

# **Dissociation, A Normal Response To Trauma**



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# Dissociation, a Normal Response to Trauma

## Stress from Life's Experiences Affects People

Nearly 400,000 New York residents took an emotional battering from the September 11, 2001, terrorist attacks to the World Trade Center twin towers. As a result of the attacks, more than a half million people have sought mental health treatment.<sup>1</sup>

The above New Yorkers were diagnosed with *post-traumatic stress disorder* (PTSD). This disorder uses a natural human ability called *dissociation*. In this paper we will address dissociation and how it comes into play in our everyday life, as well as in times of extreme stress.

## What is Dissociation?

When the word *dissociation* is brought up, most people think of the *Three Faces of Eve* movie. Contrary to Hollywood's portrayals, dissociation is a normal human capability used by everyone. Most of us understand *association*—where there is a connecting or joining together of things. Dissociation is when what should be together is separated. For example, association is when a person's sight, sounds, smells, feelings, thoughts, meaning, memory, actions, and sense of identity are together. Dissociation happens when one or more of these elements is missing.<sup>2</sup>

Dissociation helps us cope with a wide range of situations—from the common and ordinary to traumatic events.

### Ordinary, Every Day Examples of Dissociation

Everyone in one way or another uses dissociation. The following are illustrations of common dissociation:

- Losing touch with awareness of one's immediate surroundings, such as
  - a student daydreaming in a boring lecture
  - a reader reading a book aloud and coming to awareness that he/she just blanked out the last two pages

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<sup>1</sup> Will Lester, an Associated Press writer, reported in *The Columbian* newspaper May 19, 2002, about the findings of Michael Bucuvalas, whose research firm has extensive experience measuring stress from disasters.

<sup>2</sup> Oksana, 2001; Riseman, 1999.

- a driver driving some distance and suddenly realizing that he/she is not aware of the last few blocks just passed (called highway hypnosis)
- a reader getting lost in a good book
- a person watching a movie in a trance-like state, only to be jarred out by someone nearby getting up or touching him/her
- Dividing consciousness to more than one activity, such as
  - a person talking on the phone, scanning the newspaper, and stirring the soup at the same time
- Diverting attention from a task at hand, as in
  - an athlete focusing attention on the goal, rather than on enduring the race
- Diverting attention away from pain, like when
  - a carpenter putting out of his/her mind a painful arthritic wrist, so that he/she can do their job well
  - a soldier continuing on in the heat of battle not aware of a bullet wound
- Hiding emotions inside from self and from others, when confronted with something threatening, such as
  - a law enforcement officer dropping his/her feelings during a stressful encounter
  - a medical professional working mechanically on a heart patient in an emergency room setting

### Dealing with Emergencies

Besides the common usage's, dissociation also helps us get through emergency situations.

Here is an illustration about a driver experiencing a bad skid on an icy street. As the car skids, colors seem brighter and time passes slowly. The driver is totally engulfed in silence even though the radio is on. He/she is aware only of what is visually happening—experiencing no thoughts or feelings. Afterwards the emotions hit—with heart pounding and legs shaking—but the driver no longer can recall the visual memory.<sup>3</sup>

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<sup>3</sup> Riseman, 1999.

Another example would be a survivor from a car accident that calmly calls the ambulance, administers first aid, and possibly reroutes the traffic. Once the ambulance arrives, the feelings hit, and the survivor cries hysterically.

In the above two illustrations the survivors' minds broke up an overwhelming experience into manageable pieces. As soon as it was safe to do so, the pieces were put back together. If the survivors had not put back together the pieces of the experience, he/she would suffer acute stress disorder or post-traumatic stress disorder symptoms<sup>4</sup>—to be discussed next.

## Dissociation Is On A Continuum

The uses of dissociation can be seen on a continuum.<sup>5</sup> Figure 1 illustrates this continuum. From left to right the usage of dissociation unfolds from our responding to everyday common experiences, to our reacting to emergency crises, to our handling of trauma-related survival situations.

**Figure 1 Dissociation Continuum**

Common Dissociation	Acute Stress Disorder	Post Traumatic Stress Disorder	Dissociative Identify Disorder	Structured Mind Control
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We've already discussed common, ordinary dissociation. We will look next at dissociation when used in response to life threatening situations.

### Trauma-Related Dissociation

Dissociation becomes an important survival tool when trauma is involved. *Trauma* is the exposure to an inescapable, stressful event that threatens our life and overwhelms our ability to cope with the situation.<sup>6</sup> Traumatic events can be:

- Single events, like a motor vehicle accident, assault, rape, or witnessing a murder<sup>7</sup>

<sup>4</sup> Oksana, 2001.

<sup>5</sup> Oksana, 2001; Putnam, 1989; Riseman, 1999; Ross, 1997; Sidran Foundation, 1994.

<sup>6</sup> van der Kolk, 1997.

<sup>7</sup> Ursano, et al, 2000; Sidran Foundation, 1994.

- Natural or accidental disasters, such as earthquakes, plane crashes, or violent weather<sup>8</sup>
- Repetitive abuse, like domestic violence, incest, political torture, war crimes, prolonged front-line combat, or ritual abuse<sup>9</sup>

- **Acute Stress Disorder**

Acute Stress Disorder usually happens with single traumatic events and/or the extreme stress caused by natural or accidental disasters. Most of the September 11, 2001, New Yorkers experienced this reaction. Symptoms are similar to those of post-traumatic stress disorder (PTSD) described below but last only one month or less.

A single event example is a victim rear-ended in his/her automobile. For a few weeks thereafter, the victim may fear stopping at an intersection. When another car approaches from behind, the victim will stiffen and brace his/her body, expecting impact.

Whether one's dissociation becomes acute stress disorder or the more severe PTSD depends on how soon the individual gets help and verbalizes what happened to them.<sup>10</sup>

- **Post-Traumatic Stress Disorder (PTSD)**

You may have heard of “shell shock” experienced by our war veterans. It is a form of post-traumatic stress disorder (PTSD).

Our normal, adaptive response to trauma is to fight a threat or flee. If we succeed in fighting or fleeing, the stresses to our mind and body will lessen, allowing us to return to a normal level of function.

However, PTSD develops when

- no fight or flight is possible
- the threat persists for a long time
- the victim<sup>11</sup> is left with nothing else to do but freeze in his/her response<sup>12</sup>

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<sup>8</sup> National Center for PTSD, 1999.

<sup>9</sup> Sidran Foundation, 1994.

<sup>10</sup> Baldwin, 2002.

<sup>11</sup> The term *victim* applies to individuals who have been traumatized—whether aware or not of the event. The term *survivor* applies to one who is aware and/or is working to take control over the effects of the abusive event.

<sup>12</sup> Rothchild, 1998.

Trauma events most associated with PTSD<sup>13</sup> are:

- events threatening to life or bodily integrity, such as
  - military combat, sexual, and/or physical assault
  - hostage or imprisonment, and/or torture
  - natural and man-made disasters and/or accidents
- witnessing threatening or deadly events, such as acts of terrorism
- inappropriate sexual treatment of children—even without the child being threatened or actual physical injury occurring

Reactions from traumatic events can be disturbing to the victim. But they are normal reactions to an abnormal event<sup>14</sup>—to be expected. There are three main groups of PTSD reactions:

- Intrusions, where the traumatic event is re-experienced in a *flashback* or in a nightmare, as if the original event is still happening.

A flashback is a memory brought into consciousness—just as it happened—even though the current experience had nothing to do with the past trauma.<sup>15</sup> For example, a backfiring car may bring up the memory in a veteran soldier of him/her witnessing his/her war buddies lose their life in gunfire.

Like a puzzle, flashback memories also show up in pieces of what happened. These can come either as smell, taste, sound, picture, emotion, or all these together.<sup>16</sup> A flashback can last a moment or linger for weeks.

The reaction to reminders is called *triggering*. *Cues* and *signals* are the reminders that trigger the memory. With the soldier, for example, the backfiring car was a cue to trigger the memory of the gunfire, causing the veteran to run and hide.

If the victim does not know what a flashback is—why he/she is having such an experience, it can be terrifying. At the same

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<sup>13</sup> Rothchild, 1998.

<sup>14</sup> Baldwin, 2002; Levin, 1989.

<sup>15</sup> van der Kolk, 1994.

<sup>16</sup> Grohol, 1999; Long, 2000; Riseman, 1999.

time, a flashback is a sign a victim is ready to deal with the event previously he/she was unable to cope with.<sup>17</sup>

- Avoidance, in which a victim tries to reduce making contact with similar people or events that might trigger the uncomfortable flashback memory or a nightmare.
- Heightened alertness, such as being on edge—alarmed, expecting something dangerous, but not sure what or why. This can include bodily responses like a faster heartbeat, cold sweating, rapid breathing, and/or jumpiness. These responses can disturb sleep and affect one’s appetite and sexual health, plus cause difficulties in concentrating.<sup>18</sup>

### Pieces of a Puzzle Illustrated

Flashes are like pieces of a puzzle. Over time, parts of what happened come together to fill in the picture. Take a woman raped by group of men of the same ethnic group. Let’s call this the X group. Men that looked like the perpetrators, but were not part of the original group triggered the following flashes. Piecing together these flashes helped the victim accept and start to come to grips with the traumatic event of the group rape:

- While at a nursery, a man of the X group standing up in a truck stooped down to hand the victim a plant. *Flash*: next thing victim is lying on the ground, nude, and surrounded by a group of men looking at her like she is part of their dinner.
- While working in a store, a couple of men from the X group asked for a special item. When the victim starts to hand it to them, (*flash*) she sees bright lights and is blinded, like when someone is taking snapshots.
- Driving home from work, the victim stops at a streetlight. A couple of men from the X group walked across the street in front of her car and looked at her. *Flash*: next thing she is seeing a fat penis coming down towards her, and she hears men laughing around her.

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<sup>17</sup> Riseman, 1999.

<sup>18</sup> Baldwin, 2000; Rothchild, 1998.

The victim's mind would not have been able to handle all the above pieces of memory at once—nude/exposed, pictures taken (probably used for pornography), and the rude/course laughing.

But our wonderful minds know how much a human being can take. As a victim grows stronger, parts of the event are recalled into consciousness. Even through these pieces (flashbacks) intrude on a victim's normal life, the person who deals with the memory is headed towards recovery. Eventually the victim will become a survivor and will be free.

### Other Areas of Life Affected

A victim of a gang rape, for example, also can react to seemingly everyday events that trigger pieces of the puzzle:

- When a couple is not discreet with their affections in public, this behavior can trespass on others' personal boundaries. But to someone who has been molested or raped, reaction will be more severe. The view can evoke flashbacks—feelings of disgust, filth, and a desire to quickly leave the area.
- A natural thing like the monthly menstrual periods can be a reminder. The sight of blood will bring terror—even with the victim not aware of her past trauma.
- For a victim that was drugged before being raped, he/she may experience anxiety when served a drink or food by another. Other than buffets, restaurants are places avoided.
- Group settings, especially with everyone sitting or standing in a circle, can bring considerable discomfort—without the victim knowing why.

### **How dissociation happens in our brain**

There are two kinds of memory: *normal* and *trauma*.<sup>19</sup>

- *Normal memory* is where normal events are stored in the front part of the brain—and are recalled in story format. Over time the memory changes to fit into our story telling. Thus, normal memory is not pure memory.

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<sup>19</sup> Rothchild, 1997; Sidran Foundation, 1994; van der Kolk, 1997; van der Kolk & Fisler, 1995.

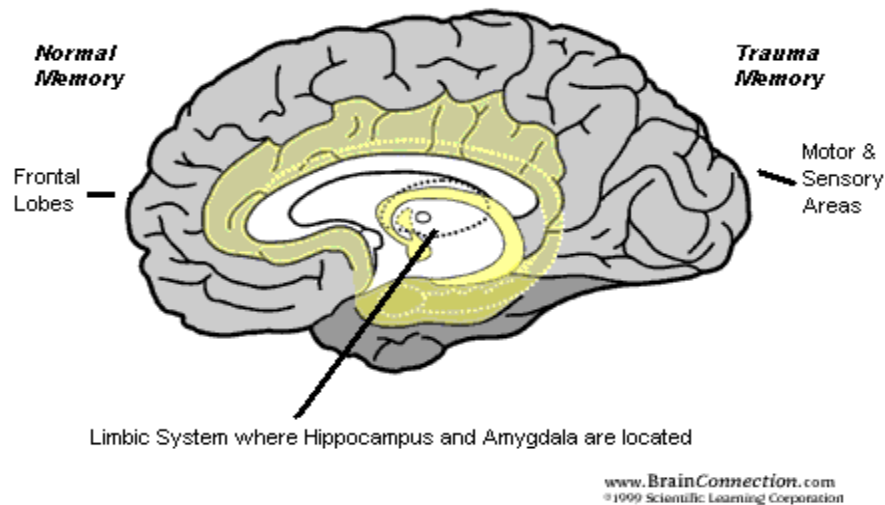
Near our forehead is the part of the brain is called the *frontal lobes*. These handle conscious functions, like language, speech, and normal memory.

- *Trauma memory* is stored in the back part of the brain that handles emotions and sensations, as well as our hearing, sight, and smell. Trauma memory is not part of ordinary consciousness. Nor can it be called up at will or be changed over time. Trauma memory is a raw, pure-form of memory.<sup>20</sup>

Whether an ordinary or traumatic experience becomes normal or trauma memory depends on a “safety value” built into our human brain. Within the center of our brain is an area that regulates survival behaviors—such as eating, sexual reproduction, and the instinctive defenses of fight or flight. This area also handles emotional expression and memory processing.

Called the *Limbic System*, this central area includes the *hippocampus* and *amygdala*. These two parts determine where our memories are stored—either in the frontal lobes or in the back part of the brain. Please refer to Figure 2 to see this area of the brain.

**Figure 2 The Human Brain**



<sup>20</sup> Sidran Foundation, 1994; van der Kolk & Fisler, 1995; van der Kolk, 1997; van der Kolk, et al, 1995.

## Two Memory Directions

All brain input is directed to the hippocampus. The hippocampus is the brain's library with its own filing system; and it gives the incoming data an address in the brain. The hippocampus is affected by the amygdala, which assesses sensory data through hormones and chemicals released in response to each event. When the amygdala responds to a situation, it affects the path of data in the hippocampus as follows:

### – Normal Memory

For ordinary/familiar, non-traumatic events, the amygdala is relaxed, and the hippocampus/librarian pays little attention the event and records very little data. That data is sent to be stored in the frontal lobes of the brain.

If the amygdala is strongly aroused (as in an important event) or intensely aroused (as in an unexpected or frightening event), the hippocampus pays more attention and creates a new file for the new encounter (or adds it to an existing file). The event is recorded with great accuracy and sent to be stored in the frontal lobes.<sup>21</sup>

### – Trauma Memory

On the other hand, if the amygdala is excessively activated from an overwhelming, terrifying trauma, it will label the input with "Cannot deal with this," and the hippocampus gets blocked. No data is transmitted to the hippocampus, and the event gets stored as individual sensory pieces of information in the back part of the brain—in pure form, the way the event was experienced in the person's life. These are individual pieces of the trauma memory, like pieces of a puzzle, that come into consciousness as flashbacks.

When a trauma victim recalls a trauma memory, it is not like normal memory—called up like a story, viewed like one would a movie. Instead, the memory is like an event happening right here and now. For example, a victim caught up in trauma memory will actually relive the event—when she was a five-year old being raped in the red barn on an October day and will feel it happening.<sup>22</sup>

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<sup>21</sup> Brownback, 1996 & 2000; Hawkins, 1998.

<sup>22</sup> Brownback, 1996; Hawkins, 1998.

## Why Counseling Works

For a trauma memory to be healed, the recalled memory (flashback) needs to be put into words. Stating what happened moves the trauma memory from the “sensory” back area of the brain to the “story” frontal lobes, where it becomes normal memory. Once the memory is in the frontal lobes, it no longer can be triggered and intrude in the person’s life. The individual gains more control over his/her life, and the need for heightened alertness lessens. The verbalizing of the memory is an important part of counseling victims with this disorder.<sup>23</sup>

## **Returning to the Dissociation Continuum**

Progressing further along the Dissociation Continuum, the severity of the trauma and amount of time increases. These disorders are lonely diagnoses, in that they are generally misunderstood. There are a number of reasons:

- Our humanness struggles to accept human beings as capable of doing evil to another.<sup>24</sup>
- Our independent human spirit cannot accept the fact that another person can control a human being.
- Some of us have a scary memory hidden deep inside that can be tapped by the subject matter contained in this paper. (Please read on, as there is healing and freedom in the truth.)

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<sup>23</sup> Brownback, 1996; Hawkins, 1998; Wiese, 1995.

<sup>24</sup> Third world countries and prisoners/victims of Hitler and Stalin’s regimes can relate.

- **Dissociative Identify Disorder (DID)** <sup>25</sup>

Simply stated, DID is PTSD finely tuned by one or more perpetrators, those who abuse others.

As trauma and/or abuse become more severe and chronic, a highly creative survival technique comes into play.<sup>26</sup> The mental fragments in PTSD become organized into separate pieces of consciousness that develop their own histories. Most professionals call these pieces *personalities*. The personalities act as if they have their very own life—with their own memories, characteristic behavior, and set of social relationships.<sup>27</sup>

The personalities also take turn controlling conscious awareness and the body's behavior, which is called *switching*. The *host personality* is the personality known by the work world and most daily acquaintances. He/she usually is not aware of the other personalities and experiences unexplainable gaps of time.<sup>28</sup> Alternate personalities have specific ages, sexes, and functions to do, and may or may not be aware of the other personalities.<sup>29</sup> Personalities not aware of the others' existence function within *amnesiac barriers*.

Most switching occurs at night. In the first hour and a half of sleep a person is a semi-conscious state. This is a vulnerable condition in which a perpetrator easily can trigger a personality.<sup>30</sup> As with hypnosis, there are programmed cues to which each personality responds.<sup>31</sup> Each personality has his/her task. For example, triggered by the phone ringing three times, a young personality answers the phone. Next in response to the command on the phone, a younger personality answers the door or leaves the house. Next another personality lets the perpetrator in the house or gets into the waiting van, and so on through the night.

When two or more personalities are aware of what is happening, they are considered *co-conscious*. For example, when the programming begins to break down, a host personality will have strange “dreams,” for example, talking to an obese man. The strange “dream” is the host personality co-conscious with a night personality who is talking to a cult programmer. In

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<sup>25</sup> DID was once referred to as Multiple Personality Disorder (MPD). This was changed, as the label gave a wrong idea of the disorder.

<sup>26</sup> Friesen, 1991.

<sup>27</sup> Actually the personalities should be called *parts*, since they are parts of a whole person, of one soul.

<sup>28</sup> Some host personalities are not aware they lose time. After been in treatment and with less switching, the host personality will be surprised at the extra time available.

<sup>29</sup> Dorland, 2000.

<sup>30</sup> A perpetrator is the individual committing the crime against the victim.

<sup>31</sup> Hypnosis is, in fact, used in a lot of cult and mind-control programming.

the “dream” the host personality is like a third-party observer with no control over what is happening.

Also, a host personality may experience, for example, anger or sadness that another personality close by is feeling and not understand why he/she is feeling that way, because the feelings will be unrelated to the situation.

When two or more personalities share control over the body’s behavior, they are *co-present*.<sup>32</sup> For example, when a host personality is threatened and in her thinking steps back, there are protector personalities that will move up front and help deal with the situation.<sup>33</sup>

Dr. Friesen (1991) identified a wide variety of dissociates. DID includes those who are able to lead productive lives with work integrity—such as counselors, medical professionals, business executives, police officers, attorneys, or teachers—to the less stable dissociates, who get into trouble and are sent to prison.

### Compared to Other Mental Illnesses

Dissociative identity disorder is not the same as bipolar mood disorder or schizophrenia.

#### – ***Bipolar mood disorder***

Once called manic-depressive disorder, this patient alternates between extreme moods. One extreme is the manic mood (a high sense of well being or irritability, an inflated self esteem, excessive activity, including rapid speech, and quick changes of topic). The other extreme is the depressive mood (sadness, hopelessness, fatigue, and thoughts of suicide).<sup>34</sup>

Most researchers believe that bipolar disorder is a chemical problem in the brain. Patients with this disorder respond to medication. Many DID patients have been diagnosed with bipolar disorder, because the switching of personalities looks very similar to the mood swings of the bipolar patient.

#### – ***Schizophrenia***

A group of illnesses that may be an organic brain disease, in which various medicines are used in treatment. Both patients

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<sup>32</sup> Riseman, 1999.

<sup>33</sup> Ryder, 1992.

<sup>34</sup> Chabner, 2001; Ross, 1997.

of schizophrenia and DID hear voices, but the voices are different in nature. A DID patient at times will hear other personalities talking (co-conscious). These voices come from within, and the conversation is logical. A therapist can have a conversation with DID voices (personalities). A schizophrenic patient, on the other hand, usually hears voices from the outside, and the talk is crazy sounding—with no logical dialogue possible.<sup>35</sup>

– ***Paranoia Schizophrenia***

Falling into the category of *delusional disorders*, paranoia thinking has no basis in reality. The patient believes that he/she is being attacked, harassed, cheated, persecuted, or conspired against. Or the patient can have a belief of exaggerated importance, power, or knowledge—even a combination of the two.<sup>36</sup>

The reaction to trauma that involved terror and survival also can look like paranoia. The test for paranoia versus PTSD and/or DID lies in the basis for reality. An individual with a ritual abuse background will have cause to be fearful for his/her life, and part of PTSD is being super-watchful. Perpetrators would like others to view their victims' behavior as paranoid. This makes the victim look crazy—not believable. This keeps the victim from crying out for help and the abuse a secret. A perpetrator will go to great lengths to keep a victim as his/her victim.

Commonly Misdiagnosed

DID patients commonly are misdiagnosed with one or more the above mental illnesses. A review of DID patients' histories has revealed an average of five to seven misdiagnoses (and their failed treatments) before they are correctly diagnosed.<sup>37</sup>

• **Structured Mind Control**

Everyone is vulnerable to mind control. This is clear from the huge amount of money spent on commercial advertising—a form of mental

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<sup>35</sup> Ross, 1997.

<sup>36</sup> Dorland, 2000.

<sup>37</sup> Richards, 2002.

suggestion or subtle mind control. Also, by the use of mind control methods people are “converted” daily into religious cults, like the Moonies.

Although cults use similar techniques, like sleep deprivation, structured mind control is more sinister. Victims who have been through structured mind control are not aware of having been programmed on cue to perform an “assignment” given to them.

Structured mind control takes advantage of the fine-tuned dissociation in DID victims. More complex programming is used. Therapists are increasingly recognizing these cases across this Nation and refer to them as either *crossover abuse* or *marionette syndrome*.<sup>38</sup> In mind control conditioning, programmers structure a victim’s life to perform a suggested behavior when triggered by a cue or signal.

USA and Canadian governments have funded a number of mind control programs.<sup>39</sup> One set of documents at the Center for National Security Studies in Washington DC uncovered 80 institutions, 144 colleges or universities, 15 research facilities or private companies, 12 hospitals or clinics, and three penal institutions in the USA and Canada involved in the mind control experiments. After eight years of litigation, 75 USA mind-control victims’ cases were settled out of court.<sup>40</sup>

This programming originated with Nazi German scientists during World War II. The German scientists experimented on human subjects to see how much abuse they could absorb and to use the better-trained victims for specific war assignments. Dissociation was perfect for espionage cases, in case the victim on assignment was arrested. These scientists were brought to the USA and South America during the World War II. Some of the programming went under the name of Monarch (butterfly) or MKULTRA.<sup>41</sup>

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<sup>38</sup> Ryder, 1992.

<sup>39</sup> Monday and Hilgers, 1998; Patton, 1999; Riseman, 1999.

<sup>40</sup> Collins, 1997; Wheeler, 2000.

<sup>41</sup> Cisco Wheeler (2000) was a programmer in MKULTRA, and her father was the infamous “Dr. Black.” Her interview is worth reading, as she explains in layman terms what it is like to be a trained dissociate (<http://www.davidicke.net/mindcontrol/experiences>). Cisco was discreet in her comments and sensitive to not trigger her audience. Although helpful material, the Cisco Wheeler Interview is among other archive files by David Icke. The reader is cautioned to be careful in reading the other articles, as some contain programming that could be very triggering.

## Psychological/Sociological Causes

We've looked at the biological brain changes of PTSD.<sup>42</sup> Now, we will consider the social causes that fine-tune PTSD to bring about DID.

### Children Handling New Experiences

Children normally handle new experiences through dissociation. For example, watch an infant's behavior. The infant responds to various inputs by anger, laughter, startled response, etc—all without connection to the other responses.<sup>43</sup> The unconnected behaviors are sometimes referred to as short attention spans. After the first couple months of life a unified personality starts to emerge, where the infant's behaviors seem more inter-connected.

In addition, a toddler and young child do not have the adult range of experiences to fit in their many new experiences. To expand their minds to fit in a new event, these children will hold the experience in their unconsciousness where they play with the new event—using their imagination and fantasy capabilities until they work in a fit. Imagining a make-believe companion is an example of children using their creativity to help them fit in the new experience.<sup>44</sup> This is a form of normal dissociation.

As safe, healthy children mature, they will dissociate less and less, since there will be fewer and fewer experiences that do not fit into their consciousness.<sup>45</sup>

Later in this paper we will see how perpetrators<sup>46</sup> will use the unconnected behaviors to form separate histories (personalities) and the natural ability of children to dissociate through imagination to refine dissociation for their purposes.

### Using Stages of Normal Development

To survive, a child is dependent on its parents for his/her emotional and physical needs. For example, the infant or young child's brain is not developed for the adult flight or fight reaction. When a young child is in distress, he/she will use crying to let the parent know he/she is in need.

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<sup>42</sup> Please see pages 8-10 of this paper.

<sup>43</sup> Putnam, 1989.

<sup>44</sup> Oksana, 2001.

<sup>45</sup> Putnam, 1989.

<sup>46</sup> In this case a perpetrator is a person who willfully sets out to control the will of another by mind control techniques.

This is a successful response, if the parent fights for or flees with the frightened child. In the absence of an appropriate parent's response to the crying—especially when the parent causes the trauma—the child will become immobile (freezing) and compliant (submissive), and will use its natural ability to dissociate as a defense against danger.<sup>47</sup>

Dissociation becomes more entrenched when a child depends on a mother who is loving one moment and cruel in the next. When there is trauma and no escape from pain, separate pieces of consciousness are formed in the back area of the brain. With repeated trauma, these pieces become personalities with histories of their own. Each personality will respond differently to the “good” mother and to the “bad” mother. For example, when the “bad” mother inflicts pain, the child switches into the “bad” child who knows how to react to the “bad” mom. When the “good” mother is around, the “good” child has no knowledge of the “bad” mother or “bad” child.<sup>48</sup>

Dissociating into personalities protects the child from going crazy, because the “good” child is allowed to function as if he/she never had any traumatic experiences. However, there is a price. As the child progresses through life, he/she continues to deal with pain and threats by using dissociation, rather than the more normal adult flight or flee responses. Besides dealing with memory issues, counseling becomes a time of learning how to use adult coping mechanisms—something the rest of the population learned while growing up.

### Using Ritual Abuse

The use of dissociation becomes more fine-tuned in a group setting called *ritual abuse*. The group is generally referred to as a *cult*, and abusive methods—usually centuries old—are used to recruit and maintain the group membership. The abuse is planned traumatic activity aimed at breaking the will of another human being to conform to a group's illegal purposes.<sup>49</sup>

The LA (Los Angeles) Ritual Abuse Task Force (1994) defined ritual abuse as:

- repeated abuse over an extended period of time
- severe abuse, sometimes including torture and killing
- painful, sadistic, and humiliating sexual abuse, intended as a means of gaining dominance over the victim
- devastating psychological abuse, involving use of belief training

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<sup>47</sup> Perry et al, 1995.

<sup>48</sup> Riseman, 1998.

<sup>49</sup> Healing Hopes, 1999.

- mind-control abuse, using techniques to produce terror of the perpetrator in the victim.

Every human being has basic needs: physical (hunger, warmth, and sex), safety and security, love and belonging, self-esteem, and self-actualization. A cult will deny or manipulate these fundamental needs at the critical stages of a child's development. A cult will use torture, terror, extreme pain, sexual arousal, drugs, electroshock, sleep/food/water deprivation, temperature extremes, loud noises, or strobing lights. These perpetrators will use any technique within the cult settings to induce a deep trance to produce dissociation. In addition, threats, trickery, and deceit are used to build helplessness and hopelessness—to isolate the victim to the control of the perpetrators.<sup>50</sup>

The above methods also are used to break the will of prisoners of war. Only children of ritual abuse are not trained soldiers but children. The tormentors are not a recognized enemy, but the child's parents. There is no escape or end to the child's "war." Ex-POWs know that they were tortured and brain washed. But with dissociation, victims of ritual abuse are not aware.<sup>51</sup>

Since there are laws against ritual abuse, abusive groups have a large stake in remaining undetected. The best way to keep a group's abuse secret is by maintaining dissociation in their members. Coercion is what maintains dissociation. Therefore, cult programming needs to be repeated, or the victim's mind will attempt to dismantle the programming and break free of it.

To keep programming from breaking down, lessons, attitudes, beliefs, behaviors, and responses are paired up with cues or signals—just like the use of cues in hypnosis. An example would be a cult member doing an exaggerated yawn in front of a non-complying member. The yawn is signal intended to trigger terror and obedience, as it is a reminder to a co-conscious personality of the cult once using an alligator to kill the his/her pet puppy.

As illustrated above, the purpose of these cues or signals is to trigger discomfort, bring up intrusive memory or programming, avoidance, and/or extreme fear in the victim. Cues or signals can be odors, rhythmic notes, ringing sounds, snapping of fingers, a light touch on parts of the body, patterns, a special handshake, a holding up a number of fingers, and/or a picture. The use of smell is one of the most effective cues for triggering.

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<sup>50</sup> Oksana, 2001.

<sup>51</sup> Oksana, 2001.

## The Making of a Perpetrator

Before coming down too hard on programmers<sup>52</sup>—those who plan and/or carry out the abuse/cult training—let's look at how a perpetrator is made.

Ritual abuse programming begins with a very young child. The perpetrator's goal is control over his/her victim's mind. With the child exposed (usually nude) and vulnerable, the perpetrator becomes the all-powerful.

A programmer will use planned strategies to create and maintain dissociation. Putting the young victim in a double bind is one technique. An example would be the programmer ordering the victim to kill a puppy or his/her mother would be killed. The choice to kill the puppy to save his/her mother is then used against the child, as the young child is told that he/she is a bad person—a murderer. Placing the victim in a life-threatening test with rules that suddenly change at the whim of the torturer is another technique. Changing the rules of the game is frustrating to anyone. To a child whose safety is at stake, it brings submission, a broken will.

To survive the child will deny him/herself and go along with the perpetrator. Intuitively the child will comply with the torturer in order to anticipate and control the abuse the only way that seems possible. Satisfying the perpetrator becomes the only thing that matters, for only when the perpetrator is pleased and finally satiated will the torture end.<sup>53</sup> And in the process the very young child assumes the identity of his/her torturer and becomes a perpetrator.<sup>54</sup>

## **Tying All This Together**

Dissociation is a normal, life saving capability, a person uses in a traumatic, life-threatening situation. By escaping into dissociation, a victim can separate off thoughts, feelings, memories, and perceptions to endure a hopeless and/or helpless situation. Dissociation allows the victim to function as if the trauma had not occurred and thus preserves some areas of healthy psychological functionality.<sup>55</sup>

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<sup>52</sup> Programmers and perpetrators can be used interchangeably.

<sup>53</sup> Perry, 1997; StarDancer, 1995.

<sup>54</sup> Some victims choose to remain a victim, and others choose the power over others that comes with the position of a perpetrator. Both Cisco Wheeler and her father were ritual abuse programmers. What factors influence a perpetrator to escape the programming, like Cisco did, and another one who dies a perpetrator, as her father did, would make an interesting study.

<sup>55</sup> Riseman, 1999; Sidran Foundation, 1994.

Even at the DID end of the continuum, dissociation saved the victim's sanity. Thus this is a disorder that can be faced—by those with the disorder as well as by the public.

### So, Why Understand Dissociation?

Every individual is important. Every victim is worth restoring.<sup>56</sup> Following are other worthwhile reasons:

- For the Public
  - You cannot tell the difference between most trauma survivors and anyone else. You probably already know of someone has been through repeated abuse.<sup>57</sup>
  - Recognition of the disorder and support from others is part of the formula in the healing process.<sup>58</sup>
    - Validation & support of the victim affect recovery rate.
    - Denial of DID is part of dissociation. It prevents recovery and feeds the disorder.
  - An increasing public awareness of the evil behind DID and ritual abuse will decrease and prevent the abuse.<sup>59</sup>
    - Ritual abuse groups control people without the victims knowing they are being controlled. Knowledge of mind control techniques lessens that possibility.<sup>60</sup>
    - When deception, hypnotism, and other such techniques are used to recruit and maintain followers, people's rights are infringed upon.

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<sup>56</sup> Friesen, 1991.

<sup>57</sup> Friesen, 1991; Sidran Foundation, 1994.

<sup>58</sup> Friesen, 1991; Putnam, 1989; Ross, 1997.

<sup>59</sup> Peck, 1983; Ryder, 1992.

<sup>60</sup> Anderson and Russo, 1991; Hassan, 1990; Michaelsen, 1989.

- Evil will spread when good people ignore the abuse.<sup>61</sup>
    - When ritual abuse perpetrators are exposed and face the consequences, cult activity will lessen.<sup>62</sup>
  - One person can influence others to either accept or deny dissociation.
    - As a negative example, Sigmund Freud was a medical doctor who did psychotherapy in the late 1800's. Freud's personal denial of DID<sup>63</sup> snuffed out research on trauma for 100 years, until the Vietnam War PTSD veterans brought back the research.<sup>64</sup>
- For the Dissociated Victims
    - Victims don't need to stay a victim. Dissociative disorders have excellent prognosis, if proper treatment is undertaken and completed.<sup>65</sup>
    - The power of the perpetrator lies in the secret relationship maintained between the perpetrator and the victim.
      - Continued secretive, abusive programming is needed to maintain dissociation—that is how a perpetrator prevails.<sup>66</sup>
      - Breaking the silence breaks the bonds of mind control and programmed messages.<sup>67</sup>
    - The ripple effect—when other sufferers see freedom from the control of perpetrators is possible, one by one they will seek help—like ripples from a pebble dropped in the water.<sup>68</sup>

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<sup>61</sup> Friesen, 1991.

<sup>62</sup> Ryder, 1992.

<sup>63</sup> Dr. Freud had a brilliant mind and published numerous cases on the effects of traumatic experience. However, Dr. Freud also was human. When he discovered his parents had been sexually abused as children and that a number of abusive fathers were in his social circle, Freud detoured from his research and formed his Oedipus Complex theory. This theory states that sexual attraction to the opposite parent and that envious, aggressive feelings towards the same-sex parent are normal in a childhood phase (Ross, 1997).

<sup>64</sup> Holmes, 2002; Lerner, 1999.

<sup>65</sup> Ross, 1997; Sidran, 1994.

<sup>66</sup> Oksana, 2001.

<sup>67</sup> Oksana, 2001.

<sup>68</sup> Richards, 2002.

## How Can I Learn More?

We have scratched only the surface of dissociation. For further study, the following resources are recommended:

### Books

James G. Friesen's *Uncovering the Mystery of MPD*<sup>69</sup> is an excellent book that combines the study of dissociation, treatment, and the Bible. Dr. Friesen is a clinical psychologist who writes in layman language.

Christine Oksana's *Safe Passage to Healing* is another outstanding resource book, especially starting with Part Two—"About Ritual Abuse" and on. Ms. Oksana is a satanic ritual abuse (SRA) survivor and has done her homework. Some occult programming includes a suicide personality to be triggered if the victim becomes prematurely aware of their disorder. Her chapter on "Personal Safety" will prepare the individual to deal with suicide programming. Also, her suggestions in "Finding the Right Therapist" are most helpful.

Daniel Ryder's *Breaking the Circle of Satanic Ritual Abuse* is more intense material, but helpful to the one seeking truth. Mr. Ryder also is a survivor of satanic ritual abuse (SRA) and is a chemical dependency counselor and license social worker. If you suspect you are dissociated, there are some triggering pictures that should be avoided in this book.

### Internet Helps

Baldwin's web site <http://www.trauma-pages.com/> contains a full range of articles, information and links to other sites. There are complex articles for the professional as well as help for the average person.

Riseman's web site <http://www.ra-info.org/> is an excellent library that is especially helpful for someone not that familiar with the issues of trauma and dissociation. Also there is information and resources for therapists.

Healing Hopes at <http://www.healinghopes.org/> has a search engine that allows their visitors to type the topic they are seeking; also there are forums, chat, resources, and links. Chats are screened.

Maquaire, Thomas V. (1995). "A Recovery Bill of Rights for Trauma Survivors." <http://www.ra-info.org/resources/billrights.shtml> is encouraging material for anyone who has been through abuse.

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<sup>69</sup> Friesen's book is worth looking for in the used book sections.

Survivorship at <http://www.survivorship.org/> has a number of good articles and screened chat rooms. Although some are available to the public, most are for members only. Also available is a large database of holidays and festivities that either are or could be perverted by abusive groups.

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<sup>71</sup> Ms. Richards is a counselor who works with sexually abused and ritual abused survivors and a public speaker on dissociation.

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