

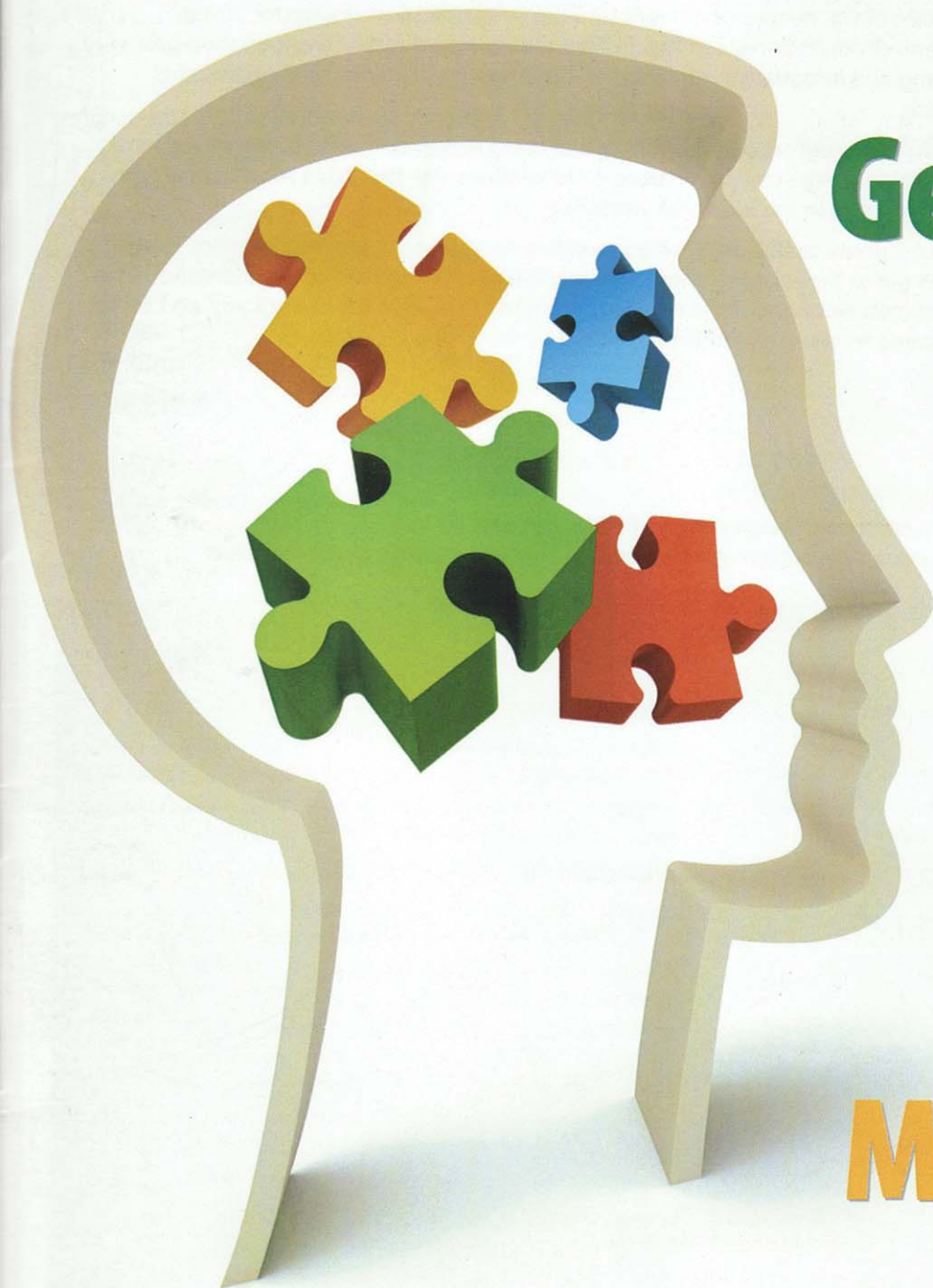


ICSA Today

INTERNATIONAL CULTIC STUDIES ASSOCIATION MAGAZINE VOLUME 2 | NO. 3 | 2011

SGA SPECIAL ISSUE

**Second
Generation
Adults
People
Born
or
Raised
in
Cultic
Movements**



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This article is an electronic version of an article originally published in *ICSA Today*, Vol. 02, No. 03, pages 2-9. Please keep in mind that the pagination of this electronic reprint differs from that of the bound volume. This fact could affect how you enter bibliographic information in papers that you may write.

Lessons Learned from SGAs about Recovery and Resiliency

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In the fall of 2005, ICSA began the search for effective ways to help those adults who were born or raised in cultic groups, also referred to as high demand groups, recover from what we may describe as developmental trauma. More and more second-generation adults (SGAs) were attending ICSA's Colorado Recovery Workshops and insisting that their needs were different from those of the first-generation survivors. And so a small research study was commissioned to evaluate the complex issues facing those raised in high demand groups and their families. In 2006, we used the results from this research to develop the curriculum for the first recovery workshop for SGAs, *Surviving and Moving On After a High Demand Group Experience*. This workshop was generously funded by Ms. Kelly McCabe.

One sweeping conclusion of the ICSA study was that most SGAs leave their groups in a state of confusion and need to sort out 1) why their parents joined and left (if in fact they did leave) the group, 2) how they feel about the leader, 3) how to evaluate whether abuse did occur, 4) who they are, separate from the group, and 5) why they struggle with relationships. We decided to begin to address this list of concerns in the SGA workshop, via presentations that focused on the following: 1) critical thinking; 2) the culture of the group, to help SGAs discover how they came to their identity; and 3) the continuum of "functional" families and "normal" individual psychosocial development. According to the study, SGAs want a forum for the identity they have grown into, and they need to be empowered where they are today, so we planned to include a discussion of resiliency in the session on families and individual development. The final session in the *Surviving and Moving On After a High Demand Group Experience* workshop focused on the harsh conscience of SGAs. For those raised in high demand groups, this focus provides penetrating insight into their relationships with family and friends.

Although in this article we look holistically at the SGA recovery workshop, ^[a]our focus is what the authors have learned from SGAs' responses to our part of the workshop and how we have adapted our presentations hopefully to more adequately meet the needs of SGAs. Please note that "Take One..." represents the first SGA recovery workshop in 2006, "Take Two..." represents the second workshop in 2007, and so on.

Take One: Overview of the First SGA Recovery Workshop

First and foremost, it is vital to understand that, unlike those who become involved in destructive groups as adults, children raised in these groups did not "join" or have any say in their participation—this was the culture into which they were born and/or in which they were raised. Children raised in high demand groups often live in isolated environments in which schooling is minimal, or uneven at best. For them, critical thinking is not taught or modeled in any direct way, and if it emerges in the group setting, it is usually punished. To live and make appropriate choices requires cognitive strategies to evaluate the plethora of information life presents. Consequently, learning critical thinking is necessary and important to SGAs' ability to recover and function in the post-group world. This is so

important that the facilitator team chose to begin the workshop with this topic, which Bill Goldberg developed and presented.

The workshop next examined the culture of outward submission and hidden rebellion. Joyce and Michael Martella developed this session in which participants began to process how SGAs survived their oppressive environment by creating public transcripts that concealed and differed from their private selves. In this session, those raised in high demand groups learned why using critical thinking to grasp the mechanics of their oppression is necessary to develop a new personal and social identity.

The next session was the authors' discussion of healthy families. Since many children who grew up in cultic groups do not have the experience of a normal nuclear family with its own set of rules and reciprocal emotional attachments, they are confused about these social systems. Their group family is usually inconsistent, chaotic, rigid, and abusive. They cannot wrap their heads around the possibility of families discussing problems in a civil manner, looking out for each other, and working together cooperatively. Because many SGAs want or now have a nuclear family, we employed family therapy models to present the concept of normal family, along with a continuum of high- to low-functioning families.

The next session, which we also presented, explored individual development. A high demand group's primary focus on the mission and/or the needs of its leadership limits its willingness and ability to nurture children. Parents are usually treated as spiritual siblings to their own children and are often rendered powerless to impact their children's welfare. Consequently, children raised in these environments are overlooked, neglected, and often abused. Many SGAs have experienced this type of chronic trauma, which has directly impacted their psychosocial development, as well as their ability to develop a healthy attachment to their parents. It is necessary to learn about normal development and secure attachment before survivors can evaluate how their development was interrupted and how these effects may linger today.

Following this discussion, we presented the authors' session on resiliency. We conceive of resiliency as an innate capacity, a normal process of human adaptation and development, as well as an active course of endurance, self-righting, and growth in response to crises and challenge.

The final session in this first workshop discussed the harsh conscience and perfectionist character of SGAs, and also relationships with families and others. How the leader/group influenced the development of the SGA's character is explored so that participants understand 1) why they are so self-blaming, 2) why they are terrified of the outside world, 3) why they struggle with holding the group leader responsible for their abuse, and 4) why they always feel like a failure. To various degrees, children raised in high demand groups learn to internalize the harsh conscience of the leader. Understanding where these critical attitudes originate helps SGAs begin the process of disowning them. Lorna Goldberg designed these two segments and updates them yearly.

The weekend workshop ended with a wrap-up by Carol Giambalvo, where participants had a chance to talk about how the workshop impacted them. The facilitators alerted them to the many profound emotions they might experience as they left the carefully shaped framework of this weekend workshop and re-entered the everyday world.

Take One: Family Systems

In the first recovery workshop in 2006, the authors' presentations started with a focus on families. In these segments we present theory, and we encourage discussion based on the SGAs' own experiences.

Because healthy individual development is fostered in healthy families, we thought that we needed to examine this social system first. We defined family as a natural social system with evolved rules, assigned roles, an organized power structure, and developing forms of communication with elaborated ways of negotiating and problem solving. However since they were so undermined in their group family, most SGAs who attended this workshop were very confused about the concept of nuclear family, as well as families' emotional attachments and loyalties. The concept of a natural nuclear family is a novel one for those raised in high demand groups because they have only witnessed nuclear families getting swallowed up into the unnatural group family, where the ties that would normally bind families together get punished into extinction.

Workshop participants had to look at the concept of family and levels of functioning with new eyes in order to more clearly identify their experience in their own family. We began building their frame of reference with family therapy models that discussed ways that families are organized, looking at a continuum from low functioning to high functioning. For example, high-functioning families have effective and stable child-rearing and marriage-maintenance practices. They also have distinct physical and psychological boundaries, and the need for individual and relational privacy is respected. Most of the SGAs were stunned by these possibilities because they never experienced consistent care or respect for privacy. They also acknowledged that their parents were not allowed to focus on their marriages because in cultic groups, the marital relationship is not a priority.

Learning how healthy families communicate generated a similar response from participants. We discussed how communication between high-functioning family members is clear, specific, and direct. In these families, children feel listened to and parents feel respected. Both of these outcomes are rare in high demand group settings. Then we presented the concept of democratic decision making, in which negotiations are open and actively include the children. Most participants could relate only to their confusion and powerlessness while decisions were dictated by the group leader and enforced by his or her lieutenants.

Beginning to understand how normal or functional families are organized and how members relate to one another was a sobering experience for most of these individuals. This perspective exposed what their family was not, who their parents were not allowed to be, and the protection, security, and support that they (the participants) did not receive.

From this precarious place during that first recovery workshop, we launched into the next part of the presentation on individual development.

Take One: Individual Psychosocial Development

Healthy individual psychosocial development is fostered in healthy families, or at least in healthy environments with appropriate, nurturing caregivers. Knowing that these individuals born and/or raised in high demand groups had early life experiences that were challenging, and oftentimes traumatic, we planned to follow the discussion of individual development with a brief session on resiliency, although we had not planned to explore it in depth that first year.

Keeping in mind that development is influenced by nature (biological/genetic aspects) and nurture (environmental and interpersonal aspects), and with a focus on Eric Erikson's model of psychosocial development, we looked at the stages of development from infancy through older adulthood, to assess the tasks of each stage, as well as competencies one gains given a "good enough" set of circumstances. These circumstances include, but are not limited to, at least one safe, appropriate, consistent parent or caregiver; adequate basic needs met, such as food and shelter; appropriate attention, stimulation, and social interaction; and adequate medical care—all of which help develop healthy, secure attachment. Secure attachment is the foundation for healthy child development.

Secure attachment is contingent upon having a primary caregiver who is emotionally available, perceptive, and responsive, so that the infant begins to develop a sense of belonging in the world. The caregiver must attune or align her or his own internal state with that of the child, so that the child feels "seen" in a nonverbal way; in other words, the adult "resonates" or is in tune with the child. Think about the difference between two musicians playing in tune with each other, and two musicians playing out of tune with each other. According to Daniel Siegel (2003), attunement, balance, and coherence are the ABCs of attachment. Given this attunement of the caregiver, the child finds physical, emotional, and mental balance—a sense of harmony, stability, and regulation. From this, the infant learns how to self-regulate (including regulation of stress responses, sleep-wake cycles, heart rate, digestion, respiration) and also to be flexible. According to Allan Schore (2005, p. 3), "normal development represents the enhancement of self-regulation," which is learned in infancy in right brain-to-right brain communication (attunement) between infant and mother (or primary caregiver). A sense of coherence results from balance, by which the child develops an integrated, coherent sense of self, an overall sense of well-being, and the ability to adapt.

We also looked at possible deficits when these "good enough" circumstances are less than adequate. Given that the population to whom we were presenting this information had been born and/or raised in dysfunctional environments, many of these healthy aspects were missing during their early developmental stages. Therefore, most, if not all, of the participants had significant psychosocial developmental deficits.

During the first presentation of this individual development piece of the workshop, many participants seemed overwhelmed and even discouraged by the information about healthy development, since it highlighted what their early lives lacked. We explained that, while Erikson speaks of "building blocks" of psychosocial development, it is important to keep in mind that human development is an ongoing process, rather than something that is attained in discrete episodes. Taking this a step further, if conditions in early life interfere with healthy attachment and development, it is possible throughout the lifespan to attain an "earned-security" attachment status via later healthy relationships.

Beginning in infancy, individuals in healthy environments learn to trust and find safety in the world via their caregivers. In the toddler years, a sense of autonomy and trust in self develops, and in the preschool period the quality of initiative develops. In the elementary years, children build a sense of self-competence through positive experiences in their learning environments, and in adolescence teens begin to individuate and build a sense of "who am I" as an individual, separate from their parents. The young adulthood years bring an understanding of intimacy; and in the middle adulthood years, individuals continue to define themselves through creating families and building relationships and careers. Given "good enough" experiences throughout the life course, in the later adult years one is able to look back on one's life with a sense of integrity. While one is thinking about and exploring this information, it is important to hold in mind the high-demand conditions in which SGAs and parents of SGAs find themselves during early developmental phases.

Parents (and other caregivers of SGAs) are often thought-reformed by the group and its leaders to believe that normal human feelings for their children, such as love, concern, and attachment, are not spiritual, holy, or correct, or that these feelings dilute the group's higher or special purpose (Furnari, 2005). In some cases, parents are told they must give up their children, care for someone else's children, or send children to communal centers where they are in the care of various, and often changing, caregivers. Parents may be forcefully separated from their children and sent off to do "work of a higher purpose," and subsequently are powerless in the care-giving of their own children. Therefore, many children raised in these environments do not have healthy attachment figures and are unable to develop a healthy ability to trust. Without a basic sense of trust in others and the

world, these young children are left with a sense that "I am not important," which can contribute to their living in a state of anxiety. Because other developmental building blocks are not solidly set, negative core beliefs, such as "I am bad," "I am responsible for others feeling good or bad," "I am stupid or wrong," or "I am confused about who I am and what my role is" often develop (Bryant, Kessler, & Shirar, 1992).

While most of the SGAs listening to the presentation we were giving at that first SGA recovery workshop would agree that this was their situation, actually having it validated for the first time (or so explicitly) seemed to be overwhelming. They could no longer deny the situation, and participants were expressing feelings of anger and hopelessness. In part because this information was being presented late in the afternoon on the heels of much other thought-provoking and emotion-activating information, and in part because of the difficulty of this information in and of itself, we as the authors/presenters felt it would be nonproductive to continue with the presentation as planned. In an instant, we chose to shift to the presentation on resiliency and examine how these individuals were overcoming these deficits by not only surviving, but thriving.

Take Two: Resiliency and Research Outcomes

Based on our experience in the first workshop in 2006, as we prepared for the second one in 2007, we decided to focus more specifically and in-depth on resiliency. Our hope was to emphasize and demonstrate that, after a traumatic experience, whether because of involvement in a cultic group or some other difficult life situation, we as human beings have the capacity for resiliency and positive growth, both individually and in our families. In the resiliency session we subsequently developed, our goal was to explore resiliency and help participants develop an understanding of the possibility for building on innate strengths, while finding a new sense of purpose and creating a positive sense of self.

As yet, resiliency research specifically for SGAs has not been carried out. Resiliency research that has been done with children who face many risk factors similar to the factors children in cultic groups may face shows hopeful results. This resiliency research indicates that 70% to 75% of children who have experienced significant risk factors are able to survive and create positive lives for themselves. In addition, research in recent years on the plasticity of the human brain and its ability to generate new cells and neuro-networks with new learning and new experiences provides much hopefulness for the capacity to overcome developmental trauma (see Appendix A, Summary of Resiliency Research).

In Take Two, with the topic of resiliency, we heeded the participants' advice and shifted our focus from their past to the present (where to go from here). We discussed how resiliency is comprised of four categories of overlapping strengths: 1) social competence, 2) good problem solving abilities, 3) autonomy, and 4) sense of purpose; and how these strengths are internal assets that can improve when challenged.

Then we learned from the participants, because they could not relate to having any of these qualities, that adults who were raised in high demand groups do not see themselves as resilient. And yet the participants had jobs; many were married; some were raising children; a few were in school. They did not seem to recognize their own power, shown by their ability to survive, walk away from everything they had ever known, and create a new life. We were surprised by this understatement of their survival and success, and we tried to convince them of their resiliency; but our pleas fell on deaf ears. And then we discovered something useful, which was resiliency, take three.

Take Three: Resiliency As a Continuum

Researching resiliency helped us to expand our focus in the 2008 workshop, and try another approach. This time, we presented resiliency as a continuum from vulnerability (less

resiliency) to adaptability (more resiliency), with a discussion of what impacts the SGAs' ability to be resilient.

We asked: What barriers limited their resiliency? What enhancers improved their resiliency? And they freely created the extensive list in Table 1, which exemplifies the four categories of overlapping strengths that define resiliency: 1) Social Competence, 2) Problem Solving, 3) Autonomy, and 4) Sense of Purpose.

Table^[b] 1: Overlapping Strengths That Define Resilience

Less-----**RESILIENCE**-----More^[c]
SOCIAL COMPETENCE CLUSTER

RESILIENCE BARRIERS	RESILIENCE ENHANCERS
Isolation	Connecting with other former members
Limited support from family and friends	Having extended family support, peer support
Prolonged dependence on fellow members	Having the ability to make new friends
Being around negative people	Finding more positive, hopeful people
Toxic codependent relationships	Maintaining clear boundaries in relationships
Fear of judgment from family	Receiving understanding and acceptance from family
Secrecy, shame, self-blame	Writing your story, finding a way to forgive yourself and others
Hesitation to seek help	Processing your cult experience in therapy and/or recovery workshops

PROBLEM-SOLVING CLUSTER

RESILIENCE BARRIERS	RESILIENCE ENHANCERS
Poor education	Getting an education—formal and/or informal
Misunderstanding cults	Getting a cult education—research your group/leader
Apocalyptic thinking	Having optimistic, hopeful thinking
Magical thinking, distorted world view	Developing an awareness to see the world more clearly, improve thinking with logic classes
Consistently doubting yourself	Having good discernment, learning to trust yourself
Minimizing the abuse	Acknowledging the severity of the abuse

AUTONOMY CLUSTER

RESILIENCE BARRIERS	RESILIENCE ENHANCERS
Financial instability	Having access to financial resources
Passivity, helplessness	Practicing self-advocacy, willfulness; standing up to the leader
Poor health	Having good health and/or access to healthcare
Personal neglect	Practicing good self-care: physical and emotional
Vulnerability to addictions	Balancing inner and outer self

SENSE OF PURPOSE CLUSTER

RESILIENCE BARRIERS	RESILIENCE ENHANCERS
Focusing on militarism, rigidity	Choosing elasticity, humor
Underestimating your ability to survive	Trusting in your ability to survive the cult trauma, hold your ground, bend, and stay alive
Showing impatience, bitterness	Having patience, compassion for self and others
Having too much self-absorption	Practicing voluntary altruism

The lesson that we learned loudly and clearly from this interchange is to let SGAs define their own resiliency. Once they are able to articulate how they are resilient, they can begin to own it. They may even choose to frame their story around themes of resiliency.

Lessons Learned

We have learned a great deal about recovery from SGAs through our workshop experiences with them. Some recovery issues may be the same for first- and second-generation survivors of high demand groups; for both of these groups, psycho-education is the foundation for recovery workshops. However, with SGAs, there are some significantly different issues that need to be addressed.

We have learned about what material is important to present, how to present difficult material, and even when is the best time to present the material. We have also learned that we must regularly adapt our presentations based on the responses and experiences of the SGAs. Given that many SGAs do not have a frame of reference for what is a normal or functional family, or for what healthy individual development and attachment look like, we seek to present this information so that they can better identify their own experiences, and thereby focus more specifically on the issues that interfere with their recovery and quality of life. It is important for us as presenters and facilitators to be attuned to the needs and responses of the participants, to be able to listen to their anger, grief and hopelessness, and to help them hold and process these feelings. We also must focus on their many strengths, and encourage them to identify what these are; we must emphasize their strong adaptive skills and help them see their own resiliency. We've learned it is of the utmost importance to let the SGAs define their own resiliency—in this way, they are able to take ownership of it and continue to grow in positive directions. Also, with the knowledge we have about the healing potential from healthy relationships, we can encourage positive relationships with others by modeling that in the group setting.

SGAs are a highly resilient and diverse group of individuals. In the Surviving and Moving on After a High Demand Group Experience workshop, they demonstrate this resiliency through their courage and their willingness to share their stories and to advocate for themselves. They cope, adapt, and create new relationships and lives for themselves. In the process they heal and, with courage and determination, discover who they are.

Here is the agenda of the most recent Surviving and Moving On after a High Demand Group Experience workshop:

- Critical Thinking, Dealing with Triggers
- Healthy Individual Development Is Fostered in Healthy Families
- Second-Generation Culture of Submission and Hidden Rebellion Within High-Demand Groups—Dealing with the Culture Shock
- Resiliency
- The Harsh Conscience of Second-Generation Former Cult Members
- Relationship with Families and Others
- Wrap-Up and Feedback

Helping[d] to facilitate these workshops has been an inspiring experience for us. As we make clear in this article, the workshops, like life, change as we learn.

Appendix^[e]: Summary of Resiliency Research^[f]

Research findings specifically dealing with resiliency as ^[g]noted in Benard (2004) and Wolin & Wolin (1993):

- Werner & Smith, 1982, 1992, 2001, longitudinal study in Kauai: Found that resiliency outcomes for "High Risk" population are positive for 50% to 80% of the high-risk population (poverty, parental discord, parental psychopathology, perinatal stress).
- Rhodes & Brown, 1991: Determined that children who experience divorce, lose a sibling, suffer developmental delays, become delinquent, run away, get involved with religious cults, and so on, have greater chance of "making it" than not.
- Festinger, 1984: Studied children placed in foster care.
- Vigil, 1990: Focused on children/teens who were members of gangs.
- Furstenbert, 1998: Studied children born to teen mothers.
- Higgins, 1994; Wilkes, 2002; Zigler & Hall, 1989: Studied children who were sexually abused.
- Beardslee, 1998; Chess, 1989; Watt, 1984; Werner, 1986; Werner & Smith, 2001: Focused on children who had substance-abusing or mentally ill families.
- Clausen, 1993; Schweinhart et al., 1993; Vaillant, 2002: Studied children who grew up in poverty.
- Rutter, 1987, 2000: Found that in the context of multiple and persistent risks, half are able to overcome adversity and achieve good developmental outcomes.

Other research findings noted in Benard (2004) and Wolin & Wolin (1993):

- Bruer, 1999; Diamond & Hopson, 1998; Eriksson et al., 1998; Kagan, 1998: Completed research on plasticity of human brain.
- Baumeister & Vohs, 2002; Esterling et al., 1999; Rubin 1996: Found that writing or telling one's story leads to positive outcomes.

Research noted in Cappas, Andres-Hyman, & Davidson (2005):

- Hofer & Sullivan, 2001: Determined that caring relationships in adulthood can impact positive physiological responses.
- Siegel, 1999: Found the therapeutic relationship can enhance well-being and adaptive self-regulation via corticolimbic and orbitofrontal development.

Resiliency research noted in Agaibi and Wilson's 2005 article, "Trauma, PTSD, and Resilience," includes some of the above-named studies, as well as research by

- Caffo & Belaise, 2003: Names five variables that contribute to resiliency. These are personality, affect regulation, coping, ego defenses, and utilizing protective factors and resources to help coping.
- Wilson & Drozdek, 2004: Found that children exposed to chronic stress, including war trauma and refugee status, "exhibited diverse forms of resiliency."

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ICSA Today, Volume 2, Number 3, 2011