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To Whom It May Concern:

Re: Hassan, Steven
Letter of support

I have known Mr. Hassan for 10 years. He is the publisher of two fine books on cults and high demand groups that are geared toward families understanding and dealing with the phenomena of cultic involvement and recovery. Mr. Hassan has an excellent reputation in the mental health community. He has presented as an invited speaker with others on cultic issues at the national APA (American Psychological Association) conventions twice in the past 5 years. I have worked with Mr. Hassan on voluntary interventions, and have had the opportunity to observe his work firsthand. Additionally, I have worked with Mr. Hassan's Freedom of Mind Resource Center, Inc. as a volunteer. I feel that I am at a unique vantage point to comment on Mr. Hassan's work, both as a colleague and as a professional who works with cultic issues in the legal arena. I have been certified in court as an expert in the areas of cults/high demand groups, undue influence (or mind control), and effects of cultic involvement on adults, family, and children.

It is patently false that Mr. Hassan is "collectively" diagnosing persons based on their cult involvement. The issue of "mind control" is a complicated one. It is important to remember that "mind control" has many other names, but the psychological literature recognizes it as undue influence, groupthink, and thought reform, among others. Mind control is a syndrome, much like child abuse is a syndrome. Mind control is not a medical or mental health diagnosis, and Mr. Hassan is not using it that way. The use of the term "mind control" is a reference to a system of behaviors utilized by high demand groups or individuals to elicit conformity, obedience, and submission to group or individual will. The issue of undue influence and "mind control" is heavily supported by the psychological literature, including works by Zimbardo, Langone, Cialdini, Kent, Zablocki, and others.

The effects of "mind control" can be negative. Mr. Hassan uses his expertise to assist individuals and families with recognizing the effects of cult involvement. Professionals who work with cult survivors recognize that there is many times a lack of informed consent in high demand group involvement. Individuals are recruited and retained without full knowledge of what they are involved with, the short and long term consequences of involvement, and how deception may play a part in compliance and conformity. What Mr. Hassan does is to provide education and counseling to encourage critical thinking as one type of therapeutic intervention. Also, Mr. Hassan encourages connection with families, which is often the first liability when someone is indoctrinated into a cultic system. This is conducted in a noncoercive fashion, where individuals are informed of the process and are free to disengage at any time.

Mind control or undue influence may not be a legal defense, but it has been used many times in a court of law as mitigation for sentencing. The most recent example is the *US v Malvo* court case, where an expert on mind control and undue influence was allowed to testify on the effects this syndrome had on Malvo's overall functioning. This expert testimony was allowed despite protests from the Government. Testimony in court is not prohibited or limited because of the controversy surrounding a topic, but is admitted on a case-by-case basis. Other examples of the allowance of courtroom testimony around cults and mind control include *US v. Larry Layton and Church Universal and Triumphant v. Mull*, and others. In the latter case, the court allowed the expert testimony of more than one expert on mind control, and the group (Church Universal and Triumphant) was found to have used deceit and deception to obtain money from a member.

All competent mental health professionals recognize the importance of the DSM-IV in the diagnosis of mental disorders. However, the DSM-IV does not provide, nor does it endorse, any particular treatment approach or strategy. The DSM-IV is merely a listing of symptoms. Mr. Hassan is not treating mind control; he is treating the aftereffects of mind control: dissociative, anxiety, and depressive disorders (all listed as bona fide mental health conditions within the DSM-IV). Also, the DSM-IV does not speak to the issue of causality, e.g. because someone has the symptoms of a disorder, we cannot necessarily exclude any cause. It is the job of the mental health professional to try to determine causality and render treatment.

It is false that mind control has no credibility in the scientific community. What is true is that mind control as a mechanism in cults or high demand groups is *controversial* within the scientific community, but it is *not* the only syndrome that is so. In the scientific field of psychology for example, there is no unitary theory of anything! There are many theories, but little consensus. It is a strawman argument to say that mind control is controversial, when almost everything else is also controversial and changes with new data and information. The way psychology and psychiatry view things has changed dramatically within the past 10, 20, and 30 years. It is important to view mind control in its context within the subspeciality of social psychology. No one would deny that something very wrong occurred at Jonestown in 1978, or with the Branch Davidians or Heaven's Gate. It is accepted in the scientific community that a form of applied social psychological techniques utilizing group, individual, and intrapersonal factors contributed to the demise of individuals within these groups.

It is important not to confuse the issues. What is a generally accepted therapeutic intervention differs from an accepted legal defense that may differ from controversial theorizing. It is vital that informed people *not* confuse treatment with diagnosis or behavior with causation or legal processes with therapeutic modalities.

Very truly yours,


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