Dealing with conspiracy narratives in the close social environment

A practical handbook to help the helpers

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RAN

Practitioners

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Summary

- Long before the COVID-19 pandemic, conspiracy narratives have fuelled conflict, hate and violence, as they led to e.g. witch hunts, pogroms, genocides and terrorism. In today´s European Union, they can still foster violence, but more often they contribute to eroding trust in democratic governing institutions and scientific state-of-the-art knowledge.

- From a practitioner perspective, it can be helpful to look at believing in conspiracy narratives as a self-help attempt. Simply put, people believe in conspiracy narratives to feel better. These narratives promise a better life, an upgrade in status, meaning, moral grandstanding, a caring community, belonging, safety, adventure and even heroism. And they put the blame of what went wrong in someone's life on someone else.

- Believing in conspiracy narratives is mostly not about IQs or knowledge deficits. Many conspiracy believers claim to be well informed critical thinkers and they might spend a lot of time investigating "the truth". To do this, they consult and trust other, so called alternative sources. In that sense, many societies are not in a post-truth, but in a post-trust era.

- Most extremist ideologies are based on the conspiracy narrative that a hidden Jewish elite is in control of the world´s governments and therefore is also behind the supposed wars against "the white race", Islam, "the people", etc. Conspiracy narratives claiming that "Big Pharma" or "Big Finance" are in control and that politicians are mere puppets to their hidden masters are often based on similar beliefs of a hidden Jewish conspiracy.

- Most conspiracy believers do not become violent and do not support violence. However, conspiracy narratives play vital roles within extremist ideologies and radicalisation.

- Fixed indicators for conspiracy narratives that will likely lead to violence are difficult to define, but three main types of narratives, <u>when believed in combination</u>, may help practitioners identify if a person is on a potentially dangerous path:

  1) Us versus Them: 'We are superior, only we know the truth!'

  2) Them versus Us: 'We are victims, we are being threatened by evil forces!'

  3) Apocalyptic dimension: 'The threat to us is existential, hence violence is legitimate!'

- To avoid stigmatisation and polarisation, the principle of 'do no harm', needs to be applied here.

- As a practitioner in the social services and health sector, you should be aware of your role and professional responsibilities when working with individuals who believe in conspiracy narratives. The context and the relationship with the person require different approaches. It is rare for people to change their fundamental attitudes through discussion and mere presentation of facts. At best, you can encourage a change of perspective and invite them to perceive the world more in its complexity.

- To understand why someone has become involved in conspiracy theories, you need to look at their current life situation: How is he or she doing in all areas of life, and what was the situation like when he or she started believing in conspiracies? Are there any social, financial or health concerns? Are there any experiences of loss of control, disadvantage and injustice? Has there been a change in attitudes? Was there a turning point, a major life event? If so, the person may have found fulfilment, answers and support in the conspiracy community. What would they have to give up if they gave up their belief in it?

- As a therapist/counsellor, talk about the counsellor/client relationship on a meta level. Reflect on the impact of different worldviews on the relationship in general, without taking a position on the issues. The clients have probably already had the experience of becoming outsiders because of their views. The special opportunity of the therapeutic or counselling context is that this experience can be reflected upon in a protected environment. It provides a unique opportunity to discuss motives, fears and underlying personal issues.

- Trust in health professionals affects patients' willingness to seek treatment. Conspiracy theories undermine that trust. Despite the wealth of information available on the internet, personal dialogue

remains the most important tool for counselling. Empathy, time for dialogue, understandable language, explanation of context and support through visual material build trust. Involving the patient in decisions as often as possible and setting common goals encourages cooperation and restores a sense of control.

- If minors are indoctrinated by one or both parents, the worst that can happen is that the development of children and young people's safety and freedom can be compromised. As an educator, it is vital to give children the opportunity to learn about liberal democratic values and the workings of science, critical questioning and media literacy.

- As a representative of health services, your position may expose you to accusations, demands and aggression. Listen to people's concerns, but make it clear what your responsibilities are and what you can and cannot do. If you are hosting a public event, create conditions that encourage a positive culture of dialogue. Do not tolerate aggression or abuse. The protection of those who are attacked is always a priority.

Introduction: Conspiracy narratives and conspiratorial thinking

This paper aims at supporting practitioners in the social services sector as well as practitioners in general who have family members and friends affected by conspiracy narratives. It provides background knowledge on the underlying functionality of conspiracy narratives and their possible links to violent extremism. Additionally, it gives advice to practitioners on effective strategies for dealing with such narratives. The paper also provides a summary of a toolkit, published by RAN Practitioners in July 2023, on how to deal with conspiracy narratives with your family and friends.

Conspiracy narratives can pose a threat to liberal democracies, as observed in numerous Member States of the European Union. Long before the COVID-19 pandemic and throughout human history, conspiracy narratives have fuelled conflict, hate and violence, leading to, for example, witch hunts, pogroms, genocides and terrorism. Conspiracy narratives in the European Union today can still foster violence, but more often they contribute to eroding trust in democratic governing institutions and scientific state-of-the-art knowledge.
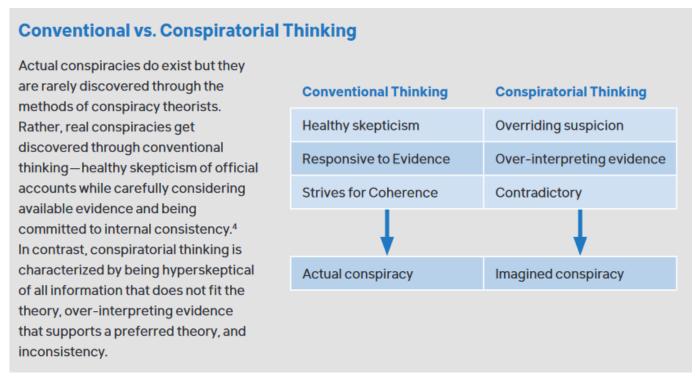
Conventional vs. Conspiratorial Thinking

Actual conspiracies do exist but they are rarely discovered through the methods of conspiracy theorists. Rather, real conspiracies get discovered through conventional thinking—healthy skepticism of official accounts while carefully considering available evidence and being committed to internal consistency.[4] In contrast, conspiratorial thinking is characterized by being hyperskeptical of all information that does not fit the theory, over-interpreting evidence that supports a preferred theory, and inconsistency.

Conventional Thinking	Conspiratorial Thinking
Healthy skepticism	Overriding suspicion
Responsive to Evidence	Over-interpreting evidence
Strives for Coherence	Contradictory
Actual conspiracy	Imagined conspiracy

Figure 1: Stephan Lewandowsky & John Cook, The Conspiracy Theory Handbook, 2020,
https://skepticalscience.com/docs/ConspiracyTheoryHandbook.pdf

While conspiracy narratives can be harmful on a number of different levels, they are of special relevance for extremist ideologies, recruitment, processes of radicalisation and, therefore, also for the prevention and countering of violent extremism (P/CVE).

Every extremist ideology is based on at least some elements of conspiratorial belief. In many cases, conspiracy narratives even form the pillars of their world view. Classic examples of this are the openly anti-Semitic 'New World Order', the right-wing extremist 'great replacement/white genocide' and the Islamist 'war against Islam' narratives.

Most extremist ideologies are based on overarching conspiracy narratives, for example that a hidden Jewish elite is in control of the world´s governments and therefore is also behind the supposed wars against 'the white race', Islam, 'the people', etc. Conspiracy narratives claiming that 'Big Pharma' or 'Big Finance' are in control of world politics and that politicians are mere puppets to their hidden masters are often based on similar beliefs of a hidden Jewish conspiracy. Some anti-government groups also follow this approach, in particular highlighting individuals like Bill Gates or George Soros as visible faces of the supposed secret conspiracies.
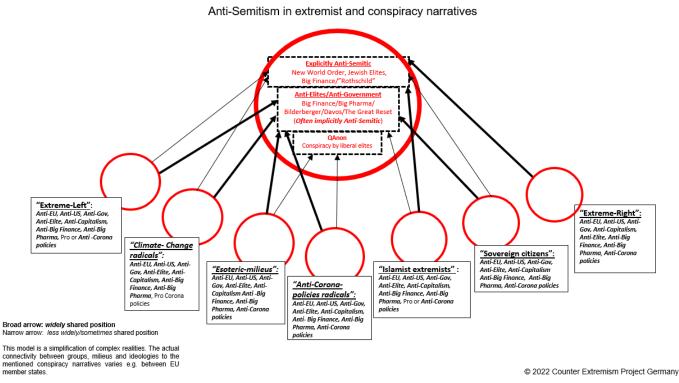

Figure 2: Alexander Ritzmann, Counter Extremism Project Germany, 2022

Additionally, some conspiracy narratives, while not necessarily misanthropic and extremist themselves, might act as a gateway into extremist mindsets. One example is the anti-vaccination conspiracy myth that implies that vaccinations are being used to implant microchips into unsuspecting citizens' bodies, either for surveillance or to fully control them.

Another example is 'QAnon', a convoluted conspiracy myth that claims that former United States President Trump is waging a secret war against Satan-worshipping liberal elite paedophiles – a myth that has become quite prominent in the context of anti-COVID-19 measures activism. These conspiracy narratives can provide a dangerous framework of thinking and are potentially making people receptive to even more harmful conspiratorial beliefs and extremist ideologies. At the same time, most conspiracy narratives do not lead to involvement in violent extremism. Examples of a broad set of less or non-harmful conspiracy narratives include the belief that the moon landing was a hoax or that the earth is flat can be found here.

1. The functionality of conspiracy narratives

There are different approaches towards explaining and understanding the psychological mechanisms and functions related to believing in conspiracy narratives. From a practitioner perspective, it can be helpful to look at believing in conspiracy narratives as a self-help attempt. Narratives are stories of meaning and belonging. Conspiracy narratives promise a better life, an upgrade in status, meaning, moral grandstanding, a caring community, belonging, safety, adventure and even heroism, if you believe in them and join the community that is promoting them. In this sense, people who believe in conspiracy narratives are trying to fix a problem. In many cases, they are in some kind of deep personal crisis (e.g., financial debt, reputation loss/humiliation, job loss, partner loss) when they subscribe to stories claiming, for example, that a small 'hidden (Jewish) elite' is running the world, that 'white people' are being systematically replaced, or that Bill Gates was using the COVID-19 pandemic to put microchips in people's bodies to control them.

Tales of heroes and dragons

The basic structure and functionality of most (dangerous) conspiracy narratives follow a universal principle, drawn from one of the oldest stories on the planet: the tale of a hero who fights a dragon to rescue a community.

This basic principle of conspiracy narratives works as follows:

An individual crisis that makes someone long for change **+** a narrative about scapegoats (a person or group you blame) and threats to a community/ group (danger) **+** promises of a better life (status upgrade) through a mission to protect the community (a call for adventure and heroism).

This principle can be applied to understand the functionality of many conspiracy narratives, such as COVID-19 related conspiracy narratives, the supposed 'great replacement', the supposed 'war against Islam' and many others.
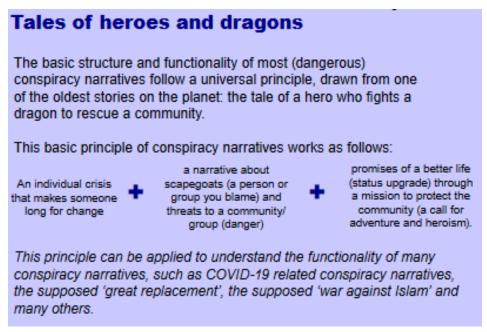
Figure 3: RAN Toolkit on how to deal with conspiracy narratives in your family and with friends, Alexander Ritzmann, 2023, https://home-affairs.ec.europa.eu/whats-new/publications/toolkit-dealing-conspiracy-narratives-july-2023_en

Summary

Simply put, people believe in conspiracy narratives to feel better. These narratives promise an essential upgrade to the (subjective) status quo of the 'believer'. And they put the blame of what went wrong in their lives on someone else, which can be quite liberating.

1.1 Community over facts, anytime?! – Why humans favour their own truth

Historically, homo sapiens who stayed in tight knit groups to fight dangerous animals or enemies, spread their genes more successfully than those who wandered into the wilderness by themselves. This seems to have led to a widely shared biological need or preference for community. Until today, this can make humans pick the 'truth' of their in-group over otherwise available information, especially if the out-group information

challenges sacred values or the group identity. Neuroscientific research suggests that the threat perception-centre of the human brain, the amygdala, which reacts when we encounter a physical threat, like a bear in the forest, also takes charge of our behaviours and emotion when our most valued or sacred beliefs are challenged.

Therefore, confrontational approaches when addressing conspiracy narratives that touch core values and individuals' identities will most likely not work, or might even backfire. This can be particularly the case if the believer is in a state of 'fused identity', meaning the individual and the group identity have merged. Any criticism of the group or its ideology would then feel like a personal attack.

1.2   Do facts matter (much)?

Believing in conspiracy narratives is mostly not about IQ or knowledge deficits. Many believers claim to be well-informed critical thinkers and they might spend a lot of time investigating 'the truth'. To do this, they consult and trust other, so-called alternative sources. Why? Because believing their selected truth makes them feel better than believing the realistic alternative. Research also suggests that the more intelligent believers are, the better they are at defending their conspiracy narrative.

'It is difficult to get a man to understand something, when his salary depends on his not understanding it.' Upton Sinclair

This indicates that the main issue leading to the belief in conspiracy narratives on a societal level is not the quality of general education or lack of knowledge/awareness of universal truths as a product of scientific research. Rather, the lack of 'trust' in the intentions of established mainstream institutions like government bodies and universities should be considered the main challenge here. In that sense, many western societies are not in a post-truth, but in a post-trust era.

Scientific 'truth'

State-of-the art scientific research of today is the best available source to make well-informed decisions. However, replacing previously dominating beliefs, e.g., in religious narratives, with a similar 'blind' belief in science as the harbinger of truth, is problematic. Science is the *quest* for truth through the application of scientific methods and principles. Therefore, many scientific facts are of a temporary nature. New research often leads to new facts, which is why scientific textbooks at universities need to be replaced with significantly updated editions every couple of years (half-life of facts). Understanding that science is mostly a journey and rarely a final destination, is at the centre of critical thinking.

1.3 The role of social media platforms and filter bubbles in promoting conspiracy narratives

The business model of for-profit social media companies is to keep users on their platform as long as possible, so they can sell and place targeted advertisements from third parties. Since circa 2014, social media companies have applied algorithms (automated decision-making systems) that recommend what users are potentially interested in or amplify content that has kept other users on the platform for a longer time.

Conflict, chaos and conspiracy narratives tend to draw human attention and can make it difficult to look away. Political narratives with 'us versus them' dynamics also trigger the interest of many users. Social media allow users to show support to their in-group easily by liking and sharing content (also known as 'tribal signalling'). In return, this behaviour can then be rewarded by other members of the in-group with more likes and positive comments. This process, which is available 24 hours a day on the platforms, can trigger the release of adrenalin, dopamine, oxytocin and other alert and reward hormones and neural transmitters. Before social media, these effects were mostly limited to specific in-person encounters.

'Filter bubbles' refer to specific information selection and prioritisation processes. On average, humans surround themselves with others who have somewhat similar values and interests to feel a sense of connection and safety. Many people have read newspapers with a specific (political) leaning or have gone to specific political events in the past and do so still today. Only few people looked for information across the political spectrum, e.g., reading left/right/liberal leaning newspapers at the same time. These information selection processes can be called a self-built 'offline filter bubble'. Social media platforms can intensify this process online. Whereas people used to create their own offline 'filter bubbles' in the past, social media algorithms select or suggest the content one sees. Because of this, people who are desperate for community or already believe in one conspiracy narrative, will likely be shown content promoting conspiracy narratives.

1.4 What makes conspiracy narratives dangerous?

Most people who believe in conspiracy narratives do not become violent and do not support violence. However, conspiracy narratives continue to pose a key challenge for the prevention and countering of violent extremism (P/CVE) in Europe, since they play vital roles within extremist ideologies, recruitment and radicalisation. To efficiently plan P/CVE interventions, it is necessary to understand which conspiratorial narratives could constitute a danger to the individuals believing in them and, by extension, to society.

Fixed indicators for conspiracy narratives that will likely lead to violence are difficult to define, but three main types of narratives, when believed all at once, may help practitioners identify if a person is on a potentially dangerous path:

1) Us versus Them: 'We are superior, only we know the truth!'

2) Them versus Us: 'We are victims, we are being threatened by evil forces!'

3) Apocalyptic dimension: 'The threat to us is existential, hence violence is legitimate!'

The so-called 'Great Replacement / White Genocide', 'QAnon' and the 'War against Islam' conspiracy narratives fall in this category.

It remains important to state that a person adopting a conspiracy narrative that exhibits these elements does not automatically mean that they are on a path towards violent extremist radicalisation. An individualised assessment of the personal biographical, social and functional contexts in which the person is active would have to be carried out in order to get a more accurate impression of their current state of mind. Only in doing so could it be clarified whether additional risk factors, or a lack of protective resources, could give indication that the person is actually at risk. The core P/CVE principle of 'do no harm', with the aim to avoid stigmatisation and polarisation, needs to be applied here as well.

More specific indicators towards a mobilisation to violent extremism include:

- Moving or acquiring money or resources to prepare for or conduct violence.

- Developing or communicating the mentality or justification that could lead to the commission of a violent act.

- Developing or communicating goals or plans to commit a violent act.

- Interacting with violent extremists.

- Acquiring or developing skills, knowledge or materials to engage in violent extremist activities.

- Disseminating one´s own martyrdom or last will video or statement, (for example, a pre-attack manifesto or final statement).

- Conducting a dry run of an attack or assault, or attempting to gain proximity or access to targets.

- Disposing of meaningful personal assets or belongings in an unusual manner, particularly with a sense of urgency or without regard for personal financial gain.

- Unusual goodbyes or post-death instructions.

Box: U.S. Violent Extremist Mobilization Indicators 2021, National Counterterrorism Center, Federal Bureau of Investigation, and Department of Homeland Security

2. Dealing with conspiracy theories as practitioners in the social services and medical sector

In the following chapter, you will find specific tips for working with clients or patients in the different fields of social work or health care.

World views persist

The belief in conspiracies is not just a misinterpretation of facts, but part of a complex view of life, society and one's own biography. Attacks on this view of the world are perceived as attacks on one's own person and are defended accordingly. To understand how communication with individuals believing in conspiracies is still possible, let us first reflect on our own experiences:

- Have you yourself ever given up a political stance, your religion, a socio-political conviction, your admiration for a role model because of a good argument?

- If so, what convinced you?

- Which people and experiences have been significant in the development of your own world view?

- At what stages of your life and through what catalysts did you develop or change fundamental attitudes?

It is rare for people to change their fundamental attitudes through discussion and mere presentation of facts. When they do, it is usually the result of a previous internal development. Rethinking processes take time. They may often be triggered by:

- Strong experiences that challenge previous attitudes

- Changes in the social environment (leaving home, a new job, a new partnership, etc.)

- Life events and periods of reorientation.

The process of rethinking is self-motivated, self-initiated and often takes place over a long period of time. Although environmental input has an effect, it cannot be directly controlled or planned. One's influence on the world view of others is limited. Put simply, you cannot talk someone out of something that is important and helpful to them. However, this does not mean that you have no influence at all. The trick is to have a focus on what is feasible, to be patient and not to get frustrated with unrealistic expectations. 'Pick your battles wisely'.

Basic considerations

The following considerations may support practitioners in their communication with believers of conspiracy theories:

- Avoid discussing topics about which you are not well-informed, and be aware that conspiracy believers rarely need 'better' information.

- Do not allow yourself to be forced onto a stage where you do not feel comfortable. Conspiracy believers are often not interested in dialogue, but are looking for a stage to present their false knowledge on. They want to proselytise, not discuss. In this case, do not engage in a substantive discussion, but address the common dilemma: we live in a world that we can barely comprehend in its overwhelming complexity. None of us are experts or insiders, we have to trust what others say. How do we choose the people and sources of information we trust in?

- Talk about the person's basic world view, not individual narratives. What is the general image of society and people in the story? It is usually a dystopian, dark world in simple black and white patterns. The people in it are either cunning despots or naive 'sheeple'. How does the other person see it? Does he or she share the view that our world is largely made up of lies and oppression? That hundreds of thousands of people have dark secrets, that there is no democracy, no free media, no security? Are there personal experiences that have led to and confirmed this world view?

- Approach the conversation with interest and empathy for the person in question. How did they come to believe these things? What life experiences have shaped them?

2.1   Counselling and Psychotherapy

The fundamental principles in working with people, in the context of counselling and psychotherapy, is neutrality, respect and acceptance of the other person. The years of the pandemic have put these values to the test. Everyone was directly affected by the pandemic, including therapists. They may have lost loved ones to the disease themselves or, as employees in the healthcare system, have had to deal with the effects daily. Being then confronted with a person who denies the existence of viruses and lectures them about a pharmaceutical industry conspiracy may have made their work even more difficult. In these cases, it is difficult to maintain a benevolently neutral attitude. It is all too easy to start arguing with the client, trying to convey facts or feeling personally attacked and reacting defensively. In situations like these, the therapist-client relationship is permanently disrupted and the risk of the client breaking off contact is high.

This repeats an experience that the person has probably already had in their social environment. The special opportunity of the therapeutic or counselling context is that this experience can be reflected on in a protected setting. It offers a unique opportunity to discuss motives, fears and underlying experiences.

If you are working in this context with someone who believes in conspiracy theories, do not try to dissuade them. At most, you can encourage a change of perspective and invite them to perceive the world more in its complexity, thereby counteracting the simplistic black-and-white images and divisive tendencies of conspiracy theories. Take note of how you yourself react to the person's statements and remain aware of your role and your assignment. The following questions and advice may help to reflect on your role.

Role and assignment

- Concentrate on your professional responsibility and function in this conversation.

- Refrain from missionary or conversive attempts to convey the 'right' facts, entering into the discussion of content.

- Talk about the counsellor/client relationship on a meta-level: 'What difference does it make to you if I agree/disagree with you?' Reflect on the effects of different world views on the relationship in general without taking a position on the issues as a therapist.

- Develop a joint strategy for dealing with this challenge and then refer to it again and again, developing it further if necessary.

These recommendations are particularly important if the client treats you with suspicion, because he or she might see you as part of an oppressive system. This issue needs to be addressed before constructive collaboration can begin. 'We have a dilemma: whatever I say, you will find it hard to believe. How can I gain your trust?' Clarify the client's goals and concerns and address potential conflicts at the very beginning. A good way of dealing with this problem can only be found together. It may also be that the client needs time to build trust.

Motives and needs

Believing in conspiracy narratives is not an intellectual failure of logical thinking, but an active solution strategy for existing problems in life. Conspiracy narratives excuse our own failures and name culprits; they grant status within the group of conspiracy believers by dismissing others as misguided, ignorant or dangerous.

In order to understand why someone has become involved in conspiracy theories, you need to look at their current life situation: How is he or she doing in all areas of life, and what was the situation like when he or she started believing in conspiracies? Are there any social, financial or health anxieties? Are there any experiences of loss of control, disadvantage and injustice? How does the conspiracy theory represent these experiences? How might the conspiracy theory have an exonerating function for the person?

Ideologies are not free-floating constructs; they are based on needs, fears, desires and experiences. Ideologies may satisfy a need for security, for belonging, for freedom and autonomy, for meaning and purpose. Concern for one's own health and that of loved ones can play an important role. Compassion and concern for others can be just as much a driving force as the desire for contradiction and controversy.

If there has been a change in attitudes: What was important in the person's life at that time? Was there a turning point, a particular event that was a major life-event: death, separation, job loss, health or financial problems, a crisis of identity or a search for meaning? If so, the person may have found fulfilment, answers and support in their new ideological home.

- Conspiracy theories can fill a vacuum of meaning: What makes this particular conspiracy theory so relevant to this person? What need is satisfied by studying it? What would they have to give up if they gave up their belief in it? Does their involvement give them a sense of self-worth and purpose in life? Does it give them a sense of meaning and appreciation from their allies?

- Sometimes the intense preoccupation with conspiracy theories is a way to avoid dealing with immediate personal problems: What might the preoccupation with the conspiracy theory be a distraction from? What are the pressing issues that the person needs to deal with?

- A basis for identification with conspiracy beliefs may be a related ethical value: What positive motives might be at work? For example, that freedom, justice and the control of power are important to the person, that he or she is critical of everything in general. The desire to be a good parent, to protect other people or to establish social justice can also be such motives.

Effects on the psyche and on the social network

Conspiracy theories, with their negative world view and frequent expectations of imminent catastrophes, cause stress, fuel fears and isolate believers. How does the individual deal with these stressors? Do they recognise them? How do they live with this negative world view, the fear and helplessness, the anger that no one listens, that friends turn away? In which areas of life does the person feel able to act and have an inner sense of control, and in which areas do they feel disconnected and experience a loss of control? These issues touch on existential dimensions of human perception and the perception of control, and are very valuable and informative for shared reflection.

How do conspiracy narratives affect the person's life? Are there professional or private disadvantages? Has an addictive media consumption developed? Give feedback on how the person's behaviour affects you.

Speak up if you feel that the person has become more anxious, stressed or pessimistic since becoming involved in conspiracy theories. People who believe in conspiracy theories are not ill according to the classification of mental disorders. However, believing in such theories may be a trigger or an accompanying symptom of an illness. The content of conspiracy narratives can be the subject of delusional disorders. The social and ideological burden of the narratives can promote depression and obsessive-compulsive disorder.

What is the impact of exposure on the person's life? How does it affect social relationships? Is there more anxiety and how does the person deal with it? How does the person experience being an outsider? Is this a familiar role? What established patterns are visible in the current situation; what is new? Is the person at risk, or do they endanger others?

Rethinking processes are made more difficult when they are associated with shame. It is painful to admit mistakes to oneself and others. This is sometimes avoided by holding on to a mistake for as long as possible. People often stay in situations where they see no realistic alternative, even when they know they are bad for them. In a therapeutic context, it is important to address these issues.

Conspiracy narratives do not initiate constructive political movements; they do not generate empowerment. In most cases, they do not even formulate concrete demands. Ask the person about proposed solutions: What do they see as the social solution to the problem? What are they doing to address the (alleged) grievances in order to protect themselves and others? And what do they expect their environment to do?

Conspiracy narratives are also business models. There are people who make a very good living from spreading them. It can be useful to point this out: Who benefits from the narrative? Who benefits from the fear it generates? Who might be making money from feeding fear and resentment? Is the client also giving large sums of money to influencers, providing resources, labour and/or time?

Conspiracy narratives portray the world as a battleground between good and evil, with evil's victory virtually a foregone conclusion. How do you live with this negative world view, with the fear and powerlessness, with the anger that no one listens when you try to warn them, or with the experience that friends and your social environment turn away?

- What has changed since the world view changed? Positive and negative effects.
- How does the individual experience being an outsider? Is this a familiar role? What familiar patterns are visible in the current situation; what is new?
- How have relationships in the neighbourhood changed?
- Is the person at risk healthwise, financially, socially or professionally?
- Is the person a danger to others (e.g., delinquency, minors, etc.)?

2.2   Pedagogy

Children and young people can be exposed to conspiracy narratives through their peers or through social media. They may also be indoctrinated by one or both parents. In this case, the effects are particularly serious. In the worst case, the development of children and young people's safety and freedom can be compromised by their parents' potentially extreme ideological beliefs. This can happen by depriving them of education and medical care, or by teaching them that they are growing up in a dangerous and menacing world, constantly under threat from overwhelming negative forces.

These circumstances may lead to the following problems:

- The child becomes an outsider in the class, being teased and shunned.
- If the parents believe in medical conspiracy theories, the child's medical care may not be optimal. Vaccinations are not given and evidence-based medicine is not used to treat illnesses, which is particularly problematic in the case of chronic diseases. This can even be life-threatening.
- Conspiracy theories, with their dystopian world view, fuel fear and a sense of helplessness. They undermine confidence in society and democracy. This makes it harder for children and young people to find their place in society.

The following tips might help to deal with situations as described above:

- Stay in contact with young people and discuss with them the information they get from social networks.

- Encourage media literacy at an early age.

- Do not involve children in conflicts of loyalty. This does not mean that you cannot take a stand and represent other positions. But do so in a way that is factual and does not lapse into emotional devaluation of parents or others.

- Encourage independent thinking, critical questioning and a good discussion culture early on. Support the development of one's own point of view. ('What do you think? What is your opinion?') The teaching of education, liberal democratic values and the functioning of science should also take place outside the field of ideological conflict.

According to the UN Convention on the Rights of the Child, children have the right to adequate health care, safety and participation in society. All of these rights can be jeopardised if children's environments are heavily influenced by conspiracy theories.

As a society, we have a responsibility to ensure that children and young people can participate in a diverse, liberal democracy, take advantage of career and educational opportunities, and develop into self-reliant individuals.

Teaching media and information literacy is particularly important in countering conspiracy narratives and dealing with fake news. Prebunking (anticipating and addressing misinformation before it spreads) is more effective than debunking (exposing false information or myths). Students should learn how to use media, evaluate information and recognise AI-generated content as early as possible. Teaching an understanding of the principles of science is also very important. Conspiracy theories often attempt to attack scientific evidence or use pseudo-scientific justifications. They use revised scientific findings as an argument against the credibility of science in general, thereby reinforcing a widespread misconception about the mechanisms of science.

Detailed documents and exercises for dealing with conspiracy narratives in the classroom can be found in this RAN guide.

It is much more difficult to train adults with the necessary skills. To reach this target group, cooperation with adult education institutions is necessary, as well as training programmes in companies, trade unions and chambers. Interest groups, clubs and associations that reach this target group are important contacts for involving senior citizens.

2.3 Medical sector

Many conspiracy stories revolve around health and are based in the fields of medicine and pharmacology. As a health professional, you will always be confronted with people who believe in, or at least are confused by, various myths. Conspiracy believers often recommend remedies that are considered better or antidotes to the supposedly ineffective and harmful treatments of evidence-based medicine. These may include CDS/MMS (chlorine dioxide) or 'silver water' (colloidal silver), esoteric products and services such as 'energised' water, pseudo-medical diagnostic and treatment devices, or herbal preparations whose composition and manufacturing are not always transparent. Spreading uncertainty about medical treatments is also part of a lucrative business. To sell their own products, pharmaceutical companies are often portrayed as the enemy and mistrust of all forms of diagnosis and treatment is fuelled. If people in the patient's

environment have also been influenced by this misinformation or have had specific negative experiences with medical treatments, you will encounter a person who is fundamentally suspicious of you as a health professional.

Illness or worrying about sick relatives can make many people feel out of control. Conspiracy theories pick up on this feeling, amplify it and give it a face, a target. They also give the impression of having uncovered a secret, of possessing exclusive knowledge, perhaps even of knowing more than the medical staff and thus being able to make unauthorised decisions. This seems to restore more empowerment.

The following tips may help you when dealing with believers of conspiracy theories:

- If you notice that the other person is sceptical or dismissive, address this directly and ask why.

- Listen actively: Briefly summarise what you have heard in your own words to make sure you have understood correctly. Being heard and understood is an essential human need, especially in stressful situations.

- Provide easy-to-understand information, point out reliable sources of medical information and explain why these sources are trustworthy.

- If a conspiracy theory has already become a 'matter of faith' and thus an integral part of the client's/patient's world view, it is usually not possible to discuss its content. You should then focus on questioning the sources used and the strategy for verifying the information. Where does the claim come from? Why do you trust this source? Would you use the same approach in other areas? Would you trust this source of information if you were buying a car or building a house?

- It is better to ask questions than to lecture. Conspiracy theories are often inconsistent and illogical. Asking specific questions exposes these gaps and inconsistencies. Questions are more thought-provoking and can lead to self-reflection.

- Be patient, do not embarrass the person and help them save face if they change their mind.

- Treat the person with respect, even if the conspiracy theory seems absurd to you, but also demand respect and courtesy from the other person. Set limits if they do not treat you respectfully, especially if other patients or healthcare workers are being endangered or harassed.

- Try to remain calm, even if they make absurd statements such as 'Viruses don't exist', and at least remain neutral or, even better, friendly. Try not to take these statements personally and do not interpret them as a personal attack.

- Address the person's motives and emotions before addressing the content of the statement. Behind the mistrust may be a fear of being mishandled, a fear of making the wrong decision as a parent about their children's lives. Signal your understanding of these fears and your willingness to support the patient.

- Information is most effective with those who are only intrigued by conspiracies, and sometimes with those who believe in conspiracies (in these cases, however, information is often effective with a delay). Processing new information takes time and does not happen ad hoc in a conversation. To avoid losing face, your counterpart will rarely admit a mistake in a direct conversation. You may give a nudge that leads to a change of position.

- Your professional experience, the (anonymised) reports of other patients and your personal attitude are particularly important and may positively contribute to re-gaining trust in medical institutions. 'If I were you, I would… If it were my child, I would...' might be helpful phrases to use.

- You, as a healthcare professional are an effective factor in treatment of diseases. The time, attention and empathy you give to the patient builds trust and can aid recovery, as can the confidence you exude and the calm and reassurance you convey.

- Ask if other procedures and/or products are being used in parallel with your treatment. Expect that patients will not voluntarily share information about parallel interventions. In the case of naturopathic treatments, it is often naively assumed that the 'natural' is basically harmless; in the case of esoteric treatments, patients might want to avoid mockery and thus may not always openly talk about it with you.

- Involve patients in decisions: When patients are able to choose between treatment alternatives after receiving appropriate information about them, they are more likely to adhere to the treatment. Illness creates a painful sense of helplessness. Every small decision that can be made is empowering and restores a sense of control.

- Respect the patient's autonomy and decisions about their health. Nevertheless, make sure to also explain the possible consequences and risks of their decision.

- Explain how a treatment works and why a patient should take this particular medication. This may be obvious to you, but probably not to your patient.

- The huge amount of health information available to everyone on the internet has not made people better informed. Information is still better absorbed when it comes from a trusted person in a direct dialogue. This may give you the opportunity to positively impact your patients' health decisions.

Like many of the previous recommendations, the following statement does not only concern the treatment of patients who believe in conspiracy theories:

Salzburg cardiologist and rehabilitation centre director Hans Altenberger sees time as the linchpin of good patient care: 'I only have 5-10 minutes for each patient during my rounds. If I notice that I haven't reached someone, I offer to make time for a discussion in the afternoon. If I notice that they don't agree with me, I also say: "You're not convinced?" I don't mind if patients have a different opinion, I encourage them to express it. I explain to patients where I get my information from. If I feel that the factual level is no longer sufficient, then I ask the question of trust: "I have been dealing with this disease for years; I could make it easier for myself and not spend so much time on this conversation, but it is important to me to take good care of you. You have to decide if you trust me."'[1]

Trust in healthcare professionals affects patients' willingness to seek treatment. Conspiracy theories undermine this trust. Despite the wealth of information available on the internet, personal dialogue remains the most important tool for guidance. Empathy, time for dialogue, understandable language, explanation of the context, and support through visual material build trust. As a practitioner, you are an effective factor in treatment through verbal and non-verbal communication. Involving the patient in decisions as often as possible and setting common goals encourages cooperation and restores a sense of control.

Further reading on dealing with disinformation in healthcare

Toolkit for tackling misinformation on noncommunicable disease: forum for tackling misinformation on health and NCDs. Copenhagen: WHO Regional Office for Europe; 2022.

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[1] Holm Gero Hümmler, Ulrike Schiesser: "Fact and Prejudice: Communication with Esoterics, Fanatics and Conspiracy Believers." Springer 2023, page 192.

2.4   Representative role

If you have a public or managerial role, whether in an association, public administration or education, you will have to moderate conflicts that may arise due to individuals' beliefs in conspiracy theories. As a representative of civil society, government institutions, the police or the health service, your position may expose you to accusations, demands and aggression. You may be at the forefront of citizens' complaints and concerns. It is also possible that by virtue of your position, e.g., as an employee of a state institution, you may become a symbol of 'the state'. You might be confronted with aggression that is actually directed at others and not you personally. You become the projection surface and the face of an apparatus that, from the point of view of the conspiracy believers, suppresses information, enslaves people and pursues evil intentions. When a mother desperately and angrily accuses you of trying to poison her child with a vaccine, it is very stressful. Even more so when the accusations relate to policies and regulations over which you have no influence or control.

1. Understand the person's concerns.
    o   Listening is a basic need, people want to be heard with their concerns. Listening shows respect.
    o   Emotions usually subside when people feel they are being heard.
2. Try to establish a trusting connection. Make it clear what your responsibilities are and what you can do and cannot do.
3. Ask what the other person actually wants: 'What do you need from me right now?'

Hosting a public event?

When organising a public event, provide opportunities for expression and discussion but set a clear framework. Create conditions that encourage a positive culture of dialogue.

The following tips may help you:

- Focus on how people interact with each other. 'How can a conversation between us be successful?' Agree on rules before each dialogue. Insist on a respectful tone for all participants. It can also be considered a success if, despite different positions, a dialogue is established that leads to more differentiation.

- Conspiracy theories should not go unchallenged in public. Representatives should not give the impression that they speak for a silent majority. Take a stand and call out conspiracy theories as such.

- Agree on a code of conduct. If these rules are not followed, a meaningful discussion is unlikely. It is better to end the conversation, especially in the case of aggressive behaviour and insults if established rules have been violated. Give and demand respect. Do not tolerate aggression or offence. The protection of those being attacked is always a priority.

- Use neutral language; do not resort to pejorative combative rhetoric.

- Extremism thrives on the attention given to a vocal minority. Do not forget the (often silent) majority.

- Create spaces for exchanges and interactions between the parties of the conflict beyond the conflict zones. Where possible, promote unifying activities that allow for face-to-face encounters and joint activities beyond discussions. This will help to break down stereotypes and black-and-white images and counter the formation of factions. Try to emphasise what people have in common. Opportunities for participation can counteract the basic feeling of loss of control among those who believe in conspiracies.

In the case of disruptive actions by a group, the following ideas might be helpful:

- The dialogue should ideally be facilitated by a neutral moderator, or at least a person who is communicatively neutral to the group's statements.

- Disruptions have priority. Do not try to ignore disruptions in the hope that the group will give up. Make direct contact with the group, even in front of an audience.

- Identify the ringleaders, as contacts for discussion and agreement. They have the most influence on the behaviour of the group. 'I would like to understand your concerns. Can one person (or 2-3) please come to me as a spokesperson for the group?' may be a good starting point to enter into a conversation.

- Ask for people's names, and address as many as possible by name. Introduce yourself by name and shake hands. The use of social norms can have a de-escalating effect.

- Give one person the opportunity to present the group's concerns (with a time limit). Agree beforehand that there will be no more disruptive behaviour. Make this a handshake promise.

- Summarise the group's concerns and address their feelings. Ask them: 'I can see that you are angry and maybe a little desperate that no one is listening to you. Is that true?'

- The motivation behind the rioters is usually a need to be heard, to have a point of view, to be taken seriously, to be listened to, and to be respected. If you get to the heart of the matter, you become the translator of aggressive language into factual language. Make sure that your translation is accepted by the group. Keep at it until there is a common definition of the problem. Keep referring to this in the following: 'You want to be heard and respected, even though you have a different view from the majority here. But you show no respect for the speakers and no willingness to listen. In so doing, you are harming your important cause. It is a pity that you are not using the opportunity of this event. Otherwise, the audience will only perceive you as hooligans and rioters'.

- A moderator who is perceived as neutral can also declare himself to be an advocate of these basic concerns. 'I don't agree with you on the content, but I want to support you in your efforts to be respected as a serious discussion partner'.

- Also keep in touch with the rest of the audience. Summarise their reactions and sentiments and feed them back to the group of disrupters.

- Keep the purpose of the event in mind. If the disruptive actions do not stop and the majority of visitors feel harassed, the rioters must leave the event.

- For controversial issues, consider how you will deal with disruptive actions in advance and ensure that security organisations are on site.

2.5   Exit work with radicalised persons and their families

As a healthcare professional, social worker, or even as a volunteer in an association, your work can make an important contribution to preventing radicalisation. If the person who believes in conspiracy theories has already been radicalised to the point of violence or has ever committed criminal offences, a professional approach involving exit organisations is needed. This document gives some examples of these organisations and the following recommendations about working with family members of radicalised individuals.

The objectives of family counselling depend on the specific context and may include the following:

- Providing psychoeducation to relatives to increase their understanding of the radicalisation process in general and the concrete context where the radicalisation occurs (ideological context, forms of recruitment online and offline, online self-radicalisation, etc.).

- Providing information on legal statutes, if applicable (e.g., if the relative has committed a crime).

- Providing psychosocial support to reduce stress, feelings of helplessness and possible feelings of stigmatisation.

- Preventing the escalation of conflict between family members and the radicalised individual, teaching communication skills and strengthening the relationship between them.

- Mobilising the family to identify and involve positive social networks, with the goal of initiating disengagement or preventing radicalisation.

- Identifying underlying obstacles that make the family vulnerable or hinder the intervention process.

These obstacles may include destructive family dynamics, grievances, socio-economic challenges, and a lack of employment, education and social networks. Communication with the radicalised relative is of paramount importance. Counselling, therefore, usually includes psychosocial support and education to promote non-confrontational communication and strengthen listening skills, as well as an authoritative parenting style. This parenting style promotes a healthy balance between being responsive to the needs of the radicalised young person, and at the same time, setting and maintaining boundaries.

Key lessons of chapter 2

The following points summarise the advice shared in this chapter, aimed at supporting people in social professions:

1. Address the common complexity dilemma: none of us are experts/insiders, we have to believe what others say.

2. Avoid discussing content; focus on discussing sources. Talk about strategies for checking information: Why do you trust this source? Do you do the same in other areas?

3. Focus on speaking about trust: Who do you trust? Do you think I'm a liar, stupid or naive?

4. Go to the meta-level: How can a conversation between us be successful?

5. Address their world view, motives and goals: You have a very negative world view, everyone is a murderer and a fraud to you. You want to warn and protect others, and it must be frustrating that this makes you an outsider.

6. Ask questions instead of giving lectures.

7. The context and the relationship to the person require different approaches. From which role do you act? As a brother, as a mayor, as a head of a hospital department, as a social worker, as a police officer...

8. Be patient and do not expect too much from the dialogue: Point out when simple stereotypes are spread. Create small cracks in the world view.

9. Demand rules of decency. Do not tolerate any form of hateful language and protect people who are exposed to violence.

3. How can practitioners best support family members and the social environment of affected persons? A summary of the RAN Toolkit

In July 2023, RAN Practitioners published a toolkit on how to deal with conspiracy narratives with your family and friends. It provides readers with practical insights and suggestions on how to potentially work with a person who believes in conspiracy narratives. It also includes concrete examples, relevant background information and a step-by-step guide. The following is a summary of some of its key elements.

Step-by-step guide on how you can help someone reconsider their conspiracy beliefs

An intervention (meaning a conversation aimed at helping conspiracy believers to remain open for other opinions and reconsider their beliefs) gone wrong can have negative effects on your relationship with the person. Before considering an intervention, please think about whether this is the right moment and if you are the right person to do the intervention.

It can help to first ask yourself questions like:

- Why should this person listen to me and trust me?

- Why would they change their mind?

- What could go wrong?

- How could this affect me and my own well-being?

When in doubt about the above questions, reaching out to other people who have a trusted relationship with the believer or to a professional with a counselling background is recommended.

Consider this thought experiment:

What would it take for you to believe in an idea or narrative you are opposed to right now? For example: Where do you position yourself on the political spectrum? To the left, liberal, conservative or to the right? What would someone have to say or do for you to significantly move towards another set of political convictions? It would probably matter how happy or unhappy you are with your political affiliation at the moment and how easy or (socially) costly a life change would be.

Once you are planning an intervention, consider the following steps:

Step 1: Prepare to say no and to ask for help

Think of your rules for the conversation. For example: if racist, dehumanising, anti-Semitic or other unacceptable sentiments are being brought forward, then prepare to protect or distance yourself when you deem necessary by ending the conversation. If something like this happens, you may feel less overwhelmed if you are prepared for it. A possible response could be:

'I just heard you saying that... It is important to me to avoid any anti-Semitic/racist/inhumane stereotypes in our conversation. Can we agree on this?'

If the answer is not 'yes', it might be best to take a break to give the other person time to think about the boundary you have set. Once you agree, the conversation can continue. If they insist on promoting anti-

Semitic/racist/inhumane stereotypes, it is very unlikely the conversation will have a productive outcome for both sides.

Be aware of your own limits. This also includes accepting that your influence on others is limited and that you will not necessarily achieve more results with more effort. In such cases, consider asking for support from trusted family members or consider reaching out to a qualified professional.

Also, consider having this conversation in private without any audience. Nobody likes to get lectured and 'lose face' in front of others.

Step 2: Ask yourself: Why should the other person reconsider their beliefs? What am I offering?

Helping people change their minds on values or identity is not about facts, but about needs, trust and safety. Ask yourself: What are you offering apart from saying 'you are wrong!'?

If there is an openness to change on the side of your family member, it would be helpful if you could help to co-create an alternative new narrative of meaning and belonging and possibly an alternative life (see examples below). People often stay in situations if there is no realistic alternative, even if they know they are bad for them. If you have nothing concrete to offer except for unwanted advice, consider reaching out to a professional for help.

> A conspiracy believer might have a strong need to be seen and heard, a need for attention and affirmation. They might enjoy arguing with non-believers, while sharing what they know. Maybe there is an organisation that offers similar activities and 'rewards' and could be an alternative to gaining affirmation from believing in the conspiracy narrative. Maybe the local sports club, political party or neighbourhood association is looking for 'promoters' and 'recruiters'? This would fit the idea of a 'realistic alternative', because it is often not about what we believe, but how believing it makes us feel. Accordingly, former extremists who were successful recruiters are sometimes now successful public speakers about a non-extremist cause. Of course, it is crucial to look at the situation of your family member: the alternative can be different for every individual.

Step 3: Rank the confidence of the 'believer'

If a (somewhat) trusted relationship between you and the family member exists, you could find out whether the family member is open to change by asking if they have any doubts about their narratives, or the group they affiliate themselves with, and what kind of evidence or information they would need to consider changing their mind. This can also be done by asking the person to rank how confident they feel about their narratives and group on a scale from 1 to 10, 10 meaning absolutely confident. If a high number is selected, this might not be the time for an effective intervention. It might be better to keep up the relationship and wait for a more appropriate time for an intervention. If you are very worried, consider reaching out to a professional counsellor to support you and your family.

Step 4: Look for common ground

Without commonalities there can be no understanding. Find out if there is something you agree upon. Are you both concerned about the safety of e.g., vaccines, about security issues related to your city, limitations of individual freedoms and civil liberties, cultural change that moves 'too fast' or in the wrong direction? Are you both mothers, fathers, or do you have similar interests in sports or culture? If you do not find any common ground, you might want to consider reaching out to a professional for help.

Why is looking for common ground so important?

Research indicates that people who agree on some fundamental issues are significantly more willing to listen openly to views they oppose, and to seriously consider new perspectives. In a recent research experiment in the United States, individuals from opposing political sides were selected. They were selected based on their positions on universal basic human rights (as agreed upon by the United Nations), and on etiquette rules (for example like saying 'please' or 'thank you' when asking or receiving something, or on not being late, or refraining from disturbing quiet settings). Political opponents who agreed on these fundamental issues were significantly more open to agree on previously opposing views.

Keeping the relationship with your family member is extremely important, especially since people can get isolated and do not hear any other views anymore. Therefore, if your family member is not (yet) open to reconsider their beliefs, it is important to find common ground elsewhere. This way you can maintain the relationship. Change takes a lot of time and you have to be patient, but as a family member, you can be an 'anchor' towards other world views.

Step 5: Stick to your own expertise

Avoid discussing issues you are not an expert or well-informed on and be aware that believers of conspiracy narratives rarely need other 'better' information. They usually don't trust the information and institutions that you trust. They often claim to be well-informed critical thinkers who spend a lot of time researching 'facts'. So the main issue here is not 'the truth' as an end point of research, but the lack of trust in mainstream messengers. Find out if the family member credits you or your sources as (somewhat) trusted. If they do not trust your expertise at all, it might be better to consider reaching out to a professional for help, to keep up the relationship and wait for a more appropriate time for an intervention.

E-learnings, tools, strategies or support

The following resources and concepts might be helpful for anyone dealing with situations described above.

E-learning: How to deal with conspiracy narratives in relationships?

This course collects stories of experience from family members and friends who have had to deal with a loved one who believed in conspiracy theories. An important message is that you are not the only one and that there is hope for improvement. The stories also serve as examples for the various topics in the course which are compiled by experts based on research, treatments and theoretical frameworks.

The course consists of these chapters:

1. Motives and beliefs conspiracy thinkers may have, to understand your loved one's background.

2. What is achievable in change and how to create the right setting to encourage the change of thoughts and beliefs.

3. Different strategies for constructive communication and how to engage in dialogue.

4. Overview.

Primary target group: Family members of conspiracy thinkers who are looking for guidance. They are not (yet) in counselling.

Secondary target group: Practitioners (social workers and family support centres) will also benefit from the course and could disseminate it among their clients.

Nonviolent communication

Nonviolent communication (NVC) is based on the assumption that compassionate communication yields different results than uncompassionate communication. These differences have a significant impact on both individual and societal levels. NVC can be used in intimate relationships, families, schools, organisations, institutions, relationship therapy and counselling, diplomatic and business negotiations, disputes, and conflicts of any nature.

The Socratic method

The Socratic method uses questions to help others probe their own argument and see if it stands up. A good way to help a person to reconsider their beliefs is to make them feel like they have uncovered it themselves. That means engaging in back-and-forth questions and answers until you hit a dead end and gently pointing out inconsistencies. Studies show that people often think they know more about a policy than they let on, and the Socratic method can reveal those inconsistencies. This approach can also prevent one party from feeling attacked.

Deep canvassing

Deep canvassing is a method to elicit emotionally significant experiences and encourage reflection. Canvassers use active listening to build trust, so voters can feel comfortable sharing their personal stories and exploring alternative perspectives. At its best, it works with lots of training, trial and error, and iterative learning.

Further reading

1. Stephan Lewandowsky & John Cook (2020): The Conspiracy Theory Handbook, https://skepticalscience.com/conspiracy-theory-handbook-downloads-translations.html

2. European Commission (2020): What are conspiracy theories? Why do they flourish?, https://commission.europa.eu/strategy-and-policy/coronavirus-response/fighting-disinformation/identifying-conspiracy-theories_en

3. Francesco Farinelli (14-15 November 2019), RAN EDU Ex Post Paper: Dealing with religion-inspired extremist ideologies in school, https://home-affairs.ec.europa.eu/system/files/2019-12/ran_edu_meeting_dealing_religion-inspired_extremist_ideologies_school_14-15_112019_en.pdf

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Alexander Ritzmann has been working on the promotion of liberal democracy and the prevention of violent extremism for more than 20 years. Alexander leads the work of the Counter Extremism Project (CEP) in Europe on violent far-right extremist and terrorist (transnational) networks, offline and online. He also focuses on extremist and terrorist content and internet regulation (e.g., the German NetzDG and the EU Digital Services Act). Alexander also advises the European Commission's Radicalisation Awareness Network (RAN), where he particularly focuses on extremist ideologies, narratives and strategic communications. From 2016 to 2020, Alexander was a member of the RAN Steering Committee and Co-Chair of its Communication and Narratives (C&N) Working Group. In this capacity, he co-developed the GAMMMA+ model for effective alternative and counter narratives, which serves as a tool-kit for practitioners all over the EU and beyond.

Ulrike Schiesser is a psychologist and psychotherapist and the director of the Federal Office for Cult Affairs ('Bundesstelle für Sektenfragen'), an Austrian government agency that provides documentation, information and counselling in connection with so-called cults, the abuse of spirituality and religion, problematic developments in the field of esotericism and alternative religious movements, personality cults, authoritarian and monopolising group structures, conspiracy theories and sovereign movements or state rejectionists. For

the past 14 years, Ulrike has been guiding people through the process of leaving and reorientation, advising concerned family members and public stakeholders on communication strategies, and providing supervision and training for the psychosocial field.

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