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For survivors of ritual abuse, mind control and torture, and pro-survivors

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**Dear survivors, therapists treating surviving victims, support people and others:**

**In this issue we have articles by Erin Crenshaw, Randy Noblitt, and Victor Cohen; Neil Brick and information on a new book by Alison Miller and Wendy Hoffman.**

**The Survivorship Ritual Abuse and Mind Control 2018 Conference was in Long Beach California this year. Our regular conference for ritual abuse survivors and their helpers was on Saturday and Sunday May 19 – 20, 2018. Our Clinician’s Conference was opened to practitioners on Friday May 18, 2018. The conference was an excellent conference again this year, with many strong presentations.** <https://survivorship.org/ritual-abuse-and-mind-control-2018-conference/>

**Conference Speakers Included: Ellen Lacter, Ph.D., Randy Noblitt, PhD and Neil Brick**

**An article about the conference** <https://www.webwire.com/ViewPressRel.asp?aId=224345>

**Survivorship is open to considering all submissions to this Journal. Please send us your work when you are ready.**

**Thank you for reading this issue.**

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**Barriers to Treatment for Dissociative Identity Disorder**

*Erin Crenshaw, B. A., Randy Noblitt, PhD, and Victor Cohen, PhD*

*Alliant International University*

Dissociation comes in many forms and sometimes dissociative experiences are conceptualized on a continuum of severity and complexity. Dissociative identity disorder (DID) is the most complex dissociative disorder recognized by the American Psychiatric Association’s official diagnostic system. Research supports that DID is the result of exposure to severe traumas in childhood, including physical, sexual, and other traumas (American Psychiatric Association, 2016; van Duijl, Cardeña, & de Jong, 2005). Those with DID experience disruptions of memory, movement, behavior, affect, and cognition (American Psychiatric Association, 2013). This is theorized to be the result of compartmentalized altered personality states in which each has its own agency, agenda, affective range, and self-concept and each serves a purpose (Gentile, Dillon, & Gillig, 2013; Noblitt & Noblitt, 2014, p. 21).

In order to fully discuss and understand the barriers to treatment that exist for DID, it is important that the complexity of this condition is acknowledged. DID is both interwoven with other psychological disorders and obscured by conditions that present with similar symptoms (Şar & Ross, 2006). Perhaps most commonly, DID co-occurs with posttraumatic stress disorder (PTSD) and borderline personality disorder, given their shared etiology. However, this condition may also occur with other trauma-related disorders including eating disorders, substance use disorders, and depressive disorders. The depression seen in those with DID is frequently a “double depression,” in which there is a chronic, almost “background” depression in the context of recurring episodes of depression in real time with introduced stressors and stimuli (Şar, 2011). Similarly, an estimated 78% engage in self-harm behaviors while as many as 86% attempt suicide, many times recurrently (Webermann, Myrick, Taylor, Chasson, & Brand, 2015). Where dissociative disorders are frequently co-occurring, the more pervasive and severe a trauma experience is, or symptom presentations are, the higher the incidence rate of co-occurrence with other conditions (Connors, 2018). This then changes the course and pervasiveness of the disorders involved and exponentially increases risk factors.

DID was once considered rare, but according to the American Psychiatric Association, the prevalence rate is estimated to be around 1.5% (2013, p. 294). The International Society for the Study of Trauma and Dissociation (ISSTD) cites the incidence somewhere between 1% and 3% (2011). Nevertheless, some providers do not believe that DID is a trauma related problem, providing the most overt barrier to treatment. Contrary to the trauma model of chronic dissociation, skeptics sometimes endorse a sociocognitive theory of dissociation. The sociocognitive model proposes that DID is created both by Western popular media and the suggestion and expectation of treating therapists (Spanos; 1994; Lynn, Lilienfeld, Merckelbach, Giesbrecht, & van der Kloet, 2012). This conceptualization argues that susceptible persons can be convinced of the existence of multiple altered personality states and believe these states to be responsible for mood fluctuations and behaviors when no “alters” truly exist (Lynn et al., 2012). Cross-cultural research, however, has shown that even in populations where dissociation does not exist in their language, where it is rarely diagnosed, and there is no popularized “contamination” through media sources, DID exists and the incidence is noteworthy (Xiao et al., 2006; Ross et al., 2008; Yu et al.; 2010; van Duijl, Cardeña, & de Jong, 2005).

More research is needed to examine barriers to treatment for those with DID. The misconception regarding prevalence rates of DID has led to skepticism and indifference regarding this condition, giving the impression that the condition only affects a small segment of the population. This, then, allows the condition to be overlooked as something “less significant,” as it will not be commonly seen in mental health professional careers. Research, as limited as it is, shows that persons with DID spend anywhere from two to nineteen years in treatment before being accurately diagnosed (Lloyd as cited in Brand, Lowenstein, & Spiegel, 2014; Ross & Dua, 1993; Lloyd, 2016). This misdiagnosis and lack of recognition results in thousands of dollars and years of time lost, and where it has been noted that those with DID suffer from less financial stability and underemployment (Noblitt & Noblitt, 2014, p. 26), this finding is not widely discussed in the research base surrounding DID treatment. It is because of such misconceptions, complex clinical profiles, and lack of proper diagnostic recognition that these discrepancies exist for those with DID.

**References**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, D.C.: American Psychiatric Publishing.

American Psychiatric Association. (2016). *What Are Dissociative Disorders?* Retrieved from <https://www.psychiatry.org/patients-families/dissociative-disorders/what-are-dissociative-disorders>

Brand, B. L., Lowenstein, R. J., & Spiegel, D. (2014). Dispelling myths about dissociative

identity disorder treatment: An empirically based approach. *Psychiatry, 77*(2), 169-189. doi: 10.1521/psyc.2014.77.2.169

Connors, K. J. (2018). Dissociative and complex trauma disorders in health and mental health contexts: Or why is the elephant not in the room? *Journal of Trauma & Dissociation, 19*(1), 1-8. doi: 10.1080/15299732.2018.1379855

Gentile, J.P., Dillon, K. S., & Gillig, P. M. (2013). Psychotherapy and pharmacotherapy for

patients with dissociative identity disorder. *Innovations in Clinical Neuroscience*, *10*(2), 22–29. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3615506/pdf/icns_10_2_22.pdf>

International Society for the Study of Trauma and Dissociation. (2015). What is dissociation? *International Society for the Study of Trauma and Dissociation.* Retrieved from <http://www.isst-d.org/?contentID=76>

Lloyd, M. (2016). Reducing the cost of dissociative identity disorder: Measuring the effectiveness of specialized treatment by frequency of contacts with mental health services. *Journal of Trauma and Dissociation, 17*(3), 362-370. doi: 10.1080/15299732.2015.1108947

Lynn, S. J., Lilienfeld, S. O., Merckelbach, H., Giesbrecht, T., & van der Kloet, D. (2012). Dissociation and dissociative disorders: Challenging conventional wisdom. *Current Directions in Psychological Science, 21*(1), 48-53. doi: 10.1177/0963721411429457

Noblitt, J. R., & Noblitt, P. P. (2014). *Cult and Ritual Abuse: Narratives, evidence, and healing approaches* (3rd ed.)*.* Santa Barbara, CA: Praeger.

Ross, C. A., Dua, V. (1993). Psychiatric health care costs of multiple personality disorder. *American Journal of Psychotherapy, 47*(1), 103-112. Retrieved from <http://0-web.a.ebscohost.com.library.alliant.edu/ehost/pdfviewer/pdfviewer?vid=28&sid=38791be9-6d21-4f8c-a3ef-c87c54781ed9%40sessionmgr4010>

Ross, C. A., Keyes, B. B., Yan, H., Wang, Z., Zou, Z., Xu, Y.,…Xiao, Z. (2008). A cross-cultural test of the trauma model of dissociation. *Journal of Trauma & Dissociation, 9*(1), 35-49. doi:10.1080/15299730802073635

Şar, V. (2011). Dissociative depression: A common cause of treatment resistance. In W. Renner (Ed.), *Female Turkish Migrants with Recurrent Depression* (Chapter 9)*.* Innsbruck, Australia: Studia.

Şar, V. M.D., & Ross, C. M.D. (2006). Dissociative disorders as a confounding factor in psychiatric research. *Psychiatric Clinics of North America, 29*, 129-144. doi:10.1016/j.psc.2005.10.008

Spanos, N. P. (1994). Multiple identity enactments and multiple personality disorder: A sociocognitive perspective. *Psychological Bulletin, 116*(1), 143-165. doi: 10.1037/0033-2909.116.1.143

van Duijl, M., Cardeña, E., de Jong, J. T. V. M. (2005). The validity of DSM-IV dissociative disorders categories in South-West Uganda. *Transcultural Psychiatry, 42*(2), 219-241. doi: 10.1177/1363461505052666

Webermann, A. R., Myrick, A. C., Taylor, C. L., Chasson, G. S., & Brand, B. L. (2015). Dissociative, depressive, and PTSD symptom severity as correlates of non-suicidal self-injury and suicidality in dissociative disorder patients. *Journal of Trauma & Dissociation, 17*(1), 67-80. doi: 10.1080/15299732.2015.1067941

Xiao, Z., Yan, H., Wang, Z., Zou, Z., Xu, Y., Chen, J.,…Keyes, B. B. (2006). Trauma and dissociation in China. *The American Journal of Psychiatry, 163*(8), 1388-1391. Retrieved from <https://ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.2006.163.8.1388>

Yu,, J., Ross, C. A., Keyes, B. B., Li, Y., Dai, Y., Zhang, T.,…Xiao, Z. (2010). Dissociative disorders among Chinese inpatients diagnosed with schizophrenia. *J Trauma Dissociation, 11*(3), 358-372. doi:10.1080/15299731003793468

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**Changes in Awareness of Severe Abuse and Child Abuse Crimes Over Twenty Five Years**

**Neil Brick Conference Presentation 2018 – Part One**

The awareness of severe abuse and child abuse crimes has changed over the last 25 years. In the early 1990s, severe abuse survivors were often believed and supported. Then a backlash started and severe abuse survivors and their supporters were harassed and attacked. The child abuse survivor movement changed and adapted. Ten years ago, research began again to help expose severe abuse crimes. More recently, first in the UK and Australia and now in the United States, a variety of child abuse, severe abuse, sexual harassment and rape cases are bringing public awareness again to the mainstream media of severe abuse crimes. This presentation will discuss the changes of the last 25 years, with an emphasis on the more recent exposures of organized child abuse crimes and social systems that have been part of the cover up of these crimes.

Neil Brick is a survivor of ritual abuse and mind control. His work continues to educate the public about child abuse, trauma and ritual abuse crimes. His child abuse and ritual abuse newsletter S.M.A.R.T. <https://ritualabuse.us> has been published for over 22 years. His research articles are at <http://neilbrick.com>

Disclaimer: This presentation is solely my own thoughts and research and not necessarily the thoughts or any other persons or groups I work with. This information is not intended as treatment or therapy. Survivors may want to use caution while reading this page. All accusations are alleged.

In the 1980’s several severe child abuse cases became publicly known. The largest case was the McMartin Preschool Case. At the same time, there was already an organized backlash against survivors which later developed into more powerful backlash movements like the FMSF.

Up until the early 1990’s, both sides of the issue of child abuse crimes, our side and the backlash side, were at times presented equally. This is shown in newspapers like the New York Times.

On my website at <https://ritualabuse.us>

There is a large page called the **McMartin Preschool Case – What Really Happened and the Coverup**. <https://ritualabuse.us/ritualabuse/articles/mcmartin-preschool-case-what-really-happened-and-the-coverup/>

This page repeatedly shows evidence of guilt in this case. At the time, it was one of the longest cases in legal history. There were split juries and in one trial a majority of jurors believed the children were abused. Tunnels were found backing up the children’s stories.

Sadly, this case was repeatedly spun in the media as some sort of panic. Without examination or balance, the media has presented only the backlash side of the story and not ours. Evidence showing abuse was repeatedly ignored. A good example is Wikipedia, where repeated efforts were made to balance the child abuse and day care pages of the 1980’s and 1990’s without success. These pages primarily present only the backlash side of the story. Those attempting to balance these pages with research were silenced or banned by Wikipedia editors.

In the late 1980’s, with Survivorship starting and other groups following after, the topic of ritual abuse was increasingly discussed. This culminated in 1992 with a lecture by D.C. Hammond, originally entitled “Hypnosis in MPD: Ritual Abuse,” but now usually known as the “Greenbaum Speech,” delivered at the Fourth Annual Eastern Regional Conference on Abuse and Multiple Personality Disorder (MPD), Thursday June 25, 1992, at the Radisson Plaza Hotel in Alexandria, Virginia.

Dr. Hammond was and is a highly credentialed clinician. He presented scientific evidence discussing government mind control in detail <http://whale.to/b/greenbaum.html>

This page may be very heavy for survivors; it describes government mind control in detail. Dr. Hammond discussed how his work was corroborated by other clinicians. He talked about how he and others were very careful not to suggest information or lead clients.

Soon after this in 1993, the FMSF changed the landscape of the media discussion. What had been at times a balanced discussion, turned into a mostly one sided discussion of false memories and a lack of credibility of ritual abuse and government mind control crimes.

This topic is well research in an article in the Columbia Journalist Review July/August 1997 issue:

**Media Manipulation by False Memory Proponents U-Turn on Memory Lane** by Mike Stanton [http://web.archive.org/web/20071216011151/http://backissues.cjrarchives.org/year/97/4/memory.asp](http://web.archive.org/web/20071216011151/http%3A//backissues.cjrarchives.org/year/97/4/memory.asp)

“A study published last year by a University of Michigan sociologist, Katherine Beckett, found a sharp shift in how four leading magazines — Time, Newsweek, U.S. News & World Report, and People — treated sexual abuse. In 1991, more than 80 percent of the coverage was weighted toward stories of survivors, with recovered memory taken for granted and questionable therapy virtually ignored. By 1994, more than 80 percent of the coverage focused on false accusations, often involving supposedly false memory. Beckett credited the False Memory Syndrome Foundation with a major role in the change.”

“Rarely has such a strange and little-understood organization had such a profound effect on media coverage of such a controversial matter. The foundation is an aggressive, well-financed p.r. machine adept at manipulating the press, harassing its critics, and mobilizing a diverse army of psychiatrists, outspoken academics, expert defense witnesses, litigious lawyers, Freud bashers, critics of psychotherapy, and devastated parents. With a budget of $750,000 a year from members and outside supporters, the foundation’s reach far exceeds its actual membership of about 3,000.”

**During the 1990s there are several documented cases of harassment against child abuse researchers and practitioners. Two well documented cases are David Calof and Anna Salter.**

Calof, D.L. (1998). **Notes from a practice under siege: Harassment, defamation, and intimidation in the name of science,** Ethics and Behavior, 8(2) pp. 161-187. <https://ritualabuse.us/research/memory-fms/notes-from-a-practice-under-siege/>

**Confessions of a Whistle-Blower: Lessons Learned** by Anna C. Salter – Ethics & Behavior, Volume 8, Issue 2 June 1998 , pages 115 – 124 Abstract – In 1988 I began a report on the accuracy of expert testimony in child sexual abuse cases utilizing Ralph Underwager and Hollida Wakefield as a case study. “The argument between the field of child sexual abuse and the backlash against survivors is not an academic debate between two well meaning groups equally invested in ascertaining truth. It is not an academic debate at all; it is a political fight.” P. 121 “What wins political fights is organization and stamina and a refusal to be intimidated.” P. 122 <https://ritualabuse.us/research/memory-fms/confessions-of-a-whistle-blower-lessons-learned/>

Sadly, much of the child and ritual abuse field went underground due to this harassment after the mid 1990s, with little media help and often one side media attacks against child abuse survivors and their stories.

In 2001, an excellent book that received little attention was published. It was called

**Secret Weapons – Two Sisters’ Terrifying True Story of Sex, Spies and Sabotage** by Cheryl and Lynn Hersha with Dale Griffis, Ph D. and Ted Schwartz. New Horizon Press

Is a well-documented, verifiable account of not one, but two childrens’ long untold stories of being CHILD subjects of Project MKUltra. Quotes from the book: “By the time Cheryl Hersha came to the facility, knowledge of multiple personality was so complete that doctors understood how the mind separated into distinct ego states,each unaware of the other. First, the person traumatized had to be both extremely intelligent and under the age of seven, two conditions not yet understood though remaining consistent as factors. The trauma was almost always of a sexual nature…” p. 52 “The government researchers, aware of the information in the professional journals, decided to reverse the process (of healing from hysteric dissociation). They decided to use selective trauma on healthy children to create personalities capable of committing acts desired for national security and defense.” p. 53 – 54 The book also contains a variety of documents on mk-ultra and different projects as well as reports to the Presidential Committee on Radiation and Mind Control, including information on the five Canadians’ lawsuit against the U.S. Government. <http://www.abebooks.com/book-search/author/lynn-hersha-dale-griffis-ted-schwarz/>

In 2008, there was a worldwide survey of ritual abuse and mind control survivors. This study has been reproduced in both English and German.

The **Extreme Abuse Survey final results** are online with findings, questionnaires and presentations for download as pdf-files. More than 750 pages of documentation <http://extreme-abuse-survey.net/>

Understanding ritual trauma: A comparison of findings from three online surveys – Handout for Karriker, Wanda. (2008, November). Understanding ritual trauma: A comparison of findings from three online surveys. Paper presented at the meeting of the International Society for the Study of Trauma and Dissociation, Chicago, IL.

**10 Extreme Abuse Survey Findings Helpful to Understanding Ritual Trauma**

1. Ritual abuse/mind control (RA/MC) is a global phenomenon.

2. A diagnosis of Dissociative Identity Disorder is common for persons who report histories of

RA/MC. (84% of EAS respondents who answered that they have been diagnosed with DID [N=655] reported that they are survivors of RA/MC).

3. Ritual abuse (RA) is not limited to SRA, i.e., satanic ritual abuse, sadistic abuse, satanist abuse.

4. RA is reported to involve mind control techniques.

5. Some extreme abuse survivors report that they were used in government-sponsored mind control experimentation (GMC).

6. RA/MC is reported to be involved in organized “known” crime.

7. RA/MC is reported to be involved in clergy abuse.

8. Most often reported memories of extreme abuse are similar across all surveys.

9. Most often reported possible aftereffects of extreme abuse are similar across all surveys.

10. In rating the effectiveness of healing methods, therapists tend to favor stabilization techniques; survivors are more open to alternative ways to cope with indoctrinated belief systems.

<https://ritualabuse.us/mindcontrol/eas-studies/understanding-ritual-trauma-a-comparison-of-findings-from-three-online-surveys>

MEDIA PACKET – Torture-based, Government-sponsored Mind Control Experimentation on Children – Documentation that torture-based, government-sponsored mind control (GMC) experimentation was conducted on children during the Cold War. Data from two international surveys that give voice, visibility, and validation to survivors of these crimes against humanity. (Page may be heavy for survivors.)

<http://my.dmci.net/~casey/GovernmentSponsoredMindControlExperiments-MediaPacket.pdf>

You can probably predict what happened. Efforts made to make the research public mostly failed. The research was removed from Wikipedia and another major wiki. Most articles written about the research attacked it. One good pro-survivor source about the research is at: <http://childabusewiki.org/index.php?title=Extreme_Abuse_Surveys>

**New Book:**

**From the Trenches: A Victim and Therapist Talk about Mind Control and Ritual Abuse**

By Alison Miller and Wendy Hoffman

Though desiring retirement, psychologist Alison Miller offered help to the respected mind control and ritual abuse victim Wendy Hoffman. Through Wendy’s internal investigations, they discovered how Illuminati and Nazi programming works, its international goals, as well as finding out new ways to uncover the hidden, and to heal. Their goal was to gain clarity about Wendy’s cult personas, and to learn how to integrate a complicated, tortured brain.

In these varied essays in two voices, Alison reaches out to all survivors, pointing out the lies they may believe, giving them hope and skills for recovery; and Wendy talks about her own experiences as a slave and marionette, and also offers hope for healing and understanding for how to overcome the many obstacles on this path to freedom. Some of the essays are addressed primarily to therapists, others to survivors.

This book of essays follows Alison’s book for therapists in this field and her other book for survivors of these abuses. It also follows Wendy’s two memoirs and her book of poetry. Its subject matter is advanced and will be of great interest to survivors, therapists, the interested community and support people.

<http://www.karnacbooks.com/product/from-the-trenches-a-victim-and-therapist-talk-about-mind-control-and-ritual-abuse/40435/>

Google Preview <http://www.karnacbooks.com/ProductPreview.asp?PID=40435>