

ORGANIZED EXTREME ABUSE: TERMS, COMPLEXITIES, AND CREATIVE STRATEGIES

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NON-DISCLOSURE STATEMENT

Rachel Sage has no financial disclosures or conflicts of interest in relation to this presentation.

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LEARNING OBJECTIVES

- Identify at least 3 symptoms of DID and/or OSDD
- List at least 3 indicators of potential Organized Extreme Abuse (OEA) history
- Describe at least 3 ways clinicians can address safety concerns and/or assist clients with establishing safety
- Explore at least 3 techniques or strategies clinicians can use when working with survivors of OEA.

CLIENT CONSENT

All client-related material in this presentation is being used with the client's expressed, written/signed, and enthusiastic consent. The client[s] who have allowed me to discuss components of our work together are passionate about clinicians being able to obtain knowledge and training related to complex dissociation, with the hope of making treatment more obtainable and effective for survivors of severe and complex trauma.

ACTIVATION WARNING

This presentation includes information on challenging content and client drawings depicting childhood sexual abuse, ritualistic abuse, mind control, organized extreme abuse, torture, violence, and the results of these horrific acts.

Please take care of yourself in whatever way[s] are most helpful to you.

WHAT IS DID?

Dissociative identity disorder (DID) is described as a disruption of identity characterized by two or more distinct personality states or an experience of possession. The clinician may observe or the patient may report that these personality states demonstrate marked discontinuity in sense of self and/or agency, accompanied by changes in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor function (Brand et al., 2014).

WHAT IS DID?

DID used to be called “multiple personality disorder,” “bifurcated personalities,” “split personality disorder.”

DID is one of several **dissociative disorders:**

Otherwise Specified Dissociative Disorder (OSDD), Derealization–Depersonalization Disorder (DPDR), Dissociative Amnesia, Dissociative Seizures (5th ed.; DSM-5; American Psychiatric Association, 2013) •

WHAT IS OSDD (FORMERLY KNOWN AS DDNOS)?

OSDD-1a: Identity disturbance with less than marked discontinuities (**ie: parts aren't distinct**) in sense of self and agency (Steinberg, 2024).

Amnesia is present.

OSDD-1b: Criteria example 1b: alterations of identity or episodes of possession in an individual who reports **no dissociative amnesia**. OSDD-1b with distinct personalities **cannot have 'recurrent gaps' in memory** because they would meet criteria B for DID (Steinberg, 2024).

Discrete Behavioral States Theory (DBST) (Loewenstein &

Putnam, 2023) explains how the human experience and behaviors, across a seemingly infinite number of typical and pathological domains, begins with the idea that humans are born with a variety of infant states that, if nurtured adequately, together form the 'core' of the human state of being.

A NOTE ABOUT THE WORD "DISORDER"

The only thing that is "dis-ordered" in PTSD is the person's recollection/memory of events - they are **out of order** and are experiencing post-traumatic stress (Shapiro, 2023).

We could consider "**post-traumatic injury**" rather than "post-traumatic stress disorder" (Ochberg, 2012).

DID and other complex dissociation presentations are an "**adaptation**" - a means of survival.

We might refer to DID/OSDD as a "dissociative adaptation"

(Danylchuk, 2022; Shapiro, 2023) •

HEADS UP!



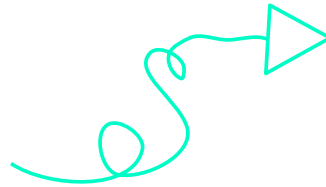
Valerie Sinason, editor of *Treating Survivors of Satanist Abuse*, quotes psychiatrist Adrian Sutton (1994, p. 5):

“In these cases we have neither the certainty of safety nor the safety of uncertainty.”

OSDD is what many organized abuser groups aim to achieve in their victims (Miller, 2024).

Alison Miller (2024, p. 3) describes how his clinical presentation can **create a more consistent facade, which can protect abusers** who systematically manipulate victims' dissociated identities for long-term control, including a **fronting system that does not know about the abuse or abused identities, and appears to be psychologically normative.**

Anonymous Client Artwork
Art Directive from Art Therapist
Ariana Gangloff, LCPC, LCPAT, ATR-BC



CAUSES

Dr. Colin Ross (2006, p. 232) described four pathways to development of DID: (1) childhood abuse; (2) childhood neglect; (3) factitious; and (4) iatrogenic.

Iatrogenic means created by the therapist.

TERMS...

Organic DID:

Alison Miller, author of a number of publications on ritual abuse and mind control, defines “Organic” DID (2012, p. 15) as **“Severe, non-mind control-based child abuse.”**

Note: Some people do not think that ‘severe’ or ‘extreme’ abuse are needed to cause DID.



TERMS...

Organic DID:

Severe, non-mind control-based child abuse (Miller, 2012, p. 15) •

Richard Lowenstein (2021) explains that people who experience DID/OSDD symptoms experienced **sexual abuse before age 10**, and **repeated and severe complex trauma throughout childhood**. Krüger and Fletcher (2017) found that dissociative disorders develop as the result of complex, chronic, relational early childhood abuse.



TERMS...



Installed DID, Forced Dissociation or Purposeful Induction of Dissociation

Defined by Valerie Sinason in Frankish & Smith (2022, p. 22), a therapist-client duo who wrote a book called “Trauma and Dissociation: Understanding Early Trauma, Mind Programming and Installed Dissociative Identity Disorder,” as **“the most severe form of DID comes as a result of ritual abuse or mind programming. Together, these come under a new umbrella called installed DID.”**

Frankish and Smith (2022, p. 50) also note the term **forced dissociation.**

Joyanna A Silberg (2022, p. 261) describes this concept as **purposeful induction of dissociation.**

TERMS...

DID Systems with Systematically Induced and Developed Identities (Lacter, 2025)



TERMS...

Forced Dissociation/Installed DID (Valerie Sinason in Frankish & Smith, 2022)

Purposeful induction of dissociation (Joyanna A Silberg, 2022, p. 261)

DID Systems with Systematically Induced and Developed Identities (Lacter, 2025)

Alison Miller, author of *Healing the Unimaginable*, (2012, pp. 14-15) describes "...'alter personalities' are created and trained in childhood. **Abusers purposefully create complex dissociative disorders** in which additional personalities can be added at later dates in victims who have been properly prepared. ... **This structuring of the personality system allows perpetrator groups to continue abusing and training children without those children breaking the secret.**"



“Can we get control of an individual to the point where he will do our bidding against his will and even against such fundamental laws of nature such as self-preservation?” (MKULTRA, 1952).



Manchurian Candidate is defined by John Marks (1975, p. 5) as “the assassin whose mind was controlled by a hostile government.”

Colin Ross, author of *CIA Doctors: Human Rights Violations by American Doctors*, (2006, p. 35) explains that the **Manchurian Candidate** meets the following 4 criteria:

- 1. Created deliberately**
- 2. A new identity is implanted**
- 3. Amnesia barriers are created**
- 4. Used in simulated or actual operations**

“In civilian therapies, iatrogenic dissociative identity is created unwittingly and is malpractice, while in **Manchurian Candidate Programs**, it is created on purpose (Ross, 2006, p.232).”



Unacceptable!

Colin Ross extensively studied declassified CIA **MKULTRA** documents, and found that the CIA aimed to “control the mind and behavior and to create dissociation, through a combination of drugs, sensory isolation, hypnosis, brain electrode implants, electric shock, and beaming different kinds of energy at the brain. **The ability to create limited, controlled amnesia through a variety of methods was the goal of mind control programs**” (Ross, 2006, p. 89).

Regarding **MKULTRA**, Valerie Sinason (2022, p. 22) states, “‘MK’ came from Josef Mengele’s use of the term ‘Mind Kontrol.’”

David Salinas Flores, Guest Faculty of Human Medicine at Universidad Nacional Mayor De San Marcos, Peru, states, “The [CIA project] **Operation Paperclip** recruited to the Nazi scientists who experienced the mental control in prisoners of Dachau thus **Nazis participated in US mind control programs**. Nowadays, recent researches give evidences of a classified US world mind control weapon program in full development organized by **DARPA** [Defense Advanced Research Projects Agency] in illicit association with corrupt government’s American universities, technology transnational’s and mafias of prosecutors.” He also says, “The evidences indicate also that nanomafias that organize US mind control is interconnected forming an international network with a mega project whose **purpose is to create a digital fascist society, an oligarchy that rules the rest of citizens**, who will carry nanobots and will be **digital slaves**, a **human robotisation** of the **society at the service of millionaire elite**.”

Ross (2006, p. 34) provides evidence that in the 1950s the CIA projects **BLUEBIRD** and **ARTICHOKE** programs were attempting to create “**amnesia, hypnotic couriers and the Manchurian Candidate.**”

“**The deliberate creation of multiple personality in children is an explicitly stated plan in the MKULTRA Subproject Proposal submitted for funding on May, 30, 1961**” (Ross, 2006, p. 66) •

“Dr. Estabrooks is the only psychiatrist or psychologist to have claimed in public that he created Manchurian Candidates” (Ross, 2006, p. 164) •

Noblitt and Noblitt (2014, p. 231) discuss how “**government and intelligence-related destructive cults**” refer to the alleged organized use of cult mind control procedures surreptitiously conducted by individuals within government agencies (eg: CIA) to further their purposes of intelligence gathering and the facilitation of other secret operations.”



TERMS...

Conditioning

Danychuk and Connors who wrote *Treating complex trauma and dissociation: A practical guide to navigating therapeutic challenges*, (2022, p. 114) say,

“Conditioning is a kind of learned behavior that teaches the person to automatically respond and react in ways deemed acceptable to the people raising the child or to other people in the position of power over the child.”



TERMS...

Extreme Forms of Conditioning/Severe Conditioning

Danylchuk and Connors (2022, p. 114) state:

“...attempt to lock the person into behaviors that are detrimental to health and sanity. Severe conditioning is often found in situations of organized abuse, such as sex trafficking and pornography rings, and criminal gangs and organizations.”



SPECTRUM OF PERSUASION (OR SUGGESTION?)

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Coercive Persuasion with Traumagenic Dissociation:

Programming.

TERMS...

Mind Control/Programming

Noblitt and Noblitt, who wrote *Cult and Ritual Abuse: Narratives, Evidence and Healing Approaches*, (2014, p. 85) define **programming** as: “the **manipulation or traumatization of alter personalities**, fragments or other dissociated mental states or entities **for the purpose of mind control.**”

TERMS...



Mind Control/Programming

Noblitt and Noblitt (2014, p. 87) state:

“According to my patients, some programmed responses are general and commonly used in a variety of cults ... However, it is possible for an individual who understands the concepts underlying programming to identify cues that would affect the programmed person simply by talking to that individual and by observing his or her eyelid and other responses to potential triggers that are introduced unobtrusively.”

TERMS...

Mind Control/Programming

Ross (2006, p. 42) states, “ARTICHOKE operations involved detailed, systemic creation of specific amnesia barriers, new identities and hypnotically implanted codes and triggers.”



TERMS...

Mind Control/Programming

Michael Salter, author of *Organised Sexual Abuse*, (2013, p. 134) states, "... torture and brainwashing could be used in an effort to actively deconstruct the agency of the child and reconstruct it according to the needs of the abusive group. This amounted to a form of internal colonisation, in which the body of the child was harmed and invaded in an attempt to transform and ultimately annihilate any impulse towards self-determination and autonomy."



TERMS...

Mind Control/Programming

Goodwin (1994, p. 36) states,
“‘Programming’ would be reserved for the subgroup of terrorization tactics involving combinations of modern hypnotic, behavioral and psycho-pharmacological techniques.”



TERMS...

Mind Control/Programming

1) **Conditioning** - operant, classical, and fear conditioning, 2) **Deception**, 3) **Hypnosis**, 4) **Coerced perpetration**, 5) **Manipulation of identification with the aggressor**, 6) **Manipulation of attachment needs**, 7) **Deprivation of basic needs**, 8) **Direct terrorization**, 9) **Indoctrination/enculturation** into the abusers' beliefs and agendas, 10) **Spiritual techniques**, 11) **Skills training**, and, 12) **Formal programming**, that is the use of numerous mind control strategies to construct inner landscapes that intentionally sequester victims' dissociated self-states and control the relationships between them to set victims up against themselves (Lacter, 2023) .



MORE TERMS!

Mind Control (MC): Alison Miller (2024, pp. 5-7) defines mind control as “abuse of children (and adults) by an organized group that deliberately creates, indoctrinates, and trains internal parts (alter personalities). Beliefs are implanted and parts trained through deprivation, torture, electroshock, drugs, and stage magic to do ‘jobs’ for the perpetrator group. This is much more than organized sexual abuse.”



MORE TERMS!



Torture-Based Mind Control (TB-MC): Ellen Lacter (2011, p. 58-59) defines **TB-MC** as “(1) acute torture, including pain, terror, drugs, electroshock, sensory deprivation, oxygen deprivation, cold, heat, spinning, brain stimulation, and near-death, and (2) conditioning, including coercive hypnosis, directives, illusions (staged tricks, film, stories), spiritual threats, manipulation of attachment needs, and classical, operant, and fear conditioning, to coerce victims to form altered mental states including...”

MORE TERMS!



Torture-Based Mind Control (TB-MC): Ellen Lacter (2011, p. 58-59) defines TB-MC continued (a) hyper-attentive blank slate (tabula rasa) mental states that arise spontaneously in response to perceived threat to physical survival, and are completely attuned to external stimuli, ready to do whatever is needed to survive, (b) self-states that spontaneously form in response to threat to psychic survival, that is, levels of mental anguish that exceed the tolerance of all previously existing ego states, and that are mentally registered apart (dissociated) from previously existing ego states; ...

MORE TERMS!



Torture-Based Mind Control (TB-MC): Ellen Lacter (2011, p. 58-59) defines TB-MC continued (c) ego-states that develop more gradually through conditioning, all three of which are subjected to “programmer” strategies to define, control, and ‘install’ within them perceptions, beliefs, fear, pain, directives, information, triggers, and behaviours, to force victims to do, feel, think, and perceive things for the purpose of the programmer, including execution of acts that violate the victim’s volition, principles, and instinct for self-preservation, and to cause ego-states that usually have executive control of mental functions (the host, front, apparently normal personality) to have no conscious memory for the torture, conditioning, programming, controlled ego-states, or executed programmed behaviors.

MORE TERMS!



Torture-Based Mind Control (TB-MC) is often synonymous with “torture-based,” “trauma-based” followed by “**mind control programming**” or “**programming**” (Lacter, 2011, p. 59)

Jean Riseman (survivor and retired LCSW) states: “To name a thing is to take away some of its power ... Labeling a thought **‘programming’** clearly brackets the thought that I find undesirable and separates it from the ‘me’ that I value” (Cited in Miller, 2012, p.163) •



TERMS...



Conditioning (Danylchuk & Connors, 2022)

VS.

Extreme Forms of Conditioning/Severe Conditioning (Danylchuk & Connors, 2022)

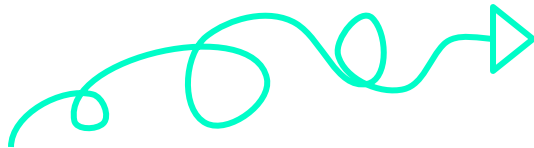
VS.

Programming/Mind Control (Lacter, 2023; Miller, 2012; 2024)

**Terminology is tricky... play it safe and
use what your client prefers.**

MORE TERMS!

Alison Miller, (2024, p.7) defines **Ritual Abuse (RA)** as, “mind control by a religious group. ... RA can also be defined as any abuse done in a ritualized, repetitive manner, whether or not religious.”



Anonymous Client Artwork



MORE TERMS!

Goodwin (1994 p. 35), further expands on concerns with the term “ritual abuse,” and states, “The term’s connotations of the religious and occult have led to a search for data about ‘ritual abuse’ in the history of religions rather than the history of family violence, political torture, crime and sexual perversion.”

MORE TERMS!

Ritual Abuse (RA) is defined by Noblitt and Noblitt (2014, p. 47) as “circumscribed traumatizing procedures that cause involuntary deep trance states, and dissociation of consciousness, identity, memory, perception, and volition.”

MORE TERMS!

Goodwin (1994, p.33) proposes the term “**Sadistic Abuse**,” “...to designate extreme adverse experiences which include sadistic sexual and physical abuse, acts of torture, over control and terrorization, induction into violence, ritual involvements and malevolent emotional abuse. ... [Which describes] severe abuse, often occurring in childhood, that may include torture, confinement, extreme threat and domination, overlapping physical and sexual abuses, and multiple victim or multiple perpetrator patterns of abuse. ... Its use **does not** require a diagnosable sadistic paraphilia in the perpetrator.”

MORE TERMS!

Michael Salter defines **Organized Abuse (OA)**, “Organised abuse involves multiple adults who conspire to sexually abuse one or more children and can include the sexual exchange of children between perpetrators as well as the production and distribution of child sexual abuse materials”

(www.organisedabuse.com, cited in Miller, 2024, p.4).

Anonymous Client Artwork



NETWORKS

The Center for Knowledge on Transgenerational Organized Violence distinguishes 3 groups of networks who engage in what they call '**transgenerational organized violence**':

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3. **Ad hoc groups:** people who come together to form a new group with new ideologies and rituals.

<https://kenniscentrumtgg.org/what-is-organized-abuse/>

DISTINCTION BETWEEN RITUAL ABUSE AND ORGANIZED ABUSE?

In his book Organised Sexual Abuse (2013), Michael Salter reviewed the qualitative and quantitative research with adults and children that report ritual abuse (RA) and found that it happens alongside other forms of organized abuse (eg: production of Child Sexual Abuse Materials [CSAM]) (p. 13).

MORE TERMS...

Some clinicians in the field of complex trauma use the term **Organized Extreme Abuse (OEA)**, to refer to torture-based mind control (TBMC), “programming,” organized abuse (OA), abuse with ritualistic elements, religious/spiritual/clergy abuse, coercive persuasion, severe and/or coercive conditioning, and/or other tactics by perpetrator groups/networks for a variety of purposes, such as trafficking of children, production of child abuse materials, financial gain, power/control and long-term exploitation/enslavement.

MORE TERMS!

POLYVICTIMIZATION

“A victim may be exposed to multiple sexually abusive groups who are interconnected through a web of relations between perpetrators who may be relatives, friends, associates, procurers and clients, between whom children are circulated as a form of capital in the generation of profit, pleasure or status depending on the context (Itzin, 2001)” (Salter, 2013, p. 42) .

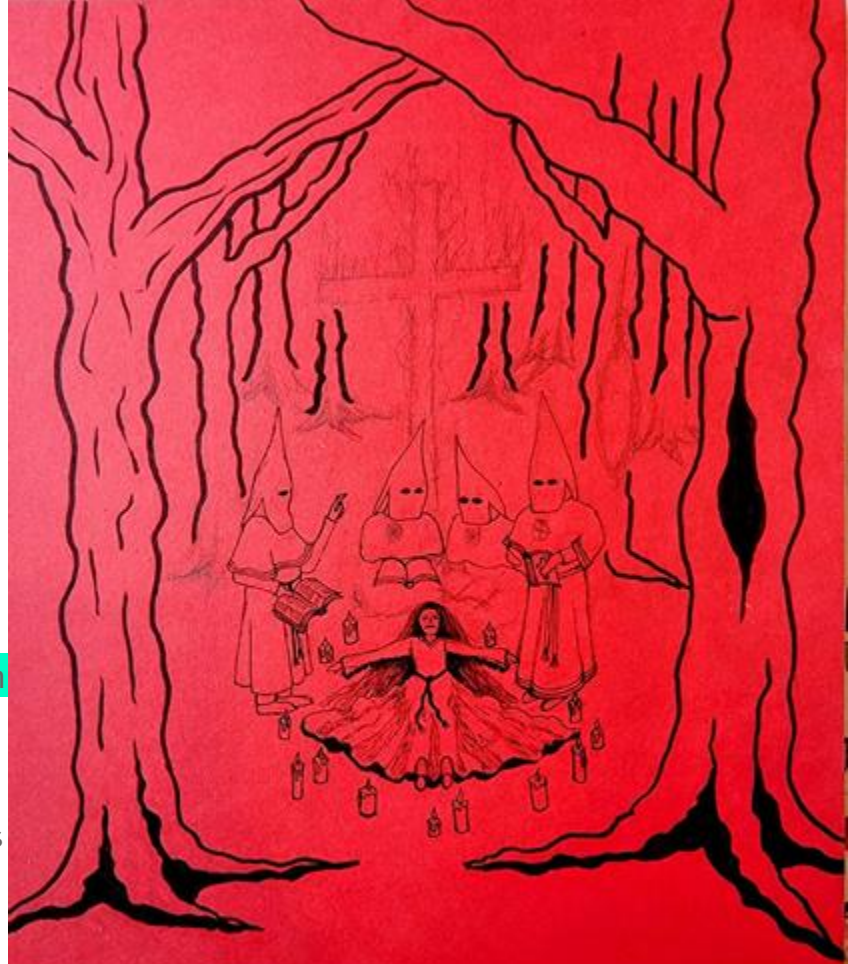
MORE TERMS!

Anonymous Client Artwork

POLYVICTIMIZATION

Alison Miller (2012, p. 17) states “many survivors report being abused by religious groups, more than one military or political group (for example, CIA and neo-Nazis and Ku Klux Klan), and also organized criminal groups. These groups apparently share children, strategies, and even trainers. Groups who use children in child pornography* often borrow them from multi-generational incestuous families, such as are found in organized cults. Military mind control trainers also find cult children readily trainable as potential spies and killers because a dissociative foundation has already been created in them.”

*Since this was written, we now use “CSAM” rather than “child pronography”



STATE SHIFT!



MASS DISSOCIATION

In the article, *Tipping Points and the Accommodation of the Abuser: Ongoing Incestuous Abuse During Adulthood*, Warwick Middleton (2015, pp. 6-7) argues that “... prolonged incest is symptomatic of broader patterns of collective denial and societal complicity in extremely traumatic abuse. ... The only way in which organized abuse can end is if society has the will to mount an organized, sustained, and resourced response that makes it safe enough for victims to be effectively heard by those in authority.”

MASS DISSOCIATION

SURVIVOR REPORTS ARE FURTHER CHALLENGED WHEN THEY INVOLVE RICH AND POWERFUL PEOPLE:

Warwick Middleton (2015, p. 8) discusses abusive networks such as the Franklin and Jimmy Savile cases, and says, “The rich and powerful have particular advantages in ensuring the continued supply of victims. They are often in **positions of high credibility**. They can outsource the procurement or grooming functions, and they are **well placed to intervene** if someone who has not been sufficiently silenced inconveniently divulges to an authority some details of their subjection. Such **power is amplified** if they become networked with similarly powerful individuals who share **the same proclivities** and who have the same collective motivation to maintain an enduring cover-up. **The consolidation of power and influence** is of course **the business of politics**.”

MASS DISSOCIATION

Noblitt and Noblitt (2014) discuss prominent obstacles in addressing child abuse in our society:

1. **Societal lack of understanding**: either by ignorance or disavowal, of factors that have high potential to increase likelihood of a child being abused

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3. Denial by the perpetrator: who can reject their own feelings of guilt and/or shame

MASS DISSOCIATION, TURNING AWAY



Michael Salter (2013) talks about how literature on sex trafficking frames perpetrators as being outside of our communities and families, despite rampant evidence of organized abuse happening in in the home, churches, schools, or other institutions - places where adults have authority over children.

OY VEY

False Memory Syndrome Foundation (FMSF): Founded in the early 1990s, by Pamela and Peter Freyd. Their daughter, Jennifer Freyd, accused her father of sexual abuse. About FMSF, Salter (2013, p. 61) states that the “primary goal was to advocate on behalf of parents accused of child sexual abuse by their adult children, but the Foundation also became an important resource center for people accused of sexual abuse of minors.”

OY VEY

False Memory Syndrome (FMS): it doesn't *actually* describe a syndrome or symptoms. Loewenstein (1992, p. 2) stated, "I know of no clinical research or tradition or clinical description that empirically validates or supports that such a clinical condition exists as such. FMS is a syndrome without signs and symptoms (the defining characteristics of a syndrome)".

Noblitt and Noblitt (2014, p. 171) could not identify any case where it had been proven that a therapist 'implanted' false memories in a client, despite **FMSF** arguing that this practice is common.

BUT WHAT ABOUT FALSE MEMORIES?

Colin Ross (2006, p. 240) states “Study of the Manchurian Candidate leads to the conclusion that creation of iatrogenic multiple personality requires much more control and influence than is possible in one or two hours of outpatient therapy per week. When the necessary degree of control and influence is missing, the causal pathway to multiple personality is more likely to be childhood abuse, childhood neglect, or factitious.”

BUT... REALLY. WHAT ABOUT FALSE MEMORIES?

Ross (2006, pp. 38-39) explains,

“Following the chemically-assisted interrogation, according to CIA terminology, the ‘ARTICHOKE techniques were applied’ in three stages:

1. A false memory was introduced into the Subject’s mind without his conscious control of the process, which took 15 to 20 minutes.
2. The procedure was repeated, this time taking 40 to 45 minutes.
3. The procedure was repeated again with interrogation added.”

Ross quotes the ‘ARTICHOKE Team’: “‘the subject, although not having specific amnesia for the ARTICHOKE treatment, nevertheless was completely confused and memory was vague and faulty.’”

OY VEY

Dr. Colin Ross (2006, pp. 112-120) examines **connections between past FMSF Scientific and Professional Advisory Board members and mind control networks**. Ross (2006, p. 134) cites a specific example as **“FMSF Advisory Board Members Dr. Martin Orne and Dr. Louis Jolyon West are CIA and military mind control contractors with TOP SECRET CIA clearance. Both received MKULTRA contracts to study the dissociative disorders, implementation of false memories, and techniques for the creation of Manchurian Candidates.”**

OY VEY

Ross (2006, p. 113) points out that “denial of the reality of multiple personality by these doctors in the mind control network, who are also on the FMSF Scientific and Professional Advisory Board, could be disinformation. ... Any FMSF Scientific and Professional Board Members who attack DID for disinformation purposes would be in violation of both professional and medical ethics.”

BUT WHAT ABOUT FALSE MEMORIES?

Michael Salter (2013, p. 4) states,

“Research has repeatedly found that child abuse histories, including severe and sadistic abuse, are accurate and can be proven with corroboration (Otnow et al., 1997; Ross, 2009). Survivors of child abuse may struggle with amnesia and other forms of memory disturbance but the notion that they are particularly prone to suggestion and confabulation has yet to find a scientific basis.”

BUT... REALLY. WHAT ABOUT FALSE MEMORIES?

Ugh! Miller (2012, p. 73) talks about how perpetrators may deliberately “...create false memories to mask the existence of mind control.”

Noblitt and Noblitt (2014, p. 177) ask “...how can we be sure that the false ones [memories] are not those of the accused perpetrators rather than those of the stated victims?”

There may be tricks that were played or other disorienting or confusing tactics that were used (Miller, 2012; 2024) – stay curious.

DISBELIEVING

Salter (2013, p. 172) states, “One of the reasons that accounts of organized abuse are so vulnerable to discrediting attacks is because they are replete with cultural clichés of evil and wrongdoing, such as rituals, witches and Satanists.”

Anonymous Client Artwork



DISCOURSE OF DISBELIEF

Sara Scott (2001) in her book *The Politics and Experience of Ritual Abuse: Beyond Disbelief*, uses the term “**discourse of disbelief**,” to describe efforts by FMSF and others, to discredit survivors, such as framing reports of ritual abuse as a societal moral panic, memories implanted by therapists, etc.

DISBELIEVING INTERSECTS WITH COLONIZATION

Survivors can be written off as “hysterical” and survivors’ minds are viewed as having been colonised by psychotherapy (Salter, 2013, p. 12) •

POWER AND CONTROL

Michael Salter (2013, p. 37) states:

“Victims and survivors have described ritually abusive groups engaging in elaborately structured phases of torture designed to induce dissociative and traumatic psychopathology, with the apparent intention of maintaining absolute control over the victim and reducing the likelihood of detection (Epstein et. al., 2011, Sachs & Galton, 2008).”

HEADS UP!

STATE SHIFT





PROGRAMMING : DOMINOS

(Sage, 2025)



Note: some clients report that dominos are used in their programming.

(Sage, 2025)

Ellen Lacter (2011, p. 108) states, “Programming works when it remains intact and undisturbed in dissociated self-states and in the unconscious mind. Conversely, programming is disabled when it becomes conscious and then defied or changed.”

HOW TO ASSESS FOR POTENTIAL OEA HISTORY

Some Mind Control Indicators:

- Your client has been diagnosed with DID or OSDD (not everyone who has DID or OSDD has experienced OEA)
- Your client hears voices or thoughts ordering them not to talk or to be quiet (may or may not be OEA)
- If your client talks about what may have happened to them, they experience symptoms like bodily pain, nausea, a severe headache, spasms as if receiving an electric shock, or flashbacks of violent events
- Your client sometimes feels there is a foreign object in their body that can do harm to the client or others, or that can signal their location or thoughts to abusers
- Your client has unexplained scars on their body or scars with a nonsensical explanation
- Your client feels their energy will poison those they are close to
- Your client worries that they will harm or murder someone or that they have done so
- Your client is preoccupied with or needs to avoid newscasts, articles, or conversations about ritual abuse and mind control.
- Your client is unable to look at you.

(Miller, 2024, pp.7-8)

HOW TO ASSESS FOR POTENTIAL OEA HISTORY

Some Ritual Abuse Indicators:

- Your client has made drawings or other artwork characterized by ritual-like features, such as a lot of red and black, knives, fire, cages, robes, body parts, blood -> these are likely drawings from children parts.
- Your client has worse psychiatric symptoms around certain dates like their birthday, family members' birthdays, Christmas, Easter, Halloween, May Day and early September
- Your client has cut patterns, symbols, or letters on their own body.
- Your client finds odd, ritualistic songs or chants running through their head, sometimes with a sexual, bizarre, or 'you'd better not tell' theme.
- Your client has intrusive thoughts or impulses regarding violent sex, sex with children, sex with animals, or sex with corpses
- Your client's dreams and/or flashbacks include rituals

HOW TO ASSESS FOR POTENTIAL OEA HISTORY

Fear and Phobia Indicators:

- Birthdays and weddings
- Religion and church
- Christmas and Easter
- Doctors, dentists and hospitals
- Injections and needles
- Bodily fluids and excretions
- Red meat and/or certain other foods
- Cameras and being photographed
- Specific colors or shapes
- Harm being done to your loved ones or pets
- Ropes, being tied up, being hung
- Confined spaces, basements, crawl spaces, pits, cages
- Death and burial
- Weapons
- Police, jails, and cages
- Baths and drowning
- Insects, snakes, spiders, and rats
- Discovering they are a perpetrator

A NOTE ABOUT OEA INDICATORS:

No single indicator means a person has a history of ritual abuse or mind control... however, if someone endorses (or shows a fearful reaction) to a large number of them, you might suspect an OEA history.

BE AWARE THAT... IF YOUR CLIENT EXPERIENCED MIND CONTROL/PROGRAMMING, IT LIKELY INCLUDED THE USE OF:

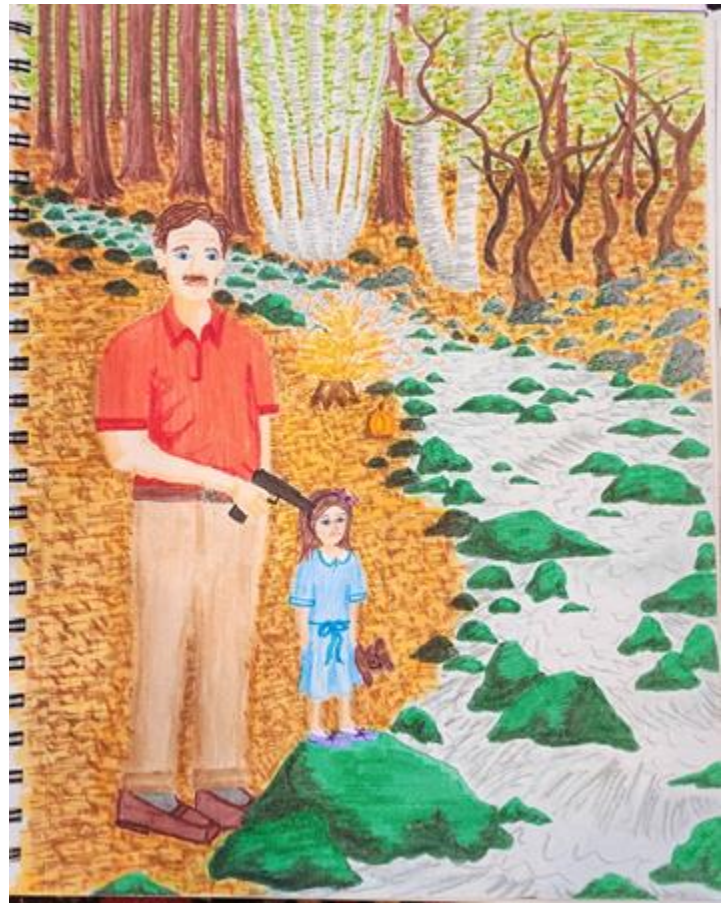
- Sensory/food/sleep deprivation; also sensory overload
- Confusion, fear, pain, terror, guilt, shame, humiliation, belittlement
- Theatrics, trickery, illusion, lies and coercion
- Physical, emotional, verbal, sexual and spiritual abuse
- Forced actions against self/animals/others
- Double-bind situations (no right choice/false choice)
- Systemic behavior modification and hypnosis techniques
- Drugs, lights, sounds, smells, special effects film projections, hidden cameras and microphones
- Sets, props, actors, costumes and make-up
- Meticulously and elaborately designed role-play 'characterizations' based on nursery rhymes, fairy tales, stories, books, movies and music
- Guns, electroshock, whips, shackles, chains, cages, etc.

(Miller, 2024, pp.9-10)

BE AWARE THAT... IF YOUR CLIENT EXPERIENCED MIND CONTROL/PROGRAMMING, IT LIKELY INCLUDED THE USE OF:

“Once organised abuse was underway, threats, blackmail, and reality-distorting techniques were employed to cement the control of the abusers over the child and minimise the risks of disclosure and detection” (Salter, 2013, p. 132).

 Anonymous Client Artwork



MEDS

Always ask about medication because certain meds can mask dissociative symptoms (Miller, 2024, p. 47).



MEDS

Always ask about medication because certain meds can mask dissociative symptoms (Miller, 2024, p. 47).

Medication may have also been used in past or present abuse, which *can* have a present impact.



MEDS

How meds are often used in abuse:

(Miller, 2024, pp.46-47)

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Pleasure-enhancing drugs (eg; MDMA): used during sexual abuse events

Antipsychotics: ***used for front parts to block awareness of other inside parts***

MEDS - OY VEY!

Noblitt and Noblitt (2014, p. 221) say:

“Survivors often respond to psychotropic medications in atypical or unexpected ways, and even when medication offers some mitigation of symptoms, there sometimes comes a point where they lose their value as doses are increased.”

STATE SHIFT!



CAUTION

Alison Miller (2024, p. 109) states,

“The Extreme Abuse Survey (2007) found that the therapist had discovered the survivor was reporting to perpetrators about therapy in 50% of the ritual abuse and/or mind control cases, and 20% of the cases of extreme abuse where ritual abuse and mind control were not reported. The therapist had discovered the abuse was ongoing in 64% of the ritual abuse and/or mind control cases, and 40% of the other extreme abuse cases.”

See the results for yourself: <http://eassurvey.wordpress.com/extreme-abuse-survey-final-results/>

ACCESSING

Freyd (1996) argues that “forgetting” abuse events (ie: dissociating abuse memories) is a logical response for children who need to preserve attachment to primary caregivers who may be abusing them.

Dissociation can be understood as a means of preserving the child’s sanity; the alternative could be living in a perpetual state of panic or suicide.

ACCESSING

In Frankish and Smith (2022, p. 53), Smith describes “**accessing**” as:

“When the coven [perpetrator group/cult/organization/network] meet or telephone you, access a vulnerable alter using hypnosis, and take them with you, back to the coven setting.” Smith states, “For many years, I was **accessed** and was used as a trainer to punish me for deserting the coven. The coven leaders knew I did not have any desire for carrying out my role anymore, so they took great delight in making me do it.”

ACCESSING

Goodwin (1994, p.34) states, “Adults describing extreme abuse in childhood often presented severe and atypical dissociative symptoms with dense amnesia, even for recent violent experiences...”

ACCESS PROGRAMMING

“Access programming” is defined by Alison Miller (2024, p. 111) as “designed by the perpetrators to put a survivor in immediate contact with the perpetrator group if any disclosures are made about abuse. ... **All [TBMC] survivors have access programming.**”

HANDLERS

Alison Miller (2024, p. 60) states, “A handler makes sure the victim follows all commands, that their programs remain intact, that they make no moves toward breaking free. ... The same handler can monitor many people’s lives. Handlers can be parents, siblings, spouses, lovers, relatives, children, friends, therapists - or clients. Although there is programming only to tell the truth to handlers, a recovering victim may be able to defeat that programming and then lie to their handler rather than reporting the truth about what they are thinking and feeling and planning.”

STATE SHIFT!



SELF-CARE CONSIDERATION!

Valerie Sinason (1994, p. 6) states,

“... our patients suffer from **societal disbelief**. This invisibility and disbelief also creates a major problem for the workers. **Almost all professionals experience severe stress or shock, fear, loneliness, treatment, management and ethical dilemmas. Professionals have to cope with the client's fears and their own**, as well as with the disbelief of colleagues and the media, and many have kept these cases secret. ... **just to hear about this kind of work is traumatic.**”

SELF-CARE CONSIDERATION!

Clinician, Patrick Casement, (1994, p. 25) says:

“Professional colleagues will often continue to protect themselves with this wish not to know, leaving the therapist who has been exposed to the trauma of ‘knowing’ terribly isolated, somewhat as the victim has been isolated from anyone else prepared to know.”

SELF-CARE CONSIDERATION!

Please refer to Lynette Danylchuk's 2015 article "*The Training of the Trauma Therapist: Bringing it Home*" for helpful information on importance of training and self-care when working with any form of complex trauma.

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Hypnosis can be used to harm people who have a TBMC history. Ellen Lacter (2023) states “Abusers use hypnotic suggestions and commands to ‘install’ thoughts, perceptions, etc., in designated dissociated self-states. Abusers commonly combine deception and hypnosis and both strategies rely on exploitation of victims’ suggestibility.”

Goodwin (1994, p. 34), states “Some [survivors] described the deliberate use of hypnotic techniques by perpetrators.”

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Ellen Lacter (2011, p. 93) states,

“MKULTRA documents provide extensive evidence of CIA interest in **covert, coercive hypnosis** 1) to **block conscious processing and induce amnesia**, 2) to **induce dissociative states**, 3) **to make individuals execute “unethical actions,”** combined with drugs, after electroshock, during sleep, with auditory and visual stimuli, and after physical duress such as forced wakeful states, and 4) **to create post-hypnotic assassins** (MORI ID 144686, 017395, 017441, 190691, 190713).”

SIDE QUEST!



SIDE QUEST: BUT WHAT ABOUT THE IDEA THAT SOMEONE WHO DOESN'T WANT TO BE HYPNOTIZED WON'T BE HYPNOTIZED?

In children, is hypnotic capacity required for perpetrators to systematically induce identities or is torturing a child and weaponizing a child's imaginary capacities against the child, regardless of hypnotizability, enough to develop a self-state system?

It makes me wonder:

1. If hypnotizability is a null point when a child is tortured and has their imaginary capacities weaponized against them,

or,

2. Where are the OEA survivors without inherent hypnotizability? Did folks who don't have inherent hypnotizability and have an OEA background complete suicide? Were they killed off by whoever hurt them? Become psychotic? Join the group's efforts? Or something else?

We may never know for sure. I think it's important that clinicians stay open and curious about all possibilities, especially until further research with this population can be developed.

SIDE QUEST: BUT WHAT ABOUT THE IDEA THAT SOMEONE WHO DOESN'T WANT TO BE HYPNOTIZED WON'T BE HYPNOTIZED?

"Hypnosis without question, influences behavior, both productive and destructive. It's fair to say that ethical clinicians would not utilize it inappropriately to encourage others through suggestions to engage in harmful and destructive behaviors. But hypnosis could certainly be employed under certain circumstances to suggest others do something against their will if their will was weak enough. We have plenty of cults and national leaders who use hypnotic techniques to provide ample evidence to support that.

I do not know who promoted the notion that people would never engage in behaviors they would not otherwise engage in without the influence of hypnosis. But that inference, in my opinion, is preposterous. I've engaged in many behaviors in my life I never thought I would, both healthy and not so healthy WITHOUT hypnosis! How can we even postulate what others may or may not do when hypnosis is introduced? We (clinical hypnosis clinicians) need to stop promoting our own myths about hypnosis" (Personal Communication with Dr. David Reid, March 16, 2025).

SIDE QUEST: BUT WHAT ABOUT THE IDEA THAT SOMEONE WHO DOESN'T WANT TO BE HYPNOTIZED WON'T BE HYPNOTIZED?

SO... WHY DO YOU BRING UP THIS IDEA?

1. It can be a hot debate topic between some clinicians/researchers.

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SO... WHY DO YOU BRING UP THIS IDEA?

1. It can be a hot debate topic between some clinicians and researchers.
2. If we assume that someone who doesn't want to be hypnotized can not be hypnotized, and we're wrong, there is potential for a variety of increased safety concerns.

BACK TO SPECIAL
CONSIDERATIONS ABOUT
TRAUMA PROCESSING
MODALITIES!

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Understanding hypnotic states and trance is essential in treating complex dissociation. “An MPD patient will frequently move in and out of spontaneous trances during a psychotherapy session” (Putnam, 1986, p. 220). **Therapists need to recognize this and be skillful in working with trance.**

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Working with trance includes:

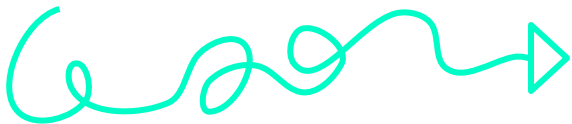
1. Internal imagery
2. Amnesiac barriers between self-states and memories
3. An internal landscape, “inscape” (O’Neil, 2023), where self-states are located
4. Trance logic, defined by Orne (1952, p. 295) as “simultaneous perception and response to both hallucinations and reality without any apparent attempts to satisfy a need for logical consistency,” for example ‘I do not live in this body,’ children’s magical thinking, thought processes within the emotional brain, the unconscious mind, where there is no concept of time
5. Communicating through metaphor

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Therapists need to use hypnotic language, including imagery and metaphor, and paying special attention to language, and not necessarily use of formal hypnosis.

Authority-based hypnotic approaches are contraindicated.

Don't be like this
authoritarian cat!



SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

When working with highly dissociative people consider avoiding:

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

When working with highly dissociative people consider avoiding:

- Using formal hypnotic techniques and/or inductions to 'bring self-states to the front.'
- Using formal hypnotic language such as 'deeper'/'sinking'/'floating,' imagery with water, spiral imagery, etc.
- Formal hypnotic scripts

Important note: Clients report that formal hypnotic techniques are often used by perpetrators

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Eye Movement Desensitization and Reprocessing (EMDR) therapy (including use of bilateral dual attention stimulus [BL-DAS]) is known as a treatment technique that can help people access traumatic content/memory. Some clinicians have adapted EMDR therapy for use with people who experience complex dissociation (Forgash & Knipe, 2012; Leeds et al., 2022; Shapiro, 2018).

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

EMDR therapy can also carry a number of risks with survivors of complex trauma, such as prematurely breaking down amnesiac barriers, which can be destabilizing (Paulsen, 1995).

It's imperative that clinicians obtain advanced training to adapt and modify EMDR treatment to this population (Paulson, 1995).

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Specific risks with use of EMDR therapy with clients who have endured TBMC include:

1. A primary goal within abusive mind control is to prevent the victim from remembering or disclosing their abuse. Mind control abusers manipulate dissociated identities to feel compelled to self-harm or attempt suicide and/or punish other dissociated identities internally if the victim begins to remember or disclose their abuse. This could be a concern for any processing modality.
2. Some survivors have reported that their abusers conditioned dissociated identities to feel compelled to self-harm or attempt suicide in response to application of multiple forms of BL-DAS.

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Deep Brain Reorienting (DBR) is a modality created by Frank Corrigan, that seeks to resolve the initial shock that precedes psychological trauma/harm. DBR posits that shame results in a strong urge to be invisible, feelings of powerlessness, and visceral shock, at the level of the brainstem (Corrigan, 2020).

Corrigan is studying the use of DBR with complex trauma and dissociation.

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

In my own clinical work using DBR:

1. I have only used DBR with dissociative clients who have been very stable for over a year, had been engaged in phase 2 trauma processing work via other means, and were able to tolerate processing well. The effects with these cases have been either neutral or beneficial.

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

2. A client with a TBMC history responded to DBR with activation of multiple identities, each with (a) its own orienting tension (OT), (b) its own somatic activations, and (c) its own bodily reenactment of its trauma. Nonetheless, the client found this to be a profound and beneficial processing experience. I believe that **this type of rapid switching during DBR processing deserves further study within DBR.**

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

3. I have not used DBR with clients in earlier stages of treatment or who are less stable because **I have yet to find a way to titrate DBR** and I'm concerned about unanticipated responses by dissociated identities.
4. **I am concerned that what DBR researchers have learned about the neurobiology of shock, and the modality itself, might be used for harm by perpetrators.** How might clinicians observe such a response or accommodate for it?

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Internal Family Systems (IFS) is a modality created by, Richard C. Schwartz, that posits that in normal development people have many parts **and** a 'core Self.' When people suffer trauma or attachment injury, IFS observes that parts of self take on extreme roles. IFS works to heal such trauma by connecting these parts with the wise "Self," which is defined as "*... the ground of who we are, the seat of consciousness, and functions as the inner good parent*" (Brenner et al., 2023).

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

My concerns about unmodified IFS for clients with DID/OSDD:

1. I have observed that some clients with DID felt compelled to create identities to satisfy the IFS model prior to accurate DID/OSDD diagnosis, which caused confusion as my client and I worked to discover their dissociated identities.
2. Some clients feel that the titles (eg: firefighters, managers) given to IFS model parts are unrelatable or demeaning.
3. An IFS provider may mistake dissociated identities formed in response to overwhelming trauma as facets of self per IFS rather than much more developed and dissociated identities.

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

4. The IFS concept of a 'true' or 'core' "Self" is not congruent with the experience of many clients with DID because they
 - (a) cannot identify a 'true' self and feel shame or damaged for not being able to do so,
 - (b) feel that their 'true' self was split,
 - (c) have identities who feel devalued, unimportant, invalidated by the premise of the "Self,"
 - (d) have internal conflict about who inside is the "real" "Self,"
 - (e) cannot locate a "wisdom" "Self" and fear that this means that they are morally "bad."

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

5. IFS posits that teaching coping skills is unnecessary because “...we view people as having all the resources they need rather than having deficits or a disease ... we assume people are constrained from using their innate strengths by polarized relationships within and with the people around them” (Schwartz & Sweezy, 2020, p. 5).

6. Frank Anderson (2021, p. 20), states, “Dick Schwartz taught us that if you talk directly to the part that holds the overwhelming feelings and ask it not to overwhelm the client, it will comply in order to receive help and experience relief.”

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Therefore, per Joanne Twombly (2024), “... unmodified internal family systems (IFS) may not be helpful for all clients, particularly those with complex trauma or dissociative disorders.”

SPECIAL CONSIDERATIONS... WITH TRAUMA PROCESSING MODALITIES!

Note for all intensive trauma processing modalities:

There are no 'magic bullets' for this work; it's still 'the wild west.'

STATE SHIFT!

THERAPY!



ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Assessment:

- **Client history:** family of origin, abuse history, symptoms, self-harm, suicidality, risk of harm to others.
- **MID and/or SCID-D**

If the defensiveness/minimization score on the MID is higher than the mean MID score, that may indicate that a “shell” [normative-life] identity completed the assessment, resulting in under reporting of symptoms.

I have identified a number of torture-based mind control survivors in this way.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

For clients at risk of harm to self or others:

Collaboratively develop a **“delay plan”** with the client. Examples:

1. Decide upon a number of strategies to make their environment feel safer, eg: add more plushies to the bed, have a safe person lock up kitchen sharps and/or medications, etc.
2. Choose engaging activities to regulate the nervous system, distract, and/or prompt a more stable identity to front, eg: watch YouTube cat videos for 10 minutes, blow bubbles for 5 minutes, draw for 30 minutes, take a walk for 15 minutes, etc.
3. Only after completing #2, does the client contact the therapist.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

When discussing group therapy for survivors of OEA, Pooley and Wood (1994, pp. 30-31) states, “**Just as rituals were used to bind this group together in a perverse way, ritual could be used to free them.** It was important to offer **exceptionally clear boundaries and structure**, and to this end, a ritualized way of beginning and ending each session was developed. ... ritualized actions were found to be a powerful way of redefining the values of the [survivor] group and helping to create a therapeutic culture.”

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

For clients at risk of harm to self or others:

- 1.** I begin every session by asking about current location and Where applicable, harm since the last session.
- 2.** Where applicable, I end every session with a modified 'safety mantra' (Kluft, 1983). The 'safety mantra' references the 'delay plan' discussed in the previous slide.
- 3.** This consistent approach builds safety, predictability, and trust.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

For clients at risk of harm to self or others:

The ‘**safety mantra**’ is an agreement between therapist and client that the client will not intentionally harm self or others between the end of the current session and the next scheduled session.

I end every session with the safety mantra.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

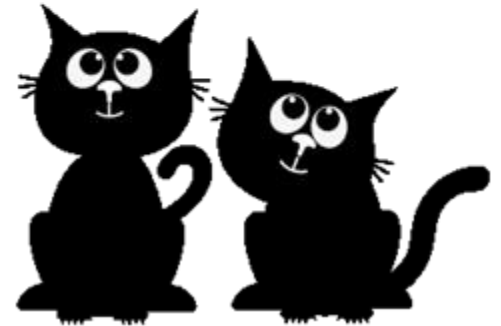
Grounding: Make it Fun, examples:

Label 10+ things about an object.

Many survivors have trouble with breathwork. Ask them to blow a cotton ball out of their hand (and try to catch it) at least 5x (task oriented). Blow and popping bubbles, etc.

Notice fabric of clothing on “the body.”

Notice the current date/time/place. Write the current year on your hand.



ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

See Brand, B. L., Schielke, H. J., Schiavone, F., & Lanius, R. A. (2022), *Finding Solid Ground: Overcoming Obstacles in Trauma Treatment* for more helpful tips and information on [grounding](#).

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Developing the capacity for dual attention:

Alison Miller (2012, p. 260):

“I encourage him or her to be simultaneously in the inner world that includes the memory and in the outer world in which I am really there with them in a safe place.”

I also find it helpful to guide clients to develop the capacity to be simultaneously “grounded” in their chosen internal space(s) and in their therapeutic connection with me. This foundation will be helpful for trauma processing work later.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FINDING SUBSTITUTIONS TO COMPULSIONS TO SELF-HARM

Many clients with extreme abuse histories, especially mind control, have identities who were manipulated to self-harm if they remember the abuse, disclose, or otherwise defy abuser directives.

Until you can 'get under it' (process the memory driving the compulsion, for example, "rules"/"commands" imposed by abusers):

stressful exercise, take a cold shower, hold or chew an ice cube, run around the block, eat something spicy, pain fidgets, etc.

Sometimes self-harm is harm-reduction from more severe self-harm, harm to others, and/or death. In many cases, self-harm is life saving in the short run, an alternative to completing suicide (Danylchuk, 2022).

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FIND LOOPHOLES AND WORKAROUNDS:



Spatula Technique (Sage, 2025) :

Materials:

Rubber or silicone spatula
Fake blood

Fake Blood Recipe:

3 TBS cornstarch
 $\frac{1}{3}$ c cold water
1 $\frac{1}{2}$ c light corn syrup
Red, blue and/or green food coloring

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FIND LOOPHOLES AND WORKAROUNDS:

Tic-Tac Technique (Sage, 2025):

Materials: timed lock box, empty prescription bottle with official label removed, white Tic-Tacs



ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FIND LOOPHOLES AND WORKAROUNDS:

Other ideas:

- Watching bloody horror films or true crime series
- Making artwork featuring self-harm
- Writing lyrics or poems featuring self-harm or suicide
- Listening to angry music (eg: metal)

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

DEVELOP INTERNAL COMMUNICATION

If self-states can be heard, their needs can be better met and their concerns can be addressed.

Examples:

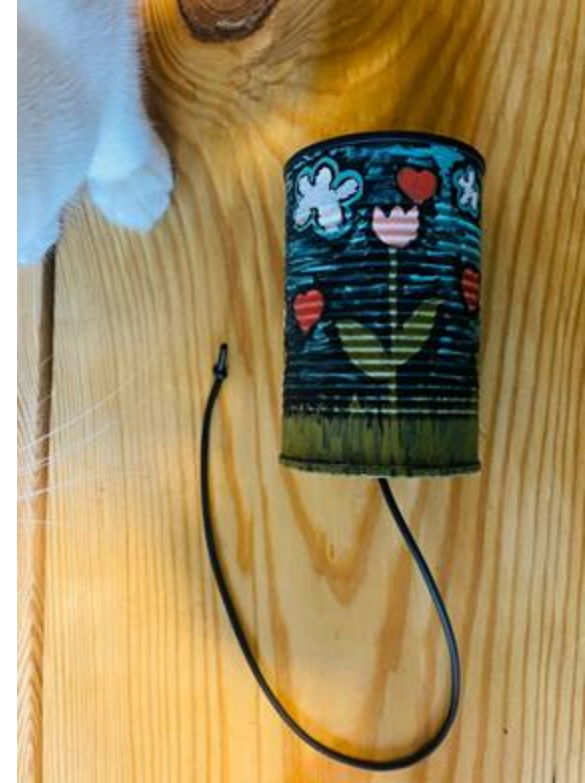
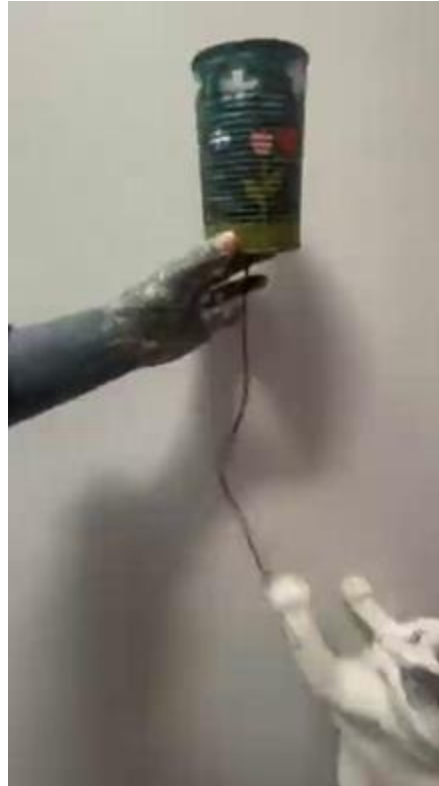
- Writing notes; paper, dry erase boards, etc (inside and outside)
- Work toward decision to be open to all parts; listening for voices, watching for other forms of communication, noticing images being shown inside
- Artwork
- Use of ideomotor signaling to help parts begin to communicate with the therapist and/or each other

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FIND LOOPHOLES AND WORKAROUNDS FOR
DEVELOPING COMMUNICATION WITH THE
THERAPIST

Tin Can Phone:

Materials: soup can, paint, rubber
cord or string



ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

INTERNAL WORLD DEVELOPMENT

Suggest the person establish an internal **“calm or neutral place,”** (*avoid the word ‘safe’), where parts can go in their internal landscape to (a) cope with challenging feelings, (b) manage internal conflict, (c) to retreat from external world stressors, etc.

Check to ensure that feeling calm/safe will not cause a negative reaction within the self-state system.

(* Many survivors do not feel safety is possible and/or have been “conditioned” or “programmed” to respond negatively to the word “safe.”

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

INTERNAL WORLD EXPLORATION:

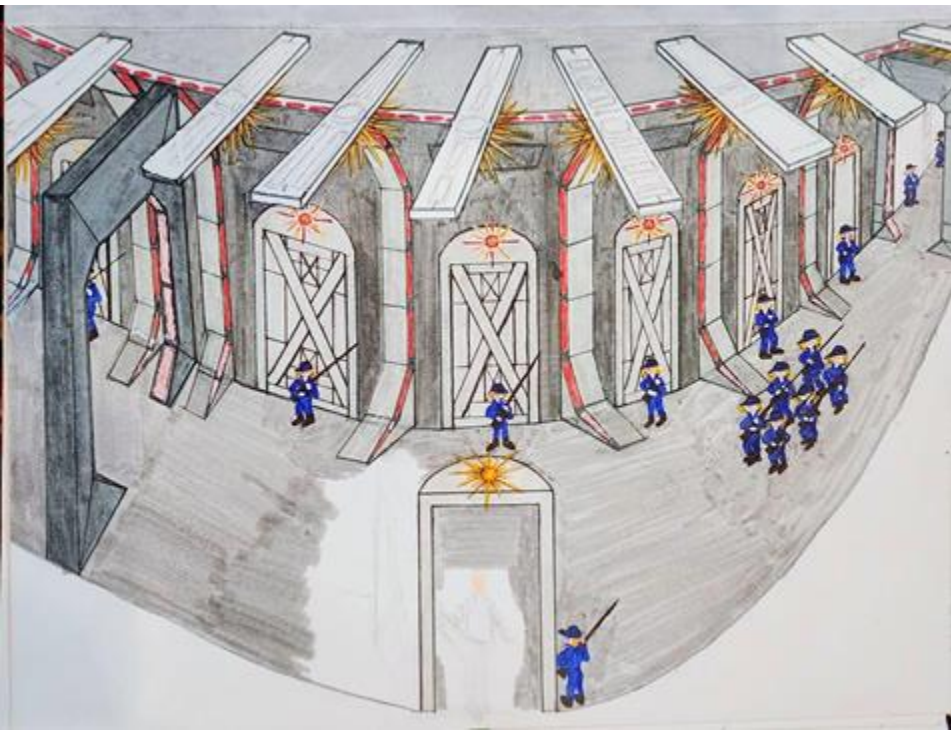
Explore where parts live. Inner world(s) (O' Neil, 2023) are often filled with horror. Identities are often stuck reexperiencing their abuse in the sites of their torture (in trauma space and time).

Explore whether the system has already created internal (a) spaces that feel calmer, safe(r), or neutral, (b) resources for parts to get what they need, (c) places to have fun, or (d) places to be alone - if there are none, consider helping your client to make some!



INTERNAL WORLD EXPLORATION:

Anonymous Client Artwork



ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

COMMUNICATION + INTERNAL WORLD DEVELOPMENT

Fraser's Dissociative Table Technique was one of the **first methods of developing internal communication** (Fraser, 1991, 2003). It involves creating an internal conference room for identities to meet, discuss concerns, process trauma, etc.

Encourage a creative approach. Allow the client to craft spaces within their internal landscape where identities would want to go to meet.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Other useful types of internal world spaces I like to use:

- Cold/numbing room/area

Note: check for trauma involving freezers or cold

- Supply area where all parts can get what they need
- Anger/smash room (discuss rules)
- 'Therapy area'

Anonymous Client Artwork
Art Directive from Art Therapist
Ariana Gangloff, LCPC, LCPAT, ATR-BC



ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

Ask permission... for everything.

“Would it be okay if you ask inside?”

“Can I speak through to everyone who is listening?”

“Is it your free will to do this work today?”

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

Try to avoid hand gestures/ideomotor signaling (eg: thumbs up, scratching your ear, etc.) until you ask if they might be disturbing or activating to particular identities.



ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

Advise the client of ANY changes in advance:

1. Change in office paint color or furniture
2. If you will meet in a different location next time (if you are virtual)
3. If you might make a significant change to your appearance before next session
4. Etc.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

In torture-based mind control, the abusers develop identities to perform functions/“jobs” that serve them, for example “don’t remember, don’t disclose the abuse.”

The therapist should anticipate the presence of many identities with various functions who will likely become activated within the work.

Even though you’re sitting with one body, you’re not sitting with one person!

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

Respect your client's choice about the profound decision about the long-term goal of internal cooperation or integration of knowledge.

Beware of encouraging or advocating for integration of knowledge or fusion of parts... allow it to happen naturally, trust your client's system, and honor your client's autonomy (Blunden & Billie, 2021). In my experience, when clients have pushed to integrate knowledge or fuse parts before they're ready, it is not successful.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

Guidelines for Collaborative Mutual Safety - these are mine:

1. Everyone's clothes stay on in therapy (coats/hoodies/sweaters can come off if a shirt is underneath).
2. We don't hurt people or bodies (includes animals).
3. We don't break things.
4. No touching without expressed permission from all parties (even for 'high 5s').
5. We both do the best we can.

5 MIN
BREAK!



SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Transgenerational DID:

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Transgenerational DID:

“The pursuit of power may become attractive to those who have been placed in a role of extreme powerlessness, a feature of being in the victim role in such a cult. Apparently all, or almost all, members of satanic cults reportedly are, at one time or another, in the victim role of these abusive rituals. However, as one’s rank increase in the cult, the extent of victimization decreases; thus as the cult member rises in power, he or she is increasingly placed in the role of a perpetrator of powerful ceremonies and procedures” (Noblitt & Noblitt, 2014, p. 157) .

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Transgenerational DID:

Noblitt and Noblitt (2014, p. 235) state, “ ... ritual trauma creates in its victims extreme psychological vulnerability and multiple identities that can be manipulated by those who know how. This end result appears magical and can be exploited by people who want extensive control over others who were trained in this way. The perpetrators are also typically dissociated themselves, and they experience and enact the behaviors of entities created in previous traumatic rituals that they themselves endured. Ritual abuse is characteristically multigenerational and is passed down in families.”

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Transgenerational DID:

“The victims of mind programming react in different ways. Inevitably some go on to become perpetrators, advancing up the hierarchy to become mind programmers themselves” (Frankish & Smith, 2022, p. 13) .

Note: Svali (2024) describes that some people who perpetrate are still highly programmed and not acting of their free will.

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Transgenerational DID:

Alison Miller (2024, p. 61) says:

“A ‘conscious’ member of the perpetrator group is fully identified with the goals of the group, rewarded with status, power, and freedom from being tortured. ... They may become programmers of ‘matriarchs’ (women who keep other members in childlike dependency) or have other responsibilities that contribute to the agenda of the perpetrator group. They often have high positions in society.”

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Victimization Includes Forced/Coerced Perpetration:

Heads up! The reported trauma histories can be horrific

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Victimization Includes Forced/Coerced Perpetration:

Heads up! The reported trauma histories can be horrific

- Torture-coerced abuse (Lacter, 2011, p. 58; Salter, 2013, pp. 36-37) including homicide of other victims (children and/or adults) (Frankish & Smith, 2022; Miller, 2012, p. 67; 2024, p. 52; Noblitt & Noblitt, 2014, p. 239; Salter, 2013, pp. 158, 160), including infants (Frankish & Smith, 2022, p. 50; Miller, 2012, p. 57, Salter, 2013, pp. 160, 165)
- Abortions that take place long before full term or induced early - no record of birth (Frankish & Smith, 2022, p. 49; Hanson, 2025; Salter, 2013, pp. 164-165)
- Gang rape (Miller, 2012, p. 31; Salter, 2013, p. 55)

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Victimization Intersects with Forced/Coerced Perpetration:

Heads up! The reported trauma histories can be horrific

- Coercion of victims to consume human body parts, fluids, excrement, etc (Miller, 2012, p. 57; Noblitt & Noblitt, 2014, p. 239; Salter, 2013, p. 37 and p. 160)
- Harm to/killing of animals (Schwartz, 2011, p. 50; Miller, 2012, p. 67; 2024, p. 53; Noblitt & Noblitt, 2014, p. 239; Salter, 2014, p. 145)
- Coerced bestiality (Miller, 2012, p. 251)
- Prolonged contact with dead bodies (Salter, 2013, p. 146)
- Coerced necrophilia (Miller, 2012, p. 31)
- Coerced sexual contact with adults or other children (Salter, 2013, pp. 27, 29)

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Victimization Intersects with Forced/Coerced Perpetration:

Noblitt and Noblitt (2014, p. 2010) say:

“A commonly reported feature of ritual abuse occurs when the individual is forced to perpetrate a criminal act, or a simulation is staged whereby the individual, often after being drugged or tortured, believes himself or herself to have engaged in some horrible act.”

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Victimization Intersects with Forced/Coerced Perpetration:

Michael Salter (2013, p.7) states,
“... the lines of demarcation here are not fixed, since a ‘survivor’ may still be periodically ‘victimized’ by abusive groups despite their efforts to prevent such victimization, ‘victimization’ may include forced perpetration, and a ‘perpetrator’ may have an extensive history of ‘victimization’.”

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Polyfragmentation

(Miller, 2012, p.19)

- also known as -

Polypsychism

(Braun, 1986; Ellenberger, 1970; Putnam, 1989)



Bennett Braun (1986, p. 31) cites HF Ellenberger (1970) defining polypsychism as “the mind as a cluster of subpersonalities.”

Polyfragmentation is very common in folks with OEA histories but is not exclusive to OEA histories and can be present in “organic” cases.

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

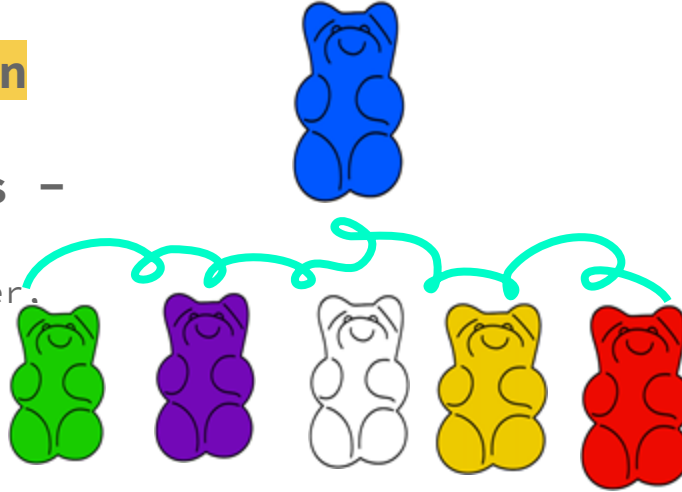
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Polypsychism

(Braun, 1986; Ellenberger, 1970; Putnam, 1989)



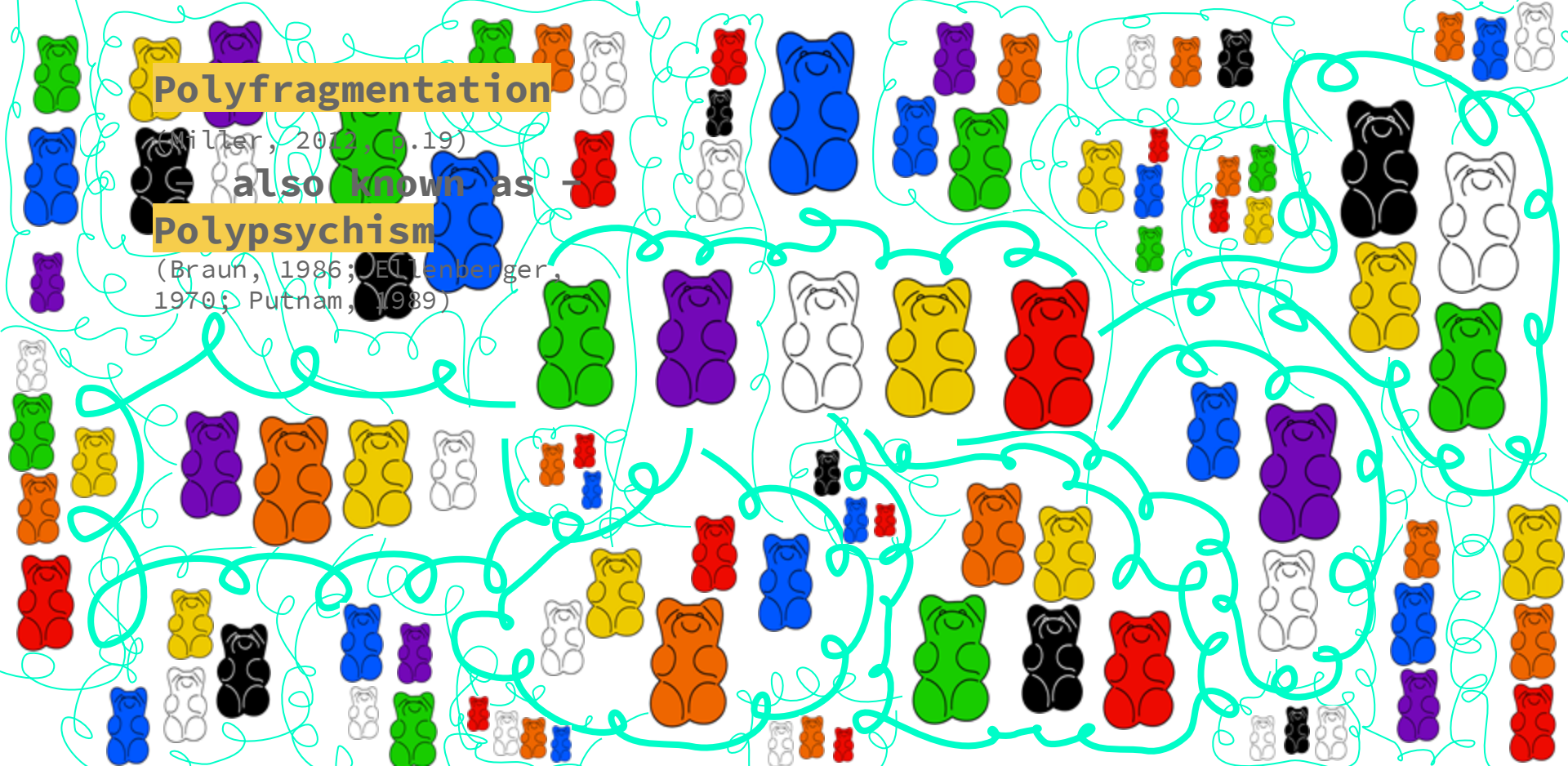
SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

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SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Polyfragmentation

(Miller, 2012, p.19)

- also known as -

Polypsychism

(Braun, 1986; Ellenberger, 1970; Putnam, 1989)



Note: some clients report that nesting dolls are used in their programming.

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

“Layering”

Richard Kluft (1984) introduced the term “layering” to describe systems in which groups of self-states overlie one another or are buried beneath other self-states, and are discovered as traumatic material is worked through.

In my experience, layering is very common in systems with OEA history, but not exclusive to systems with an OEA history.

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

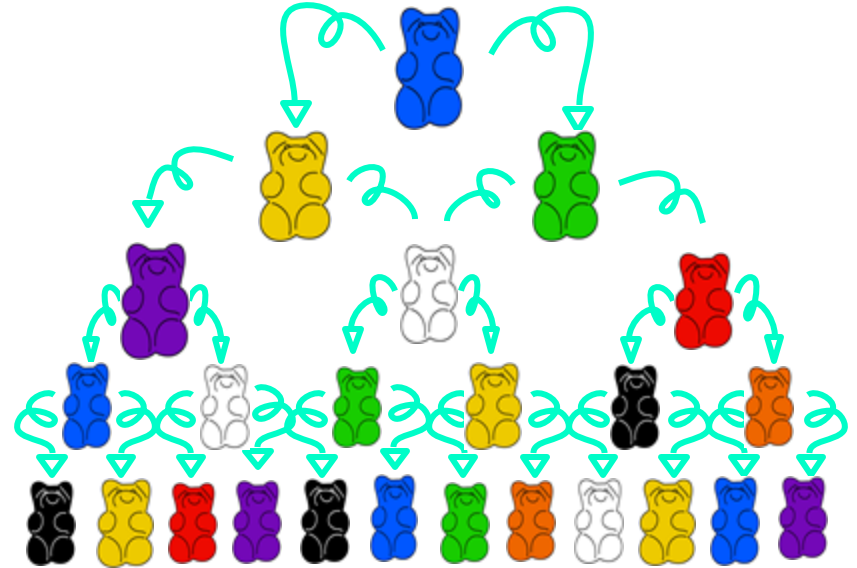
GETTING THE LAY OF THE LAND... OR, THIS IS WHAT I DO:

1. In 'organic' systems, the identities tend to "reside" on a one-dimensional, internal, geographical plane in the inner landscape.
1. In systems that have endured TBMC, the identities tend to "reside" in hierarchical stacked structures.
1. In systems that have additional complexity, there may be additional dimensions, vertical, horizontal, and sometimes time, a fourth or other additional perceptions of dimension(s).

SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

Hierarchies

Generally, the further “back” or “deep” in the system, the more severe the abuse (Noblitt & Noblitt, 2014, p. 145) and the more sophisticated the programming (Lacter, Personal Communication, July 2025).



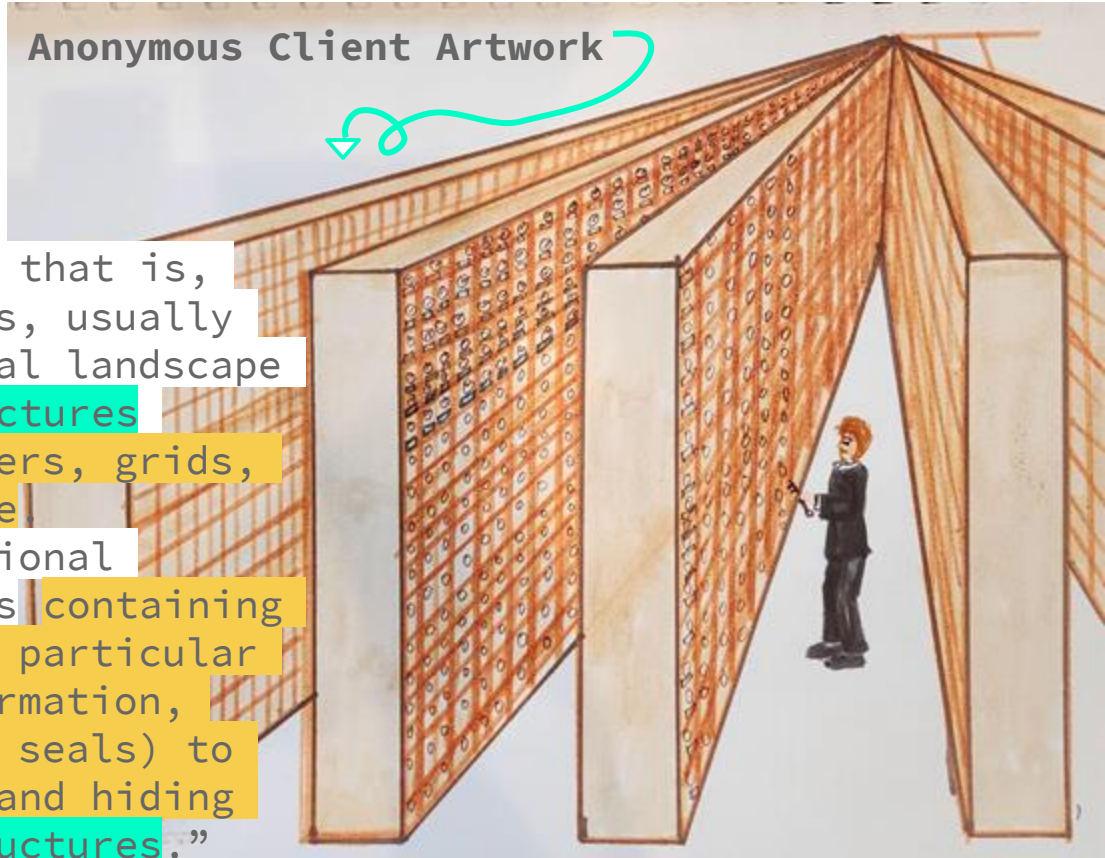
SOME DIFFERENCES BETWEEN ORGANIC SYSTEMS AND SYSTEMS THAT HAVE SYSTEMATICALLY INDUCED AND DEVELOPED IDENTITIES:

INTERNAL WORLD EXPLORATION

Ellen Lacter (2011, p. 61):

“The perception of ‘**structures**,’ that is, mental representations of objects, usually inanimate, in the body or internal landscape of the mind. Often-reported **structures** include buildings walls, containers, grids, computers, and devices of torture. **Structures** often serve organizational purposes for programmers, such as containing groups of self-states that serve particular functions, storing files of information, serving as barriers (walls, caps seals) to separate groups of self-states, and hiding deeper levels of programming **structures**.”

Anonymous Client Artwork



OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

WORKING WITH ISSUES INVOLVING TOO MANY PARTS TO COUNT... OR, THIS IS WHAT I DO:

Developing Communication with spokes-people for subgroups!

1. Identify the issue to be worked on.
2. Talk through - ask all parts to gather in to subgroups associated by opinion/concern.
3. Ask each group to elect a spokes-person to express the opinion/concern of the group.
4. In no particular order, ask each spokes-person so share the consensus of the group.
5. Do not provide feedback or address a concern until all spokes-people can be heard.

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

RECONNECTING WITH PARTS WHO HAVE BEEN SHUT DOWN, SUDDENLY DISAPPEARED, SILENCED, ETC....

OR, THIS IS WHAT I DO:

TALKING THROUGH STARS

... or other creative approaches.

Note: Can also be used for parts who are far away from each other inside, are not allowed to speak, for parts that may be dormant, etc.

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

DEVELOPING COMMUNICATION... OR, THIS IS WHAT I DO:



Internal Communication Devices:

- 1. Therapy Signal/Light**
- 2. Intercom System**
- 3. White Board Communication**

(Some clients can accomplish these prior to session start time.)

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

CUE:

Noblitt and Noblitt (2014, p. 48) define a **cue** as when “the survivor is trained to respond to particular cues that become triggers and have the capacity to elicit specific dissociative responses without the survivor’s awareness. Thus, the alters and their characteristic behaviors can be summoned by particular triggers for which the survivors have no conscious awareness similar to the effects of posthypnotic suggestion. However, unlike normal posthypnotic suggestion where the effects may rapidly decay with the passage of time (Calandrino, Kurtz, & Strube, 2001), this traumatic training in trance is more likely to have persisting effects.”

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

CUE:

Alison Miller (2024, p. 84) describes “external **cue**[s] like a hand or facial signal from an abuser group member or a letter or phone call from home. The **cue** usually gives a reminder about loyalty, or not remembering, or that the group knows everything that the survivor does. ... Programmed triggering may also be set off by the date, as some parts have been trained to do a job on a particular date. ... It might be to create a physical illness to debilitate a survivor.”

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

EXAMPLES OF CUES:

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

EXAMPLES OF CUES:

- Various forms of touch signals
(Miller, 2012, p. 103; Noblitt & Noblitt, 2014, p. 86)
- Hand gestures/signals, common or individualized
(Miller, 2024, p. 84; Noblitt & Noblitt, 2014, p. 207)
- Calendar dates/holidays
(Sinason, 2011, p. 13; Miller, 2012, p. 52; Noblitt & Noblitt, 2014)
- Written or spoken words, letters and/or numbers
(Miller, 2012, p. 53, 85; Noblitt & Noblitt, 2014, p. 158)
- Locations
(Miller, 2024, p. 80)
- Sound, songs, notes, tunes, finger snap, bell ring, etc.
(Lacter, 2011, p. 147; Frankish & Smith, 2022, p. 48)
- Certain color clothing, jewelry or other body adornments
eg: red can often cue self-harm or violence (Noblitt & Noblitt, 2014, p. 208)

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

EXAMPLES OF CUES:

- I have observed EMDR BL-DAS activate suicide programming
- “Deeper and Deeper...” and other common hypnotic phrases and/or techniques “can cause survivors to go into trance or show other signs of change in mental state or other physical response such as an eye blink or altered gaze” (Noblitt and Noblitt, 2014, p. 158).
- “Never touch the left shoulder of a ritual abuse survivor, since this touch is used to call out alters. And be careful about using our left hand when touching a client, since many left hand touches turn on programs” (Miller, 2012, p. 266).

Noblitt and Noblitt (2014, p. 89) discuss using cues learned with one patient on others to see what would happen, and observing that clients had the same or similar responses to the same cues, even though the clients had different backgrounds.

Identities conditioned to respond with suicidality to programmed cues:

"WORDS CAN KILL PEOPLE."

- ANONYMOUS CLIENT

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

Training:

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

Training:

Alison Miller (2024, p. 7) concisely explains “**training**” as “torture and abuse to produce particular results.”

“**Training** involves physical, sexual and emotional torture, the use of drugs, and, in some cases, the use of technologies which directly affect brain **function**” (Miller, 2012, p. 10) •

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

Training:

“Electroshock is a primary methodology
in **training**” (Miller, 20224, p. 5) •

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

Training: Anonymous Client Artwork

Client's Description:

- this is a part of my brain - the only reason it is not larger is because the paper was not larger - there are more parts
- the drawing is comprised of different fragments of my brain - some are different personalities that came about organically, while others were programmed through the most horrific means possible - some of those are different personalities, some of those have specific jobs/tasks (some of us are calling out the word "TRAINING" for what it is worth now)...



OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

Training: Anonymous Client Artwork

Client's Description:

- This is years and years of my brain creating parts for survival and parts being implanted
- I think of it like cells multiplying - I hate to use the video of breast cancer cells multiplying, but it took a while to find something similar to what I was imagining - it is not perfect, but it conveys the idea

<https://www.youtube.com/watch?v=Hm03rCU0Dqg>

if you want to survive under those conditions, you better keep up with the trauma - hence the cells splitting as quickly as you see them splitting”



OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

MORE TERMS...

Training:

Alison Miller (2012, p. 40) states,

“Many of them [alters in mind-controlled personality systems] are not supposed to emerge directly into the world unless called out by a perpetrator...”

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

About Parts Who Have Been Systematically Induced:

Noblitt & Noblitt (2014, p. 22) state, “Putnam noted that the pseudo-personalities supposedly created by hypnosis have markedly different characteristics than genuine alternate identities seen in patients with MPD.”

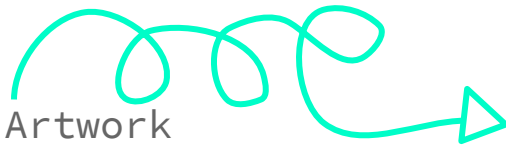
This has also been my experience.

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Client example:

One client reported having a “closet full of parts.” Each part was a different outfit and would “come out front” whenever the outfit was worn during trafficking experiences.

Anonymous Client Artwork



OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

I do not directly ask for names of identities until I'm sure that the client is okay with that. Let the client know that if 'someone inside' doesn't want to share their name, they don't have to, or that they can pick a new name.

You might wonder, **“why?”**

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Identities are frequently ‘called out’ to endure abuse or do specific programmed functions for perpetrators.

“I think we’ve gotten resistant to people trying to get parts with our actual names... we find our names really offensive... it’s like if someone threatens to kill you, that’s how we feel about our names, that our names are the intention to kill us, and the signal that you want to hurt me.”

– Anonymous Client

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Lets go over a few examples of types of “trained” (induced and developed) self-states you might encounter:

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Recorders and Reporters:

Alison Miller (2012, p. 50) talks about “recorders” and “reporters,” systematically induced self-states by the abusers, that “record” the client’s conversations/activities and “report” back to the group when cued to do so.



OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Recorders and Reporters:

Alison Miller (2012, p. 182) explains “**you can put the reporters to sleep during the therapy session. You can arrange this with those in charge of the ‘sleep program,’ then have those in charge of the ‘forgetting program’ make the reporters forget that you have made this arrangement.** From then on, in therapy sessions, you talk about inconsequential topics for the first five or ten minutes for the benefit of the reporters then, when the reporters have gone to sleep, do your real work. They can be woken up for the closing minutes of session. All they will have to report is what happened in those first and last few minutes. **Another way of dealing with it is to satisfy the reporters’ need to do their jobs by having them report internally to internal copies of the abusers (there usually are some).**”

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Recorders and Reporters:

Steps to protect the session from being disclosed to abusers - not a guarantee or foolproof:

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Recorders and Reporters:

Steps to protect the session from being disclosed to abusers - not a guarantee or foolproof:

1. Start session like normal - where are you located, any harm to the body?

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Recorders and Reporters:

Steps to protect the session from being disclosed to abusers - not a guarantee or foolproof:

1. Start session like normal - where are you located, any harm to the body?
2. Basic beginning of session pleasantries for approximately 5 mins.

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Recorders and Reporters:

Steps to protect the session from being disclosed to abusers - not a guarantee or foolproof:

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3. Ask “recorders” and “reporters” (R n’ Rs) to take a pause

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Recorders and Reporters:

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3. Ask “recorders” and “reporters” (R n’ Rs) to take a pause
4. Once this is in place, the substantial session work can occur more safely.

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

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Recorders and Reporters:

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4. Once this is in place, the substantial session work can occur more safely.
5. Approximately 5 mins before close of session, ask “recorders” and “reporters” (R n’ Rs) to unpause and continue with their role.

OVERCOMING COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

Recorders and Reporters:

Steps to protect the session from being disclosed to abusers - not a guarantee or foolproof:

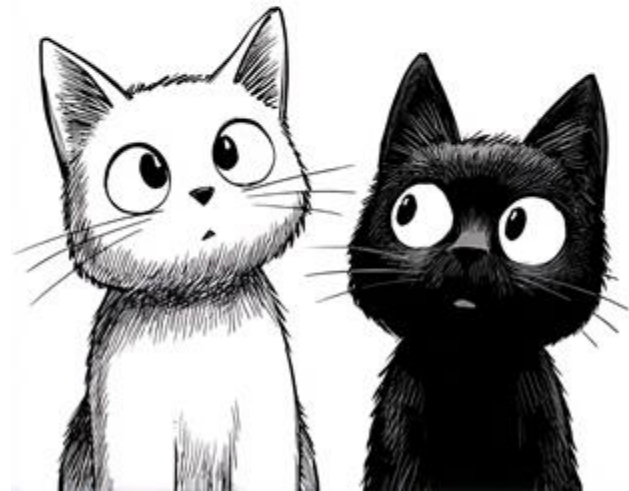
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4. Once this is in place, the substantial session work can occur more safely.
5. Approximately 5 mins before close of session, ask “recorders” and “reporters” (R n’ Rs) to unpause and continue with their role.
6. Close session as per usual; ‘safety mantra’

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Day vs. Night, Light vs. Dark (Not exclusive to OEA) and/or Normative Life vs. Abuser Network Involvement

Many survivor's systems are divided between "day time"/"light" (eg: go to school) and "night time"/"dark" (eg: endure abuse). When the programming is operating as designed, the front (day) system has full amnesia for the back (night) system (Frankish & Smith, 2022, pp. 88-89; Salter, 2013, pp. 105-109). The back (night) system usually has awareness of the front system (Svali, 2024).

For example, "A child might be required to behave as a Satanist in night time rituals but be a good Christian at other times when the behavior is required" (Noblitt & Noblitt, 2014, p. 72).



ONE CLIENT DESCRIBED THE DEVELOPMENT OF PARTS ON THE 'DARK SIDE' AS FOLLOWS:

“Believing the lie that you’re bad is what allows you to have a Satan part, it lets them weaponize that and grow that... all my survivor friends were tricked and tortured since they were born, and if you are bad, they wouldn’t have to do all that to convince you you’re bad. So many survivors I know can’t speak out because they can’t get past the shame.”

– Anonymous Client

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Spinners:

Frankish and Smith (2022, p. 49) describe spinners as being induced by “making her believe that she was a spinning top, by watching the toy of the same name, being hypnotized, and being spun by the ankles upside down...” Miller (2024, p. 42) states “turntables are used for babies.”



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Spinners:



Miller (2024, p. 42) quotes survivor, Stella Katz (a pseudonym), who says that “spinning is done at the end of a lesson (such as suicide, or kill or silence) to distribute the lesson to other parts of the system.”

“Spinning is often used at the end of an abusive episode to prevent the memory from being put together” (Miller, 2024, p. 42).

Frankish and Smith (2022, p. 31) explain “... once the child is spinning themselves by making small circular motions with their body, system-wide post-hypnotic suggestions can be made to the whole system which encourages a system-wide desire for suicide or for shutting down the system.”

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Spinners:

Miller (2012, pp. 52–53) concisely describes spinners as “sending out feelings or impulses to all the other alters, the host, or a group of selected alters.”



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Internal Programmers:

Alison Miller (2012, p. 160) states,

“These are alters who have been trained to turn programs on and off, in response to environmental cues. When someone speaks a program code [*] or does a touch or sight trigger, it alerts an internal programmer to turn a program on or off, usually through flipping a switch. The [internal] programmers usually do not know what effect their switches have, but are heavily trained in obedience and in memorizing signals.”

* Or calling a part forward by calling its name.

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Internal Programmers:

Smith (2022, p. 44) says,

“If, however, the mind control program becomes inactive then we have alters who are trained by the coven to re-hypnotize younger children and teenagers within our system to continue the programming, so it becomes active again.”



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Other common kinds of induced identities include:

Militant/seemingly military trained (Miller, 2012, p. 140)

Occult beliefs or conflicting religious beliefs

(Miller, 2012, p. 66; Noblitt & Noblitt, 2014, p. 72, p. 117)



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Examples of “programming”:

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Examples of “programming”:

Forget Programming:

Miller (2024, p. 114) explains, “This is a technique that programmers use to disguise their own interventions.”



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Examples of “programming”:

Forget Programming:

Salter (2013, p. 124) says,

“Cognitive research has found that people are less likely to remember information that they have been told to forget (Sahakyan & Kelley, 2002). Sivers, Schooler and Freyd (2002) have identified that the encoding of memory by children may be inhibited by a lack of discussion and validation for the event, and the threats or denial of perpetrators.”

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Examples of “programming”:

Denial Programming:

Miller (2024, p. 70) says, “Denial is programmed into survivors, especially the front people, and is very tempting for the victim. ... Denial must be overcome in order to grieve. This is true for our clients and also for us.”



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Examples of “programming”:

Denial Programming:

Alison Miller (2024, p. 70) says,

“All front people have denial programming or training. Specific types of denial programs include:

- Forget and don't remember any of the abuse (separate programming)
- There must be no communication with inside parts, so don't hear their voices
- Only front people are to come out into the present-day world
- Don't believe your own memories.”

SIDE QUEST!



SIDE QUEST: A QUICK NOTE ABOUT DISSOCIATIVE ATTUNEMENT

“... ‘dissociative attunement’ refers to the fact that an attuned therapist is attuned to parts of the client who are not immediately visible. ... We become aware of parts who are present, almost as if we can see them behind the client’s eyes” (Miller, 2024, p. 18) •

SIDE QUEST: A QUICK NOTE ABOUT DISSOCIATIVE ATTUNEMENT

“... ‘dissociative attunement’ refers to the fact that an attuned therapist is attuned to parts of the client who are not immediately visible. ... We become aware of parts who are present, almost as if we can see them behind the client’s eyes” (Miller, 2024, p. 18) •

“Behind the front people you see other parts are actively assessing you, whether you are a perpetrator, whether you can stand the horror, and whether there is a chance you could help them” (Miller, 2024, p. 70) •

SIDE QUEST: A QUICK NOTE ABOUT DISSOCIATIVE ATTUNEMENT

How I sometimes experience dissociative attunement:

- Feeling emotions (eg: tears behind the eyes, panic, etc.) that don't belong to me in the moment and reflecting back to ask the system if some of their insiders are showing me how they feel.
- Somatic experiences (eg: sharp pain in specific areas of my body that tend to correspond with whatever certain system members are sharing they endured).
- Images that show up that system insiders who can't or don't want to front are sharing with me, often about trauma they experienced.

BACK TO
PROGRAMMING INFO!

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Examples of “programming”:

Themes and characters derived from various well known stories and films are often used in **programming**:

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

“Greenbaum Programming”:

DC Hammond gave a lecture initially titled “**Hypnosis in MPD: Ritual Abuse**,” now commonly referred to as the “**Greenbaum Speech**” at the **1992** Fourth Annual Eastern Regional Conference on Abuse and Multiple Personality. In this lecture, he shares survivor’s descriptions of “Greenbaum Programming” by a “Dr. Greenbaum,” that typically includes identities classified as: “Alpha,” “Beta,” “Delta,” “Theta,” “Omega,” and “Gamma.”

Valerie Sinason (2022, p. 23) also notes that the above terms are used in what survivors have named “Monarch Programming.”



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Smith (2022, p. 43) describes **“Greenbaum Programming”** as:

“... involves the use of hypnosis, alpha numerical designations for alters and their roles following the Greek alphabet, instead of the names many more natural alters have, and torture to force the dissociation.”

About “Monarch Programming,” (mentioned in the previous slide) Valerie Sinason (2022, p.23) states, **“Rather than names, many of these alters have titles denoting their functions.”**



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Smith (2022, p. 43) includes the following about **“Greenbaum Programming”**:

“Drugging was also used during this form [Greenbaum Programming] of mind control.”



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Programming using colors to classify and group parts (referred to by clients as “color programming”):

Survivor, Trish Fotheringham, is quoted by Alison Miller (2012, p. 75) as saying,

“My deliberately created alters were associated with particular colors, with each color representing a ‘path’ or type of training. ...

Colors were tempered by their shades - lighter shades (those with white added) tended to involve sensitive feelings, while darker shades (those with black added) tended to have only the angry, violent or power - seeking types of feelings, if they had any at all.”

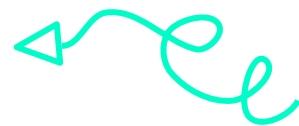


COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Programming using colors to classify and group parts (referred to by clients as “color programming”):



Noblitt and Noblitt (2014, p. 33) note patients describing “color schemes with varying hues associated with differing personality characteristics.”



Anonymous Client Artwork

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Mythological and biblical content is often used to develop parts:

“The older the mythology, the more it resonates with my parts... and the more current it gets, the more fru-fru things they [accused perpetrators] add to it. Now it makes sense why I was always so interested in comparative religions and mythologies!”

- Anonymous Client

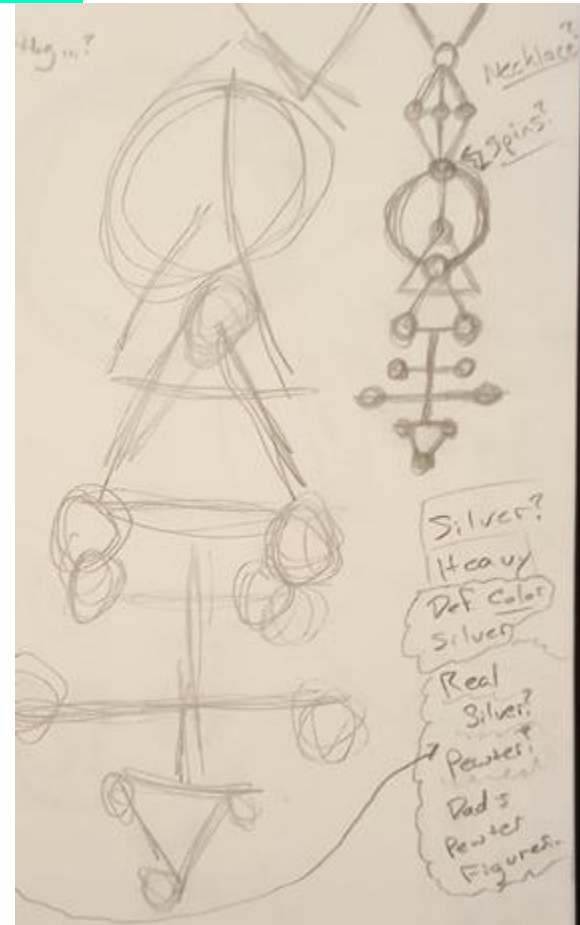


COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Many survivors report that they have a subsystem of identities that perceive themselves to be situated on the Tree of Life from the **Kabbalah** (Sinason, 2011, pp. 15; Lacter, 2011, 95; Noblitt & Noblitt, 2014, p.229; Miller, 2012, pp. 92, 95, 100-101, 111-114)



Anonymous Client
Artwork



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in programming:

What is storyline-based programming?

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in **programming**:

What is storyline-based **programming**?

“It's a lot of things, but very simply, it is rules or codes of conduct that govern what parts can and cannot do in relation to each other or to the outside world, based on what the character or person they are based on does or does not do [in the story].

They are sometimes based on numerous similar characters across many stories or movies, and can update their rules if new source material is given to them.”

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in **programming**:

Case Example:

Alice in Wonderland.

Consider how the story's elements can lend themselves to storyline-based programming:

- The white rabbit (some survivors report white rabbits going 'down the rabbit hole' are often 'code' for sodomy).
- Alice falling down the rabbit hole.
- The visible and disappearing cheshire cat.
- The tyrannical Queen of Hearts, known for quick temper and demand for executions, often for trivial offenses.
- The Mad Hatter, trapped in perpetual tea time, posing riddles with illogical or nonsensical answers, and unpredictable/confusing actions.

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in **programming**:

Case Example:

Wizard of Oz.

Consider how the story's elements can lend themselves to storyline-based programming:

- The Good Witch of the North (provides initial support/protection) and South (guides Dorothy), and the Wicked Witch of the East (rules over Munchkins and is crushed by Dorothy's house at the beginning) and West (depicted as a powerful and malevolent antagonist, seeking revenge for her sister's death and to steal the ruby slippers).
- The con artist, Wizard of Oz, behind the curtain, who presents himself as a powerful wizard.

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in **programming**:

Case Example:

Wizard of Oz.

Consider how the story's elements can lend themselves to storyline-based programming:

- Dorothy following the yellow brick road with her friends
- Dorothy falling asleep in the poppies
- Tin Man desires having a heart, Cowardly Lion desires courage, and Scarecrow desires a brain.

Anonymous Client Artwork
Art Directive from
Art Therapist,
Ariana Gangloff, LCPC,
LCPAT, ATR-BC

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Wizard of Oz.



COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in **programming**:

Case Example:

Peter Pan.

Consider how the story's elements can lend themselves to storyline-based programming:

- Peter Pan, a boy who never grows up, who can fly, has endless adventures in a mythical land, Neverland, leader of the “Lost Boys,” and interacts with fairies, pirates, and mermaids.
- Lost Boys, who have fallen out of their carriages, not claimed for 7 days, and sent to Neverland.
- Wendy, portrays a “classic” mother, cares about Peter Pan and other characters.

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in **programming**:

Case Example:

Peter Pan.

Consider how the story's elements can lend themselves to storyline-based programming:

- Tinkerbell, a fairy who has extreme shifts in personality, who can be jealous, vindictive, but also inquisitive and helpful/kind to Peter Pan, and has fairy dust that can enable other children to fly. In one scene, she yanks Wendy's hair, pulling Wendy out of Peter Pan's sight.
- Captain Hook, fearsome pirate captain, lost his hand to Peter Pan and resulting PTSD symptoms from the crocodile who ate it, his presence can be interpreted as a fear of growing up, and his presence creates conflict between childhood and adulthood/facing mortality.

COMMON OBSTACLES WITH SYSTEMATICALLY INDUCED SYSTEMS:

Themes and characters derived from various well known stories and films are often used in **programming**:

Case Example:

Fantasia.

Consider how the story's elements can lend themselves to storyline-based programming:

- Yen Sid, “Disney” spelled backwards, a sorcerer and mentor to Mickey Mouse who is unable to control the magic Yen Sid left for him to take, causing Yen Sid to undo Mickey Mouse's destructive magic spells.
- Chernabog, a devil who appears in *Night on Bald Mountain*, who can take people's hearts and hold power over restless souls.
- Various fairies who can change the season
- Brutus and Nero, crocodiles that are ferocious and harmful, and only show loyalty to Madame Medusa.

ESTABLISHING SAFETY... OR, THIS IS WHAT I DO:

FUNDAMENTAL CONSIDERATIONS

In torture-based mind control, abusers develop identities to serve certain functions/“jobs”.

Do parts know they can have an opinion about their job?

How do parts feel about their jobs?

How did they get their job? How did their job serve their abusers?

Have they ever considered other options of how to use their time/energy?

If they could have any job in the world, what would it be?

How does a certain job help or hinder stability?

Explore how/why the abusers manipulated some parts into hurting other parts.

RECOVERING FROM PROGRAMMING



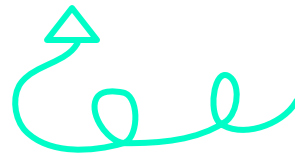
RECOVERING FROM PROGRAMMING

You might consider starting with a

“wiring diagram.”

A diagram created that describes what program would be set off if a particular program was interfered with

(Miller, 2012, p 161) •



Anonymous Client Artwork

RECOVERING FROM PROGRAMMING

Lacter (2011, p. 124) says, “Making programming conscious is very challenging. Resolving programming once it is made conscious is comparatively easy.”

“Once programming tricks, lies, films, set-ups, etc., are made conscious, revealed for what they are, and the affected self-states are discovered, they lose their potency. The survivor now has the conscious capacity to mentally reject the intended messages, perceptions, and set-ups. Programmed triggers [cues] come under conscious control” (Lacter, 2011, pp.125-126).

RECOVERING FROM PROGRAMMING

Trauma processing:

Miller, 2012 (p. 228) explains her “**backwards method.**” This involves “choosing memories based on the behavior or feelings they motivated by, rather than from the trauma material that was erupting at any one time.”

RECOVERING FROM PROGRAMMING

Trauma processing:

Miller, 2012 (pp. 259-261) explains how she and her client first identify alters who experienced the trauma, bring the knowledge of what happened to conscious awareness, with only sight and sound. If the client is able to tolerate that, those alters then incorporate all of the elements of the experience together during a second round of processing - effectively using Bennett Braun's (1988) BASK model - behavior, affect, sensation, knowledge.

RECOVERING FROM PROGRAMMING

Trauma processing:

Miller (2012, p. 263) explains “The emotions, and, when necessary, the pain, must also be included. If this is not done, the entire memory can easily be redissociated.”

“Pain-holder parts may remain stuck in that experience, flashbacks may occur, and programming may not be destroyed”

(Miller, 2024, p. 133).

RECOVERING FROM PROGRAMMING

Miller (2012, p. 161) says that, **deprogrammers** “... work specifically with ritual abused or mind control survivors and appear to know a great deal about the specific illusions implanted in the minds of survivors programmed by different groups, and the program codes which have been implanted by these groups. ...

[Deprogrammers] attempt to discover the type of structured personality system, speak the codes, and rescue the alters from the perceived abuses or internal situations in which they are trapped.”

RECOVERING FROM PROGRAMMING

Lacter (2011, p. 106-107) states,

“Sophisticated programmers install removal procedures including codes, so they can remove, replace, and redo programs. Removal of such programs requires a cautions, methodical approach. If the programmer said a specific removal code must be used, the affected self-states often perceive that only that exact code can erase that program. ... Generally, to remove such programming, the exact code must be found, the programmed removal steps followed, and each element undone within the reality of the programmed states.”

RECOVERING FROM PROGRAMMING

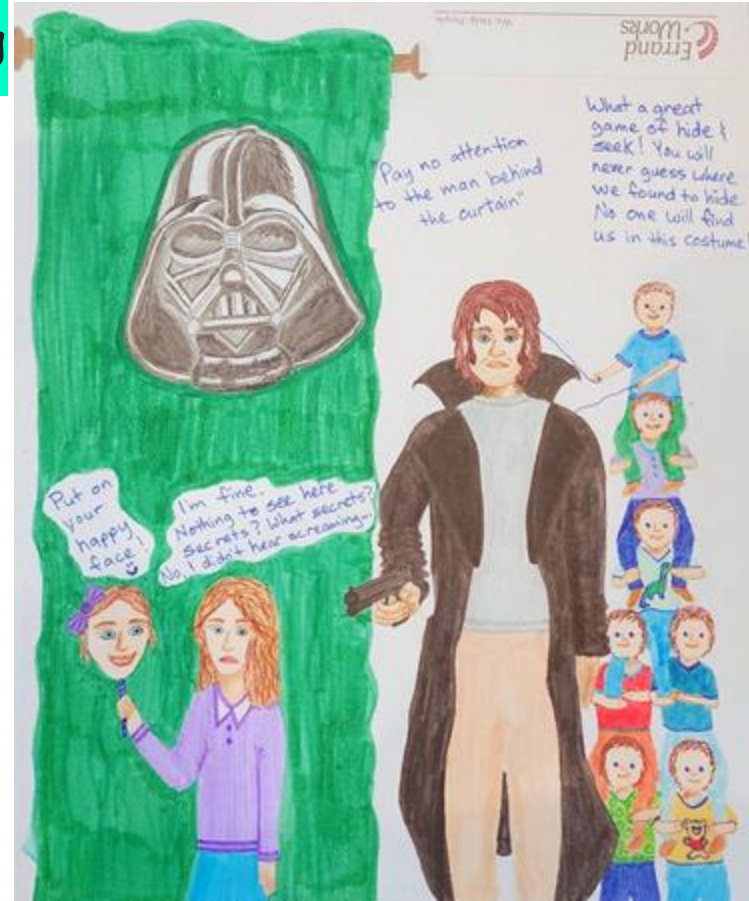
Alison Miller (2012, p. 162) quotes Randy Noblitt as saying "... people are not computers even though they may be abused and under traumatic circumstances they may come to believe that they have computers installed inside them... I do not believe any of us can 'deprogram' - the brain is not a programmable/non-programmable computer ... it only [gives] a temporary but false sense of recovery to clients (comparable to premature integration) ... the method worked but it kept me and the client in an interminable loop of deprogramming rather than attending to the necessary therapy. ... It took about 20 minutes for each robot and I could 'remove' the robot alters one at a time. However, my client had 1,000 robot alters. Had we continued with that goal in mind we would have been sidetracked and missed the important therapy that she needed."

RECOVERING FROM PROGRAMMING

Anonymous client definitions:



Anonymous Client Artwork



RECOVERING FROM PROGRAMMING

Anonymous client statements about recovering from programming:

“Deprogramming is reprogramming yourself as your own master.”

RECOVERING FROM PROGRAMMING

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“Decolonizing is deprogramming...If any part of your soul is colonized, you’re still a slave to them.”

RECOVERING FROM PROGRAMMING

Anonymous client statements about recovering from programming:

“Deprogramming is reprogramming yourself as your own master.”

“Decolonizing is deprogramming...If any part of your soul is colonized, you're still a slave to them.”

“Healing your shame is deprogramming.”

RECOVERING FROM PROGRAMMING

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“Healing your shame is deprogramming.”

“Having compassion and empathy for your parts.”

RECOVERING FROM PROGRAMMING

Anonymous client statements about recovering from programming:

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“Decolonizing is deprogramming...If any part of your soul is colonized, you're still a slave to them.”

“Healing your shame is deprogramming.”

“Having compassion and empathy for your parts.”

“It's knowing you have autonomy and that you can choose.”



Do not underestimate the value in bearing witness to your client's experience

- it's more important than any processing modality or technique.



Anonymous Client Artwork

WE, CLINICIANS, ARE OFTEN A LAST LINE OF LIFE SAVING DEFENSE:

Richard Loewenstein (2021, p. 28) says,

“...many DID patients experience ‘secondary loss’ through years of multiple failed treatments, ineffective, if not traumatizing hospitalizations, and psychosocial impairment..”

“Treatment outcome data on DID supports a long-term psychotherapy model with adjunctive medication, if appropriately prescribed for medication-targetable symptoms (Brand et al., 2012, 2019; Loewenstein et al., 2017; Myrick et al., 2017)” (Loewenstein, 2021, p. 28).

WE, CLINICIANS, ARE OFTEN A LAST LINE OF LIFE SAVING DEFENSE:

Miller says, **“Much effort is put by perpetrators into infiltrating psychiatric hospitals”** (Miller, 2024, p. 89) •

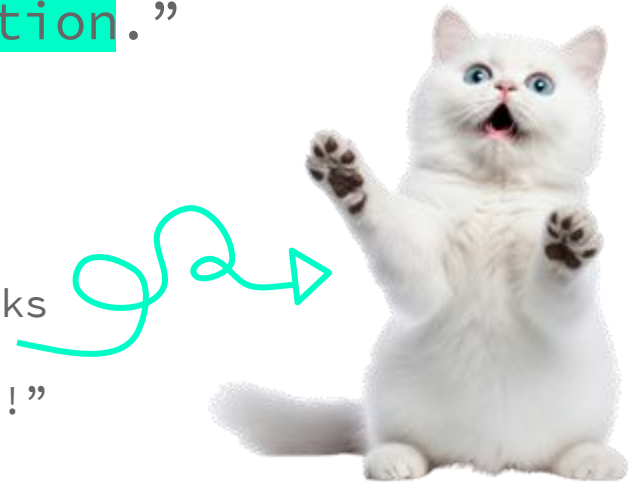
“We must become accustomed to some degree of risk, which is inevitable with survivor clients, both because their suicide programming and the possibility that they will be murdered (often disguised as suicide) if they disclose too many perpetrator secrets” (Miller, 2024, p. 89) •

Smith (2022, p. 44) says, “... the system’s death appears to be suicide, and avoids the need for the coven to commit murder.”

WE, CLINICIANS, ARE OFTEN A LAST LINE OF LIFE SAVING DEFENSE:

I join Alison Miller (2024, p. 89) in pleading that “..you do not hospitalize a victim for trivial reasons such as minor self injury or suicidal ideation.”

This image is the closest I could find to a cat that looks as if it's frantically motioning “please reconsider!”



REFERRALS

Check the [ISSTD clinician database](#) for clinicians more likely equipped to treat dissociative disorders/adaptations.

[Multiplied By One](#) (multipliedbyone.org) is a great resource for clients to get group support (for both organic DID and survivors who have endured programming) and also has a clinician database.

REFERRALS+LEARNING MORE ABOUT THIS STUFF

We all have our first case(s). If you're new(er) to working with complex dissociation, or the clinical sub-island of OEA, or even if you have a lot of experience in these areas, **obtain regular consultation.**

I know I do.



WITNESSING + CONNECTION

Clients may report having others' system members /identities/parts/self-states/ etc., within their own self-state system.

Perpetrator introjects? Maybe.

Souls like we'll briefly discuss next? Maybe.

Parts of someone else? An abuser? Someone who the survivor endured severe trauma with? Maybe.

Some clients who have shared experiencing some variation of a consensual exchange of system members said this sometimes happens by way of consuming certain body parts of other survivors, where the body part is a vessel for one of their parts. Some clients have reported pulling out their teeth, cutting bits of hair, or removing fingernails to serve as vessels for their parts to be consumed by another survivor, and that the other survivor does the same, which is consumed by the system sharing this. A tether, a witnessing, a connection.

How this might affect a self-state system who desires full fusion (aka: "integration") (this could be a whole separate lecture) is complex and based on each individual system.

HOLDING SPACE FOR GRIEF

“It’s weird to have parts that aren’t us... there’s trauma inside our body that we witnessed, and we put that trauma there to hold it, and that was their [other victims] suffering while they [other victims] were alive, but they [other victims] died, and I saw them float away, but snatched a little spark... they knew I was a white girl, I was going to walk away from it, even though they killed [and revived] me [multiple times], I know how to keep the body alive – the body would walk away.”

- Anonymous Client and their related artwork



HEALING CAN LOOK LIKE:



“Can we get control of an individual to the point where he will do our bidding against his will and even against such fundamental laws of nature such as self-preservation?”

(CIA Document, Project ARTICHOKE, MORI ID 144686, 1952)



“Can we get control of an individual to the point where he will do our bidding against his will and even against such fundamental laws of nature such as self-preservation?” (MKULTRA, 1952).

Joyanna Silberg (2022, p. 262) responds to this question:

“The therapist’s answer is ‘No!’ Human will, human soul, human agency, human individuality, and unique spark of each individual life exists, and even the most corrupt practices cannot extinguish it entirely.”



RESOURCES FOR SURVIVORS, SUPPORT FOLKS + CLINICIANS

[ISST-D.org](https://isst-d.org)

[Multipliedbyone.org](https://multipliedbyone.org)

[Survivorship.org](https://survivorship.org)

[Endritualabuse.org](https://endritualabuse.org)

[BeautyAfterBruises.org](https://beautyafterbruises.org)

[Aninfinitemind.org](https://aninfinitemind.org) (Healing Together conference)

[Organisedabuse.com](https://organisedabuse.com)

[Blueknot.org.au](https://blueknot.org.au)

[Powertotheplurals.com](https://powertotheplurals.com)

[Systemspeakpodcast.com](https://systemspeakpodcast.com)

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