

# Tackling Complex Trauma Assessment Problems with Cybernetic Big 5 Theory

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# Tackling Complex Trauma Assessment Problems with Cybernetic Big 5 Theory

Dr. Rainer Hermann Kurz, London

This presentation draws on contemporary personality assessment theory to illustrate opportunities and risks when using psychometric questionnaires in situations where extreme abuse has been alleged. DeYoung (2015) outlined a comprehensive 'Cybernetic Big 5 Theory' that revolves around the Five-Factor Model (FFM) of personality that psychologists converged on (e.g. Digman, 1990). Digman (1997) found that Conscientiousness, Agreeableness and Low Neuroticism form a meta-factor 'Alpha' whereas Extraversion and Openness form a meta-factor 'Beta'. DeYoung refers to these as Stability and Plasticity respectively and associates them with serotonergic and dopaminergic systems. Furthermore, DeYoung differentiates two Aspects for each of the Big 5. Johnson (2014) developed public domain versions of the 'gold standard' Big 5 personality questionnaire NEO which can be used free-of-charge: <https://drj.virtualave.net/IPIP/index.html>

The application of NEO IPIP and NEO-PI-3 to challenge poor assessment practice in a case of alleged organized child sexual abuse/exploitation will be illustrated including item level nuances (Stewart et al., 2022). Another case study will illustrate results of a multi-tool assessment of a self-identified survivor of extreme abuse using the Big 5 as an organizing framework in line with Bainbridge et al. (2022). A third case study will illustrate the use of Great 8 Totals (Kurz, 2014) as a proxy for the General Factor of Personality (Musek, 2008), conceptually the opposite of the general factor of psychopathology (Forbes et al., 2021), to challenge misleading results on the Millon MCMI questionnaire. The presentation shows how Cybernetic Big 5 Theory can help to overcome complex psychological assessment practice problems.

# Prologue

## **The antiepistemology of organised abuse: Ignorance, exploitation, inaction**

Michael Salter & Delanie Woodlock

Recommended citation: Salter, M. & Woodlock, D. (2021) The antiepistemology of organised abuse: Ignorance, exploitation, inaction. *British Journal of Criminology*, forthcoming.

**Abstract:** Organised abuse, in which multiple adults sexually abuse multiple children, has an important role to play in the production of child sexual abuse material (CSAM) but has been relegated to the margins of criminological concern. This paper presents the findings of an international survey of 74 adults who described childhood victimisation in CSAM and organised abuse, emphasising the relationship between organised abuse and entrenched ignorance of it. The paper identifies the multiple zones, practices and structures of ignorance that render organised abuse unknowable and advocates for strategic forms of knowledge production in which ignorance features as a provocation towards information-seeking rather than as a defence mechanism against intolerable realities.

**Keywords:** Child sexual abuse, exploitation, epistemology, ignorance, knowledge, policy

# Introduction

1. DeYoung (2015) Cybernetic Big 5 Theory
2. Big 5 +1 Case Study
3. MCMI Case Study
4. NEO Case Study
5. DeYoung Revisited
6. Review of Learning Objectives

# 1. DeYoung (2015) Cybernetic Big 5 Theory

## Cybernetic Big Five Theory

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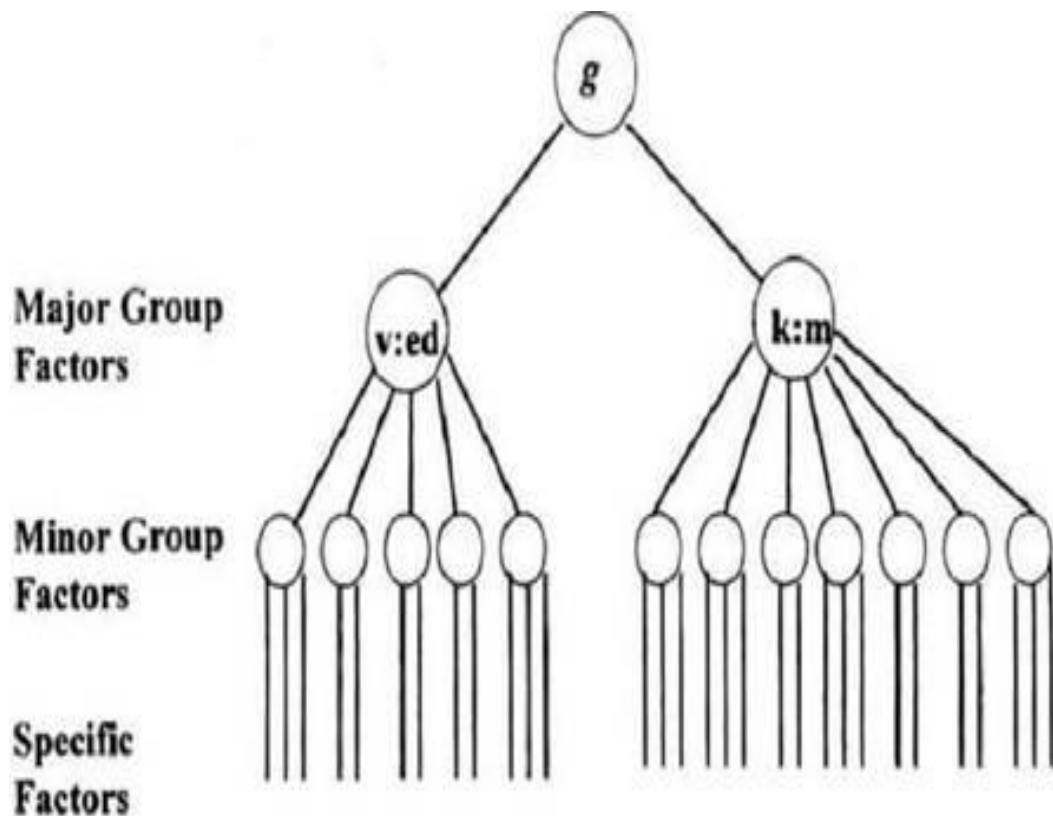
### ABSTRACT

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Cybernetics, the study of goal-directed, adaptive systems, is the best framework for an integrative theory of personality. Cybernetic Big Five Theory attempts to provide a comprehensive, synthetic, and mechanistic explanatory model. Constructs that describe psychological individual differences are divided into *personality traits*, reflecting variation in the parameters of evolved cybernetic mechanisms, and *characteristic adaptations*, representing goals, interpretations, and strategies defined in relation to an individual's particular life circumstances. The theory identifies mechanisms in which variation is responsible for traits in the top three levels of a hierarchical trait taxonomy based on the Big Five and describes the causal dynamics between traits and characteristic adaptations. Lastly, the theory links function and dysfunction in traits and characteristic adaptations to psychopathology and well-being.

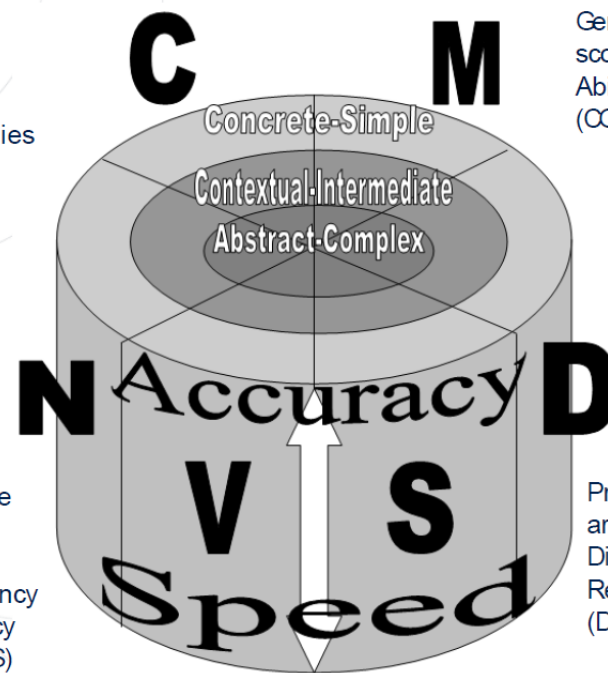
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# Ability Assessment



## OPERA-COMPLEX-DREAM-SPACES Cylindrex

Item Type Sub-scores are refinement of Operation Abilities (OPERA) model



General Supra-scores are related to Ability Complexity (COMPLEX) model

Test Taking Style Sub-scores are based on Speed, Accuracy, Efficiency & Speed-Accuracy Balance (SPACES) model

Profile Supra-scores are related to Differential Reasoning Model (DREAM)

Source: Kurz, 2000

Vernon, P. E. (1950). *The structure of human abilities*. London: Methuen.

Kurz, R. (2000). *The Facets of Occupational Testing: General Reasoning Ability, Residual Aptitudes & Speed-Accuracy Balance*. Unpublished PhD dissertation. Manchester: UMIST.





# Big 5, Alpha & Beta Personality Factors

**Table 1** The five robust dimensions of personality from Fiske (1949) to the present

Author	I	II	III	IV	V
Fiske (1949)	social adaptability	conformity	will to achieve <sup>a</sup>	emotional control	inquiring intellect
Eysenck (1970)	extraversion	psychoticism		neuroticism	
Tupes & Christal (1961)	surgency	agreeableness	dependability	emotionality	culture
Norman (1963)	surgency	agreeableness	conscientiousness	emotional	culture
Borgatta (1964)	assertiveness	likeability	task interest	emotionality	intelligence
Cattell (1957)	exvia	cortertia	superego strength	anxiety	intelligence
Guilford (1975)	social activity	paranoid disposition	thinking introversion	emotional stability	
Digman (1988)	extraversion	friendly compliance	will to achieve	neuroticism	intellect
Hogan (1986)	sociability & ambition	likeability	prudence	adjustment	intellectance
Costa & McCrae (1985)	extraversion	agreeableness	conscientiousness	neuroticism	openness
Peabody & Goldberg (1989)	power	love	work	affect	intellect
Buss & Plomin (1984)	activity	sociability	impulsivity	emotionality	
Tellegen (1985)	positive emotionality		constraint	negative emotionality	
Lorr (1986)	interpersonal involvement	level of socialization	self-control	emotional stability	independent

<sup>a</sup>Not in the original analysis but noted in a re-analysis by Digman & Takemoto-Chock (1981).

Digman, J. M. (1990). Personality structure: Emergence of the five-factor model. *Annual Review of Psychology*, 41 :417-440.

Digman, J. M. (1997). Higher-order factors of the Big Five. *Journal of Personality and Social Psychology*, 73, 1246-1256.

# Evaluating the Big Five as an Organizing Framework

## Abstract

The Big Five is often represented as an effective taxonomy of psychological traits, yet little research has empirically examined whether stand-alone assessments of psychological traits can be located within the Big Five framework. Meanwhile, construct proliferation has created difficulty navigating the resulting landscape. In the present research, we developed criteria for assessing whether the Big Five provides a comprehensive organizing framework for psychological trait scales, and evaluated this question across three samples (Total N = 1,039). Study 1 revealed that 83% of an author-identified collection of scales (e.g., Self-Esteem, Grit, etc.) were as related to the Big Five as at least 4 of 30 Big Five facets and Study 2 found that 71% of scales selected based on citation counts passed the same criterion. Several scales had strikingly large links at the Big Five facet level, registering correlations with individual Big Five facets exceeding 0.9. We conclude that the Big Five can indeed serve as an organizing framework for a sizable majority of stand-alone psychological trait scales and that many of these scales could reasonably be labeled as facets of the Big Five. We recommend an *integrative pluralism* approach, where reliable, valid scales, are located within the Big Five and pertinent Big Five research is considered in all research using trait scales readily located within the Big Five. By adopting such an approach, construct proliferation may be abated and it would become easier to integrate findings from disparate fields.

*Keywords:* Big Five, stand-alone scales, construct proliferation, taxonomy

Bainbridge, Ludeke & Smillie (2021). Evaluating the Big Five as an Organizing Framework for Commonly Used Psychological Trait Scales. *Journal of Personality and Social Psychology*.

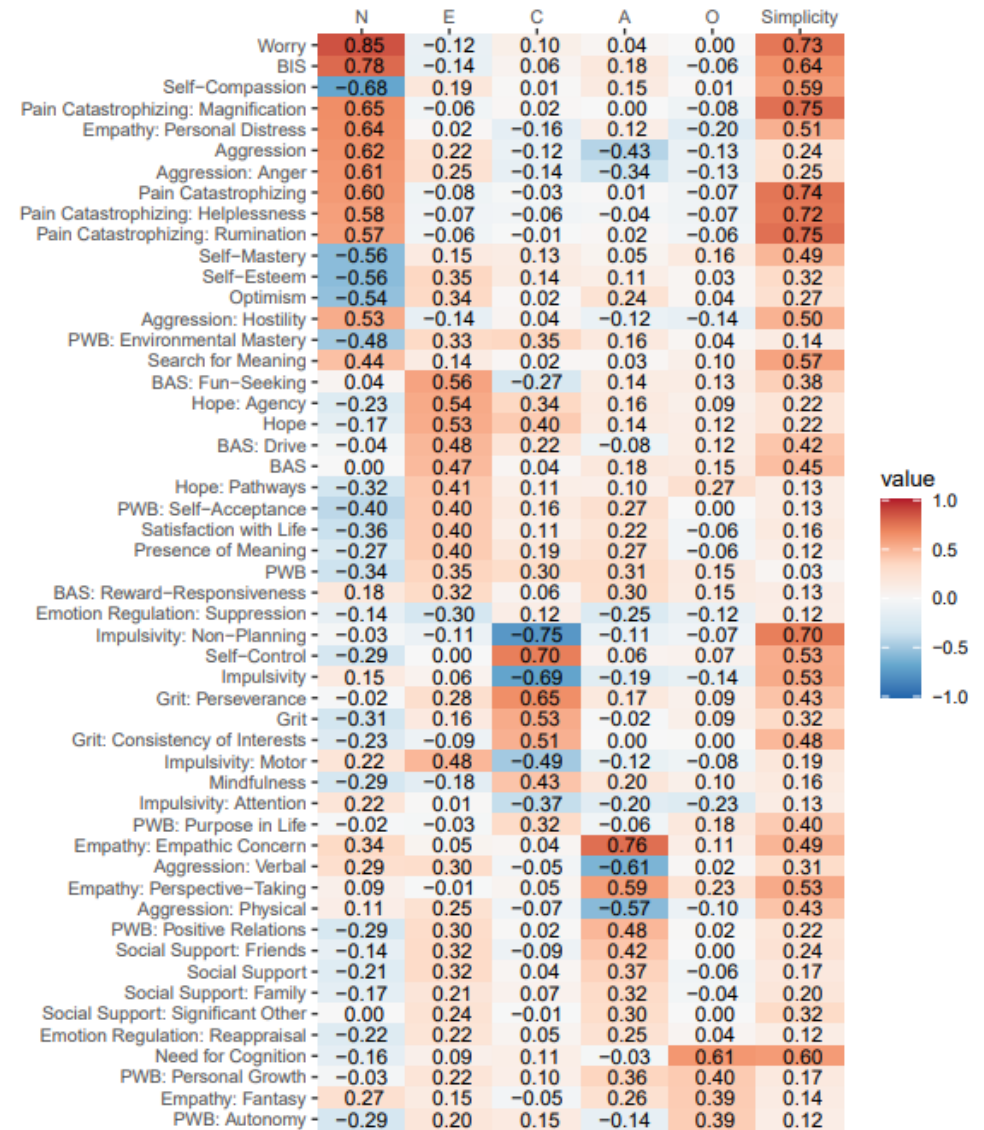


Figure 4. Stand-Alone Scales' Locations in the Big Five in Study 2.

Note: PWB = Psychological Well-Being; BAS = Behavioral Activation System Scale; BIS = Behavioral Inhibition System.



## Stability & Plasticity Meta-Factors

In a university sample ( $n=245$ ) and a community sample ( $n=222$ ), we replicate the higher-order factor solution for the Five Factor Model (Big Five) reported by Digman (Digman, J. M. (1997). Higher-order factors of the Big Five. *Journal of Personality and Social Psychology*, 73, 1246–1256). We present a biologically predicated model of these two personality factors, relating them to serotonergic and dopaminergic function, and we label them *Stability* (Emotional Stability, Agreeableness, and Conscientiousness) and *Plasticity* (Extraversion and Openness). Based on this model, we hypothesize that Stability will positively predict conformity (as indicated by socially desirable responding) and that Plasticity will negatively predict conformity. A structural equation model indicates that conformity is indeed positively related to Stability (university sample:  $\beta=0.98$ ; community sample:  $\beta=0.69$ ;  $P<0.01$  for both) and negatively related to Plasticity (university sample:  $\beta=-0.48$ ,  $P<0.07$ ; community sample:  $\beta=-0.42$ ,  $P<0.05$ ). These findings suggest that there are pros and cons of conformity, such that the most thorough conformists will tend to be stable but also rigid, less able to adjust to novelty or change.

DeYoung, Peterson & Higgins (2001). Higher-order factors of the Big Five predict conformity: Are there neuroses of health? *Personality and Individual Differences*, Volume 33, Issue 4, September 2002, Pages 533-552.

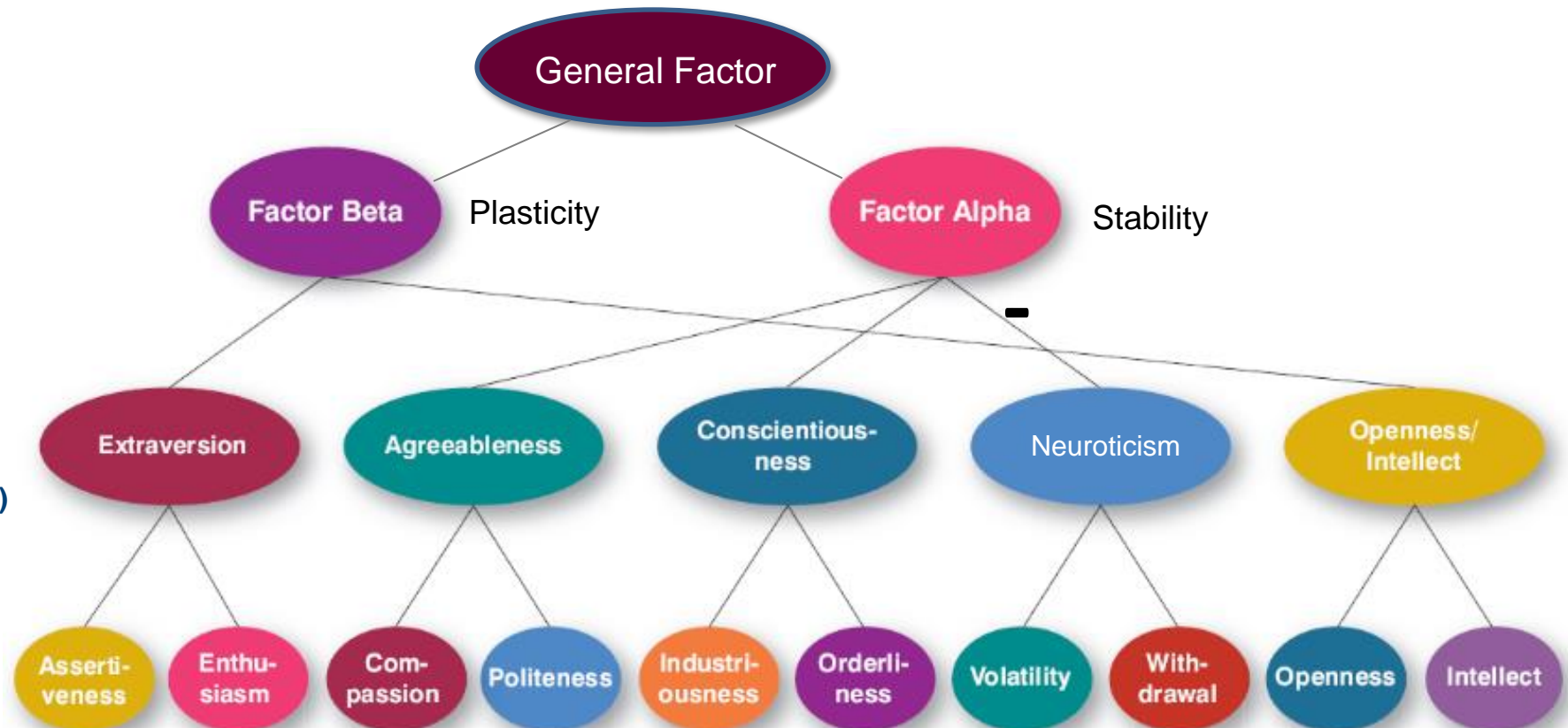
# Personality Construct Hierarchy

General Factor of Competency (Kurz, 2005) and Personality (Musek, 2007)

Higher-order Factors (Digman, 1997; DeYoung, Peterson & Higgins, 2001)

Big 5 Personality Factors (e.g. Norman, 1963; Digman, 1990; Barrick & Mount, 1991)

10 Aspects of Personality (DeYoung, Quilty & Peterson, 2007)



Adapted from:

Woods, S. & Kurz, R. (2016). *Mapping Personality Inventories to the Periodic Table of Personality: Impact of Non-orthogonality*. International Test Commission (ITC) Conference in Vancouver.

# DeYoung (2015) Cybernetic Big 5 Theory 'Levels'

**Table 1**

Adjectives

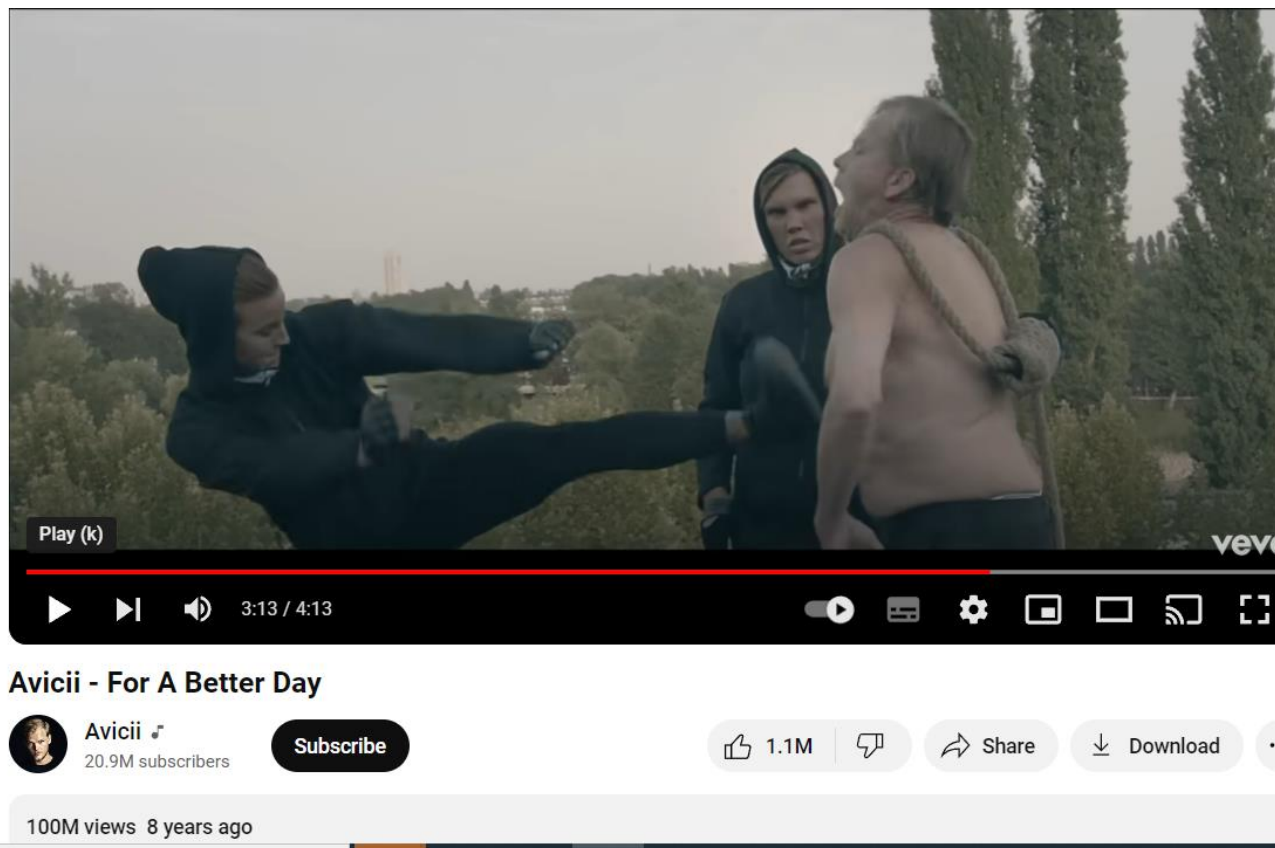
Personality traits and their cybernetic functions. Adjectives in the third column describe people with low levels of each trait.

Trait	Cybernetic function	Negative pole
<i>Metatraits</i>		
Stability	Protection of goals, interpretations, and strategies from disruption by impulses.	Unstable
Plasticity	Exploration: creation of new goals, interpretations, and strategies.	Rigid
<i>Big Five</i>		
Extraversion	Behavioral exploration and engagement with specific rewards (i.e., goals to approach).	Reserved
Neuroticism	Defensive responses to uncertainty, threat, and punishment.	Unflappable
Openness/Intellect	Cognitive exploration and engagement with information.	Unimaginative
Conscientiousness	Protection of non-immediate or abstract goals and strategies from disruption.	Unreliable
Agreeableness	Altruism and cooperation; coordination of goals, interpretations, and strategies with those of others.	Selfish
<i>Aspects</i>		
NEO Facet Assertiveness	Incentive reward sensitivity: drive toward goals.	Submissive
Enthusiasm	Consummatory reward sensitivity: enjoyment of actual or imagined goal attainment.	Unenthusiastic
Low Social Desirability Volatility	Active defense to avoid or eliminate threats.	Even-tempered
NEO IPIP Facet Withdrawal (anxiety, depression)	Passive avoidance: Inhibition of goals, interpretations, and strategies, in response to uncertainty or error.	Self-assured
NEO Domain Intellect	Detection of logical or causal patterns in abstract and semantic information.	Unintellectual
Openness to Experience	Detection of spatial and temporal correlational patterns in sensory and perceptual information.	Imperceptive
Industriousness	Prioritization of non-immediate goals.	Undisciplined
NEO Facet Orderliness	Avoidance of entropy by following rules set by self or others.	Disorganized
Compassion	Emotional attachment to and concern for others.	Callous
Politeness	Suppression and avoidance of aggressive or norm-violating impulses and strategies.	Belligerent

## 'Levels'

What is the title of 'Levels' singer Avicii's song about organised child sexual abuse?

Chat GPT: The song by Avicii that addresses the issue of child trafficking and abuse is titled "For a Better Day". It was released as a single in 2015 and is known for its powerful music video that highlights the serious issues of child slavery and child sex trafficking. Avicii, whose real name was Tim Bergling, co-directed the video to raise awareness about these issues.



[https://www.youtube.com/watch?v=\\_ovdm2yX4MA](https://www.youtube.com/watch?v=_ovdm2yX4MA) 'Levels'

<https://www.youtube.com/watch?v=Xq-knHXSKYY> 'For a Better Day' [https://en.wikipedia.org/wiki/For\\_a\\_Better\\_Day](https://en.wikipedia.org/wiki/For_a_Better_Day)

<https://www.theguardian.com/music/2018/dec/11/avicii-true-stories-documentary-levan-tsikurishvili>

<https://www.reuters.com/article/idUSKCN25F19S/>

# 56 Shades of Grey – Bright Side, Dark Side and Inside Personality Characteristics underpinning Performance, Wellbeing and Leadership Derailment

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[www.bps.org.uk/dop](http://www.bps.org.uk/dop)

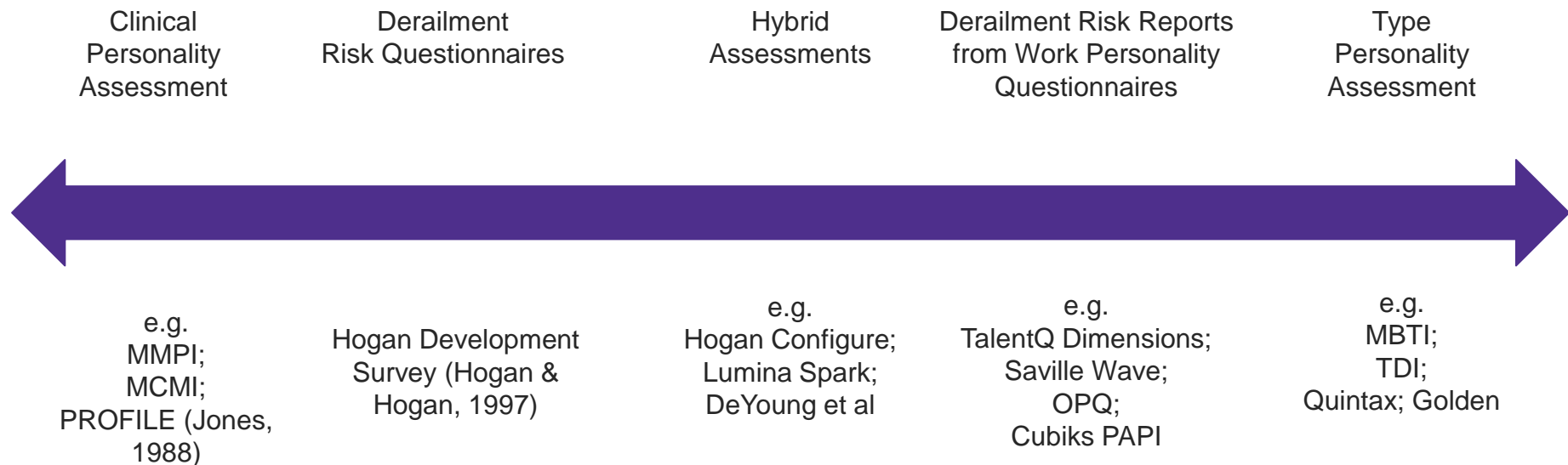


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# Personality Assessments

## Personality, Success & Derailment Risk



Kurz, R. (2019). *56 Shades of Grey – Bright Side, Dark Side and Inside Personality Characteristics underpinning Performance, Wellbeing and Leadership Derailment*. Presentation at the Wellbeing Conference in Birmingham.

# HDS Sub-clinical Scales

Horney (1950):

Moving away

Moving against

Moving towards

Figure 1.1  
Overlapping Themes from HDS and DSM-IV, Axis 2 Personality Disorders

HDS Themes	DSM-IV Personality Disorders Themes
<p><b>Excitable</b> Moody and hard to please; intense but short lived enthusiasm for people, projects, or things.</p> <p><b>Skeptical</b> Cynical, distrustful, and doubting others' true intentions.</p> <p><b>Cautious</b> Reluctant to take risks for fear of being rejected or negatively evaluated.</p> <p><b>Reserved</b> Aloof, detached, and uncommunicative; lacking interest in or awareness of the feelings of others.</p> <p><b>Leisurely</b> Independent; ignoring people's requests and becoming irritated or argumentative if they persist.</p>	<p><b>Borderline</b> Inappropriate anger; unstable and intense relationships alternating between idealization and devaluation.</p> <p><b>Paranoid</b> Distrustful and suspicious of others; motives are interpreted as malevolent.</p> <p><b>Avoidant</b> Social inhibition, feelings of inadequacy, and hypersensitivity to criticism or rejection.</p> <p><b>Schizoid</b> Emotional coldness and detachment from social relationships; indifferent to praise and criticism.</p> <p><b>Passive-Aggressive*</b> Passive resistance to adequate social and occupational performance; irritated when asked to do something he/she does not want to do.</p>
<p><b>Bold</b> Unusually self-confident; feelings of grandiosity and entitlement; over-evaluation of one's capabilities.</p> <p><b>Mischievous</b> Enjoying risk taking and testing the limits; needing excitement; manipulative, deceitful, cunning, and exploitative.</p> <p><b>Colorful</b> Expressive, animated, and dramatic; wanting to be noticed and needing to be the center of attention.</p> <p><b>Imaginative</b> Acting and thinking in creative and sometimes odd or unusual ways.</p>	<p><b>Narcissistic</b> Arrogant and haughty behaviors or attitudes; grandiose sense of self-importance and entitlement.</p> <p><b>Antisocial</b> Disregard for the truth; impulsivity and failure to plan ahead; failure to conform with social norms.</p> <p><b>Histrionic</b> Excessive emotionality and attention seeking; self-dramatizing, theatrical, and exaggerated emotional expression.</p> <p><b>Schizotypal</b> Odd beliefs or magical thinking; behavior or speech that is odd, eccentric, or peculiar.</p>
<p><b>Diligent</b> Meticulous, precise, and perfectionistic; inflexible about rules and procedures; critical of others' performance.</p> <p><b>Outiful</b> Eager to please and reliant on others for support and guidance; reluctant to take independent action or go against popular opinion.</p>	<p><b>Obsessive-Compulsive</b> Preoccupations with orderliness, rules, perfectionism, and control; overconscientious and inflexible.</p> <p><b>Dependent</b> Difficulty making everyday decisions without excessive advice and reassurance; difficulty expressing disagreement out of fear of loss of support or approval.</p>

Note: \*From DSM-III-R  
Conceptual Background

# Hogan Development Survey (HDS) Sub-clinical Scale Themes and DSM Axis 2 Personality Disorders

Kurz, R. (2019). *56 Shades of Grey – Bright Side, Dark Side and Inside Personality Characteristics underpinning Performance, Wellbeing and Leadership Derailment*. Presentation at the Wellbeing Conference in Birmingham.

# Hogan Assessment Guide to the Dark Side

Principal Components Analysis of the HPI, MVPI, and HDS

Scale	Components					
	I	II	III	IV	V	VI
Power (MVPI)	.82					
Bold (HDS)	.75					
Recognition (MVPI)	.70					
Commercial (MVPI)	.60					
Mischievous (HDS)	.59					
Colorful (HDS)	.57					
Skeptical (HDS)	.52					
Reserved (HDS)		-.79				
Affiliation (MVPI)		.78				
Likeability (HPI)		.72				
Altruistic (MVPI)		.53				
Sociability (HPI)		.48				
Security (MVPI)			.71			
Prudence (HPI)			.63			
Tradition (MVPI)			.63			
Diligent (HDS)			.63			
Dutiful (HDS)			.44			
Adjustment (HPI)				.91		
Ambition (HPI)				.80		
Excitable (HDS)				-.55		
Aesthetic (MVPI)					.79	
Intellectance (HPI)					.72	
School Success (HPI)					.57	
Imaginative (HDS)					.51	
Leisurely (HDS)						.70
Hedonistic (MVPI)						.57
Cautious (HDS)						.51

I Surgency / Extraversion

II Affiliation / Agreeableness

III Conscientiousness

IV Emotional Stability

V Openness

VI Low Need for Achievement ?

Hogan Assessment Systems is publisher of the 'Hogan Insights' series of trait assessment tools:

- ❖ Hogan Personality Inventory (HPI) covers the Big 5 personality Factors through 7 'Bright Side' scales

- ❖ Hogan Development Survey (HDS) features 11 potential 'Dark Side' derailers

- ❖ Hogan Motives, Values, Preferences Inventory (MVPI) features 10 'Inside' scales

- ❖ 6 factor solution across HPI, HDS & MVPI (N=1041) in HDS Manual (1997) Table 3.8 shows convergence

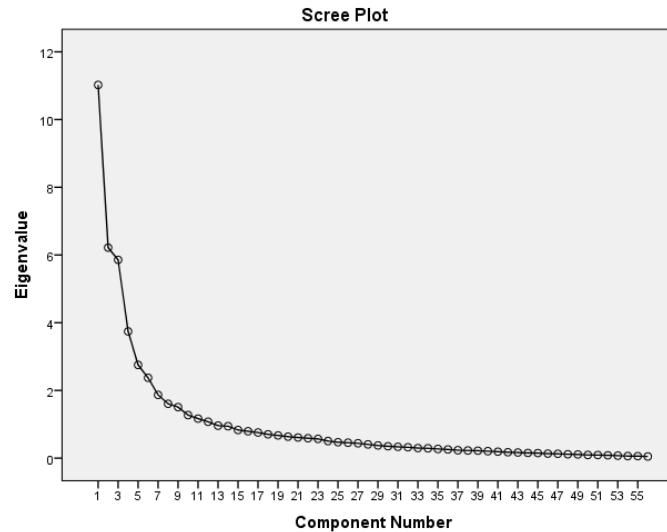
## Structure of Personality & Potential Study

- Co-validation of four self-report questionnaires (56 Dimensions)
  - Personality and Preferences Inventory PAPI 3 SL (26+1 Dimensions)
  - Hogan Personality Inventory (7+1 Dimensions)
  - Hogan Development Survey (11 Dimensions)
  - Hogan Motives, Values, Preferences Inventory (10 Dimensions)
- PhD research (Desson, 2017)
- Test publishers kindly provided tools free-of-charge (many thanks)
- Cross-section of questionnaires offered
- N=149 Volunteers (mainly HR professionals & business leaders)
  - Sex: 58 Males & 91 Females
  - Age: 20% under 40 / 80% 40+ (mean age 45)
  - Language: 141 English, 5 Dutch, German, Polish & Czech
  - 77% Managers / 23% Non-Managers

Kurz, R. (2019). *56 Shades of Grey – Bright Side, Dark Side and Inside Personality Characteristics underpinning Performance, Wellbeing and Leadership Derailment*. Presentation at the Wellbeing Conference in Birmingham.

# PCA Factor Analysis of Personality Data

## Principal Components Analysis with Varimax Rotation (N=149)



**Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	11.022	19.682	19.682	11.022	19.682	19.682	7.733	13.809	13.809
2	6.217	11.102	30.783	6.217	11.102	30.783	6.454	11.525	25.334
3	5.856	10.458	41.241	5.856	10.458	41.241	6.323	11.291	36.625
4	3.743	6.684	47.925	3.743	6.684	47.925	5.302	9.468	46.094
5	2.752	4.915	52.840	2.752	4.915	52.840	3.778	6.746	52.840



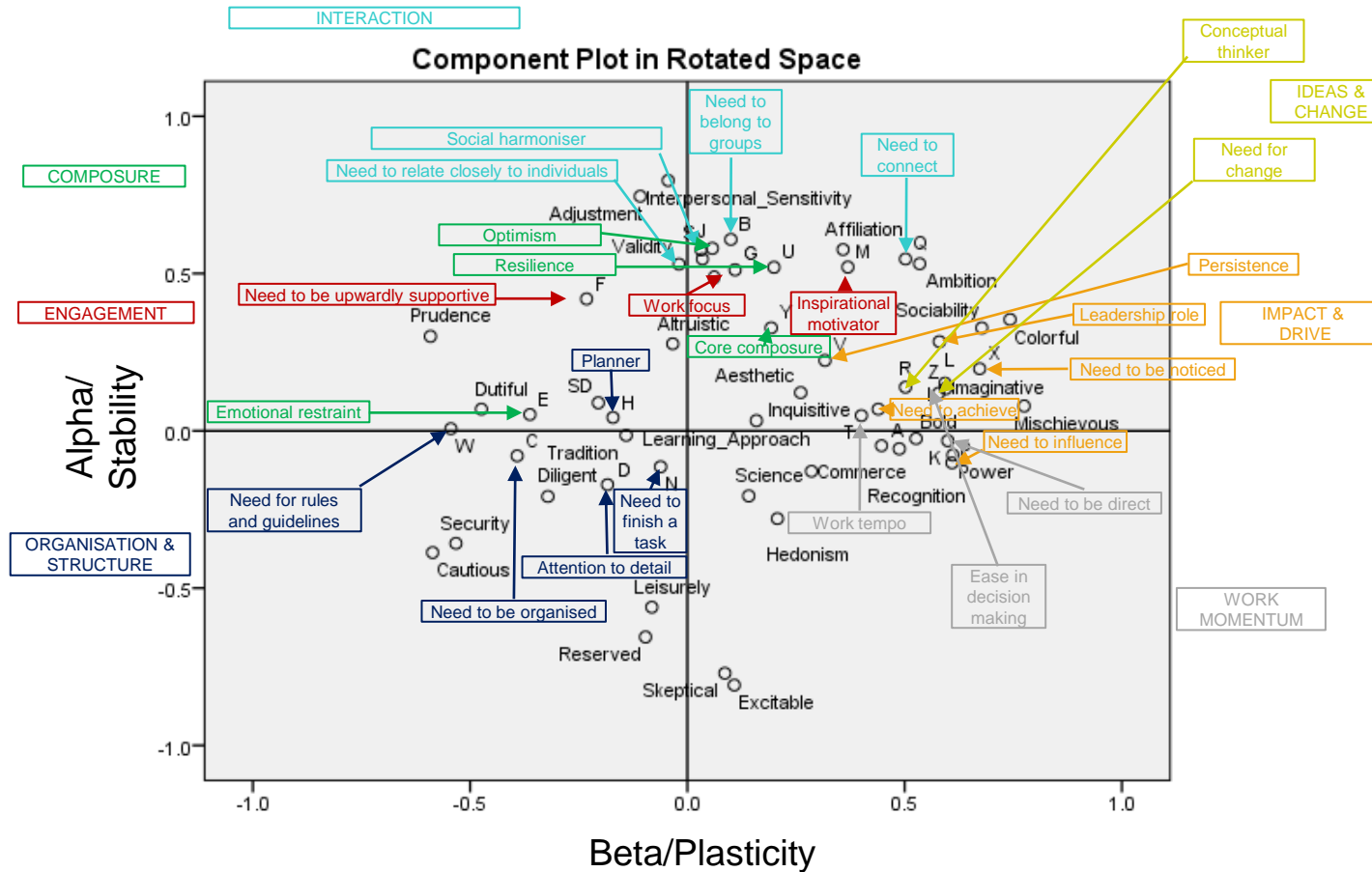
# The General Factor of Personality (GFP)

## Stretching the Dark Side (N=149) – GFP?

HDS Colorful	.80
HPI Ambition	.75
HPI Sociability	.74
PAPI Q Need to connect	.73
HDS Mischievous	.66
PAPI X Need to be noticed	.65
MVPI Affiliation	.64
PAPI L Leadership role	.63
PAPI M Inspirational motivator	.61
HDS Imaginative	.56
PAPI Z Need for change	.55
PAPI I Ease in decision making	.53
MVPI Security	-.64
HDS Cautious	-.70

# 2-Dimensional Plot

## Plotting the Dark Side (N=149)

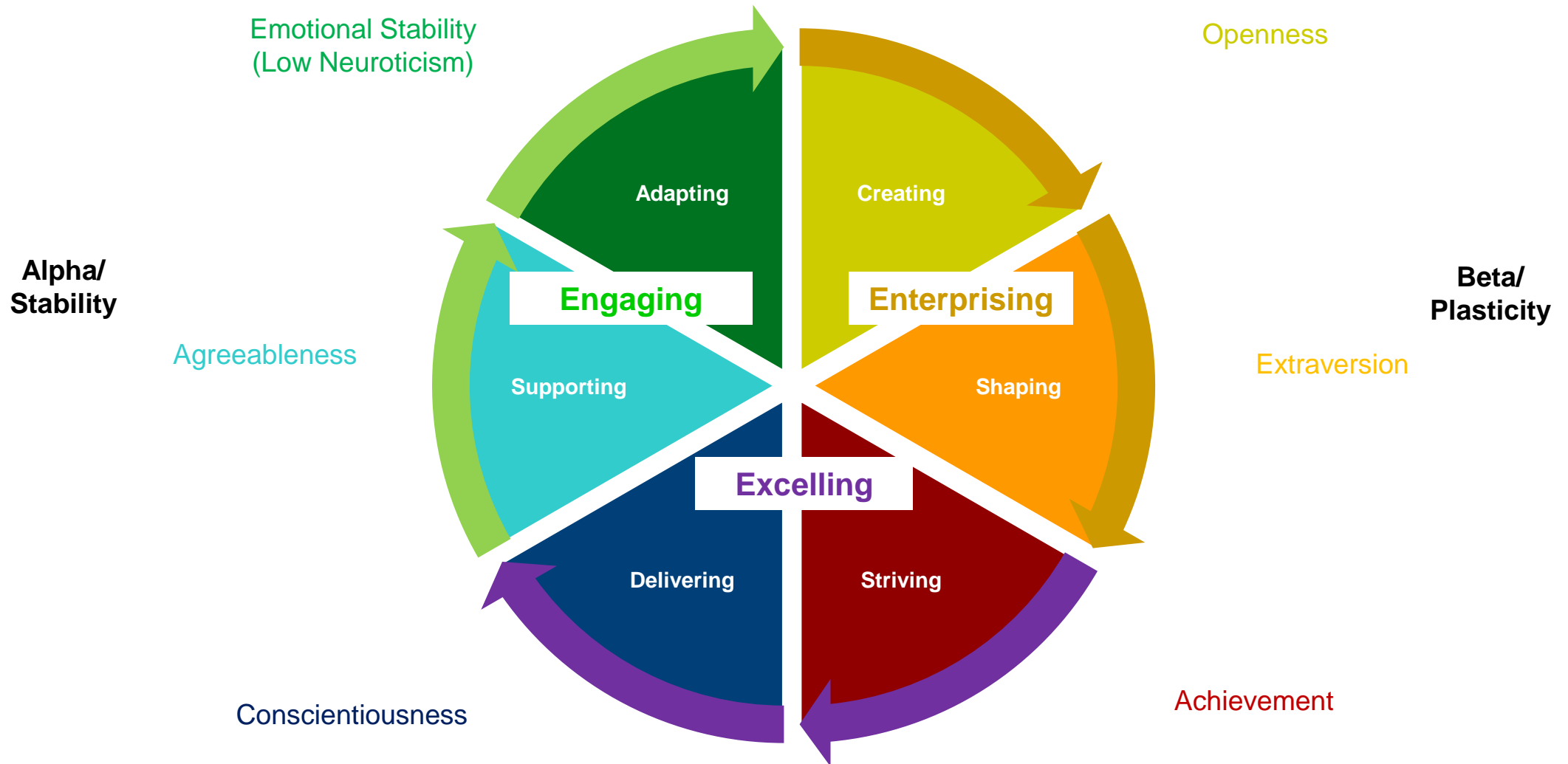


## Triangulating the Dark Side

Enterprise,  
Engagement and  
Excellence  
correspond to the  
three effectiveness  
factors Promoting  
Change,  
Working Together,  
& Demonstrating  
Capability in Kurz,  
Saville & MacIver  
(2009)

	ENTERPRISE	ENGAGEMENT	EXCELLENCE
HDS Colorful	.80		
HPI Ambition	.75		
HPI Sociability	.74		
PAPI Q Need to connect	.73		
HDS Cautious	-.70		
HDS Mischievous	.66	-.41	
PAPI X Need to be noticed	.65		
MVPI Security	-.64		.44
MVPI Affiliation	.64		
PAPI L Leadership role	.63		
PAPI M Inspirational motivator	.61		
HDS Imaginative	.56		
PAPI Z Need for change	.55		
PAPI I Ease in decision making	.53		
HDS Excitable	-.41	-.71	
HDS Skeptical	-.40	-.66	
HPI Interpersonal Sensitivity	.45	.66	
HPI Adjustment		.66	
HPI Prudence		.60	.50
PAPI N Need to finish a task			.75
HDS Diligent			.72
PAPI H Planner			.71
PAPI C Need to be organised			.63
PAPI D Attention to detail			.61
PAPI A Need to achieve			.55
PAPI V Persistence			.53

# Big 5 + 1 Model, Stability & Plasticity



Kurz (2019). *Hierarchical Competency & Capability Frameworks: Bringing together Assessment of Work and Workers*. Paper at the BPS DOP Conference.

Pentagramming  
the Dark Side (N=149)  
Leadership Trainee



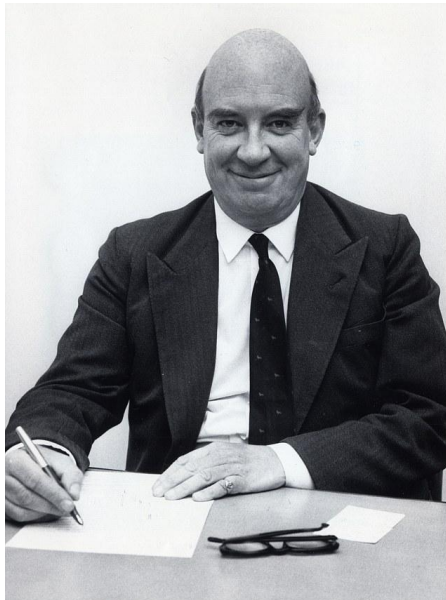
Ted Heath



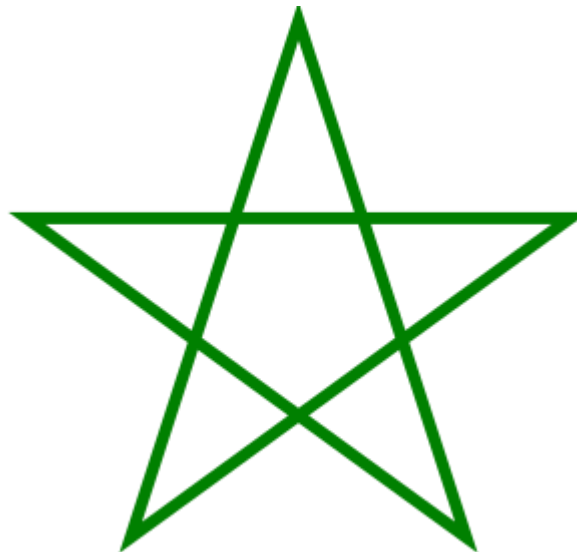
Margaret Thatcher



Henry Kissinger



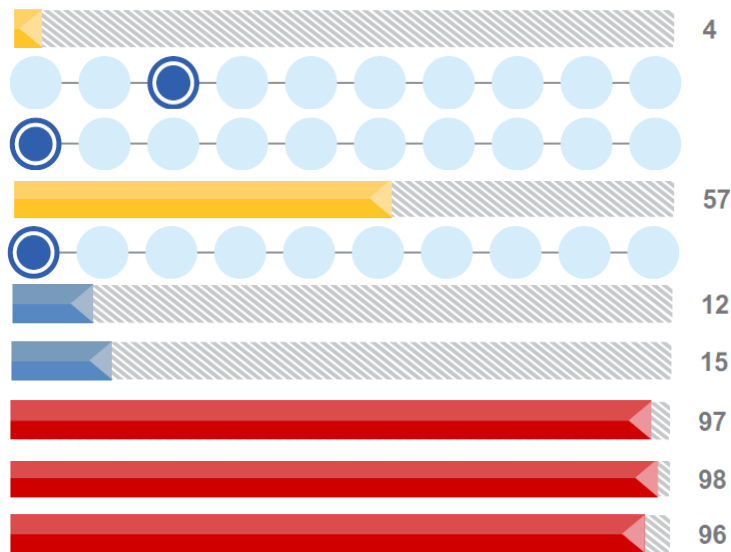
Peter Hayman



Jimmy Savile

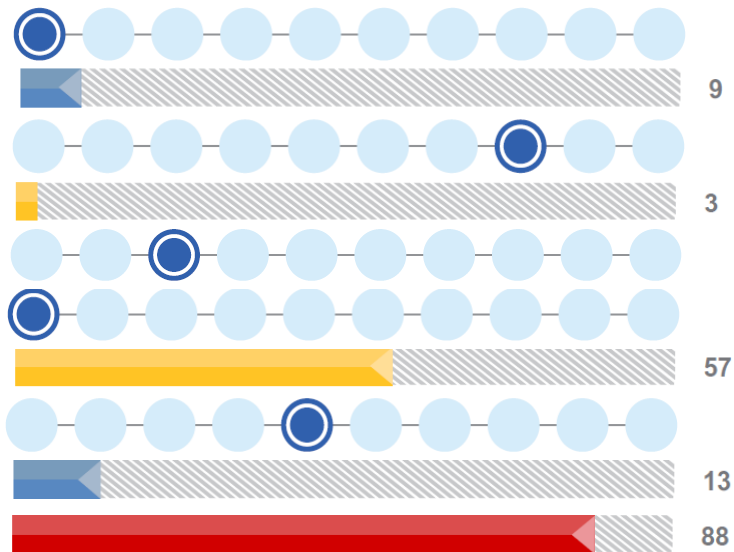


# Stability Big 5 Neuro-Agility (2016)



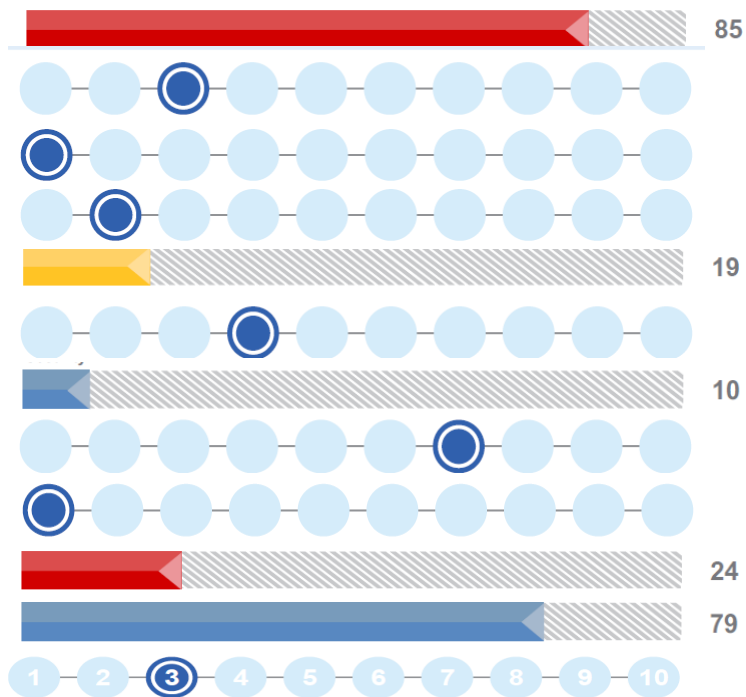
Neuro-Agility (Emotional Stability)	General Factor (FUPC)	Openness	Conscientiousness	Extraversion	Agreeableness	Emotional Stability
HPI Adjustment	.37	.08	.04	-.04	.30	.76
PAPI U Resilience	.48	.53	.02	.15	.07	.62
PAPI Y Core composure	.35	.50	-.09	.09	-.09	.51
HPI Validity	.31	.07	.41	.23	.25	.48
PAPI G Work focus	.40	.14	.23	.23	.35	.35
MVPI Recognition	.35	.14	.02	.42	.34	-.47
MVPI Hedonism	-.01	.14	-.04	.06	.11	-.54
HDS Leisurely	-.41	.08	.15	-.13	-.24	-.58
HDS Skeptical	-.40	-.01	.09	.08	-.40	-.71
HDS Excitable	-.41	.00	-.03	.03	-.41	-.75

# Stability Big 5 Agreeableness (2016)



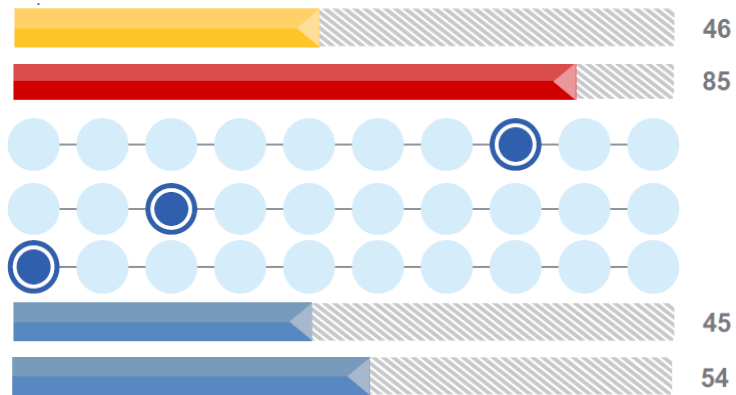
Agreeableness (Affiliation)	General Factor (FUPC)	Openness	Conscientiousness	Extraversion	Agreeableness	Emotional Stability
PAPI B Need to belong to groups	.45	-.19	-.09	.08	.73	.14
MVPI Affiliation	.64	-.06	-.22	.27	.72	.09
PAPI O Need to relate closely	.36	-.08	-.12	-.07	.69	.08
HPI Interpersonal Sensitivity	.45	.07	-.07	-.13	.68	.44
PAPI Q Need to connect	.73	.07	-.15	.44	.66	.09
PAPI S Social harmoniser	.38	.30	.01	-.12	.58	.19
HPI Sociability	.74	.24	-.26	.50	.54	-.13
PAPI M Inspirational motivator	.61	.24	-.08	.28	.51	.19
MVPI Altruistic	.14	.13	.13	-.08	.38	-.03
HDS Reserved	-.48	.27	.11	-.10	-.78	-.17

# Stability Big 5 Conscientiousness (2016)



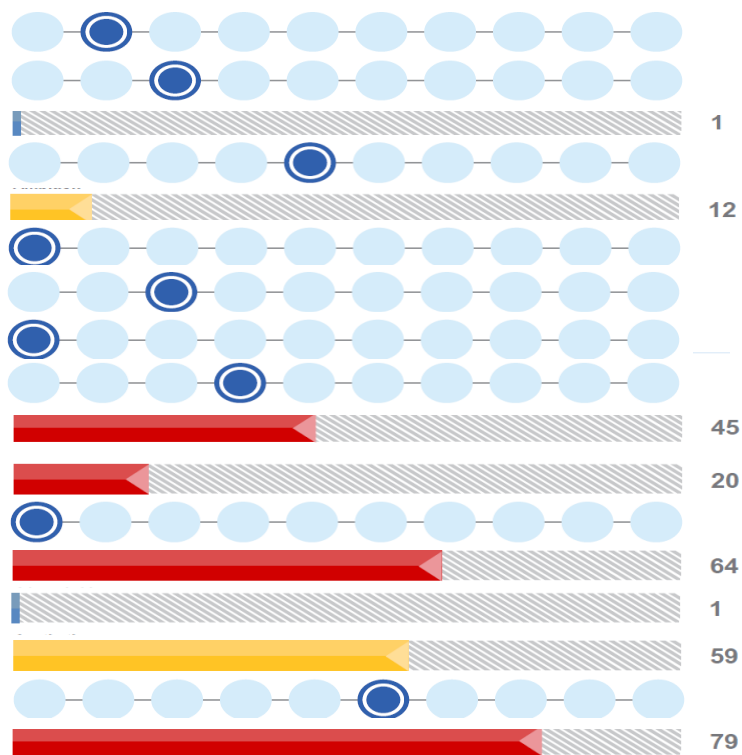
Conscientiousness	General Factor (FUPC)	Openness	Conscientiousness	Extraversion	Agreeableness	Emotional Stability
HDS Diligent	-.38	-.02	.77	.06	-.26	-.06
PAPI C Need to be organised	-.36	-.15	.73	.00	-.11	-.01
PAPI W Need for rules and guidelines	-.43	-.19	.70	-.25	.12	-.12
PAPI N Need to finish a task	-.12	.09	.70	.28	-.13	-.07
HPI Prudence	-.28	-.21	.70	-.21	.10	.34
PAPI H Planner	-.11	-.07	.68	.23	-.10	.14
MVPI Security	-.64	-.24	.64	-.22	-.27	-.23
PAPI D Attention to detail	-.25	.10	.61	.09	-.23	-.05
PAPI F Need to be upwardly supportive	.07	.09	.53	-.06	.43	.12
HDS Dutiful	-.33	-.04	.52	-.38	.33	-.26
MVPI Tradition	-.12	-.08	.44	.09	.00	-.03
PAPI SD Social desirability	-.11	.25	.33	-.13	-.09	.18

# Plasticity Big 5 Openness (2016)



	General Factor (FUPC)	Openness	Conscientiousness	Extraversion	Agreeableness	Emotional Stability
Openness to Experience						
HPI Inquisitive	.39	.69	-.13	.20	-.02	.03
HDS Imaginative	.56	.61	-.26	.32	.14	-.01
PAPI R Conceptual thinker	.48	.52	-.28	.25	.08	.05
PAPI Z Need for change	.55	.45	-.23	.43	.07	.06
PAPI J Optimism	.40	.44	.17	.00	.41	.35
MVPI Science	-.01	.39	.11	.08	-.22	-.13
MVPI Aesthetic	.28	.38	-.18	-.01	.30	-.18

# Plasticity Big 5 Extraversion (2016)



Extraversion (Surgency)	General Factor (FUPC)	Openness	Conscientiousness	Extraversion	Agreeableness	Emotional Stability
PAPI P Need to influence	.42	-.05	-.03	.72	.01	-.17
PAPI K Need to be direct	.45	-.03	-.19	.70	-.18	.15
MVPI Power	.44	.21	.15	.69	.07	-.24
PAPI I Ease in decision making	.53	.17	-.02	.69	-.09	.23
HPI Ambition	.75	.08	-.02	.69	.23	.51
PAPI A Need to achieve	.32	.02	.29	.67	.05	-.15
PAPI L Leadership role	.63	.13	-.06	.66	.13	.25
PAPI T Work tempo	.35	.07	.15	.58	-.07	.12
PAPI X Need to be noticed	.65	.05	-.27	.57	.42	-.16
HDS Colorful	.80	.22	-.38	.54	.50	-.03
HDS Bold	.40	.32	.15	.53	.13	-.24
PAPI V Persistence	.39	.18	.33	.51	.14	.14
HDS Mischievous	.66	.45	-.41	.48	.24	-.19
MVPI Commerce	.15	.06	.19	.39	-.01	-.21
HPI Learning Approach	.15	.14	.08	.25	-.17	.20
PAPI E Emotional restraint	-.26	.47	.23	-.50	-.03	.04
HDS Cautious	-.70	-.08	.28	-.61	-.10	-.46



# Operation Conifer Police Submission



Event 3 I was in an office. Mark came in wearing a negligee and sat on a chaise longue. Mark was very pleased, like someone at their graduation prom. I was between Edward Heath who had sex with me in the bum and, Mark who was at my head to whom I had to give kisses between the legs. Heath's belly was cool. There was something non-human about him. This was filmed. You could verify this by asking MI6, or whoever holds them, for any blackmail films they have featuring Heath. Also I would be very interested to read the contents of the Hayman diaries. Heath's penis, was thin, like a fountain pen, (like 3,4 or 5, counting from the left in the photo). See photos on page 3, of fountain pens, and of me with my mother, who is a good person, in July 1969.

Also I remember that Heath hooked brass hooks around my legs. He had a leather and brass apparatus, like riding tack, that he strapped onto himself to keep him in place. I do not remember anything before or after, just this fragment. I suspect that this event was organised by Peter Hayman.

'I reported Hayman, Thatcher (anonymously at the time) and Heath to Wiltshire police's Operation Conifer in 2017.'

# Stephen Wiltshire



Why was Stephen Wiltshire mute as a child?

Chat GTP: Stephen Wiltshire was mute as a child due to his autism diagnosis at the age of three. He did not relate to other people and lived in his own world. At Queensmill School, which he attended, it was discovered that he had a passion for drawing. This became his primary mode of communication. His teachers encouraged him to speak by withholding his art supplies, prompting him to make sounds and eventually speak his first words to ask for them. He spoke his first word, "paper," at the age of five and learned to speak fully by the age of nine.

<https://www.stephenwiltshire.co.uk/biography>

<https://primaryfacts.com/9024/stephen-wiltshire-facts/>

<https://www.youtube.com/watch?v=WO5d-jxipvl>

<https://www.kickstarter.com/projects/sergeyhere/billions-of-windows>

Who was Stephen Wiltshire's first customer?

ChatGPT: Stephen Wiltshire's first customer was **the former British Prime Minister, Edward Heath**. At the age of eight, Stephen received his first commission from him to create a drawing of Salisbury Cathedral. This commission marked the beginning of his career as an artist and was a significant step in showcasing his extraordinary talent for drawing detailed cityscapes from memory.

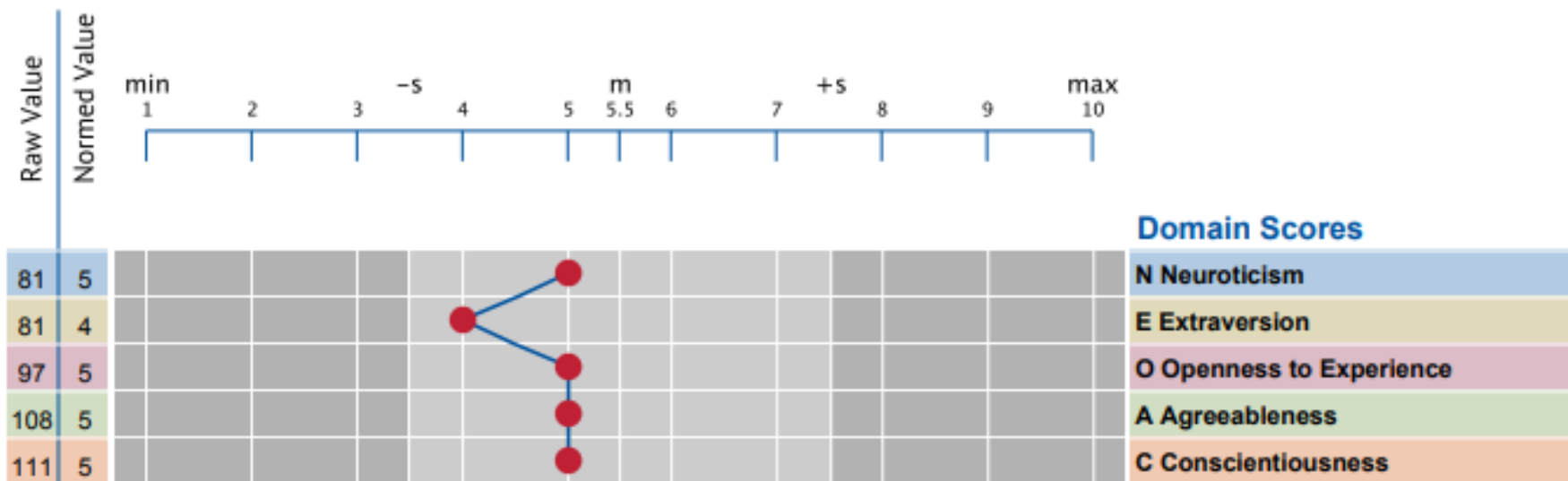
# NEO-PI-3 Domain Profile 2023

NEO-PI-3 | Profile sheet

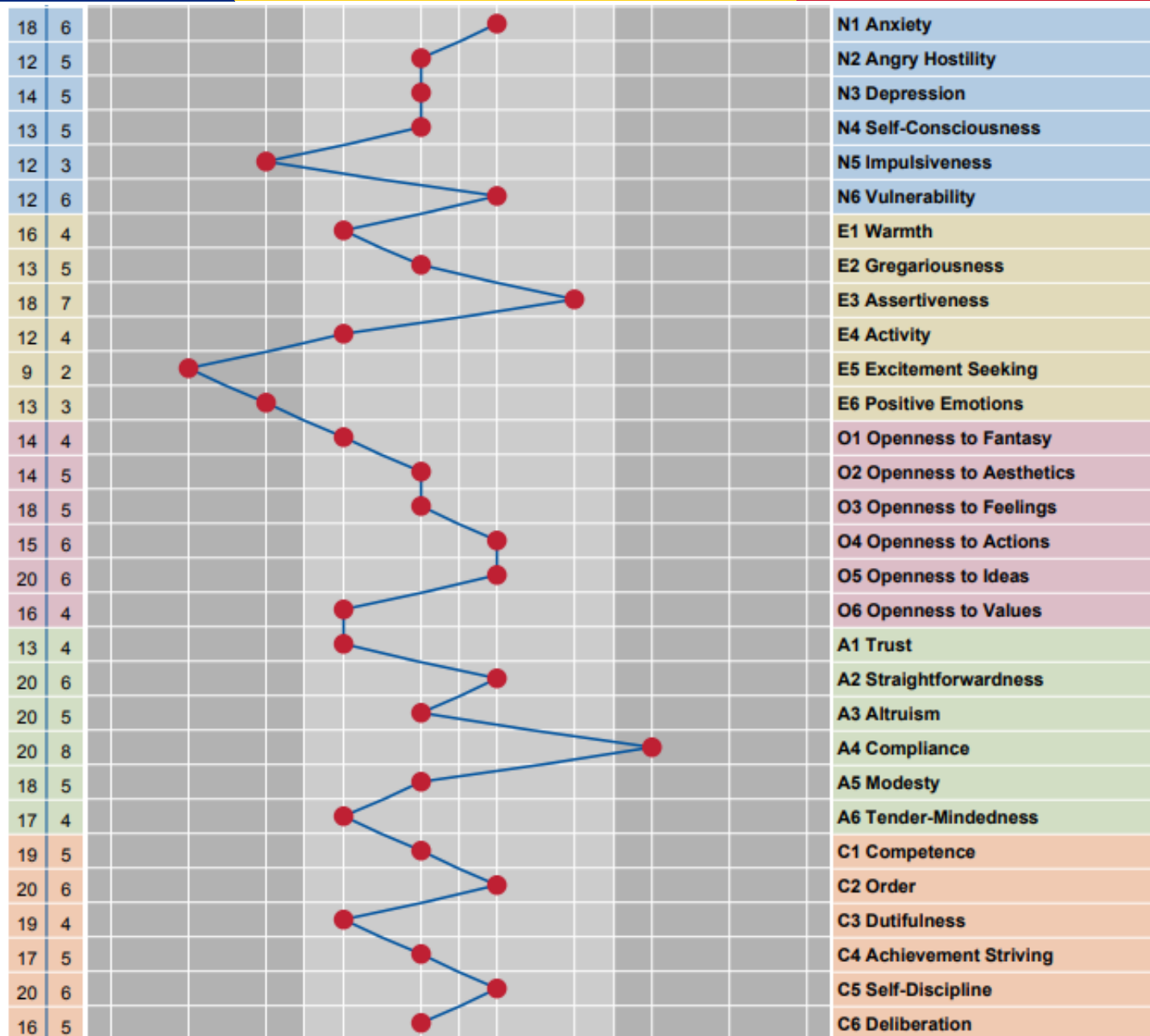
3 / 27

## PROFILE SHEET

NEO Personality Inventory – 3 | Self-report  
UK Working Population - Sten Score (5.5+2z) (Original: T Score)



# NEO-PI-3 Facet Profile 2023





### 3. MCMJ 'Psychosis' Case Study

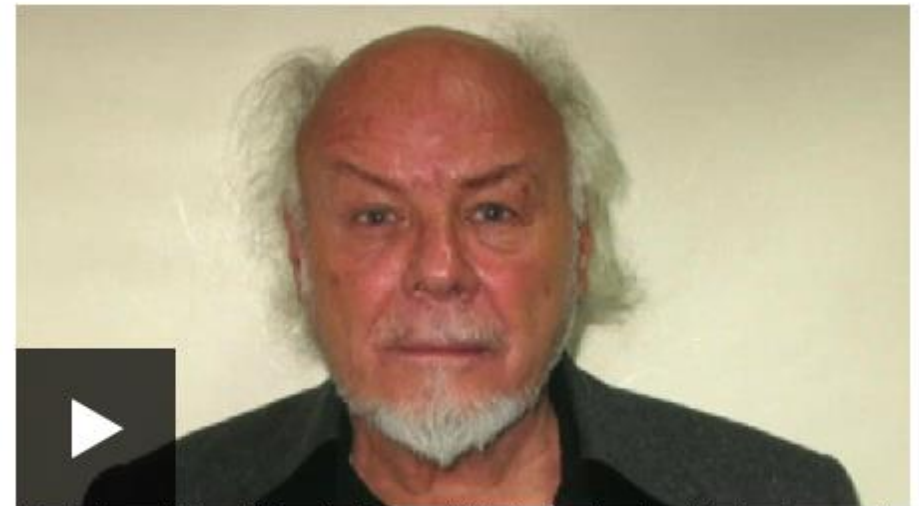
Jimmy Savile &  
Raymond "Ray"  
Teret



27 February 2015 Last updated at 14:11

20K

## Gary Glitter jailed for 16 years



The judge said that Glitter had done all his victims "real and lasting damage", as Sarah Campbell reports

**Former pop star Gary Glitter has been jailed for a total of 16 years for sexually abusing three young girls between 1975 and 1980.**

**Raymond Teret** (24 October 1941 – 5 May 2021)<sup>[1]</sup> was an English radio [disc jockey](#) who started his career in the 1960s. In December 2014 he was convicted of rape and indecent assault, and was sentenced to 25 years in prison.<sup>[2]</sup> He died in prison in May 2021 at the age of 79, having served just over six years behind bars.

## Child Sexual Abuse & Index Incident 1 1990's

- Abuse from birth
- Rape
- Pregnancy
- Birth
- Funeral



At age 24 she started to remember how she was abused as a toddler by a downstairs neighbour. She also relayed how a suicide attempt at 16 was preceded by incestuous abuse and an incident which was similar to the 'Satanist Cult Show' described in Epstein et al. (2011):

*'These were special shows and I remember one of many shows that I was involved with...I had been primed – I was probably eight at the time – to have sex with a boy who was around the same age as me, who was absolutely petrified.'* (p. 145).

Around the time of the alleged delivery of a baby girl that succeeded from incestuous rape there was a period without GP visits. The parents had applied for 'home schooling' and removed all calendars. Within a few days of the unregistered homebirth the baby reportedly 'disappeared' (see extreme abuse literature e.g. Miller, 2012).

- *‘He was very abusive to her and abused her. Following this experience she started cutting her upper arm and was doing so every evening for a period of time. She initially felt suicidal but felt that the tension she released by cutting herself was more helpful.’*
- *‘She hears voices present in the room when there is nobody, but cannot describe these and they do not appear to be auditory hallucinations.’*
- *‘She complained of panic attacks, and has had three attacks over a 2 year period.’*
- *‘There were no abnormal perceptions. She described supernatural experiences such as shadows in the room at all times, day and night, but these did not seem to be psychotic.’*
- *‘As far as I can ascertain from my assessment today, she does not have a major psychiatric disorder and her concerns and worries would be best dealt with the Primary Care psychologist.’*
- *‘Recently assessed dyslexic by learning support team?’*
- *‘Memory still poor.’; ‘Still some panic attacks.’; ‘Becoming anxious that her memory may not return – feels she is vulnerable as she can find herself locked out of her flat, not knowing who she is.’*

Defamatory calls to police e.g.:

- 'I saw her shop lifting'
- 'There was a girl crying in the field'

Defamatory calls to social services e.g.:

- 'Neglecting child'
- 'Concerns about mental health'

Physical threats e.g.:

- Driving up the pavement
- Trying to wrestle buggy off mother

Enlisting members of the public / co-conspirators e.g.:

- 'A rich benefactor would like to pay for the schooling of your child'
- 'Yes. She is on the bus – she is carrying, ahem, a buggy'
- 'She is feeding dog food to her child' (police incident record)

## Index Incident 2

*'I fairly regularly visited a friend.*

*On the way I noticed a man in front of me who then disappeared out of sight. When I took my child out of the buggy the Stalker grabbed my child and sexually abused him. I was in fear – in particular that he would abduct the child or drop the child.*

*Due to the threats he made I did not dare reporting the crime for several weeks. The reality is that even when convicted of the assault the perpetrator could have got away with a 'community order' sentence or a fine.'*

## Mother's Views on Mental Health Professionals (MHPs)

A series of 'Mental Health Professionals' interviewed me. They essentially accused me of lying and/or being delusional.

1. The medical examination of my boy came back with an Open Verdict – it could neither be proven nor disproven that the attack happened. In spite of this all MHPs 'jumped' to the conclusion that the attack did not happen. This is unscientific, unreasonable and deeply offensive. The sessions and reports lacked qualified discussion of the likelihood of the attack having had occurred or not.

2. Nobody followed up in a meaningful way on the severe child abuse I suffered. One MHP specifically said 'we cannot talk here about your past as this would be counselling – which you would have to pay for'.

No psychological assessment can simply exclude childhood and youth! Approaching assessments in such a way sounds to me irresponsible, unprofessional and illegal. Any 'severe childhood trauma' diagnosis such as Structural Dissociation will be missed by design! Intentionally? One MHP refused to disclose the name of his line manager, and led people to believe that his first name was his last name. Another MHP failed to record the most serious abuse that I disclosed in that particular session. None of the MHPs interviews covered the most serious allegations that I made.

3. None of the MHPs considered Complex Post Traumatic Stress Disorder and/or Structural Dissociation as alternative explanations for my historical records.

4. None of the MHPs adequately registered and acknowledged that there were no mental health related entries in my file for the last few years.

# Complex Trauma Assessment Issues

## Personality Assessments

The Millon Clinical Multiaxial Inventory (MCMI-III) was originally developed for individuals seeking therapy. Its author substantially shaped the definitions of clinical personality disorders in DSM-III (1980) many of which were dropped in the most recent edition DSM-5 (2014).

Rogers, Salekin & Sewell (1999, 2000) explain why the MCMI-III does not meet the Daubert standard of validation evidence and is entirely inappropriate for use in Court settings.

Nevertheless the Court Appointed Clinical Psychologist seemingly relied on MCMI-III results to claim that the mother was 'mentally disturbed' and 'delusional' about:

- a, the assault on her child
- b, her own teenage pregnancy
- c, the instruction by police to delay reporting

## Complex Trauma vs. Schizophrenia

The guidelines of Lacter & Lehmann (2008) were developed with the impact of 'unbelievable' extreme abuse acts firmly in mind. In fact the authors strongly advise mental health professionals to desist from any attempt to assess Adult Survivors of gruesome crimes unless they are fully familiar with the extreme abuse literature. In the present case NONE of the 42 descriptions indicative of Schizophrenia applied, and only about 1/3 of the paired descriptions indicative of Trauma / Mind Control. Four mental health professionals acting as Court Appointed Experts had found it 'easier' to disbelieve the tragic-chilling abuse acts disclosed in spite of the professional definition of 'delusion' provided in the DSM-V and their duties to act in an impartial, even-handed manner.



# MCMI Failings



Dr. Lorandos cross exam on Problems with the Millon Clinical M...

<http://youtu.be/YYX2tsqAU-8>

Dr Lorandos cross-examines hapless Psychiatrist - accusing him of 'misinforming and misdirecting the proceedings'- finding MCMI-III 'markedly deficient on Construct and Criterion-related validity evidence' quoting Rogers et al. (1999).

Rogers, R. Salekin, R. T., & Sewell, K. W. (1999). Validation of the Millon Multiaxial Inventory for Axis II disorders: Does it meet the Daubert standard? *Law and Human Behavior*, 23, 425–443.

Rogers, R. Salekin, R. T., & Sewell, K. W. (2000). The MCMI-III and the Daubert Standard: Separating Rhetoric from Reality *Law and Human Behavior*, 24, 501–506.

*'The most judicious course of action is to consider the Millon et al. (1997) study to be fatally flawed. It is noteworthy that none of the three alternatives justifies the use of the MCMI-III in forensic cases. In closing, we reaffirm the conclusions of Rogers et al. (1999): "The MCMI-III does not appear to reach Daubert's threshold for scientific validity with respect to criterion-related or construct validity" (p. 438). Despite Dyer and McCann's (2000) spirited defense, fundamental issues regarding validation (construct, criterion-related, and content), forensic applications, and unacceptable error rate argue against the use of its Axis II interpretations as scientific*

## CAPSULE SUMMARY

MCMI-III reports are normed on patients who were in the early phases of assessment or psychotherapy for emotional discomfort or social difficulties. Respondents who do not fit this normative population or who have inappropriately taken the MCMI-III for nonclinical purposes may have inaccurate reports.



# MCMI

## Key Criticisms

00:11

What are the key criticisms of the MCMI questionnaire?



Copilot, 00:11

The Millon Clinical Multiaxial Inventory (MCMI) has been a subject of various criticisms, some of which include:

- **Personality Styles vs. Disorders**: A common criticism is that the MCMI's personality scales measure personality styles rather than actual personality disorders. This means that while the test may indicate certain personality traits, it does not necessarily diagnose personality dysfunction [1](#).
- **Theoretical Foundation**: Some argue that the use of the MCMI is limited to clinicians who are well-trained in the underlying theory of the test. Without a deep understanding of the nuances of the constructs, the test's application can be constrained [2](#).
- **Negative Response Bias**: There are concerns about the MCMI's ability to accurately assess negative response bias, which refers to the tendency of individuals to respond to questions in a consistently negative manner, potentially exaggerating symptomatology [1](#).

These criticisms highlight the importance of comprehensive training and understanding of the MCMI's theoretical background for accurate interpretation and application of its results.

Learn more:

[1. link.springer.com](#)

[2. cambridge.org](#)

# MCMII-III

- Base Rate cut-offs:
  - 60 Median
  - 75 Significance
  - 85 Prominence
- ‘General Factor of Demoralisation’ (MMPI2) low as indicated by the orange vertical line
- Low scores on Schizoid, Depressive, Histrionic, Borderline, Anxiety, Somatoform, Thought Disorder
- Abuse Survivor
- Stalking
- Crime Report
- Misdiagnosis

CATEGORY	SCORE	PROFILE OF BR SCORES					DIAGNOSTIC SCALES	
		RAW	BR	0	60	75		85
MODIFYING INDICES	X	61	35	██████████				DISCLOSURE
	Y	14	63	██████████				DESIRABILITY
	Z	2	35	██████████				DEBASEMENT
CLINICAL PERSONALITY PATTERNS	1	4	48	██████████				SCHIZOID
	2A	4	48	██████████				AVOIDANT
	2B	2	20	██████████				DEPRESSIVE
	3	8	60	██████████				DEPENDENT
	4	11	44	██████████				HISTRIONIC
	5	14	71	██████████				NARCISSISTIC
	6A	5	60	██████████				ANTISOCIAL
	6B	2	24	██████████				SADISTIC
	7	14	51	██████████				COMPULSIVE
	8A	3	30	██████████				NEGATIVISTIC
8B	1	20	██████████				MASOCHISTIC	
SEVERE PERSONALITY PATHOLOGY	S	4	62	██████████				SCHIZOTYPAL
	C	0	0					BORDERLINE
	P	11	70	██████████				PARANOID
CLINICAL SYNDROMES	A	2	40	██████████				ANXIETY
	H	0	0					SOMATOFORM
	N	3	38	██████████				BIPOLAR: MANIC
	D	0	0					DYSTHYMIA
	B	1	20	██████████				ALCOHOL DEPENDENCE
	T	2	40	██████████				DRUG DEPENDENCE
	R	2	30	██████████				POST-TRAUMATIC STRESS
SEVERE CLINICAL SYNDROMES	SS	1	15	██████████				THOUGHT DISORDER
	CC	0	0					MAJOR DEPRESSION
	PP	8	75	██████████				DELUSIONAL DISORDER

Most healthy adults appear 'Narcissistic'

'Inter-generational abuse' & 'stalking' victims appear 'Paranoid' & 'Delusional'

# Big 5 + 1 PCA Factor Analysis

	7%	9%	6%	5%	20%	5%
	Creating	Directing	Striving	Delivering	Supporting	Adapting
Creative	.69					
Variety seeking	.53					
Conceptual	.57					
Purposeful		.68				
Persuasive		.53				
Confident		.69				
Passion			.68			
Personal success			.62			
Determination			.45			
Structured	-.46			.53		
Forward planning				.51		
Critical				.57		
Motivator					.75	
Inspirational					.72	
Harmoniser					.64	
Optimistic						.54
Robust						.56
Tolerant of Criticism						.51
Produces original ideas	.73					
Seeks out new approaches to situations and tasks	.64					
Grasps complex concepts with ease	.58					
Takes difficult decisions with ease		.67				
Uses compelling arguments to convince others		.51				
Demonstrates confidence when leading a group		.63			.41	
Demonstrates passion at work			.73			
Strives to achieve success			.64			
Demonstrates tenacity and persistence			.55			
Completes key tasks and activities quickly			.44	.40		
Produces clear and comprehensive plans to achieve defined objectives				.60		
Spots critical errors that others have overlooked				.65		
Shows an understanding of what motivates different individuals					.55	
Inspires others to meet or exceed goals and objectives					.67	
Actively participates and contributes to team processes					.45	
Easily adapts to new situations and changes at work						.54
Maintains a positive approach in the face of setbacks and failure						.71
Exhibits a calm and controlled manner in the face of difficult situations						.66

Kurz (2019). *EMOTIONAL AGILITY – A NEW LANGUAGE AND PARADIGM FOR PSYCHIATRY*. Paper at the EPA Conference in Madrid.

# Emotional Agility

## Introduction

Psychiatry traditionally draws on the medical model of 'illness' and 'patients' with a bias towards 'disbelieving' individuals when giving accounts of extreme persecution and abuse. Clinical personality questionnaires like MMPI and MCMI aim to discover (psychopathological) weaknesses. The arrival of 'Positive Psychology' when Martin Seligman was elected APA president in 1998 led to an explosion in the development of 'strengths-based' tools.

At work the use of competency-based assessments is ubiquitous with a particularly central role accorded to competency self-assessments and 360 feedback tools that measure constructs such as 'Learning Agility'. Furthermore, interest in measures of 'Emotional Intelligence' increased since the seminal work of Boyatzis (1982) on the competent manager and its 'EI' popularisation through Daniel Goleman. In 2013 Susan David and Christina Congleton coined the term Emotional Agility in HBR.

This poster outlines why these developments are potentially useful for the mental health field and outlines an empirical study of what could be termed 'Emotional Agility' – the competent response to environmental demands.

Kurz (2019). *EMOTIONAL AGILITY – A NEW LANGUAGE AND PARADIGM FOR PSYCHIATRY*. Paper at the EPA Conference in Madrid.

## Personality Assessment Theory

The MMPI was originally developed in an a-theoretical manner using criterion-keying with opaque item content whereas MCMI was developed with transparent items. MMPI-2 was developed recently to take account of the 'General Factor of Demoralisation' which appears to underpin co-morbidity and MCMI-IV promises to address this issue as well.

Kurz (2012) explored 'the other side of the coin' – the General Factor of Personality (Musek, 2007). A unit sum of the Big 5 (with Neuroticism reversed) had a sound level of criterion-related validity in the prediction of overall performance but NEO facets Achievement Striving and Assertiveness offered incremental validity.

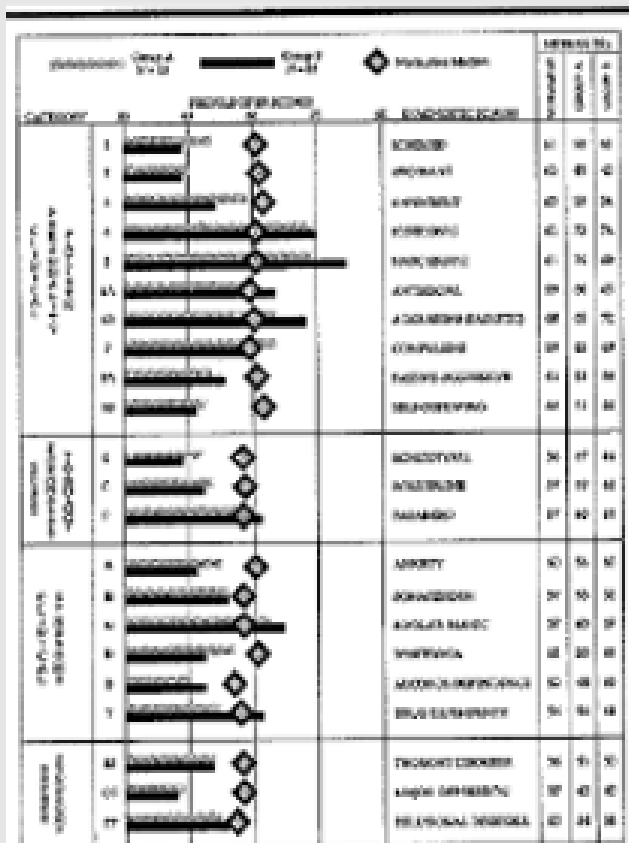
## Discussion

The research illustrates how advances in occupational assessment could be applied to clinical assessment work. Face valid items, straightforward constructs and a clear differentiation of predictor and criterion space allow meaningful feedback and interpretation. The approach is compatible with the DSM-5 attempt to move from a categorical to a dimensional view of Psychopathology. The Emotional Agility approach could ground mental health assessments firmly in positive approaches that use every-day terminology. It seems preferable to vague scales that claim to measure obscure 'clinical' constructs through hugely overlapping items that are difficult to reconcile with the inferences (e.g. 'Delusional') suggested.



# Results & Clinical Application Illustration

The FUPC of the Great 8 accounted for 38% of the variance with positive valence for all constructs, and 20% of the 30 scales with negative valence for four scales. Overall construct correlations were at a minimum .97. Below shows an application of the 'general factor' thinking to the Millon MCMII-III. The 'Narcissistic Personality Disorder: Profile of Median Scores' on the left constitutes a 'dark' pattern while the profile on the right of an intergenerational abuse victim is a 'bright' pattern where one spike is actually indicative of healthy self-confidence and two 'spikes' are attributable to 'real' persecutions i.e. the three spikes represent environment and measurement artefacts.



'Narcissistic' scale score elevated due to negation of 3 items scored positively for 'Schizotypal' and 1 item scored positively for 'Depression' i.e. 'Emotional Stability' is turned into a mental illness.

'Paranoid' and 'Delusional Disorder' scales 'share' many items thus lacking differential validity. Abuse victim got slightly elevated scores as truthfully reporting 'real' persecution by family members, authority representatives and mental health professionals i.e. a 'toxic' environment (mis-)leads to 'pathologisation'.

CATEGORY	SCORE	PROFILE OF BR SCORES					DIAGNOSTIC SCALES
		RAW	BR	0	50	75	
MODIFYING INDEXES	1	81	38				DISCLOSURE
	2	14	63				DESIRABILITY
	3	2	38				DEBASMENT
CLINICAL PERSONALITY PATTERNS	1	4	48				SCHIZOID
	2A	4	48				AVOIDANT
	2B	2	28				DEPRESSIVE
	3	0	68				DEPENDENT
	4	11	44				HISTRIONIC
	5	14	71				NARCISSISTIC
	6A	0	68				ANTISOCIAL
	6B	2	24				SADISTIC
	7	14	51				COMPULSIVE
	8A	3	38				NEGATIVISTIC
8B	1	28				MASOCHISTIC	
SEVERE PERSONALITY PATHOLOGY	9	4	62				SCHIZOTYPAL
	10	0	0				BORDERLINE
	11	11	75				PARANOID
CLINICAL SYNDROMES	A	3	48				ANXIETY
	H	0	0				SOMATIFORM
	N	3	38				BIPOLAR MANIC
	D	0	0				EYETHYMA
	B	1	28				ALCOHOL DEPENDENCE
	Y	2	48				DRUG DEPENDENCE
	R	2	38				POST-TRAUMATIC STRESS
	SEVERE	10	1	18			THOUGHT DISORDER
CLINICAL	10	0	0			MAJOR DEPRESSION	
SYNDROMES	10	0	75			DELUSIONAL DISORDER	



# Extreme Abuse Survey

TABLE 3.2. Ideologically motivated crimes. Ritual abuse (all surveys)

Item	EAS		P-EAS		C-EAS	
	N	%	N	%	N	%
Receiving physical abuse from perpetrators	1,093	88	216	97	90	82
Sexual abuse by multiple perpetrators	1,090	82	217	95	91	77
Forced drugging	1,077	73	221	88	88	70
Witnessing murder by perpetrators	1,057	56	218	77	96	43
Forced to participate in animal mutilations/killings	1,059	55	218	78	92	59
Pornography (child)	1,059	55	220	82	83	53
Forced participation in murder by perpetrators	1,040	48	220	70	90	42
Prostitution (child)	1,045	48	218	77	79	25
Forced impregnation	1,041	40	220	71	82	33
Survivor's own child murdered by his/her perpetrators	1,021	26	217	55	82	18

## What is 'Extreme Abuse'?

Becker, Karriker, Overkamp & Rutz (2008) conducted a survey (see Figure 1) of 'Ideologically Motivated Crimes' asking Adult Survivors, Professionals supporting victims and Care givers of child victims. The category headings alone give a glimpse of what seems to be the greatest secret of modern civilised society. The % endorsements make frightening reading. How could these unthinkable (let alone unspeakable) things happen in the midst of free, democratic societies?

The case of Marc Dutroux who was successfully prosecuted for the killing of four young women most memorably represents the tip of that 'Iceberg' (or 'Abyss'). 17 stakeholders (witnesses, prosecutor etc.) died 'mysteriously' before sentencing. 300.000 Belgian took to the streets in protest of the 'cover up', and the Brussels fire brigade sprayed the Justice Ministry with white paint to symbolise the 'white-wash'.

## How to differentiate?

The guidelines of Lacter & Lehmann (2008) were developed with the impact of 'unbelievable' extreme abuse acts firmly in mind. In fact, the authors strongly advise mental health professionals to desist from any attempt to assess Adult Survivors of such gruesome crimes unless they are fully familiar with the extreme abuse literature. In the case referenced above NONE of the 42 left-hand descriptions indicative of Schizophrenia applied, and only about 1/3 of the right-hand descriptions are indicative of Trauma / Mind Control (with 'only' 60% of the Figure 1 headings covered this Adult Survivor seemingly got off 'more lightly' than others).



# Delusion & MCMI Issues

## What are ,Delusions‘?

The DSM-V definition (American Psychiatric Association, 2013, p. 819) remains identical to the 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 believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.

A Google Search on 18/01/2014 brought up 154 entries that quote literally this first DSM Delusion definition sentence.

A recent UK court custody case quoted instead ‘Blacks Medical Dictionary’ (Marcovitch, 2010):

‘**Delusions** An irrational and usually unshakeable belief peculiar to some individual. They fail to respond to reasonable argument and the delusion is often paranoid in character with a belief that a person or persona is/are persecuting them. The existence of a delusion, of such a nature as to seriously influence conduct, is one of the most important signs in reaching a decision to arrange for the compulsory admission of the patient to hospital for observation. (See Mental Illness).’

A Google Search on 18/01/2014 did not result in a single entry that quotes Black’s Medical Dictionary first definition sentence.

This unproven ‘loose’ definition – seemingly supplied by Psychiatrists and Clinical Psychologists acting as ‘Court Appointed Experts’ – was relied upon in the court ruling.

## What are the Top 10 MCMI Issues?

1. Use of ordinary ‘Big 5’ trait marker items in supposedly clinical scales.
2. Use of misleading scale labels that fail to adequately represent scale item content.
3. Lack of factor-analysis data in manual on the underlying structure of the data.
4. Lack of correlation in manual with Big 5 trait markers such as NEO and its 30 facets.
5. Use of derived scores without sensible cross-reference to primary pathology scales.
6. Multiple scoring of items (up to three scales keyed!) leading to scale overlap - with some items even scored in opposing direction i.e. both answer options represent a ‘pathology’.
7. Over-simplistic use of ‘base rate’ values that can be easily affected by reliability issues i.e. responses to just one or two items.
8. Failure to take account of ‘sick’ environments.
9. Overly simplistic expert system reporting that ignores the body of evidence on ‘typical’ profiles and low certainty given lack of differential validation evidence.
10. Poor coverage of dissociative symptoms and lack of a proper developmental perspective (e.g. healing) on issues such as PTSD.

# Somatoform Dissociation

- DSM-III (1980): Posttraumatic Stress Disorder (PTSD)
- Putnam, F. (1989). Diagnosis and Treatment of Multiple Personality Disorder (Foundations of Modern Psychiatry)
- Herman, J. (1993). Trauma and Recovery. (C-PTSD)
- Nijenhuis, Spinhoven, Van Dyck, Van der Hart, & Vanderlinden (1996) SDQ20 Somatoform Dissociation Questionnaire:
  - Q11: 'I cannot see for a while (as if I am blind)'
  - Q12: 'I cannot hear for a while (as if I am deaf)'

Only the small secrets need to be protected.  
The big ones are kept secret by public incredulity.  
(Marshall McLuhan)

# Misdiagnosis Risk

## Applying Lacter & Lehman (2008) Guidelines for Differential Diagnosis Schizophrenia vs Ritual Abuse / Mind Control

### Sources of Misdiagnosis of Schizophrenia in Cases of Ritual Abuse/Mind Control Traumatic Stress

Symptoms of PTSD, DESNOS, and Dissociative Disorders often present as similar to symptoms of Schizophrenia. Hallucinations, delusions, and thought disorders, long believed to be the hallmark of Schizophrenia, are now being understood as commonplace to trauma disorders. Disorders of extreme stress have a profound effect on cognition, perception, identity, social relationships, stress-tolerance, and regulation of affect and behavior. And dissociative phenomena disturb the integrative functions of consciousness, memory, identity, and sensory perception severely enough that the clinical picture begins to resemble the confusion of Schizophrenia. Thus the high rates of this misdiagnosis, and years of treatment before proper diagnosis (Bliss, 1980; Kluft, 1987; Ross, 1997).

Schneiderian first rank symptoms, historically considered to be classic features of Schizophrenia, are actually more prevalent in DID than in Schizophrenia. A comparison of 1739 schizophrenics with 368 MPD (Multiple Personality Disorder; the designation for DID in 1990) patients found that schizophrenics averaged 1.3 Schneiderian first rank symptoms, while MPD subjects averaged 4.9 (Ross, Miller, Reagor, Bjornson, Fraser, & Anderson, 1990).

Similarly, Ellason and Ross (1995) compared 108 patients with DID patients with 240 patients with Schizophrenia. They found that positive symptoms were more severe in the DID group, while the negative symptoms were more severe in Schizophrenia. Positive symptoms include delusions, conceptual disorganization, hallucinatory behavior, excitement, grandiosity, suspiciousness, and hostility. Negative symptoms include blunted affect, emotional withdrawal, poor rapport, passive-apatetic social withdrawal, difficulty in abstract thinking, poverty of thought and spontaneous activity, and stereotyped thinking/behavior.

Schneiderian positive symptoms common in DID include hallucinations of voices commenting on one's behavior, conversing, or arguing (voices are the most common symptom, Ross et al., 1990); thought insertion (the belief that thoughts have been placed into one's mind); thought withdrawal (the belief that thoughts are being taken from one's mind); audible thoughts (hearing one's thoughts spoken aloud); delusions of control; and somatic passivity (the belief that the body is being influenced by an external force or power) (Kluft, 1987; Ross et al., 1990). True thought broadcasting (the belief that one's thoughts are transmitted to others all around, often via some form of media), a Schneiderian first rank symptom, tends not to occur in DID. However, a suspicion that others are able to read one's mind, especially a parent or a therapist, does occur in DID (Kluft, 1987).

# Persecution

## Important Note on Reports of Persecution

Reports of mind control methods, espionage operations, and spiritual or psychic experiences not in the clinician's experience should not be the basis for a diagnosis of Schizophrenia, since; a) most clinicians are not authorities on these complex subjects, b) some abusers program bizarre beliefs (e.g., alien abduction) in victims to make them feel and appear non-credible or insane, and, c) Extreme posttraumatic stress from ritual abuse or trauma-based mind control can cause irrational fears and beliefs, especially if victims socially isolate and/or obtain information from unreliable sources, and, in severe cases, can result in acute or chronic traumatic stress reactive psychosis.

Lacter, E. P. & Lehmann, K. (2008). Guidelines to Differential Diagnosis between Schizophrenia and Ritual Abuse / Mind Control Traumatic Stress. In Noblitt, Randy & Noblitt, Pamela Perskin (Eds): Ritual Abuse in the 21st Century. Robert D. Reed Publishers: Bandon, Oregon.

## 42 Indicators

### Schizophrenia vs. Ritual Abuse / Mind Control Traumatic Stress

<p>Degree of Conviction and Consistency in Reporting Abuses</p>	<p>Generally an emotionally intense and unwavering conviction that persecutions occurred, especially early in the disease, and before treatment. Resistant to rational analysis of these beliefs. Illogical and unexplained changes in reports may occur, e.g., changes in alleged perpetrators. With more treatment and age, the person may question these perceptions.</p>	<p>Skepticism is common when memories of abuse first emerge. Individuals often state; "I must have made this up", or, "I don't want to believe it", or, "I can't tell if it really happened, or if I dreamed it or imagined it." Reports are usually accompanied by awareness of possible disbelief by the listener. As dissociation decreases, the person usually perceives increased consistency between memories and reports have increased narrative coherence. The individual may eventually discover that particular memories were distortions based in fear, programming, or abusers' illusions to create "cover memories."</p>	<p>✓ ✓ ✓ ✓ ✓ ?</p>
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In one case NONE of the 42 left-hand descriptions indicative of Schizophrenia applied, and only about 1/3 of the right-hand descriptions indicative of Trauma / Mind Control



## 10. Battling a rigid system biased against abuse victims

3) If there is an ongoing custody dispute regarding the child, the adult party that alleges RA is usually viewed by the court as lying, crazy, or as having induced “parental alienation syndrome” (PAS) in the child. The court often orders that this alleging party lose custody and if visitation is allowed at all, it is only under supervision. And the court generally grants full physical custody, sometimes full legal custody, to the alleged abuser, or other family members who may be abusing the child. All of this generally occurs without any reasonable investigation or evaluation of the allegations (a family court-ordered custody evaluation of all family members by a court-appointed psychologist does not constitute an adequate forensic evaluation specific to child abuse).

4) Negative attributions are ascribed to alleging adults, including “delusional” and this causes psychological consequences, fear of being institutionalized involuntarily for being “crazy,” etc.

5) In some rare cases, especially if a parent alleges RA and there is an ongoing custody dispute, the alleging parent may be viewed as an immediate danger to his/her children, and is involuntarily institutionalized in a psychiatric facility.

Lacter, E. (2014). Risks Involved in Making Suspected Reports of Ritual Abuse of Children or Dependent Adults. Draft Manuscript: San Diego.

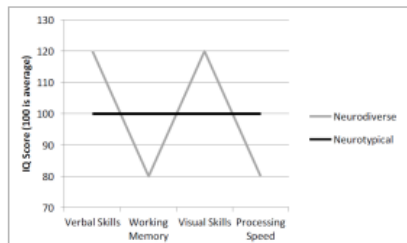


# International Test Commission (ITC) Testing International

*'The Processing Speed Index (PSI) provides a measure of an individual's ability to process simple or routine visual information quickly and efficiently and to quickly perform tasks based on that information. Ms X's ability in processing simple or routine visual material without making errors is in the average range when compared to her peers. She performed better than approximately 63% of her peers on the processing speed tasks (Processing Speed Index [PSI] = 105; 95% confidence interval 96-113).'*

Doyle & Weinberg (2016) point out: 'A neurodiverse person is likely to have large disparities between intelligence (IQ) scores; some may be below average and some far above (see Diagram 1).'

Diagram 1: a 'spiky profile' showing example neurodiverse and average IQ scores



Competent interpretation would have recognised the difference of 2 Standard Deviations between VCI and WMI as indicative that Ms X has a moderate degree of dyslexia – a legally recognised Learning Disability. The substantial difference between VCI and PSI also suggests such an interpretation.

The psychologist however stated: *'Ms <X> does not have a learning disability; the full scale IQ score of 115 places her in the high average range of intellectual functioning, and is above that of 84% of peers her own age. Despite repeatedly telling me that she has a "processing disorder", an assessment of her processing speed was completely unremarkable. The processing speed was deemed to be better than 63% of peers her own age.'* and *'She told me that she had a "processing disorder" and this was a label which used to explain away the difficulties. When an individual does not accept that they have a mental disorder which requires treatment, prognosis is generally more negative.'*

The mother reported 'processing disorder' that were identified as symptoms of Somatoform Dissociation which due to their complexity will be outlined separately in Part 2 of this article.

### Personality Questionnaires

In 2015, I outlined the context of the case and the results of a series of personality questionnaires. 15FQ+ results showed average scores on all five higher-order factors and on all Neuroticism scales. The Type Dynamics Indicators result was 'Energiser' (ESFP). On EQI 'Emotional Intelligence' was above average and particularly high on Self-Perception Composite (Self-regard, Self-Actualisation, Emotional Self-Awareness) and 'Reality Testing' with average scores on Stress Management Composite. None of these scores on general personality questionnaires would raise well-being concerns.

### Millon Clinical Multiaxial Inventory (MCMI)

As mentioned above a clinical personality questionnaire (MCMI-III) was used by the Clinical Psychologist. This questionnaire was originally designed for use in therapy and the CAPSULE SUMMARY of the interpretative report warns explicitly against use of the tool with the general population:

*'MCMI-III reports are normed on patients who were in early stages of assessment or psychotherapy for emotional discomfort or social difficulties. Respondents who do not fit this normative population or who have taken MCMI-III inappropriately for non-clinical purposes may have inaccurate reports.'*

Rogers, Salekin, & Sewell (1999) questioned the psychometric quality of the MCMI arguing: *'The MCMI-III does not appear to reach Daubert's threshold for scientific validity with respect to criterion-related or construct validity'* (p. 438). Dozens of concerns are raised in the MCMI test review of Groth-Marnat (2003).



Entry 24 reads:

*'Being knocked out or general violence.'*

In the first session with a privately commissioned therapist, she had described her father approaching her as a small child and 'turning into a grey blob'. She described how he used to 'knock her out with a swinger to the chin' and that at times she found her mother lying unconscious on the floor.

Entry 23 at age 10 reads:

*'Having an alarm box held, having a loud sound forced into my ear if you like.'*

The memory of this incident had returned after a session with a suitably qualified trauma therapist when the conversation turned to her 'eye tick'. Essentially the sadistic torture perpetrated by her father went on and on until her mind started spinning and started the 'tick'.

Entry 28 reads:

*'Being put under a dripping tap so that the drips went on my forehead like (demonstrates).'*

Entries 30, 31 and 32 at age 13 are at the heart of matters:

*'30 Getting pregnant.*

*31 Having the baby.*

*32 Losing the baby.'*

A few weeks into supporting the mother she had disclosed that she delivered a baby at age 13 or 14 that 'disappeared'. Naturally I was rather alarmed about this disclosure and over the years found many accounts of individuals disclosing 'forced impregnation' of females to deliver 'breeder babies' for nefarious cult purposes. After several months of weekly support calls, she shared how the pregnancy succeeded from incestuous rape by her father.

Becker et al (2008) reported on the preliminary results of the Extreme Abuse Survey (EAS) that

listed ideologically motivated crimes as reported by:

- Adult Survivors (EAS)
- Mental Health Professionals (P-EAS)
- Carers of Children rescued from abusive situations (C-EAS)

The disclosures of the mother covered about 60% of the category headings with two 'missing babies'. In a civilised society we would expect authority representatives to leave no stone unturned to get to the bottom of matters. Unfortunately, Child Protection professionals are ill equipped to deal with the complexity of the cases, and all too often claim that the complainant is 'delusional'.

In this case three associates of the mother were found dead within 6 months of a clandestine police briefing to delay reporting of any sexual assault, as it would be 'too dangerous' to go up against her father without much more protection, and also to facilitate an Undercover

TABLE 3.2. Ideologically motivated crimes. Ritual abuse (all surveys)

Item	EAS		P-EAS		C-EAS	
	N	%	N	%	N	%
Receiving physical abuse from perpetrators	1,093	88	216	97	90	82
Sexual abuse by multiple perpetrators	1,090	82	217	95	91	77
Forced drugging	1,077	73	221	88	88	70
Witnessing murder by perpetrators	1,057	56	218	77	96	43
Forced to participate in animal mutilations/killings	1,059	55	218	78	92	59
Pornography (child)	1,059	55	220	82	83	53
Forced participation in murder by perpetrators	1,040	48	220	70	90	42
Prostitution (child)	1,045	48	218	77	79	25
Forced impregnation	1,041	40	220	71	82	33
Survivor's own child murdered by his/her perpetrators	1,021	26	217	55	82	18

Operation that would 'nail him for life'. The boy's godmother was found dead in her burnt-out remote

# DSM-IV Criteria

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Studies of college undergraduates have shown that panic attacks are also common among young people in the community. Thus, Norton *et al* (1985) found that 35% of young adults reported at least one panic attack in the previous year, while 17% described experiencing a panic attack in the last three weeks. Non-clinical panickers had fewer associated symptoms and reported getting the panics out of the blue. Interestingly, these subjects also reported a high frequency of panic attacks in their first-degree relatives (Norton *et al*, 1986).

During a panic attack there is often a rise in resting heart rate. Hyperventilation usually accompanies panic attacks but subjects with panic disorder have a lower pCO<sub>2</sub> even before their panic attacks, suggesting that they may be chronic hyperventilators. In some cases, the hyperventilation itself may precede and cause the panic attacks, but in most instances the panic precedes the hyperventilation (Bass & Gardner, 1985).

There is a strong association with agoraphobia, and DSM-IV describes panic disorder as being either associated or not associated with agoraphobia. A spontaneous attack of severe anxiety may lead to avoidance of the situation where it occurred and anticipatory anxiety is common among panic disorder subjects. However, this is unlikely to be the whole explanation of the association between agoraphobia and panic attacks because agoraphobia consists of more complex fears, such as fears of being alone, fears of travel, fears of crowds, etc., rather than

## Box 13.5 Panic disorder in DSM-IV and ICD-10

DSM-IV

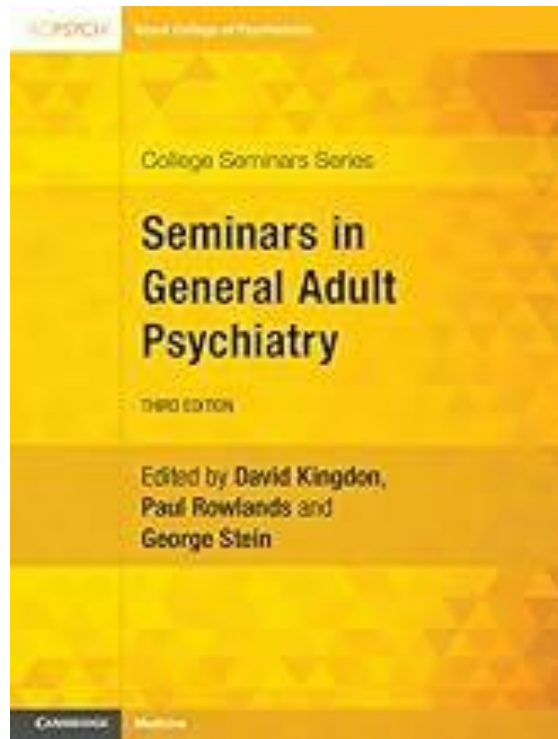
Both (1) and (2)

1. Recurrent unexpected panic attacks
2. Attacks followed by one month or more of one of the following:
  - (a) concern about having more attacks
  - (b) worry about implications of the attack (going crazy, having a heart attack)
  - (c) change in behaviour due to the attacks
3. Panic attacks not due to a general medical condition, a substance or another anxiety disorder
4. Panic disorder may occur with or without agoraphobia

ICD-10

1. Panics occur where there is no objective danger
2. Not occurring in predictable situations
3. Freedom from anxiety between attacks (though anticipatory anxiety is common)

Adapted with permission from DSM-IV. Copyright 1994 American Psychiatric Association.



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## Box 13.6 DSM-IV criteria for post-traumatic stress disorder

- A. i. The person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self or others and
  - ii. The person's response involves intense fear, helplessness or horror
- B. Re-experiencing symptoms (one of the following):
  - recurrent intrusive recollections
  - recurrent distressing dreams
  - acting or feeling as if the event was still occurring
  - distress on exposure to cues that recall the event
  - physiological reactivity on exposure to cues
- C. Persistent avoidance of stimuli associated with the trauma (three or more of the following):
  - efforts to avoid, thoughts, feelings or conversations associated with the trauma
  - avoid activity or places associated with the trauma
  - diminished interest or participation in activities
  - detachment or estrangement from others
  - restricted range of affects (e.g. unable to have loving feelings)
  - sense of a foreshortened future
- D. Symptoms of increased arousal (not present before the trauma, at least two of the following):
  - insomnia
  - increased anger
  - poor concentration
  - hypervigilance
  - exaggerated startle response
- E. Criteria B, C, D last more than one month
- F. Clinically significant distress or impairment of function

DSM-IV recognises an acute type of PTSD when the duration of symptoms is less than three months, a chronic type when the symptoms last for more than three months, and a type with delayed onset starting at least six months after the trauma. Separate but broadly similar criteria are given for children.

Adapted with permission from DSM-IV. Copyright 1994 American Psychiatric Association.

inappropriate sexual experiences (without threatened or actual violence). Cases with a period of six months or more separating the onset of symptoms from the original trauma are classified in the DSM-IV as 'with delayed onset'. ICD-10 specifies the onset should be within six months of the trauma; cases with a later onset should be given a diagnosis of probable PTSD and the more chronic cases should be classified under the category enduring personality change (see page 795).



# Field Dependence Test



Low Alpha, High Beta?

## 4. NEO Case Study

Manchester  
Evening News

### Take That gigs moved to AO Arena as Co-op Live opening delayed again

Dianne Bourne

Thu, 2 May 2024 at 10:14 pm BST · 3-min read



Take That will bring their This Life tour to Manchester -Credit:Dave Hogan/ Hogan Media Ltd/Shutterstock

## NEO Case Outline 1 Sequence of Events

- At birth – various disabilities
- Before age 3 – mother asks father to leave
- At age 4 – many injuries in nursery
- At age 5 – behaviour change notice in medical records
- At age 5 to 10 – bullying and insufficient safeguarding at schools
- From age 10 to 12 – education outside mainstream schooling
- From age 5 to 12 – many sensitive entries in medical records
- At age 11 mother pays for therapy sessions regarding difficulty with ‘having a bath’
- At age 12 disclosures indicative of organised child sexual abuse (including in a bath)
- Mother reports disclosures to police
- Police get Children Services involved
- Children Services make contact with father even before talking to the mother
- ...
- Child taken into care until turning 18

## NEO Case Outline 2 'Gaming' of Family Court

- Father 'befriends' school (and Children Services?) staff
- Father sends child to perform in odd 'kinky sex' shows
- Father asks associate 'D' to sexually abuse child from age 11 to 12 in odd ways
- In the mother's home 'gaslighting' is happening (suggesting multiple burglaries):
  - Forks are going missing
  - Black plastic spider on floor
  - Blue napkin on floor
  - Pictures moved ever-so-slightly
  - Back of TV cables unplugged
- Father asks associate 'D' to take child to GP to claim neglect by the mother
- Father makes phone calls at four consecutive nights asking child to fill in forms etc.
- Father 'stalks' mother and child
- Child starts to disclose about organised child sexual abuse
- Mother informs police with 7-page write-up plus many updates
- Within weeks the Council's Children Services department accuse mother of 'neglect'



1. Mental Health Professional: claims enmeshment; poor psychometric assessment
2. Mental Health Professional: claims child has ASD instead of (Complex) PTSD
3. Mental Health Professional: claims mother has PPD

Kurz, R. H. (2023). *Paranoid Personality Disorder or Organised Child Sexual Abuse? The Role of Psychologists and Psychiatrists in Family Courts*. Presentation at the European Congress of Psychology in Brighton.

## Diagnostic Criteria for 301.0 Paranoid Personality Disorder

- A. A pervasive distrust and suspiciousness of others such that the motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
1. Suspects, **without sufficient basis**, that others are exploiting, harming or deceiving him or her
  2. Is preoccupied **with unjustified doubts** about the loyalty or trustworthiness of friends or associates
  3. Is reluctant to confide in others because of **unwarranted fear** that the information will be used maliciously against him or her
  4. Reads hidden demeaning or threatening meanings into **benign remarks or events**
  5. Persistently bears grudges (i.e. is unforgiving of insults, injuries, or slights)
  6. Perceives attacks on his or her character or reputation **that are not apparent to others** and is quick to react angrily or to counterattack
  7. Has recurrent suspicions, **without justification**, regarding fidelity of spouse or sexual partner
- A. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder with psychotic features, or another psychotic disorder and is not due to the direct physiological effects of a general medical condition.

**Note:** If criteria are met prior to the onset of schizophrenia, add “premorbid”, e.g. “Paranoid Personality Disorder (Premorbid).”

# Artificial Intelligence Views on NEO & Paranoid Personality Disorder (PPD)

18:46

What NEO scales would appear to be relevant for 'Paranoid Personality Disorder'?



Copilot, 18:46

The NEO scales that would appear to be relevant for Paranoid Personality Disorder (PPD) are primarily related to the Neuroticism and Agreeableness domains of the Five-Factor Model (FFM) of personality. Specifically, facets such as Trust, Compliance, and Straightforwardness within the Agreeableness domain, and facets like Angry Hostility and Depression within the Neuroticism domain are associated with PPD **1**.

The FFM is a dimensional model of general personality structure that includes five domains: Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. Each domain is further divided into facets that describe more specific aspects of personality **2**.

In the context of PPD, individuals may score lower on facets related to trust and straightforwardness, indicating a tendency towards suspicion and guardedness. High scores on facets like angry hostility and depression suggest a propensity for perceiving others as hostile and feeling victimized, which aligns with the characteristics of PPD **1**.

It's important to note that while these scales can provide insights into personality traits associated with PPD, a comprehensive assessment by a qualified professional is necessary for an accurate diagnosis. The FFM and its scales are tools that can contribute to understanding personality in a broader sense, including both adaptive and maladaptive traits **2** **1**.

Learn more:

**1.** [psycnet.apa.org](https://psycnet.apa.org)

**2.** [psycnet.apa.org](https://psycnet.apa.org)

# NEO IPIP Sample Items

Johnson (2014) developed public domain versions of the ‘gold standard’ Big 5 personality questionnaire NEO which can be used free-of-charge: <https://drj.virtualave.net/IPIP/index.html>

The application of NEO IPIP and NEO-PI-3 to challenge poor assessment practice in a case of alleged organized child sexual abuse/exploitation will be illustrated including item level nuances (Stewart et al., 2022).

## Dutifulness Items

15.	Try to follow the rules.	Very Inaccurate <input type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input checked="" type="radio"/>	Very Accurate <input type="radio"/>
45.	Keep my promises.	Very Inaccurate <input type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input type="radio"/>	Very Accurate <input checked="" type="radio"/>
75.	Pay my bills on time.	Very Inaccurate <input type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input checked="" type="radio"/>	Very Accurate <input type="radio"/>
105.	Tell the truth.	Very Inaccurate <input type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input type="radio"/>	Very Accurate <input checked="" type="radio"/>
135.	Listen to my conscience.	Very Inaccurate <input type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input checked="" type="radio"/>	Very Accurate <input type="radio"/>

## Reversed items

165.	Break rules.	Very Inaccurate <input checked="" type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input type="radio"/>	Very Accurate <input type="radio"/>
195.	Break my promises.	Very Inaccurate <input checked="" type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input type="radio"/>	Very Accurate <input type="radio"/>
225.	Get others to do my duties.	Very Inaccurate <input checked="" type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input type="radio"/>	Very Accurate <input type="radio"/>
255.	Do the opposite of what is asked.	Very Inaccurate <input checked="" type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input type="radio"/>	Very Accurate <input type="radio"/>
285.	Misrepresent the facts.	Very Inaccurate <input checked="" type="radio"/>	Moderately Inaccurate <input type="radio"/>	Neither Accurate nor Inaccurate <input type="radio"/>	Moderately Accurate <input type="radio"/>	Very Accurate <input type="radio"/>

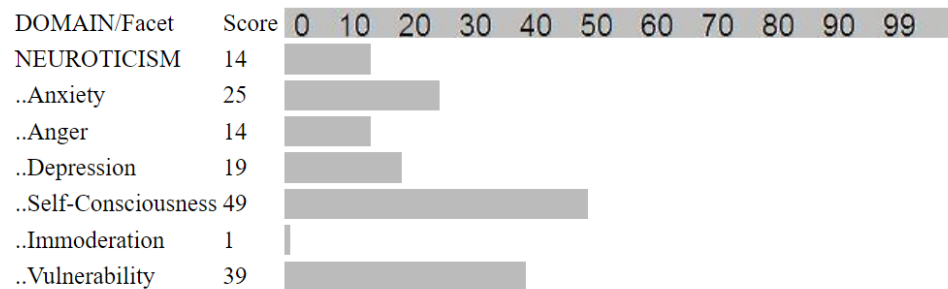
Stewart, R. D., Mõttus, R., Seeboth, A., Soto, C. J., & Johnson, W. (2022). The finer details? The predictability of life outcomes from Big Five domains, facets, and nuances. *Journal of personality, 90*(2), 167-182.

# NEO IPIP Neuroticism (Low STABILITY)

## Neuroticism

Freud originally used the term *neurosis* to describe a condition marked by mental distress, emotional suffering, and an inability to cope effectively with the normal demands of life. He suggested that everyone shows some signs of neurosis, but that we differ in our degree of suffering and our specific symptoms of distress. Today neuroticism refers to the tendency to experience negative feelings. Those who score high on Neuroticism may experience primarily one specific negative feeling such as anxiety, anger, or depression, but are likely to experience several of these emotions. People high in neuroticism are emotionally reactive. They respond emotionally to events that would not affect most people, and their reactions tend to be more intense than normal. They are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. Their negative emotional reactions tend to persist for unusually long periods of time, which means they are often in a bad mood. These problems in emotional regulation can diminish a neurotic's ability to think clearly, make decisions, and cope effectively with stress.

At the other end of the scale, individuals who score low in neuroticism are less easily upset and are less emotionally reactive. They tend to be calm, emotionally stable, and free from persistent negative feelings. Freedom from negative feelings does not mean that low scorers experience a lot of positive feelings; frequency of positive emotions is a component of the Extraversion domain.



Your score on Neuroticism is low, indicating that you are exceptionally calm, composed and unflappable. You do not react with intense emotions, even to situations that most people would describe as stressful.

### Neuroticism Facets

- *Anxiety*. The "fight-or-flight" system of the brain of anxious individuals is too easily and too often engaged. Therefore, people who are high in anxiety often feel like something dangerous is about to happen. They may be afraid of specific situations or be just generally fearful. They feel tense, jittery, and nervous. Persons low in Anxiety are generally calm and fearless. Your level of anxiety is low.
- *Anger*. Persons who score high in Anger feel enraged when things do not go their way. They are sensitive about being treated fairly and feel resentful and bitter when they feel they are being cheated. This scale measures the tendency to *feel* angry; whether or not the person *expresses* annoyance and hostility depends on the individual's level on Agreeableness. Low scorers do not get angry often or easily. Your level of anger is low.
- *Depression*. This scale measures the tendency to feel sad, dejected, and discouraged. High scorers lack energy and have difficult initiating activities. Low scorers tend to be free from these depressive feelings. Your level of depression is low.
- *Self-Consciousness*. Self-conscious individuals are sensitive about what others think of them. Their concern about rejection and ridicule cause them to feel shy and uncomfortable around others. They are easily embarrassed and often feel ashamed. Their fears that others will criticize or make fun of them are exaggerated and unrealistic, but their awkwardness and discomfort may make these fears a self-fulfilling prophecy. Low scorers, in contrast, do not suffer from the mistaken impression that everyone is watching and judging them. They do not feel nervous in social situations. Your level of self-consciousness is average.
- *Immoderation*. Immoderate individuals feel strong cravings and urges that they have difficulty resisting. They tend to be oriented toward short-term pleasures and rewards rather than long-term consequences. Low scorers do not experience strong, irresistible cravings and consequently do not find themselves tempted to overindulge. Your level of immoderation is low.
- *Vulnerability*. High scorers on Vulnerability experience panic, confusion, and helplessness when under pressure or stress. Low scorers feel more poised, confident, and clear-thinking when stressed. Your level of vulnerability is average.

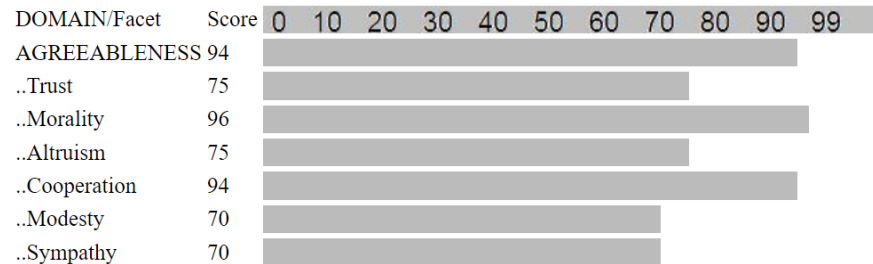
# NEO IPIP Agreeableness (High STABILITY)

## Agreeableness

Agreeableness reflects individual differences in concern with cooperation and social harmony. Agreeable individuals value getting along with others. They are therefore considerate, friendly, generous, helpful, and willing to compromise their interests with others'. Agreeable people also have an optimistic view of human nature. They believe people are basically honest, decent, and trustworthy.

Disagreeable individuals place self-interest above getting along with others. They are generally unconcerned with others' well-being, and therefore are unlikely to extend themselves for other people. Sometimes their skepticism about others' motives causes them to be suspicious, unfriendly, and uncooperative.

Agreeableness is obviously advantageous for attaining and maintaining popularity. Agreeable people are better liked than disagreeable people. On the other hand, agreeableness is not useful in situations that require tough or absolute objective decisions. Disagreeable people can make excellent scientists, critics, or soldiers.



Your high level of Agreeableness indicates a strong interest in others' needs and well-being. You are pleasant, sympathetic, and cooperative.

## Agreeableness Facets

- *Trust*. A person with high trust assumes that most people are fair, honest, and have good intentions. Persons low in trust see others as selfish, devious, and potentially dangerous. Your level of trust is high.
- *Morality*. High scorers on this scale see no need for pretense or manipulation when dealing with others and are therefore candid, frank, and sincere. Low scorers believe that a certain amount of deception in social relationships is necessary. People find it relatively easy to relate to the straightforward high-scorers on this scale. They generally find it more difficult to relate to the unstraightforward low-scorers on this scale. It should be made clear that low scorers are not unprincipled or immoral; they are simply more guarded and less willing to openly reveal the whole truth. Your level of morality is high.
- *Altruism*. Altruistic people find helping other people genuinely rewarding. Consequently, they are generally willing to assist those who are in need. Altruistic people find that doing things for others is a form of self-fulfillment rather than self-sacrifice. Low scorers on this scale do not particularly like helping those in need. Requests for help feel like an imposition rather than an opportunity for self-fulfillment. Your level of altruism is high.
- *Cooperation*. Individuals who score high on this scale dislike confrontations. They are perfectly willing to compromise or to deny their own needs in order to get along with others. Those who score low on this scale are more likely to intimidate others to get their way. Your level of cooperation is high.
- *Modesty*. High scorers on this scale do not like to claim that they are better than other people. In some cases this attitude may derive from low self-confidence or self-esteem. Nonetheless, some people with high self-esteem find immodesty unseemly. Those who are willing to describe themselves as superior tend to be seen as disagreeably arrogant by other people. Your level of modesty is high.
- *Sympathy*. People who score high on this scale are tenderhearted and compassionate. They feel the pain of others vicariously and are easily moved to pity. Low scorers are not affected strongly by human suffering. They pride themselves on making objective judgments based on reason. They are more concerned with truth and impartial justice than with mercy. Your level of tender-mindedness is high.



# NEO IPIP

## Conscientiousness (High STABILITY)

### Conscientiousness

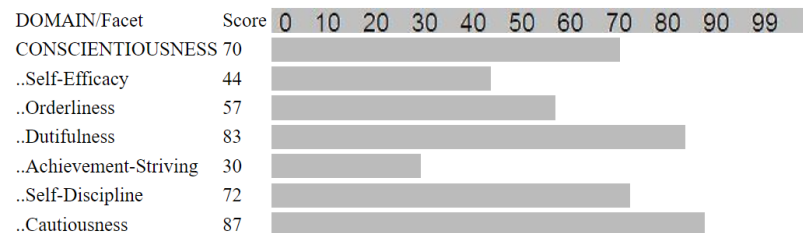
Conscientiousness concerns the way in which we control, regulate, and direct our impulses. Impulses are not inherently bad; occasionally time constraints require a snap decision, and acting on our first impulse can be an effective response. Also, in times of play rather than work, acting spontaneously and impulsively can be fun. Impulsive individuals can be seen by others as colorful, fun-to-be-with, and zany.

Nonetheless, acting on impulse can lead to trouble in a number of ways. Some impulses are antisocial. Uncontrolled antisocial acts not only harm other members of society, but also can result in retribution toward the perpetrator of such impulsive acts. Another problem with impulsive acts is that they often produce immediate rewards but undesirable, long-term consequences. Examples include excessive socializing that leads to being fired from one's job, hurling an insult that causes the breakup of an important relationship, or using pleasure-inducing drugs that eventually destroy one's health.

Impulsive behavior, even when not seriously destructive, diminishes a person's effectiveness in significant ways. Acting impulsively disallows contemplating alternative courses of action, some of which would have been wiser than the impulsive choice. Impulsivity also sidetracks people during projects that require organized sequences of steps or stages. Accomplishments of an impulsive person are therefore small, scattered, and inconsistent.

A hallmark of intelligence, what potentially separates human beings from earlier life forms, is the ability to think about future consequences before acting on an impulse. Intelligent activity involves contemplation of long-range goals, organizing and planning routes to these goals, and persisting toward one's goals in the face of short-lived impulses to the contrary. The idea that intelligence involves impulse control is nicely captured by the term prudence, an alternative label for the Conscientiousness domain. Prudent means both wise and cautious. Persons who score high on the Conscientiousness scale are, in fact, perceived by others as intelligent.

The benefits of high conscientiousness are obvious. Conscientious individuals avoid trouble and achieve high levels of success through purposeful planning and persistence. They are also positively regarded by others as intelligent and reliable. On the negative side, they can be compulsive perfectionists and workaholics. Furthermore, extremely conscientious individuals might be regarded as stuffy and boring. Unconscientious people may be criticized for their unreliability, lack of ambition, and failure to stay within the lines, but they will experience many short-lived pleasures and they will never be called stuffy.



Your score on Conscientiousness is high. This means you set clear goals and pursue them with determination. People regard you as reliable and hard-working.

### Conscientiousness Facets

- *Self-Efficacy*. Self-Efficacy describes confidence in one's ability to accomplish things. High scorers believe they have the intelligence (common sense), drive, and self-control necessary for achieving success. Low scorers do not feel effective, and may have a sense that they are not in control of their lives. Your level of self-efficacy is average.
- *Orderliness*. Persons with high scores on orderliness are well-organized. They like to live according to routines and schedules. They keep lists and make plans. Low scorers tend to be disorganized and scattered. Your level of orderliness is average.
- *Dutifulness*. This scale reflects the strength of a person's sense of duty and obligation. Those who score high on this scale have a strong sense of moral obligation. Low scorers find contracts, rules, and regulations overly confining. They are likely to be seen as unreliable or even irresponsible. Your level of dutifulness is high.
- *Achievement-Striving*. Individuals who score high on this scale strive hard to achieve excellence. Their drive to be recognized as successful keeps them on track toward their lofty goals. They often have a strong sense of direction in life, but extremely high scores may be too single-minded and obsessed with their work. Low scorers are content to get by with a minimal amount of work, and might be seen by others as lazy. Your level of achievement striving is low.
- *Self-Discipline*. Self-discipline-what many people call will-power-refers to the ability to persist at difficult or unpleasant tasks until they are completed. People who possess high self-discipline are able to overcome reluctance to begin tasks and stay on track despite distractions. Those with low self-discipline procrastinate and show poor follow-through, often failing to complete tasks-even tasks they want very much to complete. Your level of self-discipline is high.
- *Cautiousness*. Cautiousness describes the disposition to think through possibilities before acting. High scorers on the Cautiousness scale take their time when making decisions. Low scorers often say or do first thing that comes to mind without deliberating alternatives and the probable consequences of those alternatives. Your level of cautiousness is high.

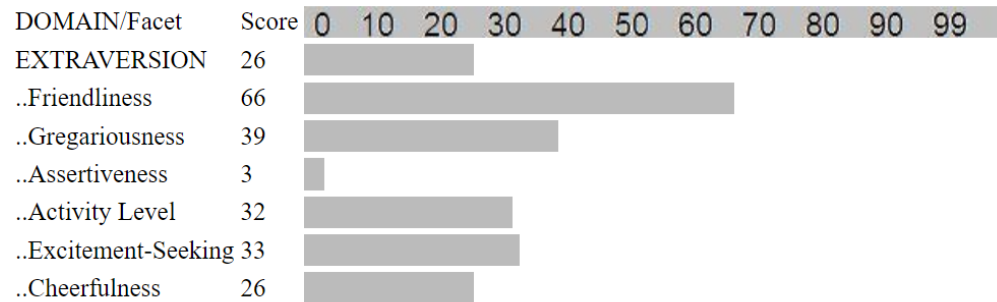


# NEO IPIP Extraversion (High PLASTICITY)

## Extraversion

Extraversion is marked by pronounced engagement with the external world. Extraverts enjoy being with people, are full of energy, and often experience positive emotions. They tend to be enthusiastic, action-oriented, individuals who are likely to say "Yes!" or "Let's go!" to opportunities for excitement. In groups they like to talk, assert themselves, and draw attention to themselves.

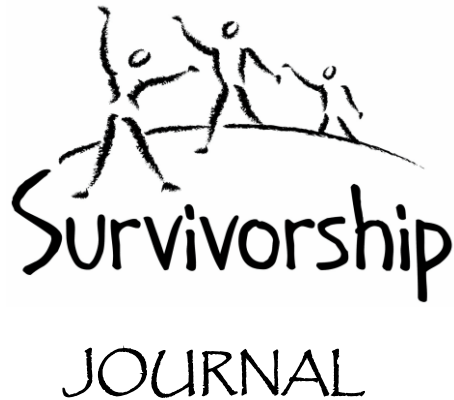
Introverts lack the exuberance, energy, and activity levels of extraverts. They tend to be quiet, low-key, deliberate, and disengaged from the social world. Their lack of social involvement should not be interpreted as shyness or depression; the introvert simply needs less stimulation than an extravert and prefers to be alone. The independence and reserve of the introvert is sometimes mistaken as unfriendliness or arrogance. In reality, an introvert who scores high on the agreeableness dimension will not seek others out but will be quite pleasant when approached.



Your score on Extraversion is low, indicating you are introverted, reserved, and quiet. You enjoy solitude and solitary activities. Your socializing tends to be restricted to a few close friends.

## Extraversion Facets

- *Friendliness*. Friendly people genuinely like other people and openly demonstrate positive feelings toward others. They make friends quickly and it is easy for them to form close, intimate relationships. Low scorers on Friendliness are not necessarily cold and hostile, but they do not reach out to others and are perceived as distant and reserved. Your level of friendliness is average.
- *Gregariousness*. Gregarious people find the company of others pleasantly stimulating and rewarding. They enjoy the excitement of crowds. Low scorers tend to feel overwhelmed by, and therefore actively avoid, large crowds. They do not necessarily dislike being with people sometimes, but their need for privacy and time to themselves is much greater than for individuals who score high on this scale. Your level of gregariousness is average.
- *Assertiveness*. High scorers Assertiveness like to speak out, take charge, and direct the activities of others. They tend to be leaders in groups. Low scorers tend not to talk much and let others control the activities of groups. Your level of assertiveness is low.
- *Activity Level*. Active individuals lead fast-paced, busy lives. They move about quickly, energetically, and vigorously, and they are involved in many activities. People who score low on this scale follow a slower and more leisurely, relaxed pace. Your activity level is low.
- *Excitement-Seeking*. High scorers on this scale are easily bored without high levels of stimulation. They love bright lights and hustle and bustle. They are likely to take risks and seek thrills. Low scorers are overwhelmed by noise and commotion and are averse to thrill-seeking. Your level of excitement-seeking is average.
- *Cheerfulness*. This scale measures positive mood and feelings, not negative emotions (which are a part of the Neuroticism domain). Persons who score high on this scale typically experience a range of positive feelings, including happiness, enthusiasm, optimism, and joy. Low scorers are not as prone to such energetic, high spirits. Your level of positive emotions is low.



**Summer 2021:  
Ritual Abuse Presentations at ESTD Conferences**

**Summer 2022:  
Letter to the EPA Leadership Team**

**Winter 2022:  
Boobies**

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

*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.*

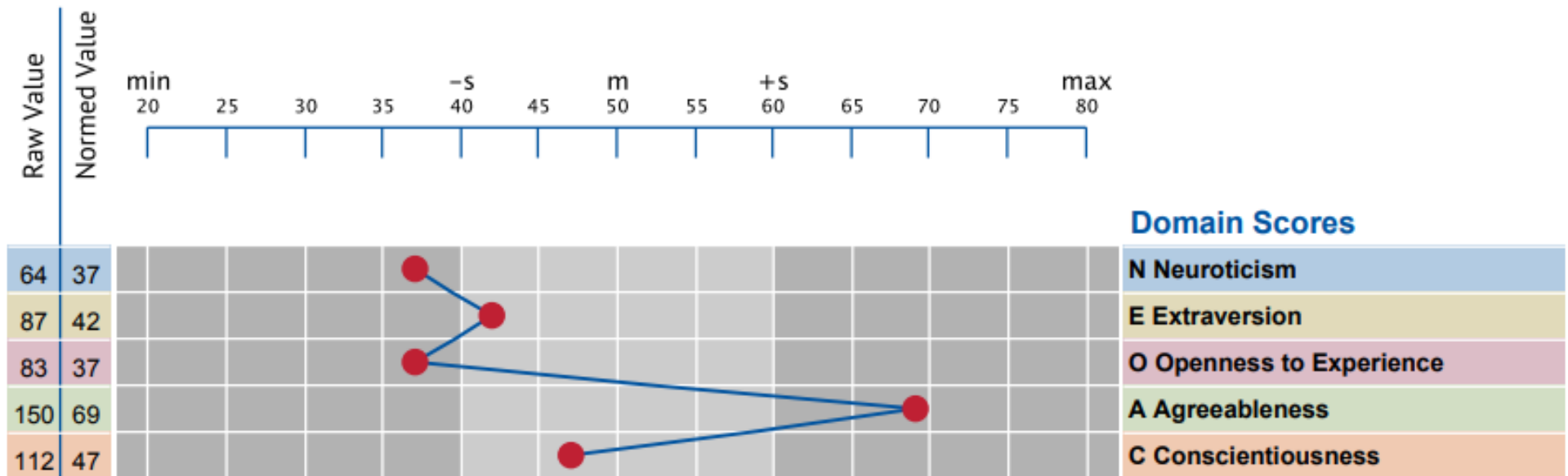
*How competent and ethical is a psychological assessment when the NEO-PI-R results on the above facets are 'concealed' in the report of a Mental Health Professional acting as a Court Appointed Expert?*

**Winter 2023: Abnormal Psychology' & Family Court Processes**

# NEO-PI-3 Domain Profile Technical Report

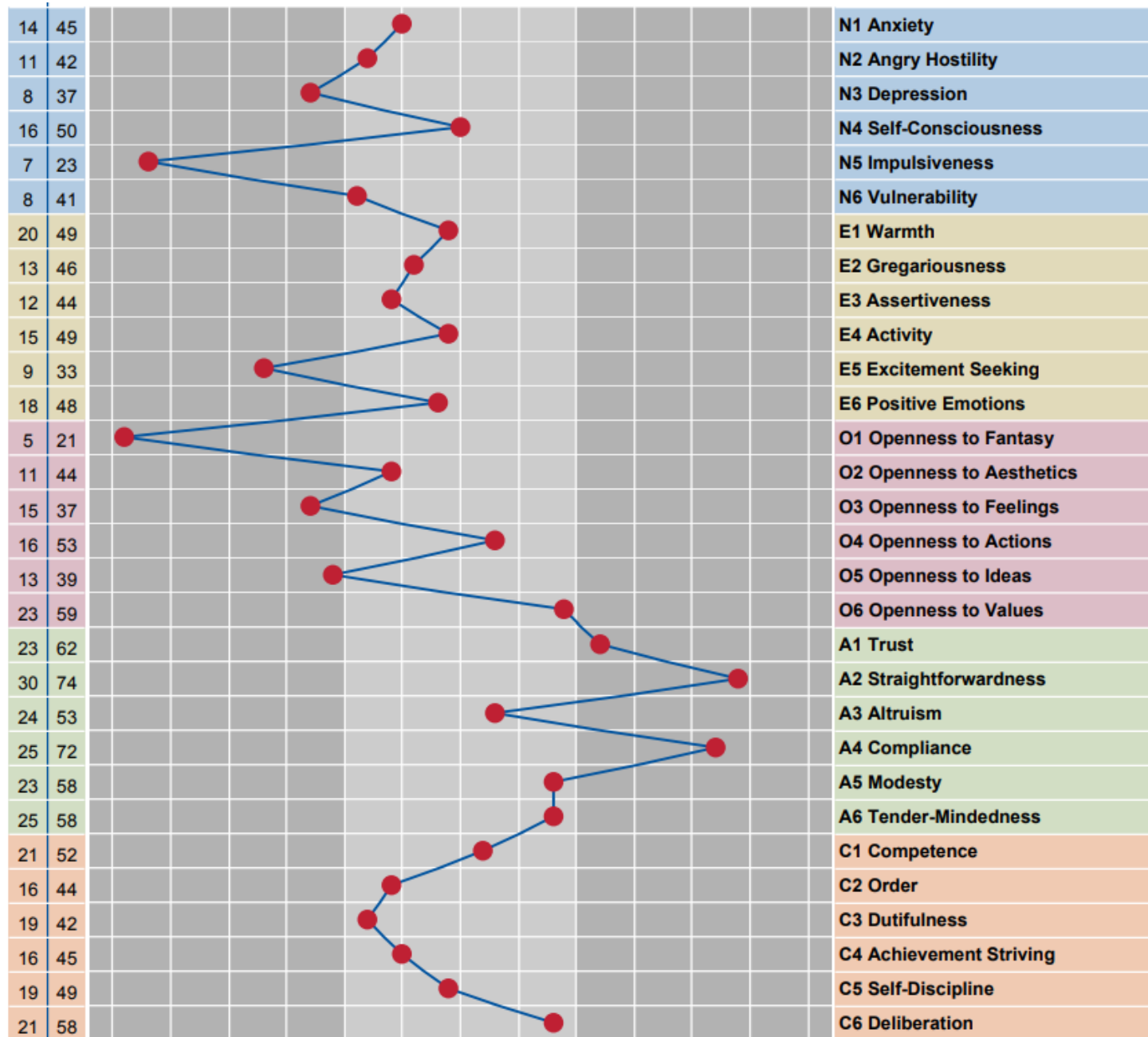
## PROFILE SHEET

NEO Personality Inventory – 3 | Self-report  
UK Working Population - T Score (50+10z)





# NEO-PI-3 Domain Profile Technical Report





# Neurodiversity 'ASD' to mask (C-)PTSD?



AUTISM	AUTISM & ADHD	ADHD	ADHD & PTSD	PTSD	AUTISM & PTSD	AUTISM, ADHD & PTSD
<ul style="list-style-type: none"> <li>• Difficulty reading allistic social cues intuitively</li> <li>• Special Interests</li> <li>• Strict adherence to routines</li> <li>• Concrete and literal thinking</li> <li>• Verbal stims</li> <li>• Detail oriented</li> <li>• Attention to patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Constellation thinking</li> <li>• Hyperfixation</li> <li>• Task switching difficulties</li> <li>• ND communication patterns (info-dumping, connecting over shared interests)</li> <li>• Time blindness,</li> <li>• Motor and vocal tics</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty reading social cues due to focus and attention issues</li> <li>• Inhibition difficulties</li> <li>• Craving novelty and new experiences</li> <li>• Difficulty with interrupting others</li> <li>• Procrastination issues</li> <li>• Finishing others sentences</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty regulating attention and focus</li> <li>• Impulsivity</li> <li>• Difficulty concentrating</li> <li>• Difficulty unwinding or relaxing</li> <li>• Checking out through social media</li> <li>• Jumping to conclusions</li> <li>• Rejection sensitivity dysphoria</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty reading social cues due to hypo-arousal</li> <li>• Flashbacks and nightmares</li> <li>• Negative view of self/others</li> <li>• Hyper and hypo vigilance</li> <li>• Emotional numbing</li> <li>• Avoidance and isolation</li> <li>• Identity fragmentation</li> <li>• Dissociative amnesia</li> </ul>	<ul style="list-style-type: none"> <li>• Craves familiar routine</li> <li>• Slower processing speed</li> <li>• Repetitive self-injury/ self-soothing</li> <li>• Hypersensitivity to sounds /smells</li> <li>• Masking symptoms in public</li> </ul>	<ul style="list-style-type: none"> <li>• Eye contact difficulty</li> <li>• Stimming</li> <li>• Increased victimization risk</li> <li>• Impulse control difficulties</li> <li>• Sensory issues</li> <li>• Interoception difficulties</li> <li>• Higher rates of substance abuse/suicidality/depression/anxiety</li> <li>• Executive function issues</li> </ul>

## Medical Checks Extract of Stage 2 LA Complaint

Extract of a submission to authorities in a different case:

‘To illustrate the nature of the failing it is helpful to consider a different case of successful ‘Family Court gaming’ that involved a report to police about an anal rape of a young child (by a person who closely resembled a male relative). The grandparents of the small child had previously tried to coerce their estranged daughter (who reported incestuous abuse by her father ‘from birth to 20’ but was disbelieved by authority representatives) into giving up the young child for adoption. Through trickery the mother was forced to witness the assault. She had been manipulated (through ‘trauma-based mind control’) to delay reporting of any sexual assault on herself or the young child ‘for four weeks or one month’ by a serving police officer in a Metropolitan Police station. Later this officer, accompanied by two other police officers, approached her in a different area 200 miles away and asked her to report any sexual assault on her or the young child ‘after two weeks’. In the end she reported the sexual assault after three weeks. A seemingly compromised Psychiatrist misrepresented the facts and claimed she was ‘delusional’ and that ‘a false memory had implanted itself’ (nonsense). The mother maintained the truthfulness of her allegation and revealed specific details (too sensitive to share here) from her own childhood in line with instructions she had received at the Metropolitan Police station by the serving Sapphire officer (see above). **The mother insisted on medical checks as she feared that sexually transmitted diseases could jeopardise the health of the young child.** Nothing remarkable was found. The family court judge went along with the (false) claims of Paranoid Personality Disorder proffered by four mental health professionals and removed parental rights from the mother (in the end the child was ‘adopted’ by the foster carer – possibly following sustained organised CSA of the ‘unimaginable’ kind that the girl did not witness but ‘heard about’). The judge castigated the mother for ‘subjecting the young child to unnecessary medical tests’.

This is the topsy-turvy (dysfunctional) world of Child Protection!’

# NCA (CEOP) CSA

CEOP (2014). *CEOP Thematic Assessment The Foundations of Abuse*.

- 1) Children in institutional settings are not only at risk from adults who are inclined to abuse them sexually; but also from adults who either fail to notice abuse or, if they do, fail to report it.
- 2) Where institutions put their own interests ahead of those of the children who engage with them, abusive behaviours are likely to become normalised, potentially leading to sexual abuse.
- 3) The culture within an institution has a strong influence on the degree to which abuse might occur within it. Poor leadership, closed structures, ineffective policies and procedures together with the discouragement of reporting, facilitates a malign climate which colludes with those inclined to sexually abuse children.
- 4) Where institutions are held in high regard and respected by the communities they serve, positional grooming can be perpetuated, whereby offenders conduct social or environmental grooming and mask their actions by virtue of their formal positions within an organisation.
- 5) Potential risks from those with a sexual interest in children who pursue work in institutions can be mitigated by vigilant and effective leadership and management.
- 6) Intense loyalty and conformity of workers to the mission, norms and values of an institution can inhibit them from reporting concerns.
- 7) The historic nature of many cases currently exercising media attention, together with developments in safeguarding, might give a false perception that this type of offending can no longer occur. Offenders continue to exploit systemic vulnerabilities where they exist.

## Legal aspects of memory: a report issued by the Psychology and Law Sections of the British Academy

Alan Baddeley, Chris R. Brewin, Graham M. Davies,  
Michael D. Kopelman and Hector L. MacQueen

### Abstract

We describe the commissioning, publication, and contents of a report on legal aspects of memory. The report was the result of a unique collaboration between the Psychology and Law ‘Sections’ of the British Academy that brought together the contributions of memory and legal experts from both inside and outside the Academy. The report briefly summarises psychological research on memory and is designed to be of practical value to busy legal and criminal justice professionals. Topics covered include memory concepts, memory development including childhood amnesia, interviewing witnesses, the effects of suggestion and misinformation, the effects of trauma on recall, adult memory for childhood events, factors affecting eyewitness identification, conditions such as psychiatric and neurological disorders that may impair memory, issues in the memory of suspects such as deception and reported amnesia, and the role of the expert witness in court.

### Keywords

Amnesia, crime, forensic interviews, suggestion, eyewitness testimony, expert witnesses.

## 6. DeYoung Revisited Big 5, Aspects and PID

### Ten aspects of the Big Five in the Personality Inventory for *DSM–5*.

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[DeYoung, Colin G.](#) [Carey, Bridget E.](#) [Krueger, Robert F.](#) [Ross, Scott R.](#)

#### Citation

DeYoung, C. G., Carey, B. E., Krueger, R. F., & Ross, S. R. (2016). Ten aspects of the Big Five in the Personality Inventory for *DSM–5*. *Personality Disorders: Theory, Research, and Treatment*, 7(2), 113–123. <https://doi.org/10.1037/per0000170>

#### Abstract

Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5) includes a dimensional model of personality pathology, operationalized in the Personality Inventory for DSM–5 (PID-5), with 25 facets grouped into 5 higher order factors resembling the Big Five personality dimensions. The present study tested how well these 25 facets could be integrated with the 10-factor structure of traits within the Big Five that is operationalized by the Big Five Aspect Scales (BFAS). In 2 healthy adult samples, 10-factor solutions largely confirmed our hypothesis that each of the 10 BFAS would be the highest loading BFAS on 1 and only 1 factor. Varying numbers of PID-5 scales were additional markers of each factor, and the overall factor structure in the first sample was well replicated in the second. Our results allow Cybernetic Big Five Theory (CB5T) to be brought to bear on manifestations of personality disorder, because CB5T offers mechanistic explanations of the 10 factors measured by the BFAS. Future research, therefore, may begin to test hypotheses derived from CB5T regarding the mechanisms that are dysfunctional in specific personality disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved)



Table 2

Factor Structure Matrix for Sample 1.

	<u>Neuroticism</u>		<u>Agreeableness</u>		<u>Conscientiousness</u>		<u>Extraversion</u>		<u>Openness/Intellect</u>	
	Distress	Volatility	Exploitativeness	Compassion vs. Callousness	Industriousness vs. Distractibility	Orderliness	Enthusiasm	Assertiveness vs. Submissiveness	Psychoticism/ Openness	Intellect
Withdrawn Distress (BFAS)	.64	.66	-.06	.05	-.34	-.15	-.43	-.28	.24	-.24
Depressivity	.86	.48	.14	-.12	-.50	-.10	-.48	-.07	.41	-.05
Anxiousness	.81	.56	.12	.03	-.35	.15	-.33	-.15	.32	-.15
Separation Insecurity	.54	.21	.23	-.07	-.24	.12	.05	-.26	.20	-.07
Suspiciousness	.53	.33	.21	-.32	-.28	.15	-.39	.27	.38	-.12
Volatility	.36	.91	.16	-.16	-.24	.08	-.16	.02	.13	-.12
Hostility	.44	.73	.40	-.37	-.40	.23	-.24	.16	.29	.01
Emotional Lability	.55	.66	.22	.19	-.37	.19	-.09	-.05	.38	-.03
Politeness (BFAS)	-.19	-.47	-.51	.59	.31	.11	.12	-.15	-.24	-.24
Manipulativeness	.14	.21	.82	-.26	-.36	.19	.09	.06	.27	.28
Deceitfulness	.37	.29	.79	-.37	-.39	-.06	-.17	-.07	.38	.09
Grandiosity	.11	.13	.54	-.40	-.21	.22	.06	.02	.32	.33
Attention Seeking	.17	.17	.54	-.09	-.43	.21	.32	.02	.33	.23
Compassion (BFAS)	-.14	-.15	-.15	.70	.05	-.06	.36	-.11	.00	.10
Callousness	.29	.34	.45	-.73	-.26	-.04	-.31	.27	.32	.07
Industriousness (BFAS)	-.46	-.44	-.10	.00	.71	.41	.27	.29	-.30	.14
Distractibility	.45	.36	.24	-.08	-.87	-.10	-.28	-.15	.44	-.06
Impulsivity	.34	.26	.40	-.08	-.73	-.07	-.11	.24	.43	-.01
Perseveration	.56	.42	.30	-.10	-.65	.17	-.29	-.11	.50	-.11
Irresponsibility	.53	.32	.49	-.16	-.57	-.21	-.27	.15	.45	.03
Orderliness (BFAS)	-.10	-.08	-.12	.03	.36	.67	.13	-.06	-.31	-.14
Rigid Perfectionism	.26	.24	.20	-.08	-.18	.68	-.08	-.02	.26	-.05
Enthusiasm (BFAS)	-.34	-.30	.10	.33	.13	.23	.82	.10	-.16	.16
Social Withdrawal	.42	.34	.07	-.38	-.27	-.02	-.82	.04	.37	-.09
Anhedonia	.67	.43	.06	-.30	-.33	-.17	-.67	-.07	.28	-.10
Restricted Affectivity	.18	-.03	.12	-.51	-.25	.07	-.61	.07	.29	.02



# Personality Inventory for DSM & Podium Derailers

Trait	Derailing Behaviours
<b>Reserved</b> <i>Potential for being withdrawn and distant.</i>	<ul style="list-style-type: none"> <li>• Avoiding others and maintaining interpersonal distance.</li> <li>• Appearing to Lack affection and be disinterested in other people or building relationships.</li> <li>• Appearing dejected or glum.</li> </ul>
<b>Sensitive</b> <i>Potential for focusing on shortcomings and displaying emotions.</i>	<ul style="list-style-type: none"> <li>• Having a negative outlook and low self-esteem.</li> <li>• Being moody or anxious.</li> <li>• Appearing to be suspicious of others.</li> </ul>
<b>Antagonistic</b> <i>Potential for being aggressive with others and direct in their communication style.</i>	<ul style="list-style-type: none"> <li>• Hostility and aggression towards others.</li> <li>• Desire to achieve their goals at any expense and interactions with others influenced by that desire.</li> <li>• High self-orientation and little regard for others' opinions and feelings.</li> </ul>
<b>Impulsive</b> <i>Potential for being impulsive and taking risks.</i>	<ul style="list-style-type: none"> <li>• Having short attention spans and unable to concentrate for long.</li> <li>• Being casual and not following through with commitments.</li> <li>• Acting recklessly and making rash impulsive decisions.</li> </ul>
<b>Compulsive</b> <i>Potential for being rigid, inflexible, and intolerant of perceived dereliction of obligations.</i>	<ul style="list-style-type: none"> <li>• Being rigid and inflexible.</li> <li>• Setting unrealistic targets for themselves and others.</li> <li>• Being intolerant of mistakes and view any shortcomings as a failure.</li> </ul>
<b>Unconventional</b> <i>Potential exhibiting unusual behaviours, disregarding of social conventions, and expressing unconventional beliefs or ideas.</i>	<ul style="list-style-type: none"> <li>• Having unusual thought processes and unconventional beliefs.</li> <li>• Seeming eccentric to other people.</li> <li>• Being unable to explain how or why they did things.</li> </ul>

Low Extraversion

High Neuroticism

Low Agreeableness

Low Conscientiousness

High Conscientiousness

High Openness

[https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA\\_DSM5\\_The-Personality-Inventory-For-DSM-5-Full-Version-Adult.pdf](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_The-Personality-Inventory-For-DSM-5-Full-Version-Adult.pdf)

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# DeYoung (2015) Cybernetic Big 5 Theory Refinement Ideas

**Table 1**  
Personality traits and their cybernetic functions. Adjectives in the third column describe people with low levels of each trait.

Trait	Cybernetic function	Opposite pole
<i>Metatraits</i>		
Stability	Protection of goals, interpretations, and strategies from disruption by impulses.	Instability
Plasticity	Exploration: creation of new goals, interpretations, and strategies.	Rigidity
<i>Big Five</i>		
Extraversion	Behavioral exploration and engagement with specific rewards (i.e., goals to approach).	Introversion
Neuro-Agility	Confident responses to uncertainty, threat, and punishment.	Anxiety
Openness	Cognitive exploration and engagement with information.	Conventionality
Conscientiousness	Protection of non-immediate or abstract goals and strategies from disruption.	Spontaneity
Agreeableness	Altruism and cooperation; coordination of goals, interpretations, and strategies with those of others.	Vigour
<i>Aspects</i>		
Forcefulness	Incentive reward sensitivity: drive toward goals.	Deference
Liveliness	Consummatory reward sensitivity: enjoyment of actual or imagined goal attainment.	Serious-mindedness
Even-temperedness	Active engagement with and handling of threats.	Volatility
Self-Assurance	Proactive pursuit of goals, interpretations, and strategies, in response to uncertainty or error.	Withdrawal
Evaluation	Detection of logical or causal patterns in information.	Acceptance
Ideation	Generation of ideas and development of concepts.	Conservation
Industriousness	Prioritization of non-immediate goals.	Carelessness
Consistency	Avoidance of entropy by following rules set by self or others.	Improvisation
Compassion	Emotional attachment to and concern for others.	Insensitivity
Politeness	Suppression and avoidance of aggressive or norm-violating impulses and strategies.	Boldness

## 6. Review of Learning Objectives

Participants will be able to:

1. Describe the Big Five model of personality with its Stability and Plasticity meta-factors:
  - Stability: Conscientiousness, Agreeableness & Low Neuroticism (Neuro-Agility?)
  - Plasticity: Extraversion & Openness (& Achievement facets?)
2. List three measures of the Big 5 and their associated Computer-Based Test Interpretation (CBTI) reports.
  - NEO-PI-3 PAR (US); Hogrefe (Europe) Gold Standard (Technical Report, Personal Report)
  - NEO IPIP 300 free-of-charge profile & simple narrative
  - NEO IPIP 120 free-of-charge profile & simple narrative
  - Hogan Personality Inventory (HPI) – wide range of professional reports
3. **Demonstrate** how General Factors of Competency, Personality and Pathology approaches can help discern between ‘delusional disorder’ and ‘real persecution’.
  - Poor validity of MMPI & MCMI ‘Delusional’ & ‘Thought Disorder’ scales
  - Importance of the (toxic) environment
  - General Factor of Personality
  - General Factor of Demoralisation
  - Lacter & Lehman (2008) Guidelines

# Tackling Complex Trauma Assessment Problems with Cybernetic Big 5 Theory

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