

# PERSONALITY SYSTEMS OF MIND CONTROL SURVIVORS AND TRAUMA TREATMENT

Presented By:

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# PERSONALITY SYSTEMS OF MIND-CONTROL SURVIVORS (MILLER, 2012)

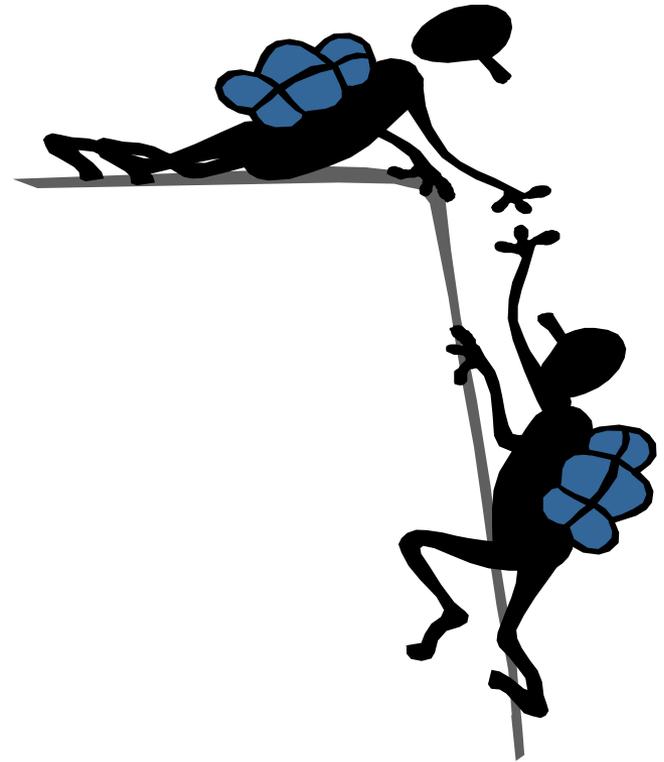
- *ANP (apparently normal personality):*
  - Manage daily life i.e. working
  - May have amnesia for past
  - Also referred to as “*the host*” or “*the front part.*”
  - The one/group of parts who are out in the body the most.
  - The one everyone else is protecting. <sup>1</sup>
- *EP (emotional personality):*
  - hold traumatic memory
  - have sensory experiences of the memory
  - may be stuck in time



# PERSONALITY SYSTEMS OF MIND-CONTROL SURVIVORS (MILLER, 2012)

## An Internal Structure/inner world

- Used by perpetrating groups to locate specific alters, call them out for certain tasks, etc. <sup>2</sup>
- Trained alters with jobs. <sup>3</sup>
- *Garbage kids*. <sup>4</sup>
- Hierarchy of alters. <sup>5</sup>
- Must work up the hierarchy and talk to the alters in charge.
  - Show them they have been deceived.
  - Let them know that the past is now over; are typically stuck in time.



# PERSONALITY SYSTEMS OF MIND-CONTROL SURVIVORS (MILLER, 2012)

## An Internal Structure/inner world

- Observer parts: told they can see everything but must not act in the outside world (i.e. a crow).
- Reporter parts: have the job of telling the abusers what the client has said or done.
- Punishers: have the job of punishing parts (i.e. for talking about the trauma).
  - Comes out via flashbacks, flooding of emotions, body memories, self-harm/suicide, etc. <sup>6</sup>
- Gatekeepers: hold feelings and memories back; observe everything that happens in the system. <sup>7</sup>



# PERSONALITY SYSTEMS OF MIND-CONTROL SURVIVORS (MILLER, 2012)

## An Internal Structure/inner world

- Internal filing system. 8
- Animals, demons, or aliens. 9
- Introjects: internal perpetrators. 10
- Spinner alters: send out feelings or impulses to the rest of the system. 11
- Programs: intentionally placed triggers for learned behaviors or symptoms.
  - Use of classic conditioning and hypnosis. 12



# PERSONALITY SYSTEMS OF MIND-CONTROL SURVIVORS

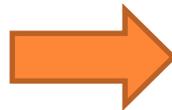
## An Internal Structure/inner world

- Recycler parts: trained to keep a small piece of a memory so that the survivor won't be able to put together the entire memory (Miller, 2012).
  - Must be included when doing memory processing
  - Also referred to as the Piece Keeper, Puzzle Maker, Collector, etc. (Miller, 2014).
- Tricks and technology used for deception (i.e. stage magic). 13



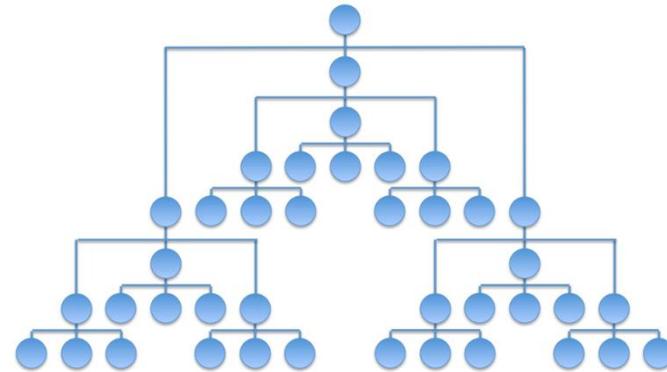
# TREATMENT MUST ADDRESS LIES THAT KEEP ALTERS IN FEAR(MILLER, 2012)

- Lies to keep the alters in line-  
EXAMPLES:
  - That abusers can see and hear them at all times. 14
  - That there is a microchip implanted in their body that tells the abusers where they are and what they are thinking. 15
  - Lies to maintain reporting. 16
- That if they told their story to anyone, they would not be believed and will be locked up in a mental hospital.
- Told that any therapist they speak to will sexually abuse them.
- Alters being told that they can kill the body without themselves dying. 17
- **Therapist needs to assist client in addressing these lies!**



# WORKING WITH HIERARCHIES (MILLER 2012)

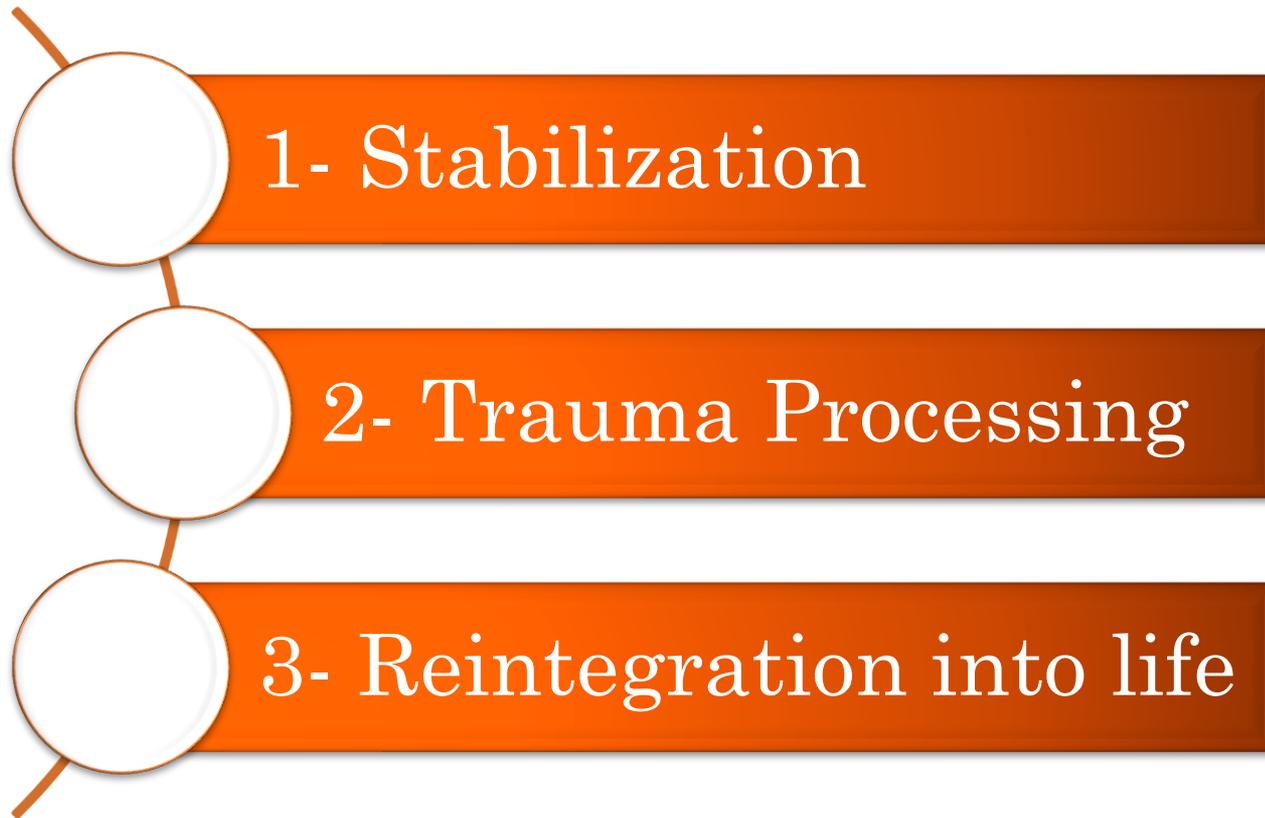
- Most cult children have an internal structure.
  - Does the internal structure have a shape? i.e. upside down pyramid, prism, spider web? (Miller, 2014).
  - How was it created? Staged settings? Drugs?
- Some are divided between the left (cult) and right (ordinary life) alters.
- Some have internal walls amongst different abuse groups. 18
- Alters lower in the hierarchy vs. Alters higher up. 19
- Hidden parts. 20
- Alters define themselves by their jobs. Need to help them find alternatives in how to use their skills now in the present. 21



- Persecutor/protector alters are crucial in unlocking any system. 22
- Must work up the internal hierarchy. Therapist needs to speak with the part *in charge* of what is going on or causing the symptom.
  - Sabotaging behaviors.
  - Therapy interfering behaviors. 23
  - Ask to speak to the boss! This make the process of working your way up faster. 24



# Trauma Treatment Stages:



These phases are not necessarily sequential and should not be used in a rigid manner.

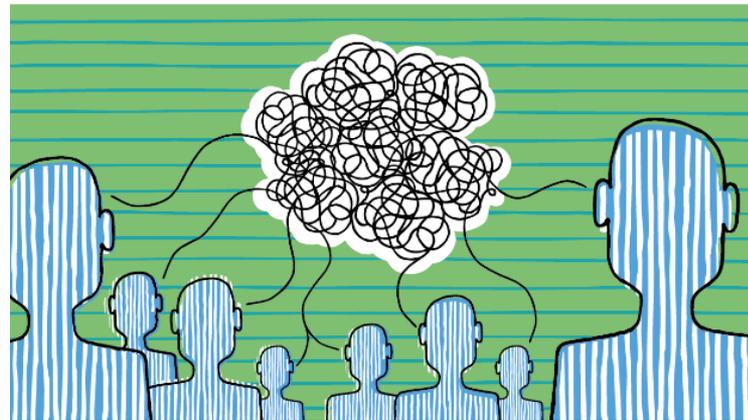
# TREATMENT (MILLER, 2012)

- **Stabilization** throughout ALL stages is important!
  - Dealing with flashbacks.
  - Dealing with SI/self-harm.
  - Assessing for current group involvement. 25
  - Assessing contact with the family of origin.
  - Addressing reporting alters.
- Healing Place
  - Must include safety, comfort, food.
  - “Talking place.”
  - Has protectors, nurturers, etc.
  - Containment room for destructive parts.
  - pools/tubs/ocean to “wash off” yuck



# TREATMENT (MILLER, 2012)

- **Internal Meetings** to facilitate communication; conference room table and internal screen of 2020.
- **Negotiating** with parts. 26
- “Turn it off.” 27
- Do the opposite. 28
- **Journaling.**
- “Ask Inside” technique.
- “Talking” to your body.
- Pay attention to the **WHOLE**: the body holds the trauma. It needs to be paid attention to. 29



# TREATMENT (MILLER, 2012)

- **Orienting** to time, person, and place (differentiating between past and present). 30
- Must help clients understand that their guilt about these memories is what distinguishes them from real evil.
- Address the denial. 31
- Looking at *symptoms* as parts.
- Focus on the **Three C's**: co-consciousness, communication, & cooperation.
  - “*Talking through*” vs. direct communication with alters.
- Therapeutic boundaries (Miller, 2012):
  - Length and frequency of sessions.
  - Phone calls and emails.
  - Office Rules.
  - Touch.
  - Commitment and Money.
  - Transference Issues. 32
  - Counter-Transference Issues.
- Dealing with flashbacks: are typically parts. 33



# TREATMENT

## ○ Dealing with Programming EXAMPLES (Miller 2014):

- Depends on each individual client.
- *Self hate program*- includes self harming behaviors i.e. use of drugs/alcohol, cutting self, neglecting to eat well, etc. (pg. 80).
- *Body Illness program*- includes stomach aches, headaches, head pain, gagging/vomiting, etc. (pg. 80).
- *Confusion program*- includes being spatially disoriented or mentally confused; doesn't know what or whom to believe (pg.81).
- *Don't cry program*-includes being punished, either with suffocation or with physical abuse (pg. 166).

34



# TREATMENT

- Addressing the lies that child parts are told EXAMPLES (Miller, 2014):
  - “The walls have ears- This is taught to a young child in a room with plastic ears glued to the walls. The abusers say the ears will always be there in any room but will not be visible.” (pg.. 111).
  - “There is a device implanted inside your head which sees and hears everything, even your thoughts, and reports it to us- They perform fake surgeries to make children believe this.” (pg. 111).
  - “Everyone you know is linked to us and knows your every move and will report back to us- This may have been true in childhood, but it is not true later.” (pg.111).



# TREATMENT

- Must address belief system-  
EXAMPLES (Miller 2014):

- “You can trust us because we are your family and we act in your best interests. You can’t trust anyone else.” (pg. 61)
- “We do these things for your own good. Taking pain without crying makes you strong. Harming or killing inferior beings gives you power.” (pg. 61). 35
- “You’re good if you obey us, and you’re bad if you disobey us.” (pg. 62).
- “If you disobey us, someone you love or another kid or pet will be punished or will die, and it will be your fault.” (pg. 62).

- “Traitors deserve punishment (by the rape or torture or even death of themselves or others).” (pg. 63).

- Re-parenting child parts. 36
- Addressing grief and loss issues.
- Address the trauma bonds. 37



# WORKING WITH MEMORIES

- Some parts may not want to address memories.
  - Let them know that memories will then be stuck with certain parts.
  - Keep reminding parts that the abuse is now over (assuming this is their truth and there is NO current contact with abusers).
  - Select memories to work on. 38
- Preparation for memory work (Miller, 2012):
  - Need all alters who are part of the memory to be included.
  - Can include caretaker parts to nurture the “littles.”
  - Include recycler parts who may be carrying a piece of the memory.

- Use of containers.



# WORKING WITH MEMORIES

- Working with memories:
  - “Video” of the memory/remote control technique. 39
  - Miller (2012) suggests:
    - First working with sight and sounds.
    - Then body sensations.
    - The emotions. 40
  - Parts who are not part of the memory do not need to participate if they don’t want to.
  - Once a memory is processed, the client can then send the memory in a container into permanent storage. 41
- What is recovery? 42
  - Defined by each client individually.
  - Co-consciousness or integration?



# ANY QUESTIONS?



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## REFERENCES

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- Miller, Alison. *Healing the Unimaginable: Treating Ritual Abuse and Mind Control*. Karnac, 2012.
- “Ritual Abuse, Ritual Crime and Healing.” *RA Info*, 2019, [ra-info.org/index.php?cID=82](http://ra-info.org/index.php?cID=82).



# RESOURCES/ASSESSMENT TOOLS

1. Clinician-Administered PTSD Scale for DSM-5 - Child/Adolescent Version (CAPS-CA-5):  
<http://www.ptsd.va.gov/professional/assessment/child/caps-ca.asp>  
Request free copy from the VA: <http://www.ptsd.va.gov/professional/assessment/ncptsd-instrument-request-form.asp>
2. Trauma Symptom Checklist for Children (ages 8 to 16) (TSC-C) (Briere):  
<https://www.parinc.com/Products/Pkey/461>
3. Trauma Symptom Checklist for Young Children (ages 3 to 12) (Briere, 2001): <https://www.parinc.com/products/pkey/463>
4. Child Dissociative Checklist- Version 3 (CDC) (Putnam, Helmers, & Trickett, 1993; Wherry, Jolly, et al., 1994; Putnam, 1997: [https://secure.ce-credit.com/articles/102019/Session\\_2\\_Provided-Articles-1of2.pdf](https://secure.ce-credit.com/articles/102019/Session_2_Provided-Articles-1of2.pdf))
5. Child Dissociation Problem Checklist (Peterson, 1991):  
[https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/1453/Diss\\_4\\_3\\_7\\_OCR\\_rev.pdf?sequence=4](https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/1453/Diss_4_3_7_OCR_rev.pdf?sequence=4)
6. Children's Impact of Traumatic Events Scale-Revised (CITES-2) (Wolfe, Gentile), Chaffin & Shultz (2001). Psychometric evaluation of the Children's Impact of Traumatic Events Scale-Revised, Child Abuse & Neglect 25 (3) pp. 401-411: <http://www.ptsd.va.gov/professional/assessment/child/cites-2.asp> (get from VA)
7. The Child Dissociative Experience Scale and Post-Traumatic Stress Inventory (CDES/PTSI) (1986) (For ages 7 to 17), by Bradley C. Stolbach, adapted from Bernstein & Putnam (1986)  
[http://www.ariannestruik.com/pdf/cdes\\_ptsi\\_indigenous\\_female.pdf](http://www.ariannestruik.com/pdf/cdes_ptsi_indigenous_female.pdf)  
<http://cw.routledge.com/textbooks/eresources/9780415889957/AppendixF.pdf>
8. Brief Dissociative Experiences Scale [DES-B]—Modified (Dalenberg C, Carlson E, 2010) modified for DSM-5 by C. Dalenberg and E. Carlson: [https://www.psychiatry.org/.../APA\\_DSM5\\_Severity-of-Dissociative-Symptoms-Child](https://www.psychiatry.org/.../APA_DSM5_Severity-of-Dissociative-Symptoms-Child)
9. Children's Perceptual Alteration Scale (CPAS) (Evers-Szostak & Sanders, 1992):  
[https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/1642/Diss\\_5\\_2\\_5\\_OCR\\_rev.pdf?sequence=4](https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/1642/Diss_5_2_5_OCR_rev.pdf?sequence=4)



# RESOURCES/ASSESSMENT TOOLS

10. Child Sexual Behavior Inventory (Friedrich): <http://pediatrics.aappublications.org/content/pediatrics/101/4/e9.full.pdf>
11. Dean Adolescent Inventory Scale (Dean): In Crowder, Adrienne. (1995) Opening the door: a treatment model for therapy with male survivors of sexual abuse. Brunner/Mazel, NY, NY. Preview in Google Books.
12. Adolescent Dissociative Experiences Scale II (A-DES):  
[https://s3.amazonaws.com/PHR\\_other/adolescent-dissociative-experiences.pdf](https://s3.amazonaws.com/PHR_other/adolescent-dissociative-experiences.pdf)
13. Signs and Symptoms of Ritual Trauma in Children (Gillotte, 2001) from “Forensic Considerations in Ritual Trauma Cases”, Sylvia Lynn Gillotte: [http://www.wanttoknow.info/secret\\_societies/svali\\_essays.pdf](http://www.wanttoknow.info/secret_societies/svali_essays.pdf)
14. Dissociative Experiences Scale II (Carlson & Putnam): <http://www.fortrefuge.com/quiz-DES.php>
15. Multidimensional Inventory of Dissociation; Adult and Adolescent versions and interpretation guides:  
<http://www.mid-assessment.com>
16. The Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D-R):  
<https://www.ncbi.nlm.nih.gov/pubmed/10842445>
17. The Cambridge Depersonalization Scale [www.goodmedicine.org.uk/files/assessment,%20depersonalization,%20t.DOC](http://www.goodmedicine.org.uk/files/assessment,%20depersonalization,%20t.DOC)
18. Severity of Dissociative Symptoms—Adult (Brief Dissociative Experiences Scale [DES-B]—Modified) (Dalenberg C, Carlson E, 2010) modified for DSM-5 by C. Dalenberg and E. Carlson:  
[https://www.psychiatry.org/.../APA\\_DSM5\\_Severity-of-Dissociative-Symptoms-Adult](https://www.psychiatry.org/.../APA_DSM5_Severity-of-Dissociative-Symptoms-Adult)
19. Diagnostic Drawing Series (Mills & Cohen): <http://www.diagnosticdrawingseries.com/>

