

Kinds of Torture Endured in Ritual Abuse and Trauma-Based Mind Control

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END RITUAL ABUSE

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Knowledge of the methods of torture used within ritual abuse and trauma-based mind control provides a basis for recognition of related trauma disorders. Individuals subjected to these forms of torture may experience intense fear, phobic reactions, or physiological symptoms in response to associated stimuli. In some cases, the individual, or particular dissociated identities, experience a preoccupation with, or attraction to, related stimuli.

Victims may be able to describe the torture they have endured, or they may fear doing so. In many cases of ritual abuse and mind control trauma, the abuse remains dissociated when the individual first seeks treatment. Typically, the initial presenting problems are symptoms of anxiety, depression, or trauma derived from childhood sexual abuse, usually by a family member, who is eventually understood as a participant in the abuser group.

The following is a partial list of these forms of torture:

1. Sexual abuse and torture.
2. Confinement in boxes, cages, coffins, etc, or burial (often with an opening or air-tube for oxygen).
3. Restraint; with ropes, chains, cuffs, etc.
4. Near-drowning.
5. Extremes of heat and cold, including submersion in ice water, and burning chemicals.
6. Skinning (only top layers of the skin are removed in victims intended to survive).
7. Spinning.
8. Blinding light.
9. Electric shock.
10. Forced ingestion of offensive body fluids and matter, such as blood, urine, feces, flesh, etc.
11. Hung in painful positions or upside down.
12. Hunger and thirst.
13. Sleep deprivation.
14. Compression with weights and devices.
15. Sensory deprivation.
16. Drugs to create illusion, confusion, and amnesia, often given by injection or intravenously.
17. Ingestion or intravenous toxic chemicals to create pain or illness, including chemotherapy agents.
18. Limbs pulled or dislocated.
19. Application of snakes, spiders, maggots, rats, and other animals to induce fear and disgust.
20. Near-death experiences; commonly asphyxiation by choking or drowning, with immediate resuscitation.

22. Forced to perform or witness abuse, torture and sacrifice of people and animals, usually with knives.
23. Forced participation in child pornography and prostitution.
24. Raped to become pregnant; the fetus is then aborted for ritual use, or the baby is taken for sacrifice or enslavement.
25. Spiritual abuse to cause victim to feel possessed, harassed, and controlled internally by spirits or demons.
26. Desecration of Judeo-Christian beliefs and forms of worship; Dedication to Satan or other deities.
27. Abuse and illusion to convince victims that God is evil, such as convincing a child that God has raped her.
28. Surgery to torture, experiment, or cause the perception of physical or spiritual bombs or implants.
29. Harm or threats of harm to family, friends, loved ones, pets, and other victims, to force compliance.
30. Use of illusion and virtual reality to confuse and create non-credible disclosure.

To illustrate, ritual abuse survivors may experience intense phobic reactions to spiders or maggots (item 19). They may fear water and baths (item 4). They often fear hypodermic needles (item 16). They become easily too cold, too hot (item 5), or thirsty (item 12). They may have aversive reactions to cameras (item 23). They may become upset upon seeing babies, dolls, or particular animals, or they may strongly identify with abused and abandoned animals and children (items 22 and 24). Sexual aversions are common (items 1, 23, and 24), as are vulnerability to repeated sexual victimization, sexual compulsions, and in some cases, paraphilias, such as sadism (Young, Sachs, Braun, & Watkins, 1991).

Food aversions and eating disorders are common. Ritual abuse survivors may not be able to eat food that is brown or red because these remind them of feces and blood. They are often repulsed by meat, are vegetarian, or fast excessively, or regurgitate food, derived from forced ingestion of body matter and fluids (item 10).

Ritual abuse survivors, by and large, believe in the presence and power of spiritually evil forces, and often feel personally plagued by these (items 25, 26, 27, and 28). They may experience anxiety or an aversion to God and religion (item 26 and 27), or may alternatively be devout in their spiritual beliefs and practices.

Art productions, creative writing, and sandtrays, will often reflect their torture; including knives, religious symbols, frightening figures, coffins, burials, etc. Children unconsciously reenact elements of torture they have witnessed or experienced with toys and other objects. For example, a 3-year-old boy wrapped a rope three times around his neck and pulled upward, as if to hang himself. A 3-year-old girl sang about marrying Satan.

External or internal reminders of torture-related stimuli often precipitate dissociative responses, such as entering a trance state, falling asleep, or an other personality taking executive control of the individual. Torture-associated stimuli may also elicit disturbing impulses to re-enact unprocessed trauma, such as impulses to self-mutilate, or thoughts of stabbing or sexually assaulting an other person.

Somatoform and conversion reactions occur frequently in response to ritual abuse and mind control trauma-reminders. Individuals often experience localized pain, especially genitourinary, musculoskeletal, and gastrointestinal, motor inhibitions, nausea, or even swelling in the affected area, prior to retrieval of any visual or narrative memory of the related torture. These are generally very distressing to the affected individual. Once the trauma is re-associated and processed within the context of psychotherapy or other forms of support, these somatoform and conversion reactions usually dissipate.

Survivors of trauma-based mind control often respond with anxiety to fluorescent lighting, since so much programming utilizes intense lighting (item 8). They may startle in response to a telephone ringing, related to programming to receive or make calls to abusers. They may believe they have microphones inside their heads that will relay their disclosures to their abusers (item 27). Fears of electronic or spiritual surveillance, and threats to loved ones (item 29) inhibit their ability to defy and escape their abusers or to disclose their abuse.

Victims of trauma-based mind control also usually experience intense or odd reactions to benign stimuli that were used in their programming. For example, they may have been programmed to remember to forget every time they see an apple, or to remember they are being watched every time they hear a police or fire siren. Similarly, they may make repetitive, robotic statements that do not make sense in the context of dialogue, e.g., "I want to go home", a common programmed statement intended to keep them obedient to the abuser group and reporting to their abusers. Specific songs may be compulsively sung for similar programmed purposes.

All of these symptoms can occur prior to the individual having any conscious understanding of the related abuse. This point is critical. Dissociative and neurobiological responses to overwhelming trauma (van Der Kolk, McFarlane, & Weisaeth, 1996) often prevent these experiences from being processed into a coherent narrative memory. The diagnostician cannot rely on the patient to put the pieces together of their clinical picture.

Finally, generalized guilt and survivor guilt are strongly associated with ritual abuse, since participation in victimization of others is a mainstay of ritual abuse and mind control torture (items 22 and 29).

For more on recognition of symptoms specific to ritual abuse trauma, see Boyd (1991); Coleman (1994); Gould (1992); Hudson (1991); Mangel (1992); Oksana (2001); Pulling and Cawthorn, 1989; Ross (1995); Ryder (1992); Young (1992); and Young and Young (1997).

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Programming Torture