

# Ritual Abuse, Multiplicity, and Mind-Control

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**As a result of the psychologically intolerable nature of their early childhood experiences, victims of ritual abuse frequently develop multiple personality disorder (MPD). Therapists who treat these victims often assume that all MPD stems from a system of spontaneously created defenses against overwhelming trauma. As a result, these therapists tend to focus on treating the post-traumatic stress elements of the disorder and on integrating alter personalities. Recent experience with victims of ritual abuse suggests the presence of "cult-created" multiplicity, in which the cult deliberately creates alter personalities to serve its purposes, often outside of the awareness of the victim's host personality.**

**Each cult-created alter is programmed to serve a particular cult function such as maintaining contact with the cult, reporting information to the cult, self-injuring if cult injunctions are broken, and disrupting the therapeutic process that could lead to the individual breaking free of the cult. A majority of ritual abuse victims in psychotherapy may maintain cult contact unbeknownst to either the host personality or the treating therapist.**

## Old Paradigms/New Understandings

**A**s a result of the psychologically intolerable nature of their early childhood experiences, victims of ritual abuse frequently develop multiple personality disorder (MPD). MPD constitutes a system of psychological defenses which are a reaction to intolerable abuse usually occurring

before the age of 6. Therapists who treat these victims often assume that all MPD stems from a system of spontaneously created defenses against overwhelming trauma. As a result, these therapists tend to focus on treating the post-traumatic stress elements of the disorder and on integrating alter personalities.

Ritual abuse is conducted on behalf of a cult whose purpose is to establish mind control over the victims. Thus, these perpetrators have a conscious motive for the abuse beyond compulsively repeating their own childhood abuse in an effort to gain mastery over the original trauma. Most victims state that they were ritually abused as part of satanic worship, for the purpose of indoctrinating them into satanic beliefs (Los Angeles County Commission for Women, 1989).

Mind control is originally established when the victim is a child under 6 years old. During this formative stage of development, perpetrating cult members systematically combine dissociation-enhancing drugs, pain, sexual assault, terror, and other forms of psychological abuse in such a way that the child dissociates the intolerable traumatic experience. The part of the child that has been split off to handle the overwhelming trauma is maximally open to suggestion as the abuse is occurring. The cult perpetrators exploit the vulnerability of the child who is being tortured by directing the child to create a new personality who is to answer to a particular name as well as to other specific cues. During the abuse, the newly formed alter personality is imbued with particular qualities and functions by the cult programmer.

Alter personalities which are structured by the ritually abusing cult in this fashion are created to serve particular cult functions. These functions usually lie outside of the awareness of the core (or host) personality. Such cult functions typically include, but

are not limited to, maintaining contact with the cult, reporting information to the cult, self-injuring if the cult injunctions are broken, and disrupting the therapeutic process that could lead to the individual breaking free of the cult (Neswald, 1991).

### **Re-Contact Programs**

Experience with cult survivors leads to the conclusion that most victims of ritual abuse remain in regular contact with the cult throughout their lives, unless psychotherapy allows them to successfully break the programming for cult re-contact which particular cult-created alters carry. Most ritual abuse survivors have a number of alters with re-contact programming to insure that the cult's investment in an individual will pay off.

Typical signals by which an alter who was created to serve a re-contact function is called out by the cult include a series of taps delivered at the door or window (often when the individual is asleep) or over the telephone, a particular hand signal, a specific kind of touch to a certain place on the body, a name (often the alter's name), a word or phrase, or a tone or tonal sequence.

Alters who are programmed for cult contact respond to cues by engaging in such behaviors as opening the door or window of the house to let the cult members in, or by leaving the house to meet cult members at a designated location. Other alters may be programmed to initiate contact with the cult on certain dates (such as the individual's birthday or at the full moon), by calling a specified telephone number, or by traveling to a particular location where the individual will be met by another cult member.

### **Reporting Programs**

Most ritual abuse survivors have one or more alters who have been programmed to stay in regular telephone contact with the cult and to report all events in the individual's life which would be considered pertinent to the cult. For example, if the individual relocates or begins therapy, this alter will call and report this information to the cult. The therapist of a ritual abuse survivor should expect that until the reporting programs have been located within the patient's internal system and those alters have been worked with in order to break their programming, all of what occurs in therapy will be communicated by the reporters to the cult.

### **Self-Injury and Suicide Programs**

Most ritual abuse survivors have a number of

alters who are programmed to self-injure or suicide if cult injunctions are broken. Typical self-injury programs include cutting (often in ritualistic patterns, with a ritually significant instrument such as a ceremonial knife), burning, car accidents, overdosing, starving or purging, not sleeping, or failing to take needed medication.

These programs are triggered by the cult to punish the victim/member for transgressions against the cult. Transgression may include going to therapy, remembering or disclosing cult abuse, or failing to carry out cult expectations such as attending rituals. When the individual compulsively self-injures in response to triggering, he or she enters a state of crisis which makes therapeutic progress difficult, and leaves him or her more vulnerable to cult control.

Suicidal programming is triggered only when the cult wishes to get rid of a member permanently, either because the member has become too great a liability to the cult, or because he or she is slated to die due to reaching an age which is considered numerologically significant by the cult.

### **Therapy Disruption Programs**

Psychotherapy is the only way out of satanic cult involvement for most victims/members, and because of this, cults are increasingly implementing programming which will disrupt the therapeutic process. Typical therapy disruption programs include creating alters who hold the belief that the therapist is either incompetent, will abandon the patient, or is a satanist with evil designs upon the patient.

Scrambling programs will also disrupt the therapeutic process. An alter is called out who scrambles the therapist's words in such a way that the patient is unable to decipher them. Flooding programs cause the patient to be flooded with the emotions, content, or physical pain associated with intolerable memories. In these cases, therapy may be disrupted because the patient goes into crisis or flees the treatment, assuming that it is the therapy process which is causing the intolerable flood of memories. Shutdown programs disrupt the therapy by eclipsing the host personality's and, consequently, the therapist's access to the patient's internal system of cult-created personalities.

Because the cult-created and programmed alters are designed to function outside of the individual's conscious awareness, the cult survivor who presents for treatment usually has no knowledge of them, even when he or she is aware of a history of ritual abuse. The therapist should presume that most ritu-

ally abused patients are probably active in the cult but unconscious of their involvement.

### Stages of Treatment

Treatment of ritual abuse patients involves, first, establishing a therapeutic alliance. Second, the therapist must help the patient to explore his or her internal system. In most cases, this will consist of cult-created alters as well as some spontaneously created alters. The establishment of a therapeutic alliance with the internal system, individually and collectively, is crucial to the success of the treatment. Third, the patient must be helped to discover the cult functions which the cult-created alters serve.

Fourth, the patient will need to understand the triggers which activate the cult cues to access each alter. Fifth, the patient will need to recall all of the components of the abusive experience(s) which combine to create each alter and to program that alter's thinking and behavior. When the dissociated aspects of the experience which led to the creation and programming of the alter are fully re-associated, that alter will no longer feel compelled to act according to his or her programming instructions (Ray & Reagor, 1991). Normally, integration of any given alter should be postponed until the memory work of re-associating traumatic material has allowed the patient to break that alter's programming.

### Satanic Alters

Therapists should anticipate the presence of alters who hold satanic beliefs, and should resist impulses to aggressively convert or exorcise them. The establishment of a therapeutic alliance is as important with the satanic alters as with the others within the patient's internal system. The therapist must strive to empathically respond to these often very young alters' fascination with the drama, costuming, and ritualism which is intrinsic to the practice of Satanism.

Over time, alters who hold only the experience of, for example, putting on the ritual clothing, can be helped to understand that the rituals which they attend also involve hurting people. As dissociative barriers are broken down within the patient's internal system, alters can begin to share their experiences with one another. For example, an alter who takes the pain at rituals can convince an alter who wakes up at night in response to a certain knock

pattern and lets cult members take the person to a ritual that it is better to protect the others inside by keeping the door shut.

Like other alters within the internal system who are programmed with particular cult functions, alters whose jobs are specifically ritual in nature need an opportunity to reflect upon whether or not they really want to remain members of the cult and practice cult rituals. Alters who have never experienced free will of any kind need help from the therapist to exercise choice. Often alters can be helped to choose a new "job" which serves the individual rather than the cult. For example, the alter whose job it was to drive the person to rituals may wish to start driving to therapy or church.

Aggressive attempts to convert alters should be avoided in favor of helping alters at all developmental stages to think through their own belief system and make informed choices in matters of religious beliefs and practices. Preaching dogma of any kind is likely to be experienced as similar to the abusive mind control perpetrated by the cult. The discovery of personal beliefs and the realization of internally generated choices about worship are extremely important in the development of a more integrated and autonomous self.

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