

A General Survey of Dissociative Identity Disorder Patients

By Pamela Monday, PhD

I am a psychotherapist who has worked, since 1988, with over 60 individuals diagnosed with Dissociative Identity Disorder (D.I.D.), formerly termed “multiple personality disorder.” Dissociative Identity Disorder is a disorder whereby the mind is split into parts that are “dissociated” or disconnected from the conscious mind. D.I.D. is a result of chronic, extreme abuse.

Of these 60 patients, 51 reported perpetrators connected with military bases and with other governmental activities. Most were women; three were men, and 11 were children ranging in age from 3 to 17. The oldest was a man in his 50’s, which would mean that his childhood training occurred in the 40’s. Most of the women were between 30 and 45. All training began when they were children, most from birth.

All 60 of these patients reported multi-generational incest. All had memories of satanic-type, ritualized abuse whereby occult practices, such as invoking the names of demons, drinking blood, sacrificing animals and humans, all types of ritualized sexual ceremonies, and “specialized” rituals such as the “marriage to satan” ceremony were involved. In some cases, these practices seemed to be the central reason for the abuse (that is, “religious” worship of satan and his demons); whereas in others, the purpose seemed to be mainly to traumatize the child.

The trauma serves two purposes: 1) it terrifies the children into believing the perpetrators’ threats, such as “if you tell, we will kill you like this” (or kill your mother, your brother, or other loved one), and 2) it causes the mind to dissociate into parts so that mind control programming can take place, training the part that is “split off” by the trauma for whatever purpose the group wishes.

In some cases, the memories of satanic abuse included “smoke and mirrors” magic whereby it only appeared that a child was killed (often a child would be drugged, appear to be stabbed, and lowered in the ground in a coffin, only to be brought up later before suffocating; the children watching this were of course terrified and whether they retain the conscious memory or their dissociated parts remember the experience, the end result is that the children were convinced that the child had died). Doubters have stated that this “incorrect memory” of someone being killed when they really weren’t challenges the credibility of victims’ recollections.

But it is the incredible detail when the memory is recalled that stands out. For example, patients have drawn pictures of the various types of knives used for different types of rituals. The one used to skin victims looks very different from the one used to eviscerate them. Each instrument, whether used for torture or killing, often has markings on it that have shown up time and again in different patients’ drawings.

Children in particular are able to give remarkable details that, unless they have directly experienced it, they would not likely know. For example, a five year old told me “you know when you have to stab the baby in the chest, you have to move the knife around to the side a little and stick it in because there’s the hard thing in the way that keeps it from going straight in.” (This statement was told to me

from a dissociated part, or “alter” within the child who had a name and a function; the function was solely to be the one who did the stabbing. The “everyday” child had no conscious memory of this, and could not remember after the therapy session telling me about this event – he was amnesic not only for the memory, but during the time part of his mind was relaying this information to me.

These kinds of detailed statements leave little doubt that these people have been through something horribly traumatic. I maintain that whether someone was actually killed or not, a ceremony designed to make people think someone was killed is meant to, and does, traumatize and terrify.

Most of the 60 patients had received several diagnoses over the course of years before they had been diagnosed with D.I.D. Typical diagnoses were Schizophrenia, Manic Depression, Borderline Personality Disorder, Major Depression with Psychotic Features, Schizoaffective disorder, and others. Most of these patients had been in therapy on and off for several years. Most of them did not know they were D.I.D. until they found a therapist who knew how to assess for the disorder. . The majority of these patients had been diagnosed with D.I.D. before I began working with them.

Persons with D.I.D. experience periods of “lost time” whereby they can not remember what they have been doing for the last several hours or days. They will find themselves wearing clothes or having possessions they don’t remember buying; they will have people say hello to them they don’t remember having met; they will find notes written in handwriting they don’t recognize. All of these things are diagnostic of D.I.D. but if a therapist doesn’t know to inquire about these things, it is impossible to accurately diagnose.

All patients reported being filmed while engaging in sexual acts as children. The children and adults who reported being abused on military bases provided extremely detailed information about sophisticated equipment used in the programming. The equipment mentioned included virtual reality equipment; split video screen technology (used to program right and left hemispheres of the brain); headphones used in altering brain wave states; video games with violent themes used for training; flashing colored lights; strobe lights; stun guns; electroshock boxes (used primarily to create amnesia for the events preceding the shocking); spinning chairs and tables (used to disorient and confuse); shock grids; electrodes and wires attached to all areas of the body; sensory deprivation and isolation tactics; drugging; and an endless variety of instruments of torture. Younger patients, especially children, mentioned virtual reality, and videogames. These of course are more recent technology.

Some form of electroshock was the most commonly mentioned instrument, along with the use of drugs. The torture is used to traumatize the person so that the mind will dissociate into parts that are buried in the subconscious mind and thus the person does not have conscious knowledge about the dissociated parts. Once dissociated, torture can be used to cement the training or programming. For example, a dissociated personality can be trained to self-abuse by having needles inserted under the fingernails and told that the pain will stop when she slices her arm with a knife. The relief of the first pain is the reinforcement for the cutting. With practice, whenever this personality begins to feel any kind of emotional pain, she will dissociate from that pain by cutting on her arm, and experiencing relief, just as she did during the training.

With the rapid increase in technology, children currently being programmed through government experimentation are reporting sophisticated technology whereby the mind can be trained to dissociate into altered states of awareness without the use of trauma. Similarly, technology currently allows the manipulation of human emotions through microwave and other electromagnetic energy methods, which do not require physical contact with the victim. When patients report the use of these methods, most of them are not able to call them by their appropriate names, such as “microwave harassment”.

Instead they report what happens to them physically; they draw pictures of the equipment; and they describe the things they are required to do when hooked up to these devices.

The patients have reported technology used in these experiments many years before that technology was available in the private sector, such as virtual reality, non-lethal weapons, and embedded microchips for tracking and identifying. Several of these patients reported being used to program others, and were able to relate involved and detailed programming techniques that utilize psychological techniques known to be effective in shaping and controlling behavior. The use of sensory deprivation, isolation and drugging are common to assist in breaking down defenses, and making the mind more susceptible to manipulation.

Some patients trained as programmers wrote endless pages of programming that looked like the most sophisticated of computer programs, with logic strings and feedback loops, and all manner of computer terminology.

Patients reported a variety of Organized Perpetrator Groups involved in the abuse. In addition to military bases involving military personnel, patients reported abuse settings involving the following: Masons, Shriners, a wide variety of church denominations, day care settings, funeral homes, and numerous occult organizations, schools, hospitals, universities, homes of celebrities, judges, and politicians, ranches, and the woods, to name a few. Patients have reported different groups meeting together at times and have given detailed information about how these groups use each other and each other's resources to network. Programmers would often travel from group to group to teach each group how to do more sophisticated and efficient programming as new technology was developed.

Two clients (military programmed) mentioned the CIA; the mafia itself was not mentioned but leaders of Mafia groups were named at times. A few clients mentioned "Janus", which refers to the "mother" computer that supposedly has all the information about all the programmed people, such as the names of all of their parts inside, what each part is programmed to do, who their handlers are, and what their triggers are. "Trigger" refers to the name, object, phrase, song, date, sound, or other thing that is programmed into the internal "system". These triggers start off the programming string, calling out an alter, getting an alter to do what that part's job is to do, or just reinforcing the programming inside.

An example would be programming that says "whenever you hear the words 'take care of yourself' (the trigger) you will attempt suicide within the next 3 hours."

All patients had alters inside who have the names of their perpetrators. The purpose of this is to allow the perpetrators to continue to control through an established alter inside who does what the perpetrator has directed to the other alters and so the programming is reinforced.

National and international child pornography rings, arms and drug smuggling operations, prostitution rings, child slavery organizations, blackmailing of politicians (both domestic and foreign officials, at all levels of government), assassinations, gathering secrets from other governments, and other types of organized crime are connected with the proliferation of this form of abuse. It is all about money and power.

Imagine having an unpaid labor force to use for whatever purposes you wished. Programmed to believe that they can "run but not hide", and can never escape, generations of abused people will be available to be used for evil purposes.

Mind control experimentation goals include: creating spies who, upon capture, will not break under torture (because the mind is divided and unavailable for conscious recall—the "Manchurian

candidate”); providing labor for the money-making illegal activities mentioned above; testing any number of products, medicine, toxic material, spread of disease, capacity of human knowledge, skill, strength, etc. without the subjects’ knowledge or consent, or having to worry about such things as ethical standards of scientific experimentation.

Scientists tell us that we use about 10% of our brain’s abilities. The victims of mind control have been very carefully trained to use much more than 10%. The various projects that were exposed in the 70’s detailed the use of Extra Sensory Perception, remote viewing, photographic memory training, and all manner of mind-over-matter experimentation, such as biofeedback to shut down the kidneys or other life systems. All of my patients have incredible artistic ability; perhaps that is a skill that is universal for all—if given the right training? Most of my patients have alters inside who either speak in a foreign accent or actually know a foreign language (or even several languages) that they don’t remember learning.

Research has demonstrated that people with D.I.D. are highly intelligent, and that has been my experience with mind control victims.

People, abusing people is as old as mankind. What is frightening is the organized abuse whereby perpetrators are funded by and protected at the highest levels by the wealthy and powerful. Proving the existence of these groups is as difficult as exposing any powerful crime organization. But proof lies in the increasing numbers of people with D.I.D. who are coming out of the woodwork and revealing what has been going on for decades. The proof is in the diagnosis. D.I.D. is the incredibly efficient way the mind protects itself from chronic, extreme trauma. The broken lives of these patients as they wrestle every day with simply trying to stay alive, much less unlearning all the dysfunctional things they have been taught, through programming, (such as “whenever you begin to have memories of what happened here today, you will immediately set yourself on fire”), are proof indeed of the horrible abuse they have endured.

The first step in exposing abuse is believing that it has happened.

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