

*Full Length Research Paper*

# Cult Members' "three-low-and-one-high" Symptoms and Theirs' Solution-focused Brief Psychological Counseling

Juan Zhou, Yuran Luo, Qingping Chen\*, Ying Liang

School of Psychology, Shaanxi Normal University, Shaanxi Key Laboratory of Behavior and Cognitive Neuroscience, Xi'an, Shaanxi Province, China.

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This study aimed to examine the inner psychological characteristics of cult members, provide a basis for the implementation of psychological counseling. 63 cult members and 69 ordinary people were assessed with the Self-Consistency and Congruence Scale (SCCS), the Interpersonal Trust Scale (ITS), the State-Trait Anxiety Inventory (STAI), and the Self-rated Health Measurement Scale (SRHMS). Cult members scored significantly lower than the control group in the total score of the interpersonal trust, self-flexibility dimension and self-rated health. ( $t=-3.67, p<0.01$ ;  $t=-2.34, p<0.05$ ;  $t=-4.66, p<0.01$ ); cult members scored significantly lower on each dimension of self-rated health than the control group ( $t=3.22, p<0.01$ ;  $t=4.18, p<0.01$ ;  $t=3.49, p<0.01$ ;  $t=4.66, p<0.01$ ); cult members scored significantly higher than the control group in the total score of the self and experience disharmony dimension and the trait anxiety level ( $t=2.11, p<0.05$ ;  $t=5.67, p<0.01$ ); cult members' self-consistency and congruence has negative correlation with mental health ( $r=-0.372, p<0.05$ ); trait anxiety and mental health have a negative correlation relationship ( $r=-0.557, p<0.01$ ); the main factors influencing cult members' mental health were self and experience disharmony and trait anxiety, with two factors explaining 22.3% of the mental health. Cult members were reported to have lower interpersonal trust, lower self-consistency and congruence, lower health level and higher trait anxiety (the so-called "three-low-and-one-high" symptoms). We can use the solution-focused brief therapy to implement mental counseling, which has an emphasis on problem-solving without an entanglement of the causes, and on promotion of cult members' changes in a positive attitude.

**Key words:** Cult members, "three-low-and-one-high" symptoms, solution-focused brief therapy.

## INTRODUCTION

Destructive cult group (hereinafter referred to as worship group) was defined as a group or organization in religion, culture, or other forms which would require absolute

loyalty of its members. For these groups, members played for a certain person or proposition, and were operated by their leaders to achieve own purpose, with

\*Corresponding author. E-mail: [qingping3150@qq.com](mailto:qingping3150@qq.com). Tel: 13991301028.

inducting and controlling members to damage members' families and social environment (Pepe Rodriguez (Spain), Shi Ling's translation: "Adiction a Sectas", Beijing: Xinhua Publishing House, 2001 edition, page 17-18. Dengfeng, 1994). In this paper, the cult member refers to joining cult group and its activities, at the same time with psychological function degradation. China is currently in the period of social transition and prominent contradictions, some cult groups take the opportunity to disturb social public order. In recent years, scholars have carried out numerous researches on worship causes, the cult members' personality traits and behavior patterns. But there is rare research of cult members' interpersonal trust, self-consistency and congruence, anxiety, mental health and their relationships. In order to address the above problem, this study examined the special group's psychological characteristics and symptoms, and took solution-focused brief therapy to implement mental counseling which could help members better adapt to their social life.

### Participants and procedure

Cult groups: this study recruited 67 cult members from Shaanxi Province of China and obtained the member's informed consent. All of them fulfilled the inclusion criteria: a) The members joined in cult group and dedicated themselves to the worship activities more than 5 h per day; b) The members extremely idolized the hierarchy; c) The members spread the extreme cult thoughts; d) The members' personality and emotional state were different from the former, cognitive function was impaired and they refused to accept social mainstream values; e) The members did not have serious physical illness, mental illness, reading/writing disabilities, or recent drug use situation. We distributed 67 questionnaires, which had 63 valid questionnaires with a recovery rate of 94%. The 63 cult members, with the average age of 50, composed by 21 males and 42 females. Regarding the degree of education, 14 were primary education, 16 were junior middle school education, 23 were high school education, 3 were junior college education and 7 had college education. Control groups: this study recruited 69 normal persons in the same conditions as gender, age, and education. All of them fulfilled the inclusion criteria: a) They had never been exposed to worship activities. b) They had no serious physical illness, mental illness, or reading/writing disabilities. There were 25 males and 44 females, with a recovery rate of 100%. These two groups were no differences from each other in their demographic variables ( $p > 0.05$ ).

Evaluation personnel included professor of psychology and psychological counseling professional graduate students, according to the experimental design unified instructions, on-site recycling questionnaire. No data loss.

## METHOD

### Materials

a) Interpersonal Trust Scale (ITS) (Buger and Huichang, 2000): This scale, proposed by Rotter, included a variety of situations of interpersonal trust. It has 25 items, with five-point score. Total score ranged from 25 to 125 points. A higher score showed a higher degree of interpersonal trust. The split-half reliability of the scale was 0.76, and the retest validity was 0.68. b) Self-Consistency and Congruence Scale (SCCS) (Dengfeng Wang. The preparation of self harmonious scale. Chinese Journal of Clinical Psychology, 1994(1), page19-22. Xu, 2009): This scale, proposed by Dengfeng Wang, was divided into three dimensions including the disharmony of self and experience, the self-flexibility and the self-stiffness. It has 35 items, with five-point score. A higher score indicated a low self-consistency and congruence. The internal consistency coefficients of three sub-scales were 0.85, 0.81, and 0.64, respectively. c) Self-rated Health Measurement Scale (SRHMS) (Jun Xu. The development and evaluation of self-rated health measurement scale, Chinese Journal of Behavioral Medical Science, 2009(1), page65-68. Lijing and Minsu, 2015): This scale included 48 items and was divided into three dimensions of physical, mental and social health. A higher score showed better health. The test-retest reliability of the scale was 0.857, and the internal consistency coefficient was 0.898. d) State-Trait Anxiety Inventory (STAI) (Wang Xiangdong chief editor. China Mental Health Assessment Handbook (updated version), Chinese Mental Health Journal, 1993 edition, page 205-209 Moosa et al., 2009): This scale has been translated into Chinese with 40 items. The first 20 items were entitled the status anxiety inventory (S-AL), which assessed a particular time or a particular context of fear, nervous, anxiety and other emotional experience. The other 20 items were entitled the trait anxiety inventory (T-AL), which assessed habitual anxiety experience among people. The retest reliability of the S-AL scale was 0.88. The retest reliability of the T-AL scale was 0.90.

### Statistical analysis tools

This study used SPSS 17.0 for data analysis, by conducting independent samples t-test, correlation analysis and regression analysis. The difference with  $P < 0.05$  was statistically significant.

## RESULTS

### The analysis of differences in interpersonal trust between cult group and control group

The mean level of interpersonal trust for the cult group was  $73.87 \pm 7.69$ , for the control group was  $78.68 \pm 7.37$ . The former was significantly lower than the latter, indicating a statistically significant difference between the two groups ( $t = -3.67, p < 0.01$ ).

### The analysis of the differences in self-consistency and congruence between cult group and control group

Table 1 showed that there were significant differences between cult group and control group in self and

**Table 1.** Analysis of each dimension of self-consistency and congruence.

Item	Cult group (N=63) M±SD	Control group (N=69) M±SD	t-test
Self and experience disharmony	48.83±10.13	46.32±8.41	2.11*
Self-flexibility	41.97±4.66	44.58±7.87	-2.34*
Self-stiffness	21.71±4.40	20.96±4.22	0.92

\* Significant at 0.05 level;\*\* Significant at 0.01 level(two tails).

**Table 2.** Analysis of each dimension of self-rated health.

Item	Cult group (N=63) M±SD	Control group (N=69) M±SD	t-test
Physical health	119.11±23.96	131.86±21.51	-3.22**
Mental Health	89.17±18.55	104.80±24.26	-4.18**
Social Health	74.68±16.70	86.00±20.52	-3.49**
Self-rated Health	310.33±45.65	353.36±60.02	-4.66**

experience disharmony and self-flexibility, whereas no significant difference in self-stiffness.

#### The analysis of the differences in self-rated health between cult group and control group

Table 2 showed that cult group scored significantly lower than the control group, and there were significant difference between the two groups.

#### The analysis of the differences in anxiety between cult group and control group

The mean level of trait-anxiety for the cult group was 48.98±7.46, for the control group was 40.87 ± 8.97. The former was significantly higher than the latter, indicating a significant difference between the two groups ( $t=5.67$ ,  $p<0.01$ ). There were no significant difference in the state-anxiety between the two groups ( $t= 1.15$ ,  $p>0.05$ ).

#### The relevant analysis among interpersonal trust, self-consistency and congruence, state-trait anxiety with self-rated health of cult group

Results (Table 3) showed that the cult members' interpersonal trust was positively correlated with mental health and self-rated health ( $r=0.31$ ,  $r=0.27$ ,  $p<0.05$ ). Self and experience disharmony was negatively correlated with mental health and self-rated health ( $r=-0.47$ ,  $r=-0.32$ ,  $p<0.01$ ). The self-stiffness was negatively correlated with mental health ( $r=-0.26$ ,  $p<0.05$ ). The self-flexibility was positively correlated with physical health ( $r=0.26$ ,  $p<0.05$ ). The self-consistency and congruence was negatively

correlated with social health, mental health and self-rated health ( $r=-0.37$ ,  $r=-0.29$ ,  $r=-0.31$ ,  $p<0.05$ ). Trait anxiety was negatively correlated with physical health, psychological health and self-rated health ( $r= -0.27$ ,  $p<0.05$ ;  $r= -0.56$ ,  $r=0.53$ ,  $p< 0.01$ ).

#### The regression analysis in health factor of cult group

To further understand the impact of interpersonal trust, self-consistency and congruence, and anxiety level on cult members' self-rated health, stepwise regression analysis was conducted (Table 4). Results showed that trait anxiety and self and experience disharmony could significantly predict mental health, with the joint explained variance of 22.3% ( $F=11.549$ ,  $p<0.01$ ;  $F=8.589$ ,  $p<0.05$ ). Trait anxiety could significantly predict self-rated health, explaining 28.2% of self-rated health.

## DISCUSSION

### The "three-low-and-one-high" symptoms of the cult members and the discussion on \causes

#### Discussions on causes that cult members have low interpersonal trust

"Chinese society emphasizes 'difference pattern' in the relations, individuals often use different standards to treat people whom have different relationships with them, that is to say, people would have certain kinds of trust on 'others' with the same group identity, and believe that they could be rewarded from identified group" (Xiaotong Fei: "Local China". Beijing: Zhonghua Book Company, 1948, page25-34 Rodriguez, 2001). As a special group in

**Table 3.** Correlation analysis among interpersonal trust, self-consistency and congruence, state-trait anxiety with self-rated health of cult group.

Item	Physical health	Mental Health	Social Health	Self-rated Health
Interpersonal trust	0.196	0.301*	0.183	0.271*
Self and experience disharmony	-0.144	-0.468**	-0.228	-0.323**
Self-stiffness	-0.148	-0.261*	-0.053	-0.161
Self-flexibility	0.265*	0.045	0.230	0.035
Self-consistency and congruence	-0.070	-0.372*	-0.288*	-0.305*
Trait-anxiety	-0.275*	-0.557**	-0.220	-0.531**
State-anxiety	-0.140	-0.328*	-0.218	-0.351**

**Table 4.** The regression analysis in health factor of cult group.

Dependent variables	Independent variables	R	R <sup>2</sup>	F	$\beta$	t-test
Physical health	trait-anxiety	0.275	0.076	5.002*	-0.275	-2.236*
Mental health	trait-anxiety	0.399	0.159	11.549**	-0.351	-3.033**
	self and experience disharmony	0.472	0.223	8.589**	-0.256	-2.212*
Social health	self-consistency and congruence	0.288	0.083	5.535*	-0.288	-2.353**
Self-rated health	trait-anxiety	0.531	0.282	23.942**	-0.531	-4.893**

the society, cult members would worship their “hierarchy” and seek psychological sustenance from the cult groups. With closed worship activities and isolated from social life for a long term, cult members lack of certain social support system, then they could only look for interpersonal identity and support within the worship group, over the past three decades, the influence and importance of social support has been well documented and the findings have suggested a closed relationship with mental and physical health and social functioning (Moosa MYH, Jonsson G, Jeenah FY, Michael J. Supportgroups for HIV positive mentally ill patients. *International Journal of Psychology and Counseling*, Vol. 1(9), pp. 147-153, November, 2009 Qingping, 2012).

The group ideas of different patterns would easily lead to conflicting social relations and intensify their general mistrust on the “outsiders”, which would cause a low interpersonal trust.

#### Discussions on causes that cult members have a low degree of self-consistency and congruence

The self-concept of cult members was in a discordant state, mainly shown as the disharmony between self and experience, as well as a low self-flexibility. This was due to the unbalanced self-concept: the ideal self was the pursuit of “perfection” and “entering the kingdom of heaven”, while the real self was hard to reach. The two types of self-made conflicts in mind, and a low self-

flexibility made adjustment capacity insufficient. These has caused a rigid cognitive style in the self-concept and deepened a low degree of self-consistency and congruence.

#### Discussions on causes that cult members have the low levels of physical and mental health

The majority of cult members joined the cult group because of health problems, which lead to extreme practice (even in self-abusive) and few hours of sleeping. This has caused hypoglycemia, malnutrition, and body function declination. Moreover, they avoided taking medicine or drugs, so that they may lose the best timing for medical treatment. In mental health, as a long term of mind control by the worship group, their emotional and cognitive functions have been damaged, even with hallucinations and psychological disorders. In social health, cult member was very exclusive, and it is difficult for them to take their social roles and missions, resulting in the degradation of social function and the poor adaptability. These made their physical and mental health levels lower than the non-worship personnel.

#### Discussions on causes that cult members have the high trait anxiety level

According to Spielberg’s theory of anxiety, anxiety was

divided into two categories (i.e., state anxiety and trait anxiety). The former was a temporary fluctuation state of anxiety, and the latter was the personality traits with relative stability. Studies have suggested that the clinical physical and mental health research should focus on personality traits, which made targeted interventions for personality factors to improve the physical and mental health (Lijing W, Minsu Y (2015). Relationship between the disability acceptance and personality trait in patients with traumatic brain injury. *Chinese J. Rehabil.* 4:262-264 Qingping, 2012). This study shows that the trait anxiety level of cult members was significantly higher than non-worship personnel. Cult members get used to worries, fears and nervous, and are easily to experience anxiety because of their personality tendency of anxiety trait. Many studies have confirmed that people with high levels of trait anxiety would have negative emotions with problems (Xi Liu. Relationships between Trait Anxiety, Stress, Coping and Mental Health. *China Journal of Health Psychology*, 2012(4), page602-605. Qirong et al., 2014). They seek for unrealistic worship behaviors to relieve their anxiety. However, it could not solve the problem fundamentally. Instead, they would exacerbate the anxiety experience, which caused inappropriate behaviors.

#### **Discussions on causes that cult members' lower healthy levels caused by low interpersonal trust, self-consistency and congruence and high trait anxiety**

Psychologists Rotter thought: "If a person lacks a sense of trust, he would doubt anything, and easily fall into anxious mood, resulted damages in physical and mental health" (Rotter, 1967)." And Rogers believed that "the harmony between human behavior and the self-concept are the prerequisite for maintaining the mental health (Jerry MB (2000). Huichang Chen's translation: "Personality Psychology". Beijing, China Light Industry Press pp. 221-223. Wang, 1993). This study confirmed that the level of mental health could be predicted by cult members' self and experience disharmony as well as the trait anxiety. Thus, cult members' low interpersonal trust, low self-consistency and congruence and high trait anxiety could together cause low levels of physical and mental health, and low physical and mental health also provided the premise for the worship activity. In this study, worship behaviors are show to closely relate to humans' mental activity characteristics.

#### **The solution-focused brief psychological counseling therapy of cult members**

One important project of the "International Cultic Study Association" was the "rehabilitation project", aiming at improving cult members' symptoms through psychological

counseling and providing them with professional assistance (Qingping Chen: "The status of worship research in foreign and Its Enlightenment to China", *The Religious Cultures in the world*. 2012(4), page109-113. Xu, 2009). "The issue of cult member is radically the mental issue", (Qingping Chen: "The mind control theory of analysis worship from the perspective of Clinical Psychology", Beijing:People's Publishing House,2010, page250. Xiangdong et al., 1999) which could use solution-focused brief therapy (SFBT) for psychological counseling. This was a type of counseling technology for "constructive solution method", with its basic spirit: emphasizing the problem-solving and using the positive, prospective attitude to make changes (Weisu Xu: "solution focused brieftherapy". Beijing: World Publishing Corporation, 2009, page7-8. Xiaotong, 1948). The SFBT's treatment goal was to encourage clients to be more positive and more optimistic for their life, encourage them have more initiative and activity for daily affairs, and enhance their self-confidence in their psychological counseling (Qirong Wan, Yarong Hu,Zhihong Wang. The effect of solution-focused brief psychologicalcounseling on the psychological rehabilitation and life quality ofpatients with occupational injury. *China Journal of rehabilitation medicine*, 2014(12), page1162-1164. Liu, 2012). The therapy for cult members' psychological counseling contained the following steps: 1) The stage of understanding the problem. Interviews aimed at understanding members' emotional state, symptoms characteristic and assistance motivation, clarifying the most troubling thing, the problem urgent to be solved, and the future's developed direction. 2) The stage of setting a target. The members' symptoms of "three lows and one high" are improved. The miracle question was to extend counseling goals. For example, it could be asked: when the interpersonal trust, self-consistency and congruence, anxiety and health levels were improved, what kind of difference in your life would happen? 3) The stage of exploring the exception. Due to the "three-low-and-one-high" symptoms of cult members, they tended to take a negative way, while ignored their own exceptional successful experience. In this case, we could stimulate the driving force for their changes. For examples, it could be asked: how did you achieve the success? What motivated your inner strength? 4) The stage of completion and feedback. Members' progress assessed by the tracking style inquiry: "Which aspects become better?" "Can you do better?" "In the future you cannot step back!" Thus it could enhance their values and confidence in their changes.

Cult members have significant symptoms of "three-low-and-one-high". These features of unhealthy mental behavior could likely cause worship activities, and long-term closed worship activities would exacerbate above mental and behavior problems, which may form a vicious cycle. With the counseling technique of construction solution method, the solution-focused brief therapy would

help cult members to improve poor mental and behavior, in order to improve their worship activities and help them return to a normal social life.

### Conflict of interests

The authors have not declared any conflict of interests.

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