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**JOURNAL**

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 Neil Brick, Randy Noblitt and Rainer Kurz.**

**The Survivorship Trafficking and Extreme Abuse Online Conference 2024**

**Survivor Conference - May 4 - 5, 2024**

**Clinician's Conference - Friday May 3, 2024**

<https://survivorship.org/the-survivorship-trafficking-and-extreme-abuse-online-conference-2024>

Survivorship is proud to co-sponsor the **2023 Online Annual Ritual Abuse, Secretive Organizations and Mind Control Conference** on August 19 – 20, 2023 <https://ritualabuse.us/smart-conference/>

Speakers include Wendy Hoffman, Dr. Rainer Hermann Kurz, Neil Brick, Dr. Laurie Matthew OBE, Dr. Randall Noblitt and Lynn Crook

**The Survivorship of Extreme or Ritualistic Abuse 2023 Online Conference Presentations - Videos and PDFs online** [https://survivorship.org/the-survivorship-ritual-abuse-and-mind-control-2023-conference-presentations/](https://survivorship.org/the-survivorship-ritual-abuse-and-mind-control-2023-conference-presentations/ ) Dr. Randy Noblitt, Dr. Ellen Lacter, Dr. Rainer Hermann Kurz, Neil Brick, Lynn Brunet, Shelby Rising Eagle and Patricia Quinn

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Neil Brick

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**Do no Harm: Ethics and Extreme Abuse**

**Dr. Randy Noblitt**

**Alliant International University**

The disclosure of one’s own abuse history is often both difficult and perilous. This is particularly true for extreme abuse survivors who also have traumatic amnesia and who fear retaliation by their perpetrators. In addition to being threatened, these survivors are warned that if they reveal the abuse to others they will not be believed, but they will be judged mentally ill should they divulge their actual past violence and threats of future assaults or worse. Sometimes long after the abuse, survivors may be overwhelmed by a flood of chaotic emotions, flashbacks, and other disturbing and confusing perceptions. In addition to the distress of these experiences, survivors often are unable to develop a coherent explanation or narrative for their intense feelings and perceptions, in part because they are also amnestic for the previous abuse. Many survivors go through periods of time where they are unable to work, they may lose their health insurance benefits and live in poverty that results in further inability to access needed health care. When survivors are finally able to access mental health care, they are commonly misdiagnosed, and they may undergo a variety of ineffective treatments. Few health care providers are trauma-informed. Fewer still are skilled in working with survivors of extreme abuse who may live with dissociation of identity, or what the *DSM-5* labels dissociative identity disorder. Some survivors are further distressed by receiving a psychological diagnosis because it reifies the warning perpetrators previously made that survivors will not be believed, or they will be seen as “crazy.” Many clinicians are not enthusiastic about the *DSM’s* medical model and prefer instead to focus on problems in living rather than medical or psychiatric diagnoses (Raskin, Maynard, & Gayle, 2022). The power threat meaning framework is a recent alternate approach developed by members of the British Psychological Society that focusses on problems of living rather than utilizing a medical model (Harper & Cronby, 2022; Johnstone & Boyle, 2018).

Another alternate conceptualization, plurality, is proposed by the Plural Association:

Plurality simply means people who are Many. It is an umbrella term that people may use freely, to self identify with. It includes all sorts of people & experiences. Including but in no way limited to how psychology explains multiplicity. Nor does it indicate how someone became Many or if they are disordered or disabled in any way. Plural is an identity, a community, an umbrella, a label. (Plural Resources for the Everymany, 2023)

Thus, plurality is not a diagnosis but an identification that individuals or groups may make for themselves. Clinicians may debate whether individuals meet criteria for particular diagnoses, but because plurality is an identification rather than a diagnosis it is owned by plurals not the community of clinicians. This conceptualization may help empower those who embrace this characterization and it may reduce the experience of stigma and loss of control over their encounters with competent clinicians. Some therapists are already modifying their work in order to collaborate with Plurals (capitalized in this instance because they are a cultural group) who are seeking assessment and treatment (Blundin & Billie, 2021).

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**Abnormal Psychology’ & Family Court Processes**

Dr. Rainer Kurz

**Complex Trauma Assessment Presentations at the ECP 2023 Congress in Brighton**

When I went early July to the European Congress of Psychology (ECP) Congress in Brighton I was intrigued to realise that I had presented a poster at the ECP Congress 2001 in London. Was that a ‘Recovered Memory’? I included a slide on the 1995 report of a BPS working group on that topic in my double-bill of ECP 2023 papers where I critiqued psychological assessment practices in Family Courts.

**Complex Trauma Psychometric Assessment Problems**

<https://www.researchgate.net/publication/372763781_Complex_Trauma_Psychometric_Assessment_Problems_Complex_Trauma_Psychometric_Assessment_Problems>

This paper provides rare ‘documentation’ of an extreme violence case where a self-identified survivor of incestuous abuse (seemingly in the context of satanism / devil worship) was re-victimised through ‘gaming’ of Family Court processes.

I started off with vignettes of the two ‘index incidents’ that the survivor ostensibly is ‘delusional’ about. Each incident is chilling (and seemingly ‘unbelievable’) but in combination they make a lot of sense. A ‘breeder baby’ delivered at age 14 that succeeded from incestuous rape ‘disappeared’ and some 15 years later the same perpetrator sexually assaults his grandchild. Why? Seemingly to ’traffic’ the offspring (the last individual in an aristocratic bloodline) through taxpayer founded Family Court processes from the custody of the mother, who steered clear of the cult since making herself homeless at age 18 to escape the coercive and controlling parents, into the control of a ‘foster carer’ who later ‘adopted’ the child (and appears to be associated with the cult).

I did not go into this wider context but concentrated on the psychometric assessment issues for which I have relevant specialist expertise.

The publishers of the well-known Myers-Briggs Type Indicator (MBTI), the most widely used personality assessment tool, have always been crystal-clear that the tool should never be used in recruitment settings as it has been designed purely for development. Where is corresponding guidance from test publisher Pearson about the Million MCMI questionnaire that is normed on ’Patients’ which is an unsuitable comparison group for members of the public who get caught up in clandestine Family Court processes?

A cruel twist is that, because of poor questionnaire construction and the undeniable fact that anxieties tend to be elevated for those with clinical mental health issues (that constitute the ‘norm group’), ordinary members of the public will falsely be portrayed as ‘narcissistic’. Furthermore, real victims of abuse, stalking and persecution who answer honestly will (falsely) be accused of ‘delusional disorder’ as the questionable questionnaire cannot differentiate whether the ‘situation’ involves criminal activity or not.

How competent is a Mental Health Professionals acting as a Court Appointed Expert who decides to use the MCMI? I was so concerned about a chapter in the book ‘*Psychometric Testing - Critical Perspectives’* that glosses over the MCMI failings that I recently wrote a two-part article ‘*Psychometric Testing – Very Critical Perspectives’* in the Testing International newsletter of the International Test Commission (ITC) where I am a Council member. These ‘Food for Thought’ articles can be found in the June 2021 and June 2022 issues that can be downloaded free-of-charge from the website of the ITC:

<https://www.intestcom.org/page/12>

Ability testing must be sensitive to Neurodiversity issues. Making ‘Reasonable Adjustments’ for Dyslexia is a ‘bread and butter’ activity in occupational and educational ability assessment situations. In Family Courts however assessments appear to be often superficial (thus missing the ‘twice exceptional’ pattern in this case) and all-too-often biased against protective parents (usually mothers).

I included four slides (23-26) based on the powerful Lacter & Lehmann (2008) book chapter concerned with differentiating Complex Trauma from Schizophrenia and one (slide 28) showing the unethical definition of ‘delusional’ used by the judge, who reportedly met the survivor when she was a teenager. The first mental health professional was seemingly a ‘friend of the survivor’s parents’ friends’ and was reportedly involved in the administration of Electroshock Therapy (ECT) without medical need at three locations (seemingly to ‘fry’ the survivor’s brain in order to erase and distort memories) over a span of 15 years. The last few slides (29-30) are in my opinion indicative of an arson-murder in the vicinity of the case (items ‘overlooked’ by half a dozen police officers with local, regional, and national police representatives refusing requests for reinvestigation). The ‘headcount’ number of violent deaths implied is just below double-digits.

**Paranoid Personality Disorder or Organised Child Sexual Abuse?**

**The Role of Psychologists and Psychiatrists in Family Courts**

<https://www.researchgate.net/publication/372763921_Paranoid_Personality_Disorder_or_Organised_Child_Sexual_Abuse_The_Role_of_Psychologists_and_Psychiatrists_in_Family_Courts>

Professor Jane Ireland (2012) found that 2/3 of psychological assessment reports trawled from UK Family Courts were ‘poor’ or ‘very poor’. In official reports on the performance of the Metropolitan Police in London, investigation of Child Sexual Abuse (CSA) was found to be ‘inadequate’ in 2016 and 2023. Disclosures of ‘Organised’ CSA seem to lead hardly ever to Serious/Organised Crime police officers getting involved. Instead, mental health professionals are routinely ’hired’ to ‘pathologise’ the protective parent.

Authority representatives routinely ignore the important caveats (underlined below for emphasis) in the DSM-5 definition (American Psychiatric Association, 2013, p. 819) that remains identical to DSM-III (p. 765) and DSM-IV-TR (p.821):

***Delusion****- a false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone beliefs and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.*

Introduction of ‘mandatory reporting’ of child sexual abuse allegations (as currently under discussion in the UK) would seem rather dangerous and inappropriate as long as authority responses to such disclosures are routinely ‘inadequate’.

At one point during my presentation, I held up a brand-new book ‘The Orpheus Project’ authored by Valerie Sinason which as a novel describes the difficulties children, their protective parents and authority representatives (e.g., health service professionals) face when responding to disclosures that appear to be indicative of (organised) child sexual abuse. The more extreme the disclosure, the more aggressive the ‘Discourse of Disbelief’ - often leading to persecution of the protective parent, the self-identified survivor, and their supporters.

Here is an Amazon review of that book:

*‘A confronting and compelling story of organised extreme abuse, trauma and mind control. Inspired by the author’s successful career supporting abused, dissociative and learning disabled clients, the story introduces believable characters, (survivors, professionals and perpetrators) in an expose of the dark motivations that drive organised extreme abuse. Power, lust, privilege and spiritual fervour and societal avoidance create toxic conditions; compassion, courage, skill and determination overcome.’*

The psychometric assessment issues in this case revolve around poor interpretation of NEO-PI-R, the ‘gold standard’ measure of personality that measures the Big 5 personality factors Neuroticism, Extraversion, Openness, Agreeableness and Conscientiousness with six facets each. The results were covered at factor level by one of the mental health professionals but only ‘selectively’ reported at facet level leaving out crucial information. The public domain NEO IPIP version was administered to ‘plug the gaps’ in the reporting.

What NEO scales would appear to be relevant for ‘Paranoid Personality Disorder’? A 75th Percentile score on NEO IPIP facet ‘Trust’ (coupled with ‘Co-operation’ 94th Percentile and ‘Morality’ 96th Percentile) would appear rather incompatible with such a diagnosis.

What NEO scales would appear to be relevant for ‘Making up child sexual abuse allegations’? A 1st Percentile score on NEO IPIP ‘Openness’ factor as well as ‘Openness to imagination’ 1st Percentile and Intellect 2nd Percentile facet scores again would appear rather incompatible.

How competent and ethical is a psychological assessment when the NEO-PI-R results on the above facets are ‘concealed’ in the report of a Mental Health Professional acting as a Court Appointed Expert?

Re-victimisation and obfuscation of criminality through Family Courts appears to be a very serious problem that must be tackled.

**The Effects of Social Movements on**

**Survivor Support Systems and Survivor Recovery**

**Neil Brick**

This excerpt covers the time period of 1890 – 1930. The full article is available at <https://ritualabuse.us/ritualabuse/articles/the-effects-of-social-movements-on-survivor-support-systems-and-survivor-recovery-neil-brick/>

Presented at The Survivorship of Extreme or Ritualistic Abuse 2023 Online Conference Survivor Conference – Sunday May 21, 2023 <https://survivorship.org/the-survivorship-ritual-abuse-and-mind-control-2023-conference-presentations/>

Neil Brick will speak about the history of ritual abuse and the effects of social movements on survivors. He will present historical information regarding the literature of clinicians and researchers. He will describe the effects of social and historical movements on survivor support systems and survivor recovery.

Neil Brick is a survivor of ritualistic abuse. His work continues to educate the public about child abuse, trauma and ritualistic abuse crimes. His child abuse and ritualistic abuse newsletter S.M.A.R.T. <https://ritualabuse>. has been published for over 28 years. <http://neilbrick.com>

Please note: This presentation may remind survivors of their programming. Please use caution while reading this. Please use your support systems, grounding techniques or take breaks as needed.

This presentation will focus on different periods in the history of child and ritualistic abuse.

“Ritual abuse has been defined as: a brutal form of abuse of children, adolescents, and adults, consisting of physical, sexual, and psychological abuse, and involving the use of rituals.” (Report of the Ritual Abuse Task Force – Los Angeles County Commission for Women <http://ritualabuse.us/ritualabuse/articles/report-of-the-ritual-abuse-task-force-los-angeles-county-commission-for-women> )

**1890 – 1930**

Between 1880 and 1920, many great international medical conferences devoted a lot of time to sessions on dissociation. (Putnam – Diagnosis and Treatment of Multiple Personality Disorder)

Pierre Janet (1859 – 1947) “stands first among all clinicians and researchers who have inquired into the nature of dissociation.” (Putnam p.2). He followed the ideas of Jean-Martin Charcot who was re-establishing hypnosis as a focus of scientific inquiry. In 1889 he began his medical studies. He studied patients with amnesias, fugues, “successive existences” (alter personalities) and conversion symptoms postulating these symptoms were attributed to the existence of the personalities split off parts. He showed how dissociated elements caused one’s symptoms or behaviors had their origins in past traumas. They could be treated by bringing the split-off memories and affects into consciousness. (Putnam)

**Janet**

Contemporaries of Janet in North America discussed similar concepts. Boris Sidis discussed the question of “suggestibility.” He believed that in each person there were two streams of consciousness making two separate selves, a “waking self” and “subwaking self” (lacking morality and willing to carry out any act. Others wrote about patients containing two or more systems or different selves. (Putnam)

Janet noticed significant differences between ordinary and traumatic memory. Traumatic memories were caused by triggers. He coined the word “dissociation” to describe the splitting and isolating of memories in his patients. He realized the cost of keeping traumatic memories dissociated, which was a decrease in functioning. The goal of treatment was association, integrating the trauma memories into life. (van der Kolk – The body keeps the score)

**Freud**

Freud in 1893 wrote about how traumatized people have a total loss of memory. The treatment was later called “the talking cure.” Hysterical symptoms disappeared when the memory of the event which caused it was discussed with its accompanying affect. In 1896 he wrote “the ultimate cause of hysteria is always the seduction of the child by an adult.” When Freud was confronted with his own evidence of abuse in the best families in Vienna, which implicated his own father, he retreated. Psychoanalysis moved to emphasize unconscious wishes and fantasies. After WWI, Freud reaffirmed that a lack verbal memory of trauma will cause the person to continue acting out the trauma. (van der Kolk)

**Dissociation, MPD – Schizophrenia misdiagnosis**

In the 1930’s there was a decline in interest in the concept of dissociation. There was a conflict between the dissociative and psychoanalytic models. Janet reported his research findings had been confirmed. The psychoanalysts reported they were not finding cases of multiple personality by clinicians using hypnosis, stating these alter personalities were induced hypnotically by therapists. Dissociation continued to be identified in the 1930’s, including psychogenic loss of identity and amnesia. Repression was considered responsible for the banishment of ideas and memories from conscious awareness. Amnesia was thought to be the result of the repressive process protecting the person from unpleasant affects. (Putnam)

Starting in about 1927, there was a large increase in the number of reported cases of schizophrenia, which was matched by an equally large decrease in the number of multiple personality reports.[18] Bleuler also included multiple personality in his category of schizophrenia. It was found in the 1980s that MPD patients are often misdiagnosed as suffering from schizophrenia.[18] Multiple personality disorder began to emerge as a separate disorder in the 1970s when an initially small number of clinicians worked to re-establish MPD as a legitimate diagnosis. (Putnam)

**Political Climates and Social Trends**

By the end of the 19th century “All the major nations (except Spain….) had parliaments and a multiparty system, and most had granted universal manhood suffrage.” Socialism, including trade union development was occurring in various parts of Europe. Universal public schooling was increasing by the end of the century. Welfare and social insurance programs were being developed. (Britannica – History of Europe)

**The New Century**

In England, the Fabians, of whom Shaw was one, were preaching the “inevitableness of gradualism” toward the socialist state. It was they, seconded by the growing strength of the trade unions after a spectacular dock strike of 1889, who paved the way to Labour governments and the British welfare state. Throughout Europe, socialism was no longer the creed of a lunatic fringe but was the ideal of many among the masses and the intellectuals. The original fight for liberty and democracy in political action had turned into a fight for economic democracy—freedom from want. Laissez-faire liberalism had turned inside out, and the liberal imagination at work in the many brands of socialism now demanded state interference to remove the appalling conditions causing all the despair.

Nor did action wait until all the books were out. From the onset of the overturn, say 1885 onward, the rebellion was a biographical fact. Individuals braved public opinion and got divorced, lived together unmarried, practiced and preached contraception, studied the psychology of sex, and defended homosexuality. Or again, the sons of the rich turned socialist, became labour leaders, and fomented syndicalist (i.e., direct-action) strikes, while the daughters demanded the vote as suffragists, assaulted policemen, and went to jail for chaining themselves to the door handles of government offices. Meanwhile, students rioted about international incidents or university affairs; schools were subjected to the devastation of the softer pedagogies; “rational clothing” exhibited itself in spite of derision, like the bicycle and the newfangled automobile; and new cults multiplied like mushrooms—outdoor sports, nudism. (Britannica)

**Effects of Social Movements on Survivor Support Systems**

Progressive movements in history have often led to progressive changes in clinical techniques, techniques that are more client centered and empathetic to client trauma histories.

The era around the turn of the 19th century saw the development of progressive political movements, which in turn led to the increased freedom of thought in the field of psychology. This freedom allowed clinicians to look at trauma and its symptoms and ways to treat trauma successfully. (Britannica)

This era after WWI saw the growth of fascism, brainwashing and propaganda techniques. This led to the development of negative forms of psychotherapeutic treatment which caused poor client treatment.