PERSONALITY SYSTEMS OF MIND CONTROL SURVIVORS AND TRAUMA TREATMENT

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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. ¹

- **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.  2
- Trained alters with jobs.  3
- Garbage kids.  4
- Hierarchy of alters.  5
- 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. 6
- Gatekeepers: hold feelings and memories back; observe everything that happens in the system. 7
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:

1- Stabilization

2- Trauma Processing

3- Reintegration into life

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.
  - 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.  
- “Turn it off.”  
- Do the opposite.  
- 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.
**TREATMENT (MILLER, 2012)**

- **Orienting** to time, person, and place (differentiating between past and present).  
  Must help clients understand that their guilt about these memories is what distinguishes them from real evil.
- Address the denial.
- 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.
  - Counter-Transference Issues.
- Dealing with flashbacks: are typically parts.
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).
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 your strong. Harming or killing inferior beings gives you power.” (pg. 61).
- “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.

- Use of containers.

- 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.
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

   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


   https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/1453/Diss_4_3_7_OCR_rev.pdf?sequence=4


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://cw.routledge.com/textbooks/eresources/9780415889957/AppendixF.pdf


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


15. Multidimensional Inventory of Dissociation; Adult and Adolescent versions and interpretation guides: http://www.mid-assessment.com


