



Psychiatry & Behavioral Science Section - 2016

I33 **Killer Cult Members and the Insanity Plea: Exploring the Line Between Belief and Delusion**

Brian J. Holoyda, MD*, University of California, Davis Medical School, Dept of Psychiatry & Behavioral Science, 2230 Stockton Boulevard, Sacramento, CA 95817; and William Newman, MD, University of California, Davis Medical School, 2230 Stockton Boulevard, Sacramento, CA 95817

After attending this presentation, attendees will be able to: (1) summarize the case law regarding cult members who commit murder and later plead not guilty by reason of insanity; (2) describe the role of cult involvement in former and current psychiatric nosology; and, (3) describe practical considerations for forensic examiners tasked with evaluating cult members who commit murder.

This presentation will impact the forensic science community by describing potential changes in the diagnosis of cult members due to changes in the *Diagnostic and Statistical Manual, Fifth Edition (DSM-5TM)*. Attendees' competence will improve in assessing cult members who have committed murder and then entered a plea of not guilty by reason of insanity.

Cults are charismatic groups defined by members' adherence to a set of beliefs and teachings that differ from mainstream religions. Cult beliefs may appear unusual or bizarre to those outside of the organization, which can make it difficult for an outsider to know whether or not a belief is cult-related or delusional. Some have described cults as a case of mass shared psychotic disorder or as a catalyst for shared psychosis. This raises the important question of whether or not participation in a cult and engaging in behavior that accords with one's cult belief system may be considered psychotic.

The *DSM*, as the primary resource for diagnosing mental health disorders, has provided limited guidance in helping practitioners understand cult involvement and its possible impact on mental health. The diagnostic criteria and supportive text for shared psychotic disorder (or *folie à deux*) in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TRTM)* and its *DSM-5TM* counterpart "delusional symptoms in partner of individual with delusional disorder" within Other Specified Schizophrenia Spectrum and Other Psychotic Disorder do not address cult involvement. Cult participation was mentioned in the *DSM-III* diagnosis of Atypical Dissociative Disorder, in which cult involvement was implicated in causing derealization, depersonalization, and prolonged dissociative states. Though cult involvement was removed from dissociative disorder diagnostic criteria in *DSM-IV* and *DSM-IV-TRTM*, it has returned in *DSM-5TM* criteria under Other Specified Dissociative Disorder as a potential cause of "identity disturbance." Despite this, the degree to which cult involvement may have an impact on mental health functioning remains unclear.

This question becomes particularly germane in a courtroom, as cult members who have committed murder due to their cult beliefs or at the behest of a charismatic leader may attempt to plead Not Guilty by Reason of Insanity (NGRI). It is therefore necessary for forensic experts evaluating cult members to understand how the court has responded to cult members and their beliefs when pleading NGRI for murder. Based on this review of extant case law, cult member defendants have not yet successfully plead NGRI on the basis of cult involvement despite receiving a broad array of psychiatric diagnoses that could qualify for such a defense; however, with the reintroduction of cult involvement in the *DSM-5TM* criteria for Other Specified Dissociative Disorder, there may be a resurgence of dissociative-type diagnoses in future cult-related cases, both criminal and civil.

Insanity, Cult, Murder