Linguistic analysis of the para-therapeutic discourse of a Charismatic group and its victims

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1.Introduction

Hello everyone. First of all, I'd like to thank the organisers for their work and their welcome, and the CCMM for inviting me to present my research.

Let me introduce myself: I'm a teacher-researcher in language sciences at the Laboratoire Parole & Langage at the University of Aix-Marseille. I've been working on the issue of cults/sects with CCMM since 2015, the year of my first work on the issue, which was a research dissertation. At that time, I studied a corpus of documents relating to a community that is part of the Charismatic Renewal movement and that the CCMM has investigated at length. This group has the particular distinction of operating in the field of psycho-spirituality, i.e. it offers therapies designed to help people in psychological distress, which has led to a number of aberrations, as we'll come back to later. What I'm going to present to you today is an extract from this work, which began in 2015 and continued with the publication of the book "le psycho-spirituel mis à nu" (Psycho-spirituality laid bare), in which, among other things, I provide new elements to characterise the discourse of victims.

I will therefore begin by defining the notion of "sectarian discourse", placing it in the context of my field of study, language, and outlining the research questions. I will come back briefly to the corpus and the documents that make it up, in order to draw up a rapid classification (still largely unfinished).

I will go on to present a few characteristic features of sectarian discourse in the psycho-spiritual field, as I have identified them by analysing the corpus. Finally, I will present a few discursive characteristics of the victims' accounts collected by the CCMM, before concluding with a look at the potential contributions of language sciences to the cultic issue.

2. Sectarian discourse: what does it mean?

In the language sciences, the term discourse is used to designate the individual use of the faculty of language, a speech event of variable length which may consist of a word or a sentence, but which generally resembles a succession of statements endowed with a coherence linked to its use in a communication situation and subordinated to the communicative intention of one or more speakers.

Sectarian discourse refers to a set of statements made by people belonging to groups or networks meeting two criteria that enable them to be distinguished as "cultic":

-Sociological criteria: a correspondence with an ideal type of sect defined by M. Weber and E. Troeltsch on sects and taken up by other works in sociology (N. Lucas; B. Wilson etc.): **the mode of integration** (by "selection"); **mode of authority** (institutional/personal charisma); **The relationship with society** (seclusion, apolitical); **routinisation** (loss of previous characteristics)

-Legal criteria: groups that have been subject to what French law calls "sectarian abuses", i.e. offences or crimes committed through the use of psychological subjection techniques. (About-Picard law of 2001).

As a discourse-analytical linguist with an interest in language, I hypothesised that the language produced by these groups with similar characteristics also had similar features, which could be identified and analysed in a more or less systematic way. This is the hypothesis I've been working on.

It is part of a wider discourse analysis question, formulated in particular by P. Charaudeau as "a problematic of influence", i.e. the *"discovery of truth staging games such as "believing" and "make believe*"." (Charaudeau, 2009, 3); and I would add a pragmatic side (in the sense of the English philosopher J. L. Austin)" of "making do".

So the question I'm asking is this: what are the discursive characteristics of sectarian discourse? And more specifically, what are the characteristics of sectarian discourse in the field of health today?

Based on these criteria, I am currently putting together a corpus of language produced by sectarian groups operating in various fields, including healthcare, which we are discussing today. These documents are highly heterogeneous, ranging from press articles and questionnaires to institutional communication tools, biographical/autobiographical literary works, manuals, songbooks, conferences and administrative documents, etc. It is therefore necessary first of all to try to classify these different discourses according to criteria that refer to the characteristics of these groups.

In my opinion, this can be done in several ways:

- According to **their area of dissemination**, i.e. by distinguishing between discourses intended to be read/heard by ratified group members and those intended for outsiders. As the groups we have defined as "sectarian" have the particular characteristic of selecting their members, discourses can vary enormously according to this criterion. Internal discourse includes training documents, administrative documents such as "regulations" or contracts, as well as private correspondence. External discourse includes magazine articles, prospectuses, questionnaires, tests, literary works, etc.

- Depending on **their communicative aim/objective**: persuasion/recruitment (propaganda; counterargumentation or defence/narrative/press) or /organise/limit/regulate/.

- Depending on **the status of the enunciator**, the producer: as groups are hierarchical, speech is not distributed evenly among members, some of whom are distinguished by certain privileges or simply enjoy greater communicative authority.

This classification, which has yet to be perfected, makes it possible to grasp the diversity of discourses and, above all, to interpret their unique characteristics with regard to the communication/enunciation situations in which they are integrated. On this basis, we can identify several characteristics of these discourses at the sociosemantic (or meaning in context) and argumentative levels. We will take examples from the corpus built up from the community I mentioned earlier.

3.Characteristics of para-therapeutic discourse

A systematic "mixing of genres"

One of the characteristics of psycho-spiritual discourse is its typological hybridity, which makes the disambiguation of certain terms complex for the enunciator. The umbrella term "psychospiritual", used to describe the therapeutic practices of these groups, already expresses part of this hybridity. It is a portmanteau word created from "psychological" and "spiritual." This kind of neologism is very common in scientific discourse (the term psychology = psycho-logos; soul-discourse). Psychospiritual therefore represents a dual belonging to the spiritual domain in terms of content, and to the scientific-medical domain in terms of form.

Further analysis reveals that this process is repeated, and that the discourses produced borrow generic characteristics from scientific-medical discourse. This manifests itself at the level of ethos, i.e. the image that the enunciator/speaker conveys in his discourse, how he talks about himself, describes himself. In these two sequences, for example:

> A : X X, a paediatrician and father of five, is a member of Community X. For many years, he has run training seminars on inner healing.
>
> B : X X, married with five children, is a former Senior Registrar at Paris Hospitals, where he practised paediatrics from 1978 to 1987. He then turned to listening and helping others at Community X.

> In 2001, he and others founded the X retreats under the pastoral care of the Bishop of X. He runs support training seminars and, as part of a multidisciplinary team, participates in the dialogue between the human sciences and Christian revelation.

These two statements are taken from the back covers of the two books published by Editions de la Communauté. These two documents were produced as part of the community's proselytising activity: they are therefore external discourses.

The quality with which the enunciator produces his message is a clue to interpretation for the listener, enabling him to classify the discourse in a particular field, and to receive it accordingly. The speaker's ethos is therefore important in determining the type of discourse. In both A and B, we see that the enunciator, in addition to being a member of a religious community, chooses to include in his discourse his status as a "paediatrician" and thus his membership of the medical community. As simple as the remark may seem, this detail is important because the author's image reflects on the speech itself: "*It makes it possible to determine to what extent his words will be authoritative, whether he is authorised to appropriate the subjects he tackles and the genre he selects*" (AMOSSY, 2002, 81).

It should be noted that this same enunciator does not mention this affiliation with the medical world in the other texts to which he puts his name, notably those in a religious journal. I think this can be explained by the nature of the audience targeted by these different documents. The books are aimed at a wider audience, involving both believers and non-believers; the magazine, on the other hand, is a specialised journal that is, in principle, only read by believers. In the first case, the author needs to establish his legitimacy beyond the religious sphere, whereas in the second case, his legitimacy as a member of a religious community is sufficient. In the corpus, we find several discourses belonging to a type of discourse other than spiritual or religious discourse. There are "press articles" for example, but I will mention here another genre that is exogenous to the field of the spiritual: the genre of the medical questionnaire. There are several of these that people wishing to take part in the Community's therapeutic sessions have to fill in. Both documents take the form of a series of questions that the future retreatant has to answer. Here is an extract:

A: «. Do you have trouble expressing your emotions?
5. Do you tend to live in your imagination?
6. Do you feel anxious? ..... If so, how often? ..... Do you have thoughts of death?
7. Have you ever had therapy? ..... What kind of therapy?
8. Have you ever spent time in a psychiatric hospital?
If so, when and why?
Are you currently depressed? Are you taking any medication or have you taken any in the last 2 years? If so, which ones? If you used to take them and no longer do, when did you stop?
If you are still under this type of treatment, please inform your doctor or therapist of your wish to take a Session[1], explaining the purpose of this step and attaching a medical certificate authorising you to take this session. »

The questions concern the applicant's marital status, background and personal details. A covering letter must be included before the application is sent. It's clear that this format has many of the same characteristics as a 'medical questionnaire', such as is completed on admission to hospital, for example. This similarity stems from the general theme, the lexicon and the purpose expressed ("this form is an

[1] The original term has been replaced by "session" to anonymise the document
[2] *idibem.*

aid to prepare for a Session[2] »). What is more, confidentiality is promised, as it is in a medical consultation. This clearly places the enunciator in the position of a patient.

Another recurrent element in these discourses leads to a mixing of genres, and that is the use of examples to illustrate the "healing" methods practised, particularly in the published works:

> C : War, a difficult family situation and a mother's young age are all situations that influence the growth of the foetus in utero. This is clarified by asking "how was your pregnancy?" This question provides some interesting information, as the following example illustrates. “My father was a doctor and my mother Algerian. Just after they married, they came to live in France. My father, overloaded with visits and preoccupied with his clientele, was never there. My mother was completely unsettled by suddenly being in a foreign land, cut off from her family environment. She lived alone, very anxious, withdrawn.” The child she was carrying felt her mother's anguish and experienced it as an initial rejection. In the years that followed, the little girl developed recurring infections, which kept her mother constantly with her. When she reached adolescence, faced with recurring back pain, the doctors prescribed a plaster cast corset for three months. But when it was removed, she developed persistent muscle spasms. The history helped us understand why: the corset reminded her of her mother's womb, with all the associated guilt and fear of rejection. Psychotherapeutic work was needed to bring this inner tension to the surface. She discovered greater inner peace, before gradually recovering from her somatic symptoms.
>
> D : When the question "Which of the two parents hurt you the most?" has been asked, the conversation can be continued by asking: “How did he hurt you?” Here are some of the answers:
>
> “Dad disappointed me a lot, which was surprising! I remember a wonderful time spent with him. I must have been about eight years old. He took me fishing one Sunday, all afternoon... That was the last time! I asked him to do it again, but it was no use; I even ended up annoying him with my requests!” ». “How did you react to his annoyance?” "I distanced myself from him, I learnt to do things without him, and over time he became indifferent to me!” “Did this have a negative impact on your life as a child and later as an adult?” » ... “Yes! I remember that I started to doubt myself. The deep insecurity I still feel today is surely linked to my father's absence. I'm always looking for confirmation, waiting for someone else to validate my decisions. I'm petrified of having to choose, for fear of making a mistake. Often, it's my wife who makes the decision to stop me feeling so anxious.” »
>
> E : They can often be observed in therapy and must be sought out with great care, especially in childhood and adolescence. Today's increasingly difficult family context risks increasing this kind of spiritual pathology.
>
> For example: “A father abbot of a large monastery, a man of prayer since the beginning of his monastic life (he used to pray for two hours a day), consulted leading spiritualists in Italy and France, and even went as far as Mount Athos, because of a pervasive sadness for which he could find no explanation. No one thought to bring up his past, and his psychological problems persisted. During a short stay at St Luke's, his support worker looked at his case history and discovered an important event. Following a very painful disappointment in love when he was a teenager, he made a terrible decision: he went off to war, deliberately putting himself in danger on the front line, in order to die. Death did not claim him: he returned to his homeland and entered the monastery in 1945. The fact that he chose to die at the age of twenty is an obvious point of entry: it provoked a spiritual attachment (i.e. a bond) that led to this sadness, which was very troublesome in the relationship with his brother monks. A prayer of deliverance freed him completely. For some fifteen years now, he has rediscovered a deep joy and zest for life, to the extent that his brothers have shared with us with amazement the change in their abbot's character.

Numerous examples like these can be found in religious magazine articles, in X X's books, and in the booklets written by support workers. This helps to bring these discourses into line with the genres of

psychiatric study reports. Indeed, throughout psychiatric literature, we find this genre of short accounts of clinical cases, which serve as illustrations and have a clear argumentative value. They enable the enunciator to show how the method works and to prove its effectiveness.

The lexical aspect of these discourses is also interesting and part of the same phenomenon of "mixing genres". I have identified a number of examples of recurring terms that fall directly within the lexical field of medical discourse, or that are morphologically modelled on this genre of discourse.

Taken from a training booklet:

"intense one-off traumas"; "psycho-affective states"; "behavioural disorders»; «compulsive psychological pathology"; "underlying pathology "psychopathological syndrome"; "clinical signs of obsession"; "diagnosis" "symptomatology"; "how to diagnose a spiritual bond"; "prepsychotic personalities"; "therapeutic testing"; "demonopathies"; "psychic decompensation"; phobic neuroses"; "obsessional neuroses"; "demonomania" "demonolatry" "demonophobia"; "EMS=Emergency Mystical Service"

From articles between 1995 and 2002:

"psychospiritual support", "anamnesis", "anthropology",

"anamnesis", "psychism"; "therapeutic work"; "patient";

"psychological consequences";

From the training booklet:

"anamnesis"; "psychological and spiritual paralysis"; "homophilia"; "dynamic expression"; "psycho-affective growth";

While the term "anamnesis", which refers to a healing process practised by the community, is a term that exists both in the fields of psychoanalysis and religion (fairly recently), other terms formed from Greek or Latin elements are neologisms specific to the Community. This formation process is typical of the medical lexicon and the "learned" lexicon in general.

The terms "demonomania", "demonophatia", "demonophobia" and "demonolatry" are also constructed in this way, combining the Greek suffixes phobia ("dislike for"), mania ("passion for") and latria ("adoration") and pathe ("sick from").

The creation of the acronym S.M.U. is part of the same phenomenon, the use of acronyms being an aspect associated with scholarly or specialist discourse.

There are therefore three types of term: terms belonging exclusively to medical discourse ("trauma", "patient", "symptomatology"), terms formed in the manner of scholarly discourse, and neologisms formed from the medical or scientific lexicon. This aspect of the corpus' discourse would need to be studied in much greater depth, as this is only the most obvious part of the lexemes or syntagms that participate in these three types of phenomenon, and make the corpus' discourse generically hybrid in terms of the lexis.

The various markers of generic hybridity in the discourses described raise a number of points. First of all, we need to categorise them, because these phenomena were found in several different types of documents. There are books and articles by X X, which are external documents; questionnaires, also external documents; and retreatant booklets, which are internal documents. Then there are documents linked to proselytising activity (articles, books), and those linked to healing (booklets and questionnaires). However, they all deal with the healing methods practised by the Community, with only the target audience and the purpose of the discourses changing. The aim of the proselytising discourses is to inform and extol the merits of these methods to the general public; the leaflets are designed to pass on the methods to individuals who will be responsible for applying them; questionnaires are used to gather information about future retreatants. These details help explain the distribution of the phenomena.: The medical ethos is present in external proselytising documents, as they are aimed at non-believers. It does not feature prominently in the religious magazine because this is aimed at believers.

The scientific-medical lexicon is more prevalent in internal documents, as their purpose is to explain the details of the method. The same applies to case histories, which are more numerous in didactic documents.

What remains to be explained is why the discourses of a predominantly spiritual ideological discursive community are so marked by forms from the genres of medical or scientific discourse? It could be argued that this is due to the Community's healing activity, but it all depends on what you mean by "healing" (I'll come to that later). I believe that the generic hybridity of the discourses in the corpus is partly voluntary, and is intended to lead the enunciator to interpret these discourses as such in part, while protecting himself in substance. Certain elements indicate that these discourses should not be interpreted as medical, that the "sessions" are not therapies, etc. The form of these discourses however conveys the opposite message. This is a manipulative type of argumentation, in that the act of persuasion is hidden, using indirect means. Borrowing certain formal characteristics from scientific and medical discourse and the genres associated with them.
(scientific papers, accounts of clinical experience, medical questionnaires, for example) gives the theses developed greater persuasive power. External elements underpin the authority of the discourse. This technique of "disguising" discourse is the linguistic counterpart of a type of manipulation common in everyday life. Maintaining semantic ambiguity

At the enunciative level, hybridity is marked by the role assigned to those to whom the discourse is addressed. The reader is sometimes addressed as a patient, sometimes as a believer, the two possibilities blending together in the course of the discourse. This hybridity can be seen in a semantic analysis of the French terms 'salut' and 'guérison' and their derivatives.

The term "salut" comes from the Latin *salus* meaning "health", and has several meanings. In everyday language, it is a term used to tell someone that he or she has been recognised. As a noun, it refers to being saved from danger or illness, for example. In theology, it takes on another meaning, which is in some ways an extension of the previous one, designating "the fact of being delivered from the state of sin and suffering, and of escaping damnation" (Trésor de la Langue Française Informatisé). In the corpus, it is a key term for its semantic ambiguity. Indeed, the meaning of "salvation" oscillates in the retreatants' booklet between the theological and medical meanings. It sometimes refers to divine deliverance, a remission of human sins granted by God, and sometimes to material, effective, secular healing. In the booklet handed out to retreatants, the word "salvation" appears 11 times. For example, statement 1 in the introduction to the booklet lists the aims of the session:

> 1 : He wants you to experience his salvation in every aspect of your being.
>
> 2 : La guérison (healing, also called le Salut) is already effective when the illness takes on a new significance, when it produces the fruits of the Spirit, which are patience, perseverance, gentleness, humility, compassion, repentance, forgiveness, charity, etc.

Note that the term "salut" is difficult to interpret. While the enunciation situation and the broad context suggest theological salvation, the verb "expérimenter" (to experience) and the segment that is a circumstantial complement of place introduced by the preposition "dans" (in) also allow us to interpret the term as applying to a physical danger. Indeed, "all aspects of your being" encompasses the physical dimension of being. In statement 2, the ambiguity takes the form of a metalinguistic comment ('glose', meaning 'gloss') in brackets which gives an equivalence between the terms 'guérison' and 'salut'. This statement shows how the enunciator links the fields of medicine and religion in discourse, associating the term "guérison" (recovering moral or physical health) with "salut".

The syntagms derived from the verb "guérir" and the noun "guérison" make up a total of 69 occurrences. Determining the meaning of the verb "guérir" and its derivatives is just as difficult as for the term "salut". The verb "guérir" (to heal) or the noun "guérison" (healing) have no particular meaning in the religious field, but their meaning can be modified by the addition of an adjective, such as "intérieure" (inner), and incline the meaning towards the spiritual: a return to peace of mind, for example. However, if the term is not 'glossed' (i.e. qualified) by the enunciator to specify that its use differs from the common usage,

the enunciator can only interpret it in its usual (medical) sense or in its figurative sense. This is the case in statements 3 and 4:

> 3 : He who knows each of your difficulties, each of your wounds, your slowness to forgive, wants to meet you in the intimacy of the sacrament of Reconciliation to heal you right down to your deepest roots.
>
> 4 : In this way, you will learn to deal with your feelings in the presence of God, an essential step in the healing process.

In the case of statement 5, the addition of the adjective "Christian" before the noun (or after it in French) encourages the enunciator to interpret the phrase in the sense of "spiritual healing", as it refers directly to the religious domain.

> 5 : La guérison chrétienne (Christian healing) is not superimposed on the disappearance of symptoms.

In statement 6, the segment in the underlined direct object complement position makes all interpretations of the verb "guérir" possible:

> 6 : I open my heart to you. I invite you to come into me through your Holy Spirit. Illuminate, clear and heal all areas of my physical, psychic and spiritual being.

In statement 7, two adjectives are added between brackets in an equivalence relation: "inner" and "physical". The coordinating conjunction "or" establishes an alternative relationship, or an inclusive disjunction. Linking these two adjectives in this way suggests that they have a complementary relationship. So 'inner', coming after 'physical', might be interpreted as meaning 'mental' or 'psychological'. But "physical" can also be contrasted with "spiritual." Ultimately, the instructions given in the statement as a whole make it impossible to decide between a medical and a spiritual meaning.

> 7 : This will prepare you to welcome rest in God, or healing (physical or inner) as grace continues to work in you.

The same phenomenon is present in statement 8:

> 8 : "In Session, the Lord performs four types of healing:
>
> 1. In 25–35% of cases, the healing is complete. You have been freed from a physical or internal problem and you no longer suffer from it at all. »

In examples 9 and 10, the direct object complement of the verb to heal is "wounds" or "injuries", which suggests physical rather than spiritual healing. In 10, the circumstantial complement of place also refers to an injury. These two nouns could be used metaphorically, but there is ambiguity here too.

> 9: Jesus, by freeing you and giving you back your identity as a son of God, lets you experience a new life. He, for whom everything is present, can return to your past life to heal the wounds and bitter memories that certain events or people have left in you.
>
> 10: A three-step forgiveness process will allow you to get to the root of the wound you have received, and let Jesus heal it in depth.
>
> 11 : You, who in your wisdom planned and determined my gender, want to heal my wounds and free me from the negative influences that modify my aspirations, my tastes, my attractions, my tendencies and so on.

Note that in statements 3, 6, 9, 10 and 11, the verb "to heal" has "Him", "you" and "Jesus" as actant subjects, all three of which refer to a metaphysical entity associated with the Christian religion. This may allow the term to be interpreted as "spiritual". However, one of the ideological foundations of the Charismatic Renewal movement, of which the Community is a part, is the idea of a God, a Holy Spirit, capable of intervening in secular space. Consequently, the "medical" interpretation of the term "heal" is not incompatible with the nature of the actant subject. The document also contains occurrences of the terms "heal" or "healing" within sequences of reported discourse:

> 12 : Jesus went down with them and stood on a level place. A large crowd of his disciples was there and a great number of people ... had come to hear him and to be healed of their

> diseases. Those troubled by impure spirits were cured, and the people all tried to touch him, because power was coming from him and healing them all. (LC 6,17-19).

These statements all come from the Gospels; the meaning of “heal”, or "cure", in these texts is open to interpretation. Some take it metaphorically, others literally. It is not possible to tell from the text in which sense it should be interpreted, and ambiguity is always present.

Faced with this difficulty of attributing meaning, we can consider the context of the situation to interpret these statements. The enunciator of the document is not identified; we only know that the discourse emanates from a spiritual ideological discursive community, in the context of a welcoming and healing activity. However, as those to whom it is addressed are outside the community, we cannot say whether they are believers or not, and they may well interpret the term in one way or another. Statement 13 encourages us to think that this ambiguity is known to the enunciator. It is based on the advice given to retreatants at the end of the booklet:

> 13 : “Never stop taking your medication without asking your doctor: he's the one who will see that you're healed. »

The use of the imperative form with a negation is part of an anticipatory interlocutive dialogism. In other words, this statement is a response to one that could be produced by the person being addressed. This statement could be, for example: “the session replaces conventional treatment", which can be assertive or interrogative. The dialogical nature of 13 shows that the enunciator is aware that his discourse can be interpreted in a medical sense.

Once again, this ambiguity allows the message to be put across that "we can heal you on a material level", while at the same time denying that we have actually uttered such a message.

4 What are the characteristics of the victims' stories?

After presenting a few characteristics of the discourse of the groups, we will now turn to the account given by the victims of their experience or contact with the sectarian group. This work is very preliminary and recent, and is based on the accounts collected in the work published by CCMM in the book *Le psycho-spirituel mis à nus*. They are therefore second-hand accounts, but they do provide a few elements that I thought were interesting. I therefore analysed 5 testimonies collected, focusing on the metaphors used to designate the mental hold and manipulators on the one hand, and the designation processes that structure the victim's life in an inside/outside dichotomy on the other.

As discourse is largely influenced by the social realities that surround it, the discourse of victims is imbued at both levels with the sociological characteristics of sectarian groups, and in particular with what primarily defines them: isolation from the outside world.

One expression in particular recurs several times in different stories: "the world" to designate people and things that are not part of the community. This term appears in various forms. With an adjective:

> - Their role is to warn us of what the outside world is doing to our inner world and enable it to adapt to it.

Or alone as a noun phrase:

> - I had to learn to live on my own, without a permanent superior presence hovering over me, to make decisions without everything being dictated to me, to learn the cost of living, to have normal, ongoing relations with the world without everything being overseen, controlled and reported to different bodies.

On two occasions, it is used in secondary speech and attributed to the specific vocabulary of the Community.

:

> - In addition to her malaise, which the community had not healed for her, she was still living in the faith and precepts of X and was a little lost in "the world", as they say,
>
> - Outside there was "the spirit of the world" as we used to say at the X; there were temptations everywhere, and for vulnerable people it was too violent.

Here, "the world" takes on a particular meaning used in religious discourse, where the syntagm refers to profane activities. The "outside" world is opposed to the monastic or community world, with its rules and unique realities. This inside/outside divide is echoed in other excerpts: we go in, we go out, we "confine ourselves" to a world of our own, in opposition to "real life" (excerpt from the corpus).

The system for referring to the outside world is also based on a Good/Evil opposition, with a protective community interior and a "violent" or "complicated", "not peaceful" exterior.

> -So, without in any way denying the existence of God, I am forced to distance myself from the one who was supposed to be my only, my all; my shield to face this complicated world.
>
> -Even if life isn't quiet on the outside, my inner boat is moving forward on a peaceful river.

In contrast, life in the community, at least initially, is seen as a refuge from the outside world.

> -I found myself parachuted into community X, in a large, dark building with a pretty park dominated by a large statue of the Virgin and Child. Impressive!

But this outside/inside distinction is expressed through metaphors that associate entry into the community with dissolution:

> -Determined to do everything to the best of our ability, we "plunged" into community life
>
> -The individual, the person, no longer exists. I'm a trainee at Community X. My talents, my skills, my aspirations no longer matter, I need to find that community spirit and get into it.
>
> -My role is simple: "All I have to do is be faithful to this pre-existing grace. ». I can only be part of the group if I dissolve into the "Community X" concept; that's what "community spirit" is all about: melting into what is expected of me. I no longer have an existence of my own, no longer have a past. In fact, it was frowned upon to ask community members what they had done before, and it could even be seen as a lack of chastity. I no longer have an individuality, I am a member of the community body, aspiring only to be a member of that body. And long live "death to self", "renunciation of one's own will", the search for the "death of the old man", which in fact only leads to one's own destruction. -We are in a totalising bath that takes over your will and your personal discernment. It is a form of brainwashing in which you have to fit in with the person supporting you. The weight of your sin and guilt leads you along the path.
>
> -In reality, there's nothing mystical about it, even if it is typical of meditation, but you are immersed in an organised "spatio-spiritual" dimension. In these renewal prayer groups, however, you find yourself immersed in an electric bath.
>
> -It has to be said that this woman, who had also spent time at X (ed. note: in the community) and had not come out unscathed, had entered into a mystical delirium, waiting for God to come and get her, bathed in a broth of religiosity and personal development, a broth that was the main ingredient of her recruiter mother when she was cooking up the candidates
>
> -She had been immersed for seven years in a community that practised sectarian abuses.
>
> -Participation in the community is at the expense of individuality, which vanishes in favour of the collective. We find the linguistic traces of the psychological mechanisms of the cult's hold.

The metaphor of plunging or dissolving is complemented by metaphors that describe the process of manipulation. In different ways, they express the person's impression of being trapped by the community and no longer in control of their actions:

> a. You are caught up in a phenomenon: prayer times, work rhythms, etc. Hypnotic state
>
> b. In a "dream state", you have dreams, even with your eyes open. In reality, there's nothing mystical about it, even if it is typical of meditation, but you are immersed in an organised "spatio-spiritual" dimension.
>
> The weight of your sin and guilt leads you along the path.

> k. And by replacing emotions that shouldn't be felt, like anger, with others, by exacerbating those that were correct, I lost the practice of a certain emotional grammar, of "my compass". This freezes emotions. g. I was like a pawn on a chessboard.
>
> J. This humorous summary is intended to show the situation I found myself in.
>
> l. Since then, I've never forgotten those words, what they mean for my past at X, what I have to carry and bear, to purify and distance myself from on a daily basis, and to find myself facing a future that seems obscure to me, so dependent is my life still on the clutches of X and his superior.

Added to this are passive turns of phrase or ones that place the victim in the position of the object of a process or action:

> -Then, from one day to the next, I was sent to spend a week calming myself down at X -
>
> I became ideal prey for the X community.

The victim becomes an outsider and loses their bearings, which is reflected in speech that expresses strong emotional intensity:

> -Indeed, psycho-spiritual talks can open our eyes to certain realities in our history, but it's a bit like eating a heavy meal that you can't digest – you always get a stomach ache afterwards
>
> -I didn't see any miracles, despite all the fine words spoken, led by a chosen few. Filling the head, titillating the senses!
>
> -I was world-weary and there were knots on all sides.
>
> -in reality the rape of conscience

Here again we find the process of a psychological domination that is translated into figures of speech of the order of often physiological analogies that link it to a physical sensation of shock, of overflow. We also find this in the moments in the stories where the victims talk about their first contacts with the community and their psycho-spiritual practices:

> -In mid-1998, some friends gave me an audiocassette of X X's "Managing Emotions". It was like an electric shock.
>
> -At the beginning of December 1998, we took part in this seminar, and it was literally "ecstasy".

All these phenomena are linked to the practice of manipulation, which involves discursive (and more generally semiotic, ritual) staging techniques that inhibit the analytical system of the people concerned. Inducing strong emotions or undermining psychological foundations are all part of the same process. The seduction-manipulation mechanisms evoked in sectarian discourse and the way they are organised therefore leave their mark on the accounts given by the victims.

These are just a few ideas based on a limited corpus, and we need to continue analysing this type of story to find other elements that really stand out in terms of discourse.

End points

This brief overview outlines some of the main features of sectarian discourse in the health sector. As far as the groups are concerned, we can see that manipulation is primarily achieved through discourse which "disguises" itself by borrowing characteristics from scientific discourse without having the validity of such discourse. This method of manipulation, which P. Breton describes *as a cognitive amalgam* of two realities, enables manipulators to overcome their victims' mental defences. The discourses capture the confidence associated with medical discourses and divert it to take victims down paths that are harmful to their psychological and physical integrity. This can be seen in the statements made by the victims, which mention these two aspects:

> X X's talent as a speaker, the content of the training, the beauty of the liturgy, the love shown between the members of the community, touched us to the core.

The accounts of the victims also help us to understand certain aspects of the specific nature of life in a sectarian group and the hold that is created by the break with the outside world, which is described as a source of misfortune and injury, whereas the community is presented as a refuge.

The various analyses I have presented to you seem to me to be promising and make it possible to envisage interesting developments in the study of sectarian discourse. Further detailed study using a larger corpus may open the way to a better understanding of the persuasive tactics of these groups.
I believe that this could lead fairly quickly to the creation of description and detection tools that could help associations in their monitoring and awareness-raising work, and thus move in the direction of better prevention of the risks associated with sectarian abuses.

Thank you for your attention.

G. Andreo

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