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Recovering From Sexual Abuse in Cults: What Can We Learn From Neurobiology?

By Doni Whitsett

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Let's begin by carving out the territory to be discussed. What we generally mean by *sexual abuse* is that there is no consent. And what is consent? There are three components—the sex has to be *voluntary*, without strings attached, such as repercussions if you don't agree; you have to have enough *knowledge* of sex to give consent; and of course you have to have the *capacity* to consent (e.g., not only must you be at the age of consent, but you also must have the clarity of mind to consent). But I also believe that another type of abuse is the kind many cult survivors live with, and that is the extreme prohibitions about sex. These negative messages often continue to run in the background for years after someone has physically left the cult, taking away some of what one might otherwise experience as the joy of sexuality.

The Sexual Context of Cults

So let's talk about how human sexuality is dealt with in these controlled environments (i.e., *cults*). Sex is a powerful aspect of our humanity and, as such, it can threaten the power and control of the leader. Therefore, cults usually try to control many aspects of sexuality with various prescriptions and proscriptions for sexual behavior. At one end of the continuum are the groups such as the Bible-based groups who preach abstinence until marriage, who suppress sexual expression. At the other end of the continuum are New Age groups in which people are encouraged to indulge in sex with other members indiscriminately. Either way, the model is not freely chosen but instead is designed and designated by the leader; and these conditions can change at his whim. For example, David Berg suddenly instituted the practice of *flirty fishing* when he claimed to have had a vision one night. Thus, individual members in such groups do not have agency over their own bodies; and the depth of intimacy and attachment that sex would normally bring to a couple is weakened.

Other aspects of sexual behavior are child bearing and rearing. Some cults and cultic groups prescribe abortions for women; others, such as the polygamous groups, expect women to have numerous children. Child-rearing practices are also handed down by the leader, who is often harsh and has no awareness of, or training in, healthy child development. Children born into cults are sometimes sent away under the guise of "education," as in the 3HO group, or "the best interests of the child." In reality, however, any bond, be it to partner or child, is a threat to the leader. This is especially true of the parent-child bond because the adult role of "parent," which requires critical thinking and adult decision-making, runs contrary to the childlike, obedient state required of cult members. To eliminate this cognitive dissonance and maintain control over the parents, the leader or group may send children away.

The atmosphere within the group is often very sexualized: Adults change partners; nudity is normalized; there's a lack of privacy, with bedroom and bathroom doors sometimes removed. This environment, of course, concretizes the lack of boundaries in cults. Children are not free to explore any aspect of their personalities, let alone their sexuality. Boys and girls are often kept separate, and they are punished if they're found even talking to the other. Dyadic adult attachments may also be discouraged, either by prohibited sex or by

indiscriminate sex. Sexism and heterosexism characterize these groups. In many groups, women are subservient to men, except perhaps when there is a female leader. Women may be expected to serve men in all respects: Sexual coercion and marital rape are often the consequences.

Sociologist and forensic social worker Evan Stark has written eloquently about "coerced consent," which refers to individuals being seduced into consenting to sex to avoid severe consequences of noncompliance. Both polygamous and other cults exemplify this practice. Stark gives the example of a battered woman's dilemma: "a form of intimidation in which the perpetrator forces the mother to choose between her own safety and that of her child" (Stark, 2007, p. 258). Cult survivors in similar situations will recognize this dilemma. Judith Herman (1992) also talked about this: "The final step in the psychological control is when she [the woman] is forced to violate her own moral principles and to betray her basic human attachments" (p. 83).

Consequences

A child growing up in a cult has often experienced an interruption in their social and emotional (i.e., psychosocial) development because of the inability to develop their *true self*. Instead, their development is shaped by the rules and restrictions placed upon them. Therefore, when they get out of the cult, they may go thru a delayed but normal adolescent period of sexual experimentation, which may include multiple sex partners and other practices that run counter to the restrictions of their youth. In addition, since they have no experience forming and maintaining committed relationships because attachments in the group were discouraged, they lack the skills necessary for relationships, including trust.

Psychological Consequences

Guilt and shame are two psychological consequences of sexual abuse: Guilt is about behaviors, real or imagined transgressions; and for these, one can make amends. Shame, in contrast, is more insidious. Shame is about who one is, one's essence. People cannot make amends for shame. The only antidote is forgiveness—of the self. As Daniel Shaw has reminded us, the victim of sexual abuse internalizes the projected shame from the perpetrator (Shaw, 2013). In addition, the victim may have enjoyed parts of the experience (i.e., the special attention, status, and privileges). Additionally, because our bodies will respond when stimulated, even during rape, the victim may have become sexually aroused during the abuse. This response is nature's way of protecting the body; but survivors often feel that, if they responded sexually, they must have wanted the abuse. Some perpetrators reinforce this belief by blaming the survivors for being seductive (see, for example, Yogi Bhajan's teachings on rape). Various labels have been attached to this concept, all referring to the positive feelings generated through the grooming process: *trauma bonding, trauma coerced bonding, traumatic attachment*, and *trauma-coerced attachment*.

Sexual Consequences

In general, survivors' reactions to sexual abuse may tend toward either sex aversive behavior or hypersexuality. They may be afraid of sex, or they may approach sex as an obligation. They may experience difficulties in any phase of the sexual-response cycle (desire, arousal, orgasm). The experience of abuse may also affect their sexual and affectional orientation and practices as the result of *associative learning*. What this means is that an early abusive experience, paired with sexual arousal, may become part of the survivor's sexual script or *lovemap*. For example, a cult survivor who was violated as a child may not be able to become aroused without some form of coercion or force.

Beyond these general consequences, following is a list of some specific consequences identified by sex therapist Wendy Maltz (2012, see pp. 280–303; see also https://www.youtube.com/watch?v=KXE14sDPOP8&t=26s):

- Negative emotions when touched (fear, guilt, disgust)
- Feeling emotionally distant, not present during sex
- Intrusive, disturbing thoughts, images during sex
- Compulsive, risky, or inappropriate behavior
- Difficulty with or avoidance of intimate relationships
- Numbness in the pelvic region of body
- Difficulty with arousal; not feeling sensations
- Erectile dysfunction
- Premature ejaculation
- Inability to orgasm
- Delayed orgasm
- Pain disorders (tension, spasms)

Although these are considered sexual dysfunctions, Maltz makes the point that they may actually be protections against painful memories. Today there are treatments for all of these dysfunctions, which often require the help of a sex therapist.

Selected Neurobiological Consequences

Many neurobiological systems are disrupted due to trauma; I discuss three of them here. The first is a dysregulation of the normal stress-response system. When functioning normally, the stress response, involving the hypothalamic-pituitary-adrenal (HPA) axis, puts out adrenaline and cortisol to allow individuals to fight or flee the danger. Once the danger is over, cortisol drops, and the body rests and recovers. But in chronic or prolonged stress, the body continues to pump out cortisol, the stress hormone. In the short term, cortisol is necessary to respond to stress; but in the long term, cortisol is very toxic to the body. It burns out synapses in the brain, damages bodily organs, and impairs the immune system's ability to reduce inflammation, the cause of most diseases. The Adverse Childhood Experiences (ACE) study has provided empirical evidence for these assertions, indicating that people with early adversity as children were more likely in adulthood to get heart disease, diabetes, psychiatric symptoms, and other diseases (Larkin, et al., 2014). Paradoxically, chronic abuse can also result in abnormally low levels of cortisol, and low levels have been predictive of individuals developing PTSD when faced with a traumatic experience (Yehuda, 2011).

The second system that is affected in trauma is the memory system. "The survival brain becomes corrupted during trauma. It perceives us to be helpless, powerless, and lacking control" (Stanley, 2019, p. 106). We lose the ability to distinguish past from present (flashbacks), so that, although we may have been powerless in the past but aren't in the present, our nervous systems don't know that. Therefore, one of the recovery strategies is to remind ourselves that that was then and this is now, and we're not powerless.

The third system that is affected is *neuroception*, our ability to detect danger and move toward safety. This is an automatic, unconscious process. We are wired to avoid threat and move toward the safety of connection with other human beings. According to Stephen Porges's *polyvagal theory*, our autonomic nervous system has evolved to create a hierarchy of strategies to be used for these purposes. Five hundred million years ago, our only evolutionary strategy for protection was to become immobile, to "play possum" as the saying goes, so that the predator would go away. This is the well-known "freeze" state. (Freezing/dissociation is the function of the oldest part of the parasympathetic branch). Moving up the evolutionary ladder, the next strategy for protection was to be able to mobilize through fighting or fleeing (the function of the sympathetic branch). And only in the past 200 million years have we evolved a new part of the parasympathetic branch known as the social-engagement system, with which we protect ourselves through connection with other humans (Dana, 2020). According to Van der Kolk (2014), when the

traumatized brain encounters unexpected situations or experiences, whether or not they are considered traumatic, it is more likely to fall back on the oldest evolutionary strategies—flight/flight or freeze/dissociate—because the brain is sensitized to danger and perceives threat where none may exist.

Recovery from abuse, then, involves learning strategies that will bring the most advanced system, the social engagement system, back online. To help move from sympathetic (fight/flight) to SE, therapists suggest the following activities: deep, slow breaths, and calming activities (e.g., listening to music, visualizing a safe or serene place, walking in nature, reaching out to a supportive person). To move from a freeze or dissociated state to SE, therapists suggest grounding exercises to anchor oneself in the present.

Healing

This brings us to a discussion of healing. The good news is that the brain remains plastic throughout life through the processes of *neurogenesis* and *neuroplasticity*. Neurogenesis occurs when the brain develops new neurons, and neuroplasticity occurs when the brain creates new neural networks.

One of the worst things about sexual abuse is the lack of control over one's own sexuality. So my first suggestion is to *claim* (as in the case of people born or raised in cultic situations) or *reclaim* your own sexuality. What does that mean? It means embracing yourself as a sexual being, getting in touch with your sexual self, allowing yourself to take pleasure in your own body, feeling entitled to this pleasure, and engaging in sexual activity with whatever partner you choose, without shame or guilt.

But sexuality is a body response. You can't just think your way into it. So my next suggestion is *self-pleasuring* (*masturbation*). To own your sexuality, you need to get to know your body, what gets your juices flowing, what you don't like. It's best to go exploring first by yourself rather than with a partner so you don't have to be concerned about another person's needs or reactions.

You should do this gradually. Before you start, create in your mind a safe place, a place you've been to or one you can imagine. Then, if you get triggered, pull back, think of your safe place, and let the anxiety subside. Begin again when you're ready.

Dealing With Triggers. *Set* and *setting* are important. Avoid the same conditions under which the abuse occurred; it might be the room or the time of day. Your mindset is essential. Never have sex when you don't want to, or out of obligation; and only have sex when you feel safe and with someone you trust.

Getting "triggered" means that you've moved out of the safety of the social-engagement system, down the evolutionary ladder to either fight/flight (sympathetic) or all the way down to freeze/dissociation (oldest parasympathetic). To minimize being triggered, communicate with your partner. Share your story when you feel comfortable, and trust that it will be received with empathy and respect for what you went through. You may want to have a "safe word" or sign during the sexual encounter that means *stop*. Communicate with yourself too; do self-talk. Remind yourself, "this isn't happening now"; "this happened in the past, I'm safe now"; "I'm choosing to have sex."

> However, if you get triggered during sex, Wendy Maltz (2012; see pp. 135–163; see also https://www.youtube.com/watch?v=KXE14sDPOP8&t=26s) recommends doing the following:
>
> - Stop
> - Take slow, deep breaths
> - Look directly at your partner
> - Talk to your partner

- Increase other senses (grounding)
- Make adjustments for comfort
- Resume, or stop

Facing Fear: Working it Through

Trauma "lives" in the limbic system (emotional brain); it doesn't get processed fully through the higher cortical regions of the brain where cognitive understanding can be put on the experience. But you can't just reason with the limbic system. You have to talk its language, and the language of the limbic system is emotion. So how do you do that?

In therapy, we talk about working within the *window of tolerance,* a term first coined by D. J. Siegel in 1999 (see Figure 1). The window of tolerance is an area between hyperarousal and hypoarousal in which the person can process experiences/memories without either being flooded with emotion (fight/flight) or shutting down (numb, dissociated). Outside this window, the executive brain does not function well: It has limited ability to think rationally, to be reflective, to use good judgement, and to regulate one's affect. Windows of tolerance are idiosyncratic because they depend upon such variables as one's state of mind at a given time; the particular emotional valence; the social context; and physiological states such as hunger, temperament, and one's experiences (Siegel, 1999, 254–255). People also have varying abilities to tolerate different emotions, such as a having a high tolerance for joyful intensity but a very low tolerance for expressions of anger. Thus, therapy involves "widening the window" (Stanley, 2010) so that one can place trauma memories in the past, where they lose their power to dominate one's life.

Limbic Resonance

We access trauma memories by being empathically attuned to clients' internal, emotional state. We call this being in *limbic resonance* with them. From there, we help process the traumatic experiences by talking the language of the limbic system—in our tone of voice, in our affect, by noticing and following somatic cues from moment to moment (e.g., facial expressions and body language). This is bottom-up processing. We resonate with the clients' internal affect state; we feel *with* them and help them look at the trauma from the perspective of the present day, putting new understanding/meaning on old experiences (top-down processing). As we bear witness to what was done to them, they know they're not alone, and they can tolerate revisiting the past.

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About the Author

Doni Whitsett, PhD, LCSW, is a Fulbright Scholar and Clinical Professor of Social Work at the USC Suzanne Dworak-Peck School of Social Work, where she has taught for more than 25 years. She has been working with cult survivors for three decades, publishes articles on this topic, conducts workshops to educate mental health professionals, and presents at conferences both nationally and internationally. She also does forensic work testifying as a cult expert. whitsett@usc.edu