and sex trafficking environments. Hassan (Hassan, 2020) proposed the BITE model of control (Behaviour, Information, Thought and Emotion) that would illuminate the anatomy of undue influence and hypnosis used in cults and could potentially be utilised in forensic and juridicial contexts (Hassan & Shah, 2019).

Challenges have been made to these lenses of coercive control, brainwashing and the application of cult analogies to different kinds of groups. For example, Graamans (2024) suggests that corporations differ fundamentally from cults since they fail to control in a

totalist fashion. Sessions & Doherty (2021) critique the lack of precise definition of a cult and the homogenisation and conflation of brainwashing, coercive control and the language around cults and cultism. They suggest that this homogenised language is spuriously applied to religious or spiritual contexts, unhelpful for abuse survivors and may result in a vagueness that could be exploited in the legal system by perpetrators of domestic violence and abusive New Religious Movements. However, the highly-charged rhetoric in this article, written for a religious journal, suggests defensive, religious bias. Ushiyama (2019) suggests that terms are used interchangeably and lack scientific credibility yet resonate with the public and entrench stigmatising stereotypes of cults and cult survivors.

Most of these definitions seem to entrench a “doer-done to” or “perpetrator-victim” dynamic which potentially lends itself to shame. This is further perpetuated by the use of assessments such as the Group Psychological Abuse Scale (Chambers et al, 1994) and the Psychological Abuse Experienced in Groups Scale (Saldana et al, 2017), which is often used to differentiate cults from non-abusive groups. Further, as academics clamour to define cults, the process omits and therefore objectifies and “others” the cult survivor. Objectification and othering is shaming. However, this is somewhat mitigated by those who propose that cults should be defined by the individual, lived experience of former members (Thompson et al, 2023; Shaw, 2024). It is notable that this perspective is largely supported by academics and therapists, such as Shaw, Lalich and Stein (cited above), who are themselves cult-survivors and endeavour to explicate cult dynamics and humanise narratives around cults.

However, most of these neglect to fully examine the use of stigmatising language. The term “cult” can be problematic and shaming due to stigma and “high-demand group” is often used instead. Although current literature (including this review due to word-count

restriction and the need for brevity) refers to “cult survivors” or “former members”, this assigns a label or identity which is potentially othering, reductive, and shaming. From a humanistic perspective, it may be more appropriate to refer to “people who have spent time in” or “people who have experienced” cults/high-demand groups. Humanistic therapists and academics are in a prime position to initiate and propagate more humanising language around cults and survivors. This potential is dependent on the therapist/researcher’s own perception of cults and survivors, which can be negatively influenced by media, such as television or film.

There is a paucity of literature examining the impact of negative stereotypical and unrealistic representations of cults and cult survivors. Drawing on the work of Laycock (2013), Willmore (2021) explores how dramatisation in fictional television informs viewers perception of cults and creates bias. Cults may be portrayed as frightening or satirised for comedic effect. Regarding NRMs, sensationalism and deviant amplification creates a trend, enticing more people to engage in the activity and, in turn, resulting in harsher cultural attitudes and fostering moral panic towards cults. The integration of real or elements of real cults into fictional shows can give viewers a sense of false-realism. Viewers also experience a strong, embodied sense of bonding or aversion toward the characters. As somatically-trained humanistic therapists are aware, such an embodied experience is powerful. A therapist without experience or training in cult dynamics is likely to find these embodied responses arising in the transferential relationship. This is an area as yet unexplored and is ripe for research, especially given the increasing media and interest in cults following the release and sensational promotion (Palmer, 2021) of Netflix documentaries such as *Seduced: Inside the NXIVM Cult* (2020) and the darkly satirical series *How to Become a Cult Leader* (2023), which draws on sensational examples of real-life cults such as the Jonestown cult where the followers of Jim Jones drank the

infamous Kool Aid. These media representations have even been the basis for academic research into cult leader and follower psychopathology. For example, one study highlights media representations of them as “crazy, demented, evil, insane, remorseless and deranged[which] invites meaningful scientific inquiry into....the psychopathic cult leader, and the corresponding personality disorders that we have observed in cult followers” (Wallenborn & Reid Maloy, 2024)

Looking at literature that attempts to define cults and the cultural context in which this is arising then, gives insight into how this is significant in constructing or deconstructing shame for individual cult survivors. It illuminates how cult survivors may be significantly deterred from coming forward and seeking help - before entering into any potential therapeutic relationship, they are already on the back foot in relation to shame. This again is an area which would benefit from research. Due to the nature of shame and cultural perceptions of cults and survivors, it is difficult to find participants. However, institutes such as the International Cultic Studies Association (ICSA, 2020) are becoming further reaching and actively support academic researchers and can disseminate information to assist in finding anonymous participants.

Psychopathology of Shame and Cult Survivors

The common assumption is that cult survivors were vulnerable in some way or had some form of negative mental state, pre-disposition, or condition. Much of this is rooted in the representation of shame and the diagnoses of disorders and co-morbidities in the DSM-5. Shame is associated with many disorders in the DSM-5, including depression, anxiety disorders, narcissistic personality disorder, borderline personality disorder. (Scheel &

Legenbauer, 2021), and dissociative disorders. Cultic coercion and thought reform is recognised within a subcategory of dissociative disorders and is listed as

Otherwise Specified Dissociative Disorder 300.15 (F44.89) (APA, 2013)

“Individuals who have been subjected to intense coercive persuasion (e.g., brainwashing, thought reform, indoctrination while captive, torture, long-term political imprisonment, recruitment by sects/cults or by terror organizations) may present with prolonged changes in, or conscious questioning of, their identity.”

Such constructs of psychopathology are inherently othering and shaming but are often the starting point for research concerning both cult survivors and shame. Fine et al (2023) seek to define a shame driven phenotypes of PTSD based on neuroscience. Shame coping styles are segregated into adaptive and maladaptive, the latter conceived as contributing to psychopathology and emotion dysregulation and impacting the ability to mentalise. Asgarizadeh et al (2023) compare insecure attachment, mentalising deficits and personality disorders to clusters of shame coping styles. They found a high use of maladaptive shame-coping styles associated with dependent personality traits, neurosis and other mental health co-morbidities. They used a battery of self-report measures such as the Compass of Shame Scale, developed by Nathanson (1992) to assess shame coping styles of attack self, withdrawal, attack other, and avoidance. However, it is widely accepted that self report measures may be unreliable due to stigma and shame. Further, Lear et al (2022) reviewed self-report measures as applied to transdiagnostic, generalised shame and found that a lack of definition and varying methods impacted the ability to assess the efficacy of interventions and found that no measures met the criteria for recommended use.

Goffnet et al (2020) identified seventeen standardised measures of shame. These include the Other As Shamer (OAS) scale (Goss et al, 1994) and its short form, OAS-2 (Matos et al, 2015) focus on internal beliefs about how others evaluate the self. The External and Internal Shame Scale (EISS) (Ferreira et al, 2022) is a new measure designed to assess internal, external and global shame. A variety of empirical studies attempt to validate different shame scales. Schalkwijk et al (2016) assesses and validates the Dutch version of CoSS in Dutch population. Flowers (2023) tests and confirms validity of EISS (External and internal shame scale) in an American sample. However, these are limited to specific populations and therefore circumvent different cultural perspectives, manifestations and dynamics of shame. By the same token, such measures may not be applicable to cult survivors, who by definition have emerged from unique, totalist cultures.

Parallels have been drawn between cult membership and addiction disorders, also associated with shame. For example, Castano et al (2022), Bevers (2023) and Pretorius (2024), produced quantitative research studies through the lenses of neuroscience and cognitive-behavioural science. Bevers concludes that Rational Emotive Behavioural Therapy is the most suitable for cult survivors as it targets the persons belief system and uses logic to replace their faulty, irrational belief system. This is pathologising, negating and intensely shaming since it is likely that cult survivors still align with the ideology behind the cult. However, Berger's (2022) heuristic study likening cult membership to chemical or psychological addiction suggests that this makes it easier for mental health professionals to relate to cult survivors.

Some scholars subscribe to the narrative that cult survivors were predisposed and vulnerable to joining a cult. For example, Castano et al (2022), cites adverse childhood experiences, low self-esteem, poor critical thinking, perfectionism and poor familial ties as potential vulnerability factors. Joseph (2020) sees his own cultic experience through a psychoanalytic lens, which seems to lend itself to seeking out and pathologising unconscious vulnerability. In his heuristic study, he claims that his abusive parents and alcoholic father led to him seeking a spiritual path and his relationship with his female guru was an “oedipal relationship [that]...revealed [his] enactment of the *peur aeternus*” (Joseph, 2020, p.1)

Such perceptions entrench and feed victim blaming narratives, which construct and perpetuate shame and cultic cycles of abuse (Heckathorn, 2023). That Joseph’s (2020) recovery from cult involvement took many years could be partially attributed to the internalised psychoanalytic perspective. However, extant literature by cult experts, unanimously recognises that cult survivors are not a type of person drawn to join a cult and they are unlikely to have pre-existing psychological problems. (Ryan, 2022). They agree that no-one sets out to join a cult - recruitment takes place through a seductive and slow process that moves through stages of love bombing, detaching, change, attachment and obedience (Pretorius, 2024). It is essential human desires and needs for community, spirituality, purpose and connection that are exploited. (Grant, 2022). Cults tend to recruit psychologically healthy, intelligent and successful, sometimes wealthy, individuals that can contribute financially and further the aims of the cult. Most cult experts assert that the only common denominator signalling vulnerability to recruitment is that the person is usually recruited at a point of transition in their lives (Steel, 2022). Given this profile of pre-existing psychological health, it is surprising that there is currently no research on resilience or

shame-resilience in cult survivors, which would expand insight and inform therapeutic approaches working with this population.

The concept of ACEs (Zarse et al, 2019) or developmental attachment wounds then, linked to toxic/chronic shame and associated with developmental trauma and shame, may be pertinent to second-generation cult survivors (those born and raised in a cult) but are not broadly significant in understanding first-generation adult survivors. However, the process of recruitment and immersion in the cult induces deep shame and trauma and would more appropriately be termed an Adverse Life Experience. Miller (2024) asserts that survivors of cultic, ritual abuse experience every kind of trauma and Shaw (2024) suggests that this manifests as a unique, specific sub-category of CPTSD.

Traumatic Narcissism, Attachment and Shame in Cults

Narcissism is a hot topic in popular culture, the world of psychotherapy and academia. For example, Durvusala (2025) writes extensively about and produces YouTube videos on narcissistic abuse and how to navigate relationships with narcissism and CPD courses for therapists are emerging within governing bodies such as the NCPS offering training in how to work with narcissism and shame (Handy, 2024) are emerging. Narcissistic personality disorder is recognised in the DSM-5 (APA, 2013) as “a personality style that includes grandiosity, self-importance, sense of entitlement, need for admiration, lack of empathy, interpersonally exploitative, erraticism, arrogance, haughtiness, disdainfulness, patronizing, and has a lack of relational reciprocal interest” (Shalchian, 2022). Within therapeutic contexts, it is widely understood that a deep sense of shame is at the core of the narcissistic personality, which is then denied as part of self and projected outwards. Cult experts agree that cult leaders are traumatic narcissists (Stein, 2021; Shaw, 2024).

The attachment relationship created between the traumatic narcissist cult leader and follower is understood as a dependent trauma-bond (Stein, 2021), created and cemented through love, terror, and shame and executed through thought-reform processes as described earlier in this review. Shaw (2021;2023) is the only scholar and cult expert to fully focus on the role of shame in cults and its core role in the “relational system of subjugation” (Shaw, 2023, p.779). This induces self-alienation (Shaw, 2024) within the cult member and demands a high level of dissociation, often sustained through trance-inducing practices such as fasting, long periods of meditation, and excessive, repetitive manual labour. Jenkinson (2019) describes the cult leader/follower relationship as an enmeshed, confluent trance.

Dissociation and shame are closely linked (Rudy et al, 2022) and there is extensive literature exploring the manifestations and nuances between the two, such as Benau’s (2020; 2022) exploration of the phenomenology of shame, pride and dissociation in the context of relational trauma. However, while cult experts focus on dissociation and shame in cult survivors from a largely “doer-done-to” perspective, there remains an elephant in the room. Given the often prolonged enmeshment with the traumatising, narcissistic cult leader, and the relationship between shame, dissociation and pride, how far do cult survivors internalise and reflect the cult-leader’s narcissistic tendencies after leaving the group? Research in this area could balance perspectives and inform therapeutic work with shame in cult survivors.

Therapeutic Approaches to working with Shame in Cult Survivors

Current humanistic therapeutic approaches to working with shame recognise the nature of interpersonal trauma and are trauma-informed, relational and embodied, and share a focus on cultivating inclusion of parts of self and self-compassion. Extant literature in this area is extensive. However, there are very few therapists trained to work with cult survivors and a paucity of literature concerning specific approaches working with this population and the efficacy of these approaches.

Cult experts such as Shaw and Jenkinson who work therapeutically with cult survivors are respectively psychoanalytic and gestalt therapists and both advocate for a relational, trauma-informed approach, with psycho-education at the core. Jenkinson (2019) suggests the gestalt - psycho-educational approach allows the client to “chew over “ their cultic experience and choose what to ingest or discard. Shaw (2023;2024) proposes IFS as an effective therapy, which seeks to compassionately engage and integrate dissociated, shameful or shaming parts, and where shame can lead to hyper- or hypo-arousal and core beliefs are associated with these different states (Frawley, 2020). However, cultic influence leads to the development of an alter (Miller, 2024) or cult pseudo-personality (Hassan & Shah, 2019; Jenkinson, 2019) which controls the real identity. The difficulty faced by therapists is knowing when they are dealing with the pseudo-identity or the real-identity and learning what the triggers are.

This complication can be exacerbated through transference - the therapists own shame (Buechler, 2024; Shah, 2022; Yan 2023) as well as shame constructed by othering as discussed earlier in this review. Therapist perspectives on narcissism may also feed negative transference. For example, Dykes (2023) suggests that societal perspectives

and empathic, compassionate therapeutic approaches to narcissistic personality disorder tend to romanticise narcissism and can feed narratives that discredit victims of narcissistic abuse. Dissociation can also feed transference, since it has been shown to induce shame if experienced in certain relational contexts, such as where the client anticipates judgement (Dorahy et al, 2021; 2023a; 2023b). Cult survivors continue to experience dissociative states long after leaving a cult, and the tendency to enter into a confluent state could easily occur within the humanistic therapeutic relationship, facilitated by meditative relaxation, mindfulness, guided imagery practices and the humanistic endeavour to empathise and attune to the client, for instance; the therapeutic relationship can mirror the cult dynamic in many ways. This is an area that has not been researched to date and would inform therapeutic approaches to working with shame and dissociation in cult survivors.

Cult-expert therapists then, such as Shaw and Jenkinson, have produced literature and recommended therapeutic approaches which humanise cultic experiences. Shaw's article on the role of shame in cults prompted two scholarly responses. Buechler (2023) welcomes the humanising influence of Shaw's work and suggests that the emotion of shame experienced by cult survivors is uniquely individual, nuanced and mediated by the presence of other emotions. Yadlin-Gadot (2023) recognises that the cult-member's desire to surrender to a Big Other is a human tendency (Yadlin-Gadot, 2023) and proposes existential mourning as a process of cult recovery. An existential therapeutic approach to working with cult survivors has not been explored in literature to date but creating meaning around cult experiences and contextualising them in an existential framework would undoubtedly reduce shame. This, together with an understanding of betrayal trauma (Gagnon et al, 2017) and moral injury in cults, could expand current therapeutic approaches beyond parts work and inner integration.

Literature recommending therapeutic approaches produced by therapists who are not cult survivors themselves demonstrates difficulty in relating to the cult survivor or incredulity toward the cult experience. Ross proposes deprogramming the cult survivor and deconstructing the victim-rescuer-perpetrator triangle set up between programmed, introjected alters. Miller (2024), suggests the therapist stance be one of therapeutic neutrality, especially when being asked by the client if they believe their account of what has happened to them. Beuchler (2023) challenges this concept of therapeutic neutrality when working with shame in cult survivors and claims this leaves a shame-inducing vacuum where validation and empathic witnessing essential.

There are currently no studies attempting to empirically evaluate the effectiveness of these therapeutic approaches to working with cult survivors, and evaluating the effectiveness of therapy is generally problematic (Greener, 2024). However, Parsons et al (2020; 2021) conducted the first study of its kind, piloting Arts for the Blues - a pluralistic, multi-modal, art-based therapy applied to cult survivors. The researchers included cult survivors and the study took place at the annual convention for ICSA. While the study did not focus on shame, all three participants entered a flow state, suggesting deep engagement with the process. Further, their subsequent reflection (Karkou et al, 2021) utilised a collective-biographical, reflexive process rested upon the Power-Threat-Meaning framework. This shone a light on the counter-transferential relationship and signalled a shift in academia toward humanistic principles, which are de-pathologising and de-shaming.

Conclusion

This review has contextualised shame in cult survivors within emergent cultural, academic and political themes which either construct or de-construct shame in this population. It highlights the paucity of research and suggests several areas for future research, including the efficacy of existential therapy working with cult survivors. It reveals how working with shame in cult survivors demands a nuanced approach, informed by specialist understanding. Traditional humanistic, embodied, and trauma-informed approaches may be appropriate, but lack of research and the specific nature of dissociation and shame experienced by cult survivors demands a cautious application and specialised training for therapists who are not cult survivors themselves.

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