Educating Professionals & Politicians about Complex Trauma & Satanist Ritual Abuse (SRA)

Dr RAINER HERMANN KURZ & WILFRED WONG
Workshop 7/11/2018

Rainer Kurz Audio-Visual Presentations:
https://www.youtube.com/watch?v=BKDXo7tv9lA
https://www.youtube.com/watch?v=yOrTRvQtQeO&t=76s
https://www.youtube.com/watch?v=WSIoT7szqW
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Wilfred Wong Audio-Visual Presentations:
http://www.ukcolumn.org/ukcolumn-news/uk-column-live-satanic-ritual-abuse
https://www.youtube.com/watch?v=6FezCnsUh60

Organised Abuse in the UK – Conference 2018 in Dundee
http://rans.org.uk/
https://survivorship.org/events/
BPS CEO Chief Executive Ann Colley
Leicester
Re: Senior Manager < 
1st May 2017

Dear BPS CEO Ann Colley

Filled with sadness and worry about the fate of extreme abuse victims and their (few!) supporters I am writing to lodge a formal complaint against the BPS Senior Manager named above in a matter of grave seriousness and global significance.

On Wednesday 26th April I received an email from the Senior Manager addressed to the four presenters in my Symposium ‘Trauma, Dissociation & Healing’ accepted for presentation on Friday 5th May 2017 at the BPS Annual Conference in Brighton with the following content:

'I write further to correspondence earlier this month with respect to the symposium entitled “Trauma, dissociation and healing” at the BPS 2017 Annual Conference.

Thank you for your responses to this correspondence and the additional work you have undertaken to seek to address the concerns about the proposed content. We have considered your responses but unfortunately do not feel this symposium should go ahead as part of the Annual Conference this year and it will be withdrawn from the programme. It will, of course, be possible to resubmit the symposium for a future conference when there has been more time to reach an agreement.

I’m sorry that we are unable to proceed with the symposium on this occasion. We will, of course, be happy to refund any registration fees for any of you who no longer wish to attend the conference.

With best wishes'

It is patently clear that the Senior Manager:

A. failed to give any reasons for the ‘decision’ made by unelected BPS officials
B. failed to provide any evidence of ‘due process’ in arriving at this decision
C. failed to provide any reference (e.g. BPS Royal Charter) that would confer jurisdiction
D. failed to define what ‘we’ refers to

In the course of investigating the case that lead me to convene this symposium I presented 17 posters (as per appendix A to Q) at international mental health conferences where I outlined what seemingly happened and isolated various problems in psychological assessment theory and practice. This is a self-funded initiative (estimated expenditure to date £35k) that I am carrying out to fulfil my moral and ethical obligations to expose and combat criminality (including fraud).

The most succinct summary can be found in Appendix G which features a manipulative police officer instructing a mother of a toddler to refrain from reporting any sexual assault (on her or the child) for several weeks – ostensibly to facilitate an ‘undercover police investigation’. In the 6 months that followed three adults in the vicinity of the case were found dead. With potential supporters of the mother ‘bumped off’ (e.g. suspected arson murder of boy’s godmother with artefacts available for DNA analysis) a 6 months stalking, defamation and harassment campaign ensued leading up to a sexual assault on the 2 year old in broad daylight. The young mother delayed reporting for several
weeks as instructed. When she reported the assault authority representatives decided to ‘disbelieve’ her and took her child ‘into care’.

Appendix O outlines in the left hand column serious deficiencies in the conduct of a Clinical Psychologist and in the middle column likely ‘compromise’ of a Psychiatrist who early on threatened the mother with ‘sectioning’. It turns out that this Psychiatrist seemingly is an associate of the alleged assault perpetrator and inflicted harm (through unnecessary ECT) on the mother at several occasion.

**Third Party Crime Witness submissions I made to relevant authorities continue to be ignored.**

In the face of inadequate and compromised authority processes I have shared my own learning with relevant communities. Exposing malpractice and educating colleagues about extreme abuse (15% of 1994 BPS Working Party Survey participants had come across ‘SRA’) is in alignment with the BPS Strategy ‘Promoting Excellence in Psychology’.

How is the uncalled for interference by the BPS Senior Manager related to the BPS strategy? What is the benefit for BPS Members of obscuring the reality of UK society including inadequate psychological assessment practices that shield extremely dangerous offenders and lead to ‘Child Smuggling’ in plain sight?

The ‘censorship’ actions of the BPS Senior Manager are in my view highly irregular, unjustified and unethical. I would like to see a swift overturning of the ‘order’ and a thorough investigation of the matters raised.

Yours sincerely

Dr Rainer Hermann Kurz

Chartered Psychologist
Science & Practice Strategy Convener of the BPS DOP
Member of the Committee on Test Standards
References:


Kurz, R. H. (2017g). *Challenging Inadequate Assessments and the 'Discourse of Disbelief'.* Presentation at the European Society for Trauma and Dissociation (ESTD) Conference in Berne.


Appendix A: Kurz (2014a)

Introduction

Digman (1997) found that the Big 5 personality factors are inter-correlated forming two higher-order factors: Alpha consisting of Agreeableness, Conscientiousness and Emotional Stability and Beta consisting of Extraversion and Openness to Experience. Matt et al (2006) found that three higher-order factors remain correlated giving rise to a general factor of personality. The General 8 competencies of Kurz & Batram (2002) separate out Need for Achievement from Conscientiousness, Need for Power from Extraversion, and Analysis from Openness to Experience. This paper argues for the use of Great 8 Totals to measure general profile trends, and illustrates how this thinking can enhance clinical assessments.

Materials and Methods

As per the scoring instructions, a 30 item true/false scale was prepared containing items pertaining to the Great 8 Factors. The items were then scored for the eight subscales. Each item was assigned a score of 1 if true, 0 if false, and 0 if the item was not applicable. The total scores for each subscale were then calculated. The results were expressed as a percentage of the total possible score for each subscale.

Results & Clinical Application Illustration

The results suggest that Total scores are preferable to the FUPC as they provide a simpler explanation of the overall profile and allow for differential profiling. Great 8 Totals are indicative of Competence, and associated with the 'bright' general factor of personality. Such constructs can enhance mental health assessment processes and help prevent misuse of the profile on the part of the user.

References

Appendix B: Kurz (2014b)

RELATING THE INTERPERSONAL NEUROBIOLOGY OF DAN SIEGEL TO BUDDHISM, HUMANISM & HEALING

Summary
This poster explores the power of spirituality to foster healing especially for developmental conditions such as (Complex) Post-Traumatic Stress Disorder (PTSD) and dissociation spectrum disorder. It relates the ‘Relationship’, ‘Energy’ and ‘Information’ elements in the interpersonal neurobiology of Dan Siegel (2001; 2016) to the three virtues of faith: ‘Compassion’, ‘Courage’ and ‘Wisdom’ (Kushida, 1998; Hochschild & Rubenstein, 2001) in the humanistic principles and practices of Soka Gakkai International (SGI) – a particular branch of Nichiren Buddhism currently lead by 3rd President Daisaku Ikeda.

Buddhism
All branches of Buddhists originated from Shakyamuni, the son of the Shakya clan, who was born into Indian aristocracy about 500 years BC. He founded the culture of peace and understanding the suffering in this life, illness, aging and death. He got enlightened while sitting under a bodhi tree to the true nature of reality. His basic principles were based on earlier and Mahayana branches on later teachings.

The teachings spread to China where scholars such as Tiian T’ai translated and interpreted the teachings giving rise to the Tendai school in Japan.

Nichiren Daishonin (1222-1282)
At the age of 16 Nichiren Daishonin entered a Buddhist monastery determined to become the wisest person in all of Japan. He studied all historical Buddhist teachings and competing doctrines until at the age of 31 he founded the Lotus Sutra to be the superior teaching, and charted Nam Myo-jo-Rangy-Kyo for the first time. He realized the importance of every human being—regardless of their past and gender—possessed the potential to become a Buddha in this life time.

This uplifting and life-affirming philosophy was an anathema for the militaristic rulers of the time. Persecution after persecution followed including violent attacks by his enemies, a beating attempt by magistrates state authorities representatives and raids to his temple as well as Saijo Island. He got imprisoned eventually but immediately renovated a third and last time with the state authorities about the correct teachings for peace of the land. His work was authentically continued by his successor Nikko Shinon and then Nichimotsu Shonin.

Soka Gakkai International (SGI)
Transnational Buddhism became a renowned Educationalist in Japan through the publication of his magnum opus ‘Human Geography’. Distilled within the context of mindfulness, Buddhism and the awakening of consciousness in the educational establishment returned to Nichiren Buddhism. Together with his young fellow educator Josai Toda he founded in 1950 the Soka Gakkai (Educational Value-creation Society). Both were impressed with further Phậtist beliefs by the Japanese Military Authorities in World War II.

In 1960 Daisaku Ikeda became the third President of the Soka Gakkai. He received more than 200 honorary doctorates from universities around the world, and the UN Peace Prize. He took membership from about 11 to 12 Million. In 1975 he formed SGI – a humanistic Buddhist movement that is now active in more than 100 countries and territories. In 1996 all present wise with the ‘peace’ were revered. The key elements of this Buddhist movement are Faith, Practice and Study.

Faith is about the ‘mythical’ idea through Compassion, Courage and Wisdom. ANY problem can be overcome – creating a virtually fearless and state thus managing any data issues or threats. In fact humans Buddhism emerges difficulties as opportunities for growth.

Study of the scriptures engages the verbal processing in the hippocampus area.

Practice consists of recitation of Namgyo (excepts of two key chapters of the Lotus Sutra) and Dainenzan (chanting ‘Nam Myo-jo-Rangy-Kyo’ – appreciation of the Lotus Sutra) stimulating self-change, bar, information processing, and social activities building bonds of trust and friendships as well as self-belief.

Dan Siegel’s Neurobiology
The interpersonal neurobiological ideas of the American Child Psychiatrist Dan Siegel resonate with many progressive colleagues as they offer a more nuanced and future-oriented perspective that reduces the over-reliance on medication and ICT, and provides a comprehensive theory for neural integration and healing (Siegel, 2001).

‘If we can find a way to facilitate neural integration within the minds of individuals across the lifespan, we may be able to promote a more compassionate world of human connection.’

SGI Virtues & Neurobiology
At the heart of SGI membership is the Great Vow for Kosen (lit.: ‘Total World Peace’) supported by three virtues that closely correspond to the fundamental tenets that underpin human nature in the interpersonal Neurobiology of Daniel Siegel (2001; 2010):
1. Compassion/Relationships
2. Courage/Energy
3. Wisdom/Information

SGI Members strive to overcome challenges through application of these three virtues. The poster illustrates how positive spirituality can help overcome trauma, depression and despair to live a happy and fulfilled life—without medication.

References

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Appendix C: Kurz (2014c)

22nd European Congress of Psychiatry of the EPA 2014 in Munich

SCHIZOPHRENIA VS. COMPLEX TRAUMA: CHALLENGING MILLON MCMI-III INVENTORY RESULTS WITH LACTER & LEHMANN (2008) DIFFERENTIAL DIAGNOSIS GUIDELINES

Summary

This poster explores content, construct, measurement and interpretation issues surrounding the Millon Clinical Multiaxial Inventory III that can lead to misdiagnosis — especially of abuse victims. The analysis is based around an extremely serious ‘Misappropriation of Justice’ case where ‘evidence’ from the Millon, contributed to the re-victimisation of two extreme abuse survivors. The application of the Lacter & Lehmann (2008) guidelines is recommended whenever disclosures of a client are of an "unbelievable" nature.

What is ‘Extreme Abuse’?

Becker, Kantner, Overhamp & Ruiz (2000) concluded a study (see Figure 1) of 146 ideologically motivated offenders as long-term survivors. Professional support is needed and views vary. The category headings alone give an indication of what seems to be the greatest source of modern abuse society. 1% adhere to extreme positions. A reading of the case. How could these unbelievable, or sole unacceptable, happen in the midst of our democratic society?

The case of Marc Distau, who was successfully prosecuted, is described in the history of young women most memorably represents the tip of the iceberg (or ‘Abuse’). Two ‘disposable’ children were murdered. Quite unbelievably, he was not sentenced to prison earlier for very similar crimes, and released! Distau emphasised that he was ‘just’ working in an ‘Europe-wide abuse network’ However, apart from his claimed only other person successfully prosecuted was his wife. 11 children (inmates, sex worker etc.) (friends) were killed. The 300,000 Belgian trial took the streets in protest of the cover up, and the Brussels riot police charged the Justice ministry with white paint to symbolise the ‘white-wash’.

Related extreme abuse crimes are the notorious cases in hundreds of cases of ‘lost children’ (Kamyschuk & Parry, 2004). The daughter of M. Distau, who ‘inherited’ his daughter Elizabeth for 24 years and made her beat 7 children; and the case of Natalia Kaplis, Kaplis who was held captive for years.

What are ‘Delusions’?

The DSM-V definition (American Psychiatric Association, 2013, p. 910) remains identical to the DSM-III (p. 765) and DSM-IV-TR (p. 821).

- delusions: a belief based on incorrect information about reality that is firmly sustained despite what appears otherwise, which is beyond the reasonable doubt of evidence to the contrary.

A Google search on 18/01/2014 brought up 154 entries that quote literally the first DSM Delusion definition statement.

A recent court case—described as ‘What is the Black’s Medical Dictionary’ (Marcovitch, 2010).

Delusions: An unusual and relatively unshakable belief peculiar to some individual. They fail to respond to reasonable argument and the question is often posed in the context of a belief that the person or persons who are persecuting them. The experience of a delusion is such 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. (First aid or First aid and emergency services)

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

How does the Millon MCMI-III measure ‘Delusional Disorder’?

- any genuine victim of inter-generational and/or organised crime abuse will come out having a ‘delusional disorder’ when responding truthfully in the light of their genuinely ‘toxic’ environment.

- people saying into plausible lies

- people who are trying to steal

- having to support family lies

- being plotted against

- people trying to exercise mind control

- making up believable lies are crazy

Other terms discriminate against creative and spiritual individuals who feel that ‘they got ideas that are ahead of the times’, or against emotionally unstable people who take decisions confidently without undue worrying.

What are the Top 10 MCMI issues?

1. Use of ordinary ‘Big 5’ trait markers in supposedly clinical scales.
2. Use of mislabeled scale labels that fail to adequately represent scale intent.
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 the Big 5.
5. Use of derived scores without adequate cross-reference to primary pathology scales.
6. Multiple scoring options (up to three scales) leading to score overlap, with some items even scored in opposing directions (i.e. both answer options represent pathology).
7. Over-simplification of base rate values that can be easily affected by reliability issues i.e. response bias to just one of two items.
8. Failure to take account of ‘risk environments’.
9. Overly simplistic expert system reporting that ignores the body of evidence on ‘typical’ profiles and certainly gives lack of differential validation evidence.
10. Poor coverage of dissociative symptoms and lack of a proper developmental perspective e.g. hearing on issues such as PTSD.

How to differentiate?

The guidelines of Lacter & Lehmann (2008) were developed with the impact of ‘unbelievable’ extreme case facts in mind, hence the authors strongly advise mental health professionals to dismiss an attempt to assess Adult Survivors of such grossly insecure unless they are fully familiar with the extreme abuse literature. In fact, the case described above NONE of the 40 left-hand descriptors indicative of Schizophrenia applied, and only about 1/3 of the right-hand descriptors indicative of Trauma/Mind Control (with only 60% of the Figure 1 headings covered) this Adult Survivor seemingly put at ‘more likely than others’.

References


Figure 1: Extreme Abuse Survey: SEAS: Adults; P-EAS: Professional; C-EAS: Children

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Appendix D: Kurz & Coomes (2014)

TRUE TRAUMAS, DISSOCIATION SPECTRUM SYMPTOMS AND DIFFERENTIAL ABILITY PROFILING

Summary
This case study shows how differential ability profiling can help to understand trauma client background, presentation and responses to incidents. IQ test results at age 7, 17, 23 and 30 showed poor working memory and concentration test performance against the backdrop of a superior Verbal IQ. Eventually, a moderate degree of Dyslexia was attested and accompanied by extraordinarily poor auditory working memory and oral comprehension skills. Information processing issues thought to be indicative of a 'schizophreniform/delusional personality disorder' turned out to be specific to a traumatic learning disability for which appropriate accommodation must be made under the relevant UK disabilities legislation.

Trauma Background

Judith Heman explained that traumatic memories have a number of unusual qualities that are not encoded like ordinary memories; adults in a natural narrative that is assimilated into developing the story. The frozen and wordless quality of traumatic memories stems from the fact that the situation has not been satisfactorily regulated until the victim has completed an inward reaction through the words and the organization of the recollection. Almost a hundred years ago Pierre Janet spoke of the person's need to 'assimilate' and 'internalize' traumatic experiences, which, when accomplished, produces a feeling of triumph. Over recent years Chinn and colleagues brought this seminal work back to life and attention to the therapeutic community.

Personality vs. Ability Issue

The client was diagnosed at age 23 with "Information Processing Impairment by a Clinical Psychologist following completion of the WAIS-IQ. The use of standardized and norm-referenced stimuli, and processing abilities that are occasionally acoustic perceptions would be delayed by minutes, hours, days, months or years. Other mental health professionals in a forensic context denigrate the existence of the condition, and claim it would be better indicated as a 'schizophreniform/delusional personality disorder'. This poster reviews the evidence on ability tests completed at age 7, 17, 23, 29 and 30.

WISC-R at Age 7

WISC-R at Age 7

With the obvious qualifications of the clients at age 7, the Verbal IQ was in the upper normal range (top 14%) and Performance in the upper normal range (top 5%) with overall IQ in the top 2.5%. The report states:

'She has a wide reading vocabulary which is supported in visually-based formation and retentiveness of letter patterns. She is not so strong in auditory decoding, but is outstanding in unfamiliar words.'

'She has a rather weak auditory memory which results in a lower total score. She finds it rather difficult to retain and recall sequences of sounds, but her processing skills are particularly strong in visual processing and visual imagery.'

'There is some evidence of slight sequencing and ordering difficulties.'

WAIS at Age 23

The client left her abusive family home at age 19, preferring homelessness to the regime of verbal, physical and sexual abuse that started at birth. She was subjected to serious and devastating attacks that lasted 4 day memory amnesia where all episodic memories were inaccessible. As ordinary memories returned to old memories of extreme abuse suffered, 'self-medication' use of recreational drugs was triggered by traumatic memories.

The WAIS results show a massive drop on Perceptual Organization to the 33rd percentile, on Working Memory denotes the 14th percentile (this indicates a limited auditory memory capacity and the ability to sequence material held in immediate memory) and Processing Speed at the 50th percentile (some weakness in the way she processes visual information and is particularly short-term visual memory). The patterns explained the learning difficulties the client was experiencing in her 'Access Courses' and low awareness made computing, exam, and time limits increase.

WRIT & Attainment Tests at Age 30

An in-depth assessment with a learning difficulty expert was conducted at age 30. The WRIT results showed the client has a superior general intelligence (Q2-142) which is made up of an above average non-verbal (153) and superior Verbal IQ (120). However, performance on the Symbolic Working Memory task was at the bottom 5%, and on the Spatiotemporal Listening Comprehension test at the level of a 6-year-old.

Her literacy levels, although average, are not commensurate with her underlying IQ. Further results suggest that he has a core deficit in auditory processing in particular her auditory memory and reading, making her even more commensurate with a diagnosis of specific learning difficulties, commonly referred to as dyslexia. This manifests itself in being unable to process auditory information at speed and accurately. When it is presented in written form, dyslexic individuals have trouble reading, writing, and spelling.

Separate assessment by a Dissociation Expert indicated that dissociative symptoms were shown in her early 20s but were not present at age 30. The information processing was assessed from the traumatic developmental trauma and expresses an ability deficit rather than being in any way indicative of a personality disorder.
ETHICAL CHALLENGES POSED BY BABY AND TODDLER SEXUAL ABUSE: ‘THE LOST PROPHETS’ SINGER IAN WATKINS

Summary

A diagnosis Welsh pop star was sentenced to 10 years imprisonment plus 6 years extended licence on 18th December 2013 having admitted to two counts of attempting to rape babies provided by ‘superfan’ mothers. This poster explores the background of the perpetrator, the nature of extreme child abuse and the ethical challenges posed for mental health professionals when confronted with ‘unbelievable’ abuse acts reported by witnesses or victims.

Situational & Verbal Memory

Briere (2011) proposed that the trauma has a dual representation in the vestibular system: the vestibular system, or ‘real’ memories and the vestibular system, or ‘phantom’ memories. The vestibular system involves the brain and the vestibular system involves the brain, and so one dominant depending on what we are doing. Watkin’s claimed abuse was ‘unbelievable’ and that no harm was done (Watkin’s). However, the paper suggests that more traumatic situational memories will have been created.

Background

The Welsh rock Ian Watkins rose to fame with his band, The Lost Prophets. The band, however, has been involved in a drug-related scandal, which has led to the band being split up. Watkins has been charged with multiple counts of child abuse, including rape and sexual assault.

Extreme Child Abuse Issues

The criminal investigation uncovered abuse of massive amounts of pornographic images. The computer password was cracked by security services, and thousands of images were downloaded. The investigation also revealed that Watkins had been sexually abused as a child.

Mental Health Implications

The case speaks to sociopathic tendencies. People who are mentally ill but do not fit the criteria for full-blown schizophrenia can be highly dangerous. Mental health professionals need to look at the case to determine if they should be pursuing a co-morbid disorder.

Figure 1: Ian Watkins (2007)

Figure 2: SABT & Watkin (Watkin, 2013)

Extreme Abuse Ideology

UK society was rocked in 2012 when it emerged that the recently deceased DJ Jimmy Savile had abused hundreds of children during his celebrity career. It is alleged that his victims were only 14 years old. Evidence emerged that some of those involved were senior political figures.

Figure 3: Dissociation Symptoms (Hawtan, 2013)

References


PREVENTION, DIAGNOSIS AND HEALING OF COMPLEX TRAUMA: APPLYING THE GREAT 8 COMPETENCIES

Summary
This poster explores pioneering avenues to reduce the occurrence of traumatic events, carry out better assessments and support people in overcoming the adverse impacts of trauma. The Great 8 Competencies (Kurz & Bartram, 2002) provide a framework for assessments that are transparent and fair, it compares favourably to clinical personality questionnaires that create false positives and supports natural healing through self-acceptance and developmental interventions designed originally in Occupational Psychology.

Prevention
Unveiling and dismantling the discourse of collective trauma met by those affected by the existence of organised crime abuse groups is critical for reducing occurrence of traumatic events. The chilling results of Eckert, Kamber, Okorn and Rutz (2006) included statistics on forced and missing animals and humans as well as forced imprisonment where babies who escaped from carefully minded were never registered and then ‘disappeared’. The Extreme Abuse Case study contains incomplete child research as well as related UK prosecution information more widely available: https://translate.google.com/translate?hl=en&sl=de&tl=en&u=https://www.scribd.com/doc/230624263/Prevention-Kurz-2015a

Diagnosis
Complex trauma is a relatively young field in the health sciences. The groundbreaking ideas of Janet (1895, 1917) regarding trauma and its impact are starting to get some traction. The Great 8 competencies (Kurz, 2014) and the work model of Pain—Bereavement integration can be applied to the prevention, diagnosis and healing of complex trauma.

Kurz & Bartram (2002) defined 8 competencies in the diagnostic framework that describes the psychological trauma drug treatments and in the 3rd edition of the Practical Competencies in Psychotherapy. The model is a performance oriented extension of the Big 8 model of personality which according to Kurz (2014) includes Emotional Competency and Nondirective Achievement and Systematic Creativity and Analysis. To ascertain the relationship between the Great 8 and the General Factor of Personality (GPF) proposed by Grawe (2007) an empirical study was conducted.

Method
A group of N=250 A-level students completed a 30 item personality measure using a 5 point Likert scale. Scores for the Great 8 competencies were calculated using the Bartram (2000) equations. In addition the first Unrotated Principal Component (FUC) was extracted from the 30 personality scales as well as from the Great 8 derived scales.

Findings
The FUC of the Great 8 accounted for 44% of the variance with significant loadings for all constructs and 20% of the 30 scales with negative variance for four scales. Overal significant correlations were at a minimum. 97% of the high degree of convergence between the Great 8 Total, a GPF extracted from the 8 component scores and from the 30 original scales suggest that the Great 8 Total is closely related to the General Factor of Personality.

Discussion
The results suggest that a competency-based approach to personality diagnosis is stable. In particular the Great 8 Total seems to form the opposite pole of the GPF, Restructured Clinical Sturges (2003) refer to this as the General Factor of Demoralisation - a non-specific distress component thought to impact the discriminant validity of many self-report measures of psychopathology which is effectively removed. The results of this study suggest that the Great 8 Total provides a better measure of the General Factor of Personality than the First Unrotated Principal Component which is very instrument and sample dependent. Further research should establish the correlations of the Great 8 constructs as well as their correlation with established measures of Psychopathology.

Healing
The application of everyday terminology reduces stigma and the risk of false positives created by many clinical personality measures. The model is compatible with the work of Alston & Laver (2012, 2014) who suggested that dialogue, spirituality and psychotherapy are most effective for healing. Instead of harmful Freudian transferences, insensitivity on therapy as a panacea even in undiscovered and ‘Chemical Imbalance’ arguments, the behavioural change of methods of Industrial/ Organizational Psychology can be made to bear.

Selected References

Figure 1: Great 8 Factors of Kurz (2003) with four higher order clusters outlined in a solid black line and Bartram (2002) terms in the middle and underlying personality constructs on the right.

© 2015 Outstanding Achievements. This research was carried out in private in order to challenge a validity and there is no conflict of interests.
Appendix G: Kurz (2015b)

3rd Annual Conference of the European Association of Psychosomatic Medicine (EAPM) 2015 in Nuremberg

DIFFERENTIATION OF COMPLEX TRAUMA VS SCHIZOPHRENIA THROUGH DIAGNOSTIC ASSESSMENT OF ABILITY AND PERSONALITY CHARACTERISTICS

Summary
This poster addresses diagnostic challenges in the use of ability and personality assessments with traumatized clients building on Kurz (2015). It aims to facilitate recognition of “Fluence Exceptional” ability patterns where extreme strengths combine with extreme handicaps to a puzzling presentation that is often mistaken as a sign of mental illness, and sees at the use of MMPI-I especially in forensic settings as it has poor measurement characteristics.

Forensic Background
A vulnerable mother who escaped an intergenerational abusive family was instructed by a criminogenic police officer to delay reporting any assault as a result her children. The officer explained the death of a couple who had lodged with the family and the disappearance of their child. The officer was also aware that the mother had a depressed teenage pregnancy that occurred from incestuous rape where the baby was also abandoned, and the report that the 14-year-old was allegedly raped by a police officer who had not been found for a few days later. The police officer advised the mother to delay reporting any injuries that could not be proven as it would be too dangerous to go up against her family. Police claimed that plotting individuals familiar from her childhood would indicate that the undercover operation was successfully underway.

When the 2-year-old was sexually assaulted, the mother called several weeks later reporting the assault. A total of 5 police officers (including a Child Protection Officer) and a Health Visitor created a myth that the mother was delusional to the investigation of the case. The mother's delusional of the logical a reality that is firmly sustained despite what almost everyone says and what the constituencies have trouble with the obvious and obvious proof. The diagnosis of the condition was obvious.

Assessment of Abilities
Intelligence test results scored at 75, 25, and 30 identified a twice-exceptional ability pattern where superior verbal intelligence (to 50%) was coupled with much lower performance on working memory and concentration index scores. Auditory working memory (10%) assessed at 30 was exceptionally low (20%) making the mother vulnerable to manipulations. These assessments suggested a core deficit in phonological processing in particular auditory memory and working memory commenced with a diagnosis of specific learning difficulty commonly referred to as dyslexia. Unfortunately, the interaction style associated with this pattern was incorrectly interpreted as pervasive behavior. Results at age 7, 25, and 30 were indicative of a “leading” claim by professionals that the mother was delusional about having been raped.

Personality Assessments
The Millon Clinical Multiaxial Inventory (MCMI-IV) was originally developed to assess personality. It includes substantially different definitions of clinical personality disorders from DSM-III (1980) which were dropped in the most recent edition DSM-5 (2014). Rogers, Saline, and Saltiel (1999, 2000) explain why the MCMI-IV does not meet the standard of validity evidence and is entirely inappropriate for use in court settings.

Nevertheless, the Court-appointed Clinical Psychologist relying on the MCMI-IV results to conclude that the mother was “mentally disturbed” and “dependent about:

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

Forensic Psychology Professor Laneirtich (2012) found that 23 of Psychological Assessment Reports in UK Family Court assessments were “poor” or “very poor”.

It is difficult to challenge such reports where they are property of the court and make it difficult to obtain an independent review of the assessment. Therefore, the MCMI-IV was considered.

Scores on the various clinical scales were very low for all three factors:

- Narcissistic (R): 75, elevated (60)
- Borderline (T): 50, elevated (40)
- Dependent (D): 60, elevated (55)

The diagnoses were consistent with someone with a normal brain and normal intelligence.

Complex Trauma vs. Schizophrenia
The guidelines of Lader & Lehmann (2008) were developed with the impact of “unbelievable” extreme abuse and its mind, the authors strongly advise mental health professionals to avoid any attempts to assess details of traumatic experiences unless they are fully familiar with the extreme abuse literature. In the current case, none of the 42 descriptions indicative of a psychosis were applied, and only about 1% of the paired descriptions indicated a trauma/abuse condition.

Four mental health professionals (including Court Appointed Experts) had found it easier to disbelieve the logic of the abuse acts doctors dispute in this professional definition of “failure to provide medical evidence” as their duties to act in impartial, unbiased manner.

Somatoform Dissociations
Score on the SDQ and the MMPI were dramatically low in spite of the occurrence of occasional instances of “not seeing” or “not hearing.” Medical records were made numerous references to memory issues and psychological disclosure in private revealed an amnestic episode where in the aftermath of a near death as a child. As the mother had experience a 4 days of complete amnesia where no biographical information was accessible. With the normal mental and vital memories of traumatic memories most is in separate modalities e.g. the memory of a 10-year-old I was not my own mind.

Discussion
Medical and mental health professionals need to be aware of their limitations and readily call in an expert from those familiar with such abuse, trauma and its aftermath. Re-victimisation through authority representatives and inadequate health professionals currently still seems to be frequent in the current discourse of the abuse promoted by experts is largely remains intact and thus shielding the offenders.

Selected References
EMOTIONAL AGILITY – A NEW LANGUAGE AND PARADIGM FOR PSYCHIATRY

Summary
This poster brings together recent advances in clinical and occupational assessment practice arguing that Big 5 personality and 'Great 8' competency models can be re-contextualized through a new factor (Capable) model. The development and validation of short predictor and criterion measures are described. This approach is aligned to DSM 5 efforts to move from a categorical to dimensional basis for assessment of Psychopathology.

Introduction
Psychiatry traditionally stresses the medical model of illness and treatment; a bias towards ‘sick thinking’ individuals when giving accounts of external presentation and abuse. Clinical personality questionnaires like the MMPI and MCMI aim to discover (psychopathological) weaknesses. The arrival of Positive Psychology and the work of Martin Seligman (and Katz 1996) is a step in the development of ‘strengths’ based approaches.

At work the use of competency based assessment is widespread with a particular emphasis accorded to competency self-assessment and feedback tools. Past measure construct such as ‘Competence’ have been replaced by the term ‘Emotional Intelligence’ increased since the seminal work of Bar-on (1999) and their professional manager and EI popularization through Daniel Goleman. In 2013, Susan David and Christina Congleton coined the term ‘Emotional Agility’ in HBR.

This paper outlines why these developments are potentially useful for the mental health field and outlines an empirical study of what could be called ‘Emotional Agility’, the competent response to environmental demands.

Table 1: Principal Component Analysis Varimax Rotated Solution (loadings > 0.4 omitted) of 18 personality factors and 18 criterion factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroticism</td>
<td>Tend to experience negative emotions</td>
<td>0.73</td>
</tr>
<tr>
<td>Extraversion</td>
<td>Tend to experience positive emotions</td>
<td>0.68</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>Tend to experience new experiences</td>
<td>0.65</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>Tend to experience social behaviors</td>
<td>0.64</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>Tend to experience goal-directed behaviors</td>
<td>0.61</td>
</tr>
</tbody>
</table>

Personality Assessment Theory
The MMPI was originally designed as an alternative to traditional testing. Long and Hamilton (1940) and the MMPI-2 was developed recently to take account of the ‘General Factor of Demoralization’ which appears to underpin co-morbidity and MCM (Casey 1995) and to address this issue as well. Kurz (2012) explored the further (4th) factor – the General Factor of Personality (Movers, 2017) and a short form of the Big 5 (with reversals removed) reach a baseline level of criterion-related validity in the prediction of overall performance in two patient and non-patient facets. The construct ‘Emotional Agility’ is best validated in the context of this construct.

Agility Research Study
Kurtz (2015) outlined the development of a six tier model that selects the Big 5 in parallel with other factors by separating the construct of Competence/Agility. Kurz (2015) described how criterion-related validation was used to develop a short form of the Big 5 in parallel with other factors and an aligned criterion measure of 18 items. Predictor reliabilities averaged .752 across factors. Specific subscales, such as Agreeableness, showed clear disease loadings of all variables on the six hypothesized factors. Deliberating, supporting and adapting constructs appear related to the Alpha and Gamma factors of Cignman (2017).

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 spaces are defined to be in the construct of Emotional Agility. The approach is adaptable with the GCF-5 to develop a model to a dimensional basis from a categorical approach to a dimensional basis of Psychopathology. The Emotional Agility approach could ground mental health assessment firmly in positive approaches that use everyday language. It seems preferable to invoke scales that claim to measure ‘obvious’ constructs through highly overlapping items that are difficult to reconcile with the literature (e.g. ‘Defensive’).

Selected References
**Appendix I: Kurz (2016b)**

**CHALLENGING MILON MCM-III RESULTS WITH IN-DEPTH PSYCHOMETRIC ASSESSMENT AND LACER & LEHMANN (2008) COMPLEX TRAUMA GUIDELINES**

**Summary**

Complex trauma resulting from neglect and abuse in early childhood is frequently missed. A series of general personality questionnaires and cognitive tests was administered to challenge highly questionable results on the MCM-III which chiefly contributed to the re-victimisation of two extreme abuse survivors. The application of the Lacker & Lehmann (2008) guidelines is highly recommended whenever disclosures of a client are of an ‘unbelievable’ nature.

**Introduction**

A Clinical Psychologist was commissioned by a UK Family Court to act as a Court Appointed Expert in the assessment of the mental health of a young woman who alleged that:

- She carried out a baby as a teenager that succeeded from rape and ‘disappeared’.
- She was a sexual abuse victim who had been performed on by a member of her family in seemingly ‘unbelievable’ circumstances.

In a undisclosed process marred by extreme irregularities both of the index incidents were actually not discussed in the session observed.

Results on the MCM-III were interpreted as evidence of a ‘Delusional Disorder’ rendering prior judgements of the Psychiatrist. The first Psychologist claimed that the result was ‘inconsistent with the diagnosis of paranoid personality disorder’. The second psychiatrist interpreted the result as evidence of a ‘schizophrenic, paranoid personality disorder’.

**Objectives & Aims**

This presentation seeks to encourage an in-depth psychometric assessment to challenge complex trauma originating from schizophrenia. The case study demonstrates that a wide ranging psychometric assessment backed by the application of the Lacker & Lehmann (2008) guidelines provide accurate results while MCM-III results can be erroneous.

**Method**

Unbelievable disclosures of an adult survivor prompted the researcher to conduct a series of scientific references, experiences in the survivor scene and historical examples. Non-verbal personality questionnaires, in-depth ability tests and Lacker & Lehmann (2008) guidelines were deployed for the diagnosis of complex trauma from an erroneous diagnosis based largely on MCM-III results. A battery of personality tests (considering the EQS, TDI, 15PSQ) was administered to understand the personality of the mother and cross-check the re-administration of the MCM-III. A cognitive battery administered features WRT and an Oral Comprehension test.

**Results**

The re-administration of the MCM-III, research identified measurement bias that generated spurious elevations on the Delusional and Paranoid scales that are caused by poor scale reliability. Any genuine widths of inter-generational and/or organizational abuse will come out as having a “delusional disorder” when responding faithfully in the light of their genuine toxic environment. Scores on all other scales were very low in that an overall score on the “General factor of ‘delusionalization’” (as featured in MMPI-2) would probably be very low suggesting that reports about a harmful, harassment and defamation campaign followed by a sexual assault on a toddler were most probably truthful.

**Discussion**

The comprehensive assessment (b) is based on the above average levels of Emotional Intelligence with high self-awareness and strong interpersonal skills. High scores on Reality Testing, makes fantasy based delusions rather unlikely. Stress Management is in the average range whereas Schizophrenia is typically associated with high levels of Neurosis. A personal weakness is acknowledged by the mother to be less effective in her ability to manage responses by manipulation of others (including compromised authority). She even decreases the need to liaise with others.

15PSQ- resulted average scores on all five higher-order scales as well as on subscales of Emotional Stability, self-awareness, selfcriticism, which is inconsistent with diagnosing a major personality disorder.

TDI resulted in an ‘Errotype’ label of Emotionically Reactive – making a NDSDR diagnosis highly unlikely.

An in-depth cognitive assessment with a learning difficulty expert was conducted where the PWT test results showed that the patient had a superior general intelligence (GCI 148) made up of an above average non-verbal IQ (112) and a superior verbal IQ (125). However, performance on the Symbolic Working Memory test was in the bottom 10% and on the Symbolic Listening Comprehension test in the 5% of 8-year-old children. This confirms a prior diagnosis of a ‘Fenta’ exceptional pattern formally described as a ‘mild’ degree of Dyslexia.

Using the guidelines of Lacker & Lehmann (2008) developed the impact of ‘unbelievable’ abuse acts firmly in mind. NONE of the 42 left-hand descriptions indicative of schizophrenia applied, only 1% of the right-hand descriptions indicative of Traumatic Mind Control.

**References**


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Appendix J: Kurz (2016c)

THE SATANIST CULT OF TED HEATH: ETHICAL IMPLICATIONS OF AUTHORITY COMPROMISE

Summary
The late Edward Heath was Prime Minister of the UK from 1970 to 1974. In the wake of the Jimmy Savile abuse scandal 7 UK police forces are currently investigating child sexual abuse allegations against him. A ‘leaks’ document details membership of a group surrounding Ted Heath. This poster explores the nature of the group and their alleged offences as well as the consequences of the posting. It raises ethical questions on how mental health professionals ought to confront ‘believable’ accounts when the perpetrators are shielded through authority compromise.

Background
Edward Heath was first elected to Parliament in 1950 for Salisbury, was the Chief Whip from 1955 to 1959 and entered the Cabinet as Minister of Labour in 1959. In 1970 he was a surprise election winner and held the office of UK Prime Minister until 1974. He remained a Backbench MP until retiring in 2001. Heath died on 17 July 2005, at the age of 89. He was cremated on 26 July 2005 at a funeral service attended by 1,500 people in Salisbury Cathedral.

Child Sexual Abuse Allegations
In August 2015 Heath was under investigation by the Hampshire, Jersey, Kent, Wiltshire, Gloucestershire and Thames Valley police, and London's Metropolitan Police, Operation Midland of the Metropolitan Police in London into investigating alleged offences of an abuse ring around Edward Heath alleged to be responsible for extensive child abuse and three murders. A document appeared on the web detailing activities of a group that appeared to be a paedophile ring that also engaged in ritual satanic activities. Several variations can be found typing ‘Cul-de-Sac’ or ‘Edward Heath in a search engine. The 1st posting with all 19 pages appeared on a website of a blogger on 30th January 2014 accompanied by insightful comments – instead of proper investigation procedures by state powers followed.

Objectives & Aims
The poster aims to raise international awareness of the investigation, detail the extent of the suspected ‘Satanist’ ideology behind the alleged cult and explore the implications for professional practices. It highlights the corrosive impact on society of powerful pedophiles ring that are protected by compromised authorities, representatives and professionals.

Method
The document appears to be based on disclosures made by a female with Dissociative Identity Disorder (formerly known as Multiple Personality Disorder) from 1997 to 2008 to a Psychiatrist who has dealt with extreme abuse survivor since about 1987 and by 4 individuals, Spot checks on the veracity of the information were made in the light of the ‘Child Trafficking’ scenario outlined by Kurz (2015) which appears to involve an arson murder that continues to be covered up by authority representatives.

Results
In terms of demographics the document names 236 individuals including 173 males. For 165 names individuals either a particular role in the group or an occupational field were coded. Within the group 50 individuals held staff level roles (e.g., Messenger, Medicine, Enforcer, Recruiter, Driver) while 13 held high level roles (e.g., Chemist, Master, High Priest).

14 individuals held an Aristocratic title and appear to be particularly involved with the provision of venues for ‘sacred’ rituals. Of the 158 politicians mentioned, 120 belong to the Conservative Party, the rest are Labour. 8 police officers are mentioned including 3 Chief Constables. 8 Church leaders feature including Archbishops, Dukes and Bishops. 4 law professionals are mentioned including a judge, 8 journalists, 4 TV Presenters and 7 entertainers are mentioned.

Four individuals each fall into the professions: Physician, Psychologist or Psychiatrist. One reportedly ‘does the hypnosis, using blue lighters’ while another ‘writes many Reputation papers on SRA (Senatorial Royalist Abuse). Two named academics in relation to this ‘investigate alleged child abuse cases and contributed to the pervasive discourse of child abuse’.

7 named individuals appear to be ‘victims’ with harassing entries such as ‘Unregistered Child Killed at Halloween (punctured)’; ‘aged 19’; ‘timed for sacrifice’; ‘aged 19’; Cruched (involved) in Xmas Forest, Broad Friday, 06 04 07; a particular chilling account about a teenager who died aged 19. ‘Medically pregnant by cult’. Baby removed for sacrifice. By Caucasian Section without anaesthetic.

Discussion
The aforementioned described match descriptions in books based on self identified abuse survivors and cases discussed on the internet. Various similar stories contribute disclosures made in the context of a chilling ‘Child Trafficking’ case (Kurz, 2015).

Ann Mahonory pleaded guilty to three counts ofouching with the intent to conceal the birth of a child:

http://news.bbc.co.uk/1/hi/leeds/crime/3435306.stm

Christopher and Christine Downes seemingly enacted a ‘Forced Suicide’:


Peter Tobin was found guilty of two rapes and three murders:

https://en.wikipedia.org/wiki/Peter_Tobin

The Video interview URL below refers to a number of UK ritual abuse cases where proper investigation is long overdue:

http://www.skeptic.com/skeptic/issue74/output/satanic-ritual-abuse.html

No indications were found that would throw the veracity of the documentation into doubt. The killings disclosed here and by ‘Nic’ in Operation Midland are in line with many similar accounts. To trigger proper investigation the document and information about the related ‘Child Trafficking’ case were sent to an Operation Midland officer on 12/10/2015 and selected reports of four parties in December 2015 – no reply received.

Implications
In conclusion extreme abuse ‘Death Cults’ with Danish-like practices appear to be well-established in the UK and continue to operate with ‘de facto immunity’. Medical and mental health professionals must stand up for victims and resist authority attempts to re-victimise abuse survivors and protect their perpetrators.

References

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Appendix K: Kurz (2016d)

POOR QUALITY OF MENTAL HEALTH REPORTS IN UK FAMILY COURTS:
A CALL TO ACTION

Summary
This poster highlights research that found 23 of Psychological assessment reports in UK family courts were either 'very poor' or 'poor'. It focuses on the 'Discourse of Disbelief' that is being perpetuated by many 'Court Appointed Experts' based on the ubiquitous coverage of 'False Memory' perspectives even when there is no corresponding DSM entity. Mental health professionals need to critically reflect on poor assessment practices and speak out.

Introduction
Forensic Psychologist Prof Jane Ireland found in her report Evaluating Expert Witness: Psychological Reports: Exploring Quality that 6% of assessment reports sampled from UK Family Courts were poor or 'very poor': http://www.coi.org.uk/images/expert Suicide.pdf

The study for the Family Justice Council examined 125 psychological reports tailed at random from family court documents. An illustrative etiology of problems encountered:

"Another woman was found by a psychologist to be a "compulsive mother" - so the social workers went to a second woman, who found the same. Then they committed child, who at last came up with what they wanted that the mother had, again, a "borderline personality disorder". On that basis, her three children were sent for adoption."

Objectives & Aims
The poster aims to raise international awareness of the problem and explain the contextual factors that contribute to malpractice, highlighting deficiencies in family court assessments and forensic processes in order to reduce the risk of unsafe custody rulings.

A particular focus is the 'Discourse of Disbelief' that appears to have permeated Family Courts and continues unabated in spite of numerous examples of sexual abuse coming to light recently e.g. Jimmy Savile, Colin & Elaine Radley (sentenced for child abuse in a Satanic cult), Albert & Carol Hickman (sentenced for 'witchcraft', sexual abuse etc) and Ian Watkins (sentenced for baby abuse).

Method
Due to the paucity of published academic literature 'false memory' searches were utilised to collect source material and identify advocates. A range of conferences, seminars and continued professional development (CPD) events revealed the background for some of the persistent problems.

Evidence for Extreme Abuse

False Memories
Accused parents and academic concern about this accussations came to beath in the US to form the False Memory Syndrome Foundation (FMSF): in 1991: http://www.fmsf.org/About/AboutFalseMemories.pdf

Figure 2: Virginia Bottomley - Secretary of State for Health (1992 - 1995)

The 'British False Memory Society' (BFMS) was founded 1993: http://www.bfms.org.uk/advisory-board/

A letter by Dr Ashley Conway in the BPS monthly magazine 'The Psychologist' queried why numerous articles appeared in rapid succession where BFMS associated Psychological features prominently.

https://www.researchbriefings.org.uk/vol15/1019262 legitimately-briefs-the-briefs-debate

These included a glowing review of a book that Kathleen Baw authored by Bryan Tully (both members of BFMS Advisory Board), an article by and an interview with Gillian Macdonald CBE and 3 articles by Prof Chris French the most recent one provided a response from the present author that can be found here.

https://www.researchbriefings.org.uk/vol15/1019262 legitimately-briefs-the-briefs-debate

Conclusions
The suppression of the trauma-centric approach to mental health issues and its re-emergence are central understanding the history of 'Child Protection' and Family Court processes in the UK and the US. Professionals who are supposed to uphold sciento, law and order may become victims: being embroiled in myriad diagnostic and therapeutic that perpetuates the 'Discourse of Disbelief'.

Further information and references are here: https://www.bfms.org.uk/pdf/False-Memory-Syndrome---Revised-2015.pdf

Figure 1: Prof John LaFontaine Professor Emeritus at London School of Economics (LSE)

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Appendix L: Kurz (2016e)

THE CREMATION OF CARE RITUAL: BURNING OF EFFIGIES OR HUMAN SACRIFICE MURDER?
THE IMPORTANCE OF DIFFERENTIATING COMPLEX TRAUMA FROM SCHIZOPHRENIA
IN EXTREME ABUSE SETTINGS

Summary
This poster explores human sacrifice killings in extreme abuse cult settings. It outlines two index incidents of a chilling case that prompted this research together with some of the context. The research identified a number of resources that refer to the killing of children in ritual abuse settings. The findings are discussed with reference to the Cremation of Care ritual. It concludes that professionals must make proper use of diagnostic guidance provided by DSM-5 rather than prematurely dismissing disclosures as 'delusions'.

Introduction
Footage of 'Jahad John' and others behaving hotheadedly and unpredictably in front of their living room shows a dramatic change in behavior compared to their normal daily, orderly routine. It is likely that the abductors and abductees lived in different settings. The 'Cremation of Care' ritual is carried out by a community of people who have experienced extreme abuse by Death Cults, that seem to be perpetuated with impunity across the world.

Case Index Incidents
The research is prompted by disclosures of a mother of two index incidents that were 'disbelieved' by a UK Family Court process. A part of the interview section written by a privately commissioned Consultant Psychologist describes the incidents as follows:

1. "You explained your two children were made pregnant. Nobody noticed you were pregnant because you were home-schooled. When the time came, you delivered the baby in your own bed. You allowed your little baby time with the little boy before you took her away from you. You never saw the child again. You were given false beliefs to convince you to return your child to your group in order to keep you with your family.'

2. "You explained that some years before, you were seven years old and your father was walking in the street with your son in a buggy when he was picked up by your mother. The baby was

Objectives & Aims
The purpose of this poster is to raise awareness of sadistic abuse and sexual relationships between the extreme abuse Death Cults that seem to operate largely with impunity across the world.

Methods
Faced with client disclosures of index incidents 1 & 2, the researcher was conducted to learn about 'missing babies' and extreme abuse.

Results
The shocking index described matches descriptions in books based on self-identified abuse survivors.

Discussion
Unravelling the disclosures of self-identified abductees and witnesses is one of the most significant professional challenges facing police and forensic psychiatrists. The study of extreme abuse also highlights the importance of DSM-5 in understanding the nature and extent of abuse and in identifying patterns of abuse.

Conclusions
Mental health professionals have a duty of care towards their service users. Unless clear and irrefutable counter-evidence is available it is inappropriate to claim that disclosures of extreme abuse and/or human sacrifice rituals are 'delusional' and indicative of Schizophrenia. Reports that few officially qualified specialists (PHO, including Psychiatric board) are responsible is confusing. However, the importance of identifying and reporting such cases cannot be overstated.

Research eventually led to the Florida case (seehttp://www.Strangecase.org) that broke in 1990 where hundreds of children were apparently killed around the US to be abused by high-ranking Establishment members. Former state senator John W. DeCamp, cited as one of the most influential investigative reporters in the US, attests that a majority of the children had been abused since they were 6 weeks old and were exposed to ritual murder of a new born girl, a small boy who was subsequently broken and killed, and three others.

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BRIDGEND 'BEBO' SUICIDES AND RITUAL VIOLENCE IN WALES

Summary

In Southern Wales 17 teenagers seemingly committed suicide through hanging in 2008 triggering national media coverage. In the same region several Satanist offenders were successfully prosecuted since. This poster raises awareness of this 'suicide epidemic', Satanist criminality, a chilling 'Child Smuggling' operation and their potential link through an 'Organised Ritual Crime Abuse Network' (ORCAM).

Background

Natasha Randall, 17, originally from Blaengwawr, was found hanged at her home 17 Jan 2008 and a girl who is believed to have killed her tried to hang herself a day later in Pontycymmer. Natasha was the 7th young person found hanged within one week (see Figure 1) many of whom had protests in the 'Bebo' social networking site. Her death created a media frenzy leading to an unwelcome sensationalised newspaper focus and even film productions.

False Prophet from Pontypidd

Dagwood Liddington, a thirteen-year-old boy, died in Pontypidd near Pontycymmer. He had been hanged at the back of his mum Directions to see a sister on 15 December 2013 and his body was discovered by police. The boy's mum was later convicted on charges of murder.

Blood Sucking in Bridgend

Aber and Carolin Beckman were killed in 1982 for child sexual abuse and sentenced again in January 2015 for ritual abuse in the 1970s when they were working at a RAF base near Bridgend. Reportedly she sucked the young victims' blood after cutting off their thumb with a special 'blood-sucking' task.

Child Smuggling Case

In Autumn 2016 a young mother was manipulated through mind control in Kingston-upon-Thames (see Kurz, 2015a) and Seddon to seduce in Pontycymmer. A 'Stalker' closely resembled the family member organised an 'unspeakable' sacrificial exorcism and intimidation campaign. For example police records show the family's young family was interrogated by police helicopter() and two patrol cars on a hiking trip along a disused railway path, apparently a 'sudden change' that her ex-husband was dogfood to her toddler and that her nappies were leaking. Police found everything in excellent order. Another exonciting incident (see Kurz, 2015b) reportedly happened that cannot be proven. They seemed to be staged for authority representation into believing that the mother was delusional. In October 2011 the 'Stalker' as a result of his activities in a Cult of Satanism' exposed the fatality. The mother followed police instructions to destroy several videos depicting the assaults (see Kurz, 2016).

Appendix M: Kurz (2017a)

Satanic Cult & Asphyxphilia

Self-styled 'Satanic' priest Colin Bailey was sentenced in March 2009 for child sexual abuse offences in ninety Kidwelly. The cult's twisted ideology was based on a bizarre text called the Book of the Law by Aleister Crowley. His victim Abigail Fernandez, who was given into prostitution, wrote an account of her ordeal: 'The Devil, the Emperor of Israel, and The Sect of Satan'. It features the death of Colin's son Damien who had been hanged in his bedroom after he was allegedly 'a bizarre Asphyxphilia' and that he had written on his mouth.

Dr Rainer Hermann Kurz

O.Psycholologist

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Figure 1: First 7 Violent Deaths

Figure 2: Social Services and Police Submission


Appendix N: Kurz (2017b)

25th European Congress of Psychiatry of the EPA 2017 in Florence

FITNESS TO PRACTICE AND FITNESS TO REGULATE

Summary

Kapen (1997) published a book ‘Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice’ and Winner (2016) an article ‘Sexual and Child Protection: Do mystifying the Trojan Horse? suggesting that invalid testimony of mental health professionals can lead to injustices. This paper outlines strategies to reinforce these concerns, link to public safety risks and illustrate how HCPC processes can be misused to persecute whistle-blowers.

Background

In line with global trends the regulatory powers of the British Psychological Society (BPS) were extended in 2004 by what is now called the Health & Care Professions Council (HCPC) which has a counterpart in the General Medical Council (GMC). These institutions are ostensibly set up to protect the public. There are warning signs that rather than the opposite is the case i.e. that malpractice is tolerated and whistle-blowers persecuted.

In the light of persistent criticism of ‘Court Appointed Expert – Forensic Psychology’ Professor Jane Ireland was funded by the Family Justice Council to research the matter. Her initial summary report in 2012 received widespread media coverage.

The report developed new methods and contained anonymous reports snippets that prompted several experts who had authored these to hump a HCPC ‘Fitness to Practice’ concern against Prof Ireland. After 4 years of uncertainty she was cleared of all allegations in an intense 1 week hearing where she had an outstanding legiptism.

This poster outlines a sutting case (Kurz, 2015) where a Chartered Psychologist, acting as a voluntary advocate, tried to bring the attention of authorities to malpractice of mental health professionals who seem to cover up a toddler raped through misdiagnosis

Clinical Psychologist Interview

The advocate was informed that a young mother had a long court process triggered by her attempts to report a sexual assault on her toddler. Police, Social Services and several Psychiatrists had missed off the mother’s account that she was instructed by police officers to delay reporting of the assault by several weeks (ostensibly) to facilitate an ‘Unconscius Police Operation’ to bail her for forfeiture of life. The Clinical Psychologist, generally permitted the advocate to observe the 2.5 session when the mother was clear and coherent throughout indicating sexual abuse from birth to age 2 and describing being sexually abused as a toddler by a domestic neighbour. The assault on her toddler was not covered. A few weeks later the mother disclosed that she had a baby at 13/14 that disappeared.

This incident which she had discussed at the outset of the case was not covered in the interview either.

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FALSE MEMORIES, FALSE INNOCENCE BELIEF SYNDROME (FIBS) AND MIND CONTROL

Summary

In child custody and criminal cases, testimony of mental health professionals is often pivotal. Unfortunately, experts are seemingly hired by vested interests to represent what the commissioning party wants to hear. This is problematic in Family Court processes where "joint instruction" often expends the Court's instruction and introduces an additional and unnecessary risk of custody for biological parents but even more so in Criminal Courts where unsafe rulings can lead to years behind bars.

Background

Sexual abuse allegations are extremely tricky matters to deal with and situations can range from the trauma of abuse to complete fabrication by vested interests in the exertion of power. Things get even more complicated with child sexual abuse allegations. A level headed approach is required that does not fall into the trap of categorising ALL early childhood memories as "false memories" while also being alert to false allegations and possible mind control coaching. The poster covers the origins of the False Memory Syndrome group, some anecdotes at key actors in the Memory Wars and the implication of false memories that is seemingly practiced by vested interests.

The Complex Trauma model of mental health is diametrically opposed to the False Memory position. Its origins can be traced back to Pierre Janet (1859 - 1947) who pioneered French psychologists and psychoanalytic THINKING in the field of dissociation and traumatic memory. Unfortunately his ground breaking thinking was pushed into the background for a century by "vastly different" that preferred Freud's psychodynamic and cognitive "scientific" psychology. In the wake of the increased recognition of trauma (esp. Vietnam veterans) and domestic trauma in the 1970's Post Traumatic Stress Disorder (PTSD) and Disassociative Disorders took on new impetus in 1980. Child sexual abuse started to become more recognised in the 1980's and "complex trauma" was a natural evolution in the 1990's. However the emergence of the False Memory position resulted in the Memory Wars. The Establishment put back the lid on the causes and effects of complex trauma.

Memory Wars & FIBS

Roszak (2008) provides a comprehensive account of the emergence of False Memory advocacy groups and the role of their academic adherents in particular Prof Elizabeth Loftus whose ethics have been widely questioned. In the UK the members of the BSfM Advisory Board (now regularly feature in the BSfM magazine) The Psychologist producing a drum beat "Discover of the Century" Prof Martin Conway even led the development of the 'Memory and Law' BSfM Guidelines. Interestingly a number of Criminal Appeal Court Judges rejected the evidence and even suggested to Professor Conway may wish to consider extending his CV: A tragic consequence of this indiscriminate belief that could be formed False Innocence Belief Syndrome) is that legal representatives of defendants who are accused of sexual abuse but proclaim their innocence may commission reports from Prof Martin Conway - yet those reports are probably not admissible as evidence. The trial of Fire Chief David Tipton is a stark reminder that each case needs to be looked at with fresh eyes rather than with a dogmatic outlook:

Child Snatching

In a chilling case a happy family with many children lost all their children to Family Court processes. The father had some health problems so that the family asked Social Services for help. A "helper" obtained a 3 year old boy, finding his way into some kind of strange place and reported this to the council that "recommended" removal of the boy. The boy had a very difficult birth and life threatening illness at age 2 - severe traumas in early childhood increase the likelihood of dissociative symptoms in children and make the individual more open to manipulation.

Some months into foster care this boy started to make allegations about inappropriate sexual relationships within the family. Gradually all children were taken into care. It eventually transpired that the boy had been moved more than 6 times from foster family to foster family as he threatened "make up sexual abuse allegations" foster carers did not want him to do. How did he learn the trick? Perhaps from the very Social Services Team Leader who had already been moved from the neighbouring city after parent complaints? The boy became resistant and lost into trouble of the latest care home breaking a window. At one contact session this boy stated to his father "I am sorry about the nasty things that I said. They were not true." He repeated that to the Social Worker. Restart. All contact stopped.

Resource Links:

Colleen Ethical standards, truth, integrity, the Journal of Trauma & Disassociation 25th April 2016: http://hdxdialogue2016.com/ (23rd April 2016)

Professor Ross L. Chess 'Recovers Memory Project': http://www.rosslchess.com/ (23rd April 2016)


Appeal Court View on Testimony of Prof Martin Conway: http://www.ontarioappeals.com (23rd April 2016)

Prof Joan Lafontaine - Calico Catfish or Sigmund Freud http://www.joanlafontaine.com (23rd April 2016)

Administrator of the British False Memory Society: http://www.falsememory.org.uk (23rd April 2016)

"Howavear I am memory?" Elizabeth Loftus TED Talk: http://www.ted.com (23rd April 2016)

Ralph Underweger - Patrica interview of a False Memory Foundation Court Report: http://www.rawunderweger.com (23rd April 2016)

REFERENCES


Appendix P: Kurz (2017d)

25th European Congress of Psychiatry of the EAP 2017 in Florence

FROM HAMPSTEAD TO NORWICH: RITUAL VIOLENCE OR COACHING?

Summary

The 'Merry Wives' of the 1600's are repressed in the UK by cases of alleged ritual abuse and human sacrifice murder that resemble accounts found in books by Sara Scott (UK) and De Camp (US). In Family Courts protective parents are frequently accused of 'coaching' children to make accusations of allegations. Most recent cases (who get UK tax free per child per year) are seemingly exempt from such accusations. This poster outlines several high profile cases.

Hamstead or Hoxted?

In September 2014 a 9 year old girl and her 8 year old sister made disturbing disclosures to their mother and boyfriend concerning extreme abuse and murder of babies ('Ritual Sacrifice'). Video recordings appeared on the internet in February 2018 that were reportedly viewed by 4 Million individuals across the world. The astonishing disclosures implicated 40 family members, friends and members of institutions. Ricky Dearnman, the man at the centre of the allegations, denied all wrongdoing and was interviewed on the BBC's Victoria Derbyshire program (which did not mention his acting career). Several websites sprung up:

- https://hamsteadscoop.com/
- https://www.youtube.com/watch?v=7byCIUw

Norwich Child Smuggling

A few years earlier a chilling custody battle received a lot of media attention when Norwich Social Workers took baby Luna from her British parents who habitually resided in France:

- https://www.bbc.co.uk/news/uk/england/england-southern-england/29953612

A High Court ruled that Norwich County Council must return the baby. Joe Ollis and Marie Black (formerly known as Marie Adams) were interviewed about the ordeal by Sara Reid:


Marie's history had been taken into care due to concerns over her own mental health, in previous relationships (e.g. her ex husband spent a year in jail due to admitting assault). It turns out that Marie had been convicted of a 'Voluntary Section 26' arrangement of 'temporary foster care' while staying in accommodation. However when a 4 bedroom house was ready the authorities repeatedly refused to return the children appealing immediately against County Orders to return them. Joe and Marie were teenage sweethearts for 4 years leading to the birth of their first child. A Social Worker informs Joe, Marie's dead mother that paternity was confirmed but shortly afterwards claim disbelieving DNA testing that the father was unknown. Without any medical proof authorities claimed Joe was a violent person who once broke Marie's arm yet refused to release Marie's NHS medical records.

Abuse Allegations

One child experienced early trauma (shattered glass door at 3 months & facial injury at 3 years) and urinary tract infection from the age of 3. A second child was subjected to medical examination from the age of 4. The child was known to make things up! While in 'temporary foster care' the child claimed that Marie wanted to take back only this child and one other. The foster carers were fully aware that this was not true. After 9 months Social Workers out-of-the-blue produce pages of allegations of sexual abuse involving relatives, friends and members of institutions. Disgraced Psychiatrist Anthony Baker played a pivotal role:


One allegation was that Marie ostensibly put a baby that her friend had 'survived' into a tap, carried it into her house and made her children drink its blood. What is the credibility of these allegations when the friend did not own a car and did not have a driving licence? The baby was reported missing and no dead baby was found. Without any physical evidence a criminal case ensued against 10 defendants; most of whom were members of Marie's family while the remaining 10 'alleged abusers' were not even interviewed in extremely dubious circumstances. Marie and two former partners were found guilty of sexual abuse.

Conclusions

The cases surveyed suggest that no more investigation should be carried out that is communiques with the seriousness of extreme abuse and ritual sacrifice murder. The 'Hamstead Hodkiss' and 'Norwich Three' rulings both appear extremely untutored.

References

Kurz, F. (2010). The Talented Mr Has: Child Abusers of Authority companies. Poster at the 24th European Congress of Psychiatry of the EAP in Madrid.

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COMPLEX TRAUMA, SOMATOFORM DISSOCIATION AND ENERGETICS THERAPY

Introduction
In a chilling "Child Smuggling" operation of an Organised Ritualised Crime Abuse Network (ORCAN), a young mother was sexually assaulted several times in a custody of her children. Police officers coerced her into revealing the worst-kept secret of a sexual assault against her and her son. In the light of a string of unexplained deaths and the disappearance of new-born babies, the mother was programmed to believe that getting up in court against the dangerous family members would be too dangerous and went along with the manipulation that an undercover police operation would all the family members not just for a few years but for life. After this 'programming' three further unexplained deaths occurred that were swiftly followed by a stalling, deflection and harassment campaign. A day time assault of the father was carried out accompanied by disclosures and threats. When the mother tried to report the assault some weeks later, authority representatives claimed she was "delusional" and engineered a "forced adoption" (www.forced-adoption.com).

Cognitive Ability Profile
A set of psychometric ability assessments (see Figure 1) helped to unravel the tragic reasons why this chilling re-abuse crime serial killer would strike. IQ and auditory memory, listening comprehension (measured with the Speedyte test) was all at the level of a 5-year-old making the mother vulnerable to spontaneous and even more so premeditated manipulation. The pattern corroborated the disclosure of information processing difficulties denied by a Clinical Psychologist.

Emotional Competency Profile
A series of personality questionnaires was completed. The diagnoses were very misleading as in the Dissociative and Thought Disorder scales, the mother was given a diagnosis of Schizophrenoid Personality Disorder. However, in the Dissociative Experiences Scale (DES) and the Borderline Personality Disorder (BP) scales, the mother received scores that were higher than the average of the population. The Diagnosis of Borderline Personality Disorder was in the average range and falsely. Testing scores were high—making the presence of 'dissociative' rather unlikely.

Somatoform Dissociations
The mother reported incidents of 'not hearing' and 'not seeing' which were dismissed by mental health professionals with antedeluvian realities. Nevertheless, corresponding items in the Dissociative Experiences Scale (DES) were not endorsed—presumably as these experiences were not antedeluvian. A 4-day memory amnesia at age 20 was discredited where all biographical memory was inaccessible. When ordinary memories returned, they were accompanied by gradual release of terrifying abuse memories. A health worker confirmed that the mother had developed "medical amnesia" after andon. Health records made numerous references to memory difficulties as well as other dissociative symptoms.

The mother had worked through numerous previously hidden memories on her own. Due to the memory work, she could express herself coherently in a formal PTSD assessment session and was rated as "at risk trauma in 10 minutes. Her recovery was aided by organic farming, volunteering work, friendship and spirituality.

Energetics Theory
Leading researchers in the field of energetics are Psychiatrist Colin Ross (author of numerous books on trauma, dissociation and secret mind control), Psychologists Phil Malony and David Hawkins (researcher into Levels of Consciousness and developer of http://hawkins pesqd.rit.edu/hawkins-scale.html). According to the Extreme Abuse Survey about half of the individuals disclosing ritual abuse in therapy had memories of such events before commencing therapy. However memory can be faulty. For others memories may appear in the course of therapy with the client being unsure of what really happened.

Conclusion
Mental health professionals need to learn to recognize somatoform dissociation symptoms, understand advances and limitations of psychometric assessment tools, appreciate energetic approaches as an adjunct to other intervention methods and gain an insight into the origins of complex trauma.

References
Appendix R: Kurz (2017e)

COMPLEX TRAUMA, SOMATOFORM DISSOCIATIONS & PSYCHOMETRIC ASSESSMENT

Summary

In a complex trauma case somatoform dissociatives, dyslexia and a “Twice Exceptional” pattern of very high intelligence coupled with extreme weaknesses in auditory processing combined into a puzzling presentation. Comparison of disclaimers and excerpts of medical records offer rare insights how Sexual Ritual Abuse (SRA) and associated extreme offending seemingly exist in the midst of contemporary society, the nature of trauma memories and how dissociative symptoms are missed.

Background

A self-identified victim of incestuous abuse, who disclosed delivering a baby at 14 that disappeared, was accused by authority representatives to be a “delusional” and then incited to charge under social media attentions and multiple relatives. A diagnosis of a sexual assault that culminated in a sexual assault on her son. The toddler was taken into care and the mother threatened with “restituting” and permanent removal of custody. Various documents were obtained on the mother. Following a Forced Adoption Centre, multiple medical records were retrieved to prepare an appeal. In 2017 and 2023 were uncensed had been convicted from the proceedings. Kurz & Coomans (2014) presented evidence of information processing issues across all three historical assessments. A contemporary IQ assessment found very high verbal skills with pronounced weakness in auditory memory processing which corresponded with her reported auditory and visual somatoform dissociations.

Figure 1. Suicide attempt at 16.

Extreme Abuse Examples

At age 24 she started to remember how she was abused as a toddler by a downstairs neighbour. She also recalled how a suicide attempt at 16 was preceded by incestuous abuse and an incident (see also in Figure 1) which was similar to the “Botanic Outlaw” described in Epstein’s et al. (2011) “These were special times and I remember one of many shows that I was involved in... 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 terrified (p. 141).” Around the time of the alleged delivery of a baby girl that became death in children’s care there was another without GP write (see Figure 2). The parents had applied for her’s well-being and removed the discharges. Within a few days of the unregistered homebirth the baby reportedly disappeared (see extreme abuse literature e.g. Miller, 2012).

GP Notes & Complex Trauma Symptoms

A seemingly orchestrated series of four life threatening events resulted in a discharge at 18. She requested medication and quickly stopped taking it. (Qualifying for medication did not help her with the violence. She saw GP’s surgery taken existing with medication, admitted from Refusal to Refuse. Well, she got for ICT security. Newspaper. Discuss once more.)

- Vulneration with not trusting, eventually being on roads.
- Woman in need - Non-specific symptoms on what she does rather than telling her what to do.

Consultant Psychiatrist Notes & Dissociation

- He was very adaptable and was able to follow. Following the experience she started calling her upper arm when she was going for a period of time. She reported glad in another but the reason she remarked in a not more helpful.
- She was an average in the room when there is nobody. Postural disorders there and they do not appear in the auditory hallucinations.
- She complained of pain attacks, and had had these attacks over a year period.
- There were no abnormal postural. She reported auditory hallucinations such as animals in the room at all times. Day night. He insisted she did not seem to be psychotic.
- He said as I can accept from my appearance no one. She does not have a major psychiatric disorder.

References


London.
Appendix S: Kurz (2018a)

BPS WORKING GROUP ON RECOVERED MEMORIES & EXTREME ABUSE SURVEYS

Summary
The paper reviews results of a British Psychological Society (BPS) survey where 13% of clinical practitioners had encountered Satanic Ritual Abuse (SRA) disclosures and the Extreme Abuse Survey where the most frequently identified offender group was "Satansists." It questions why society ignores research on SRA and urges renewed efforts calling for a repeat of those surveys together with coverage of additional themes in the spiritual and energy realm.

BPS Survey
The BPS Working Group on Recovered Memory wrote an outstanding report (Andrews et al., 1995) providing a balanced account of the nature of traumatic memories as well as "false memories." They reported on the extent of manipulation and post-hypnotic suggestions.

The authors also published a little known article in The Psychologist reviewing some findings from a survey featuring 19 questions sent to 405 clinical practitioners of whom 63% responded. Interestingly, 15% had encountered disclosures of SRA. Curiously, the article does not even attempt to define or illustrate SRA. If these rates are considered, the disclosure rate is 13%. In their reply to a commentary in the November issue the authors state "It may well be that reports of satanic ritual abuse are of sufficient interest in their own right to warrant being examined by another working party."

Extreme Abuse Survey
Kaminer et al. (2007) conducted the Extreme Abuse Survey (EAS) in English and German with Adult Survivors (N=1114), Mental Health Professionals (N=223) and Caregivers of child victims (N=84). It features numerous questions concerning extreme offending including Satanic Ritual Abuse (SRA). RECORD (2008) presented preliminary findings whereas a 29 page report can be downloaded from the website of US Clinical Psychologist Dr. Ellen Laden.

Sadeh (2017) illustrated the many symptoms reported by victims many of which are familiar to clinical practitioners. However, there are numerous themes for which traditional Psychiatry and Psychology have no explanation, treatment or cure. Instead re-victimization frequency sets in with rigidity and often "guilt" claims that no organic cause could be found.

Organised Extreme Abuse
It is important to be aware that some extreme abuse survivors have memories of the type that many people do not know is possible. Howard (2018) compiled a comprehensive list of questions that go beyond the scope of the EAS surveys. He covers energetic and spiritual realms as well as extreme offending that does not feature in the EAS surveys such as use of directed energy weapons.

Need for Future Surveys
Society has arrived at a crossroad where survivor and (alternative) media accounts of Satanic offering are plentiful and easily accessible. Professional bodies remain indifferent. It is high time to repeat the BPS survey with clinical practitioners. Smart branching algorithms could be used to trigger the EAPS for those who encountered SRA disclosures. Finally, questions could be added tackling energetic and extreme offending.
Appendix T: Kurz (2018b)

TRAUMA-BASED MIND CONTROL & ISTANBUL PROTOCOL FOR TORTURE DIAGNOSIS

Summary

The poster introduces the Istanbul Protocol for Torture Diagnosis and explores its applicability to extreme abuse cases. It draws on materials collated on the website traumabasedmindcontrol.com and relates it to the findings of the Extreme Abuse Survey (EAS) and the accounts of individuals who were abused and tortured in the context of organised crime mind control programs.

Background

Kurz (2017) outlined the devastating impact of Organised Ritualised Crime Network (ORCN) featuring toddler rape, arson, and violent deaths. Central to the ongoing cover-up is the deployment of Psychiatry and Psychology operatives who claim that perpetrator individuals are "delusional." This poster explores research-based alternatives to the "Disorder of Deliberate" (where allegations of extreme abuse and authority compromise are simply denied) from torture research.

Marc Dutroux Case Torture

Document reviews and disclosures evoked a disturbing picture of an extreme abuse network comparable to the Marc Dutroux case in Belgium that featured numerous violent deaths and a macabre torture which had eventually killed a 15-year-old girl.

"It was a sort of bondage as her legs and her hands and her throat were connected with the same rope, and so when she moved she strangled herself."

Case

A professional in his thirties suffered a dissociative breakdown when waking abroad. Flashbacks led to gradual emergence of abuse and torture memories.

At the age of 4, a girl was left unattended for five days in a department store. He was picked up and sexually abused.

Around the age of 8, he started to disappear for up to three days at a time. His disclosures featured "bondage torture" jointly with a female victim with little visible marks. Following each disturbing disclosure, a psychologist made (unknown to the client) a police referral with two officers turning up unannounced at the therapy venue. The survivor declined to name the perpetrators (expectedly three neighbours).

As a teenager, the survivor wanted London and ended up a living, deep sleep traumatized through child sexual abuse and torture. Eventually, he obtained a professional qualification and worked successfully for more than a decade before the dissociative breakdown.

Memories - EAS, 2007 (Table 17 - Survivors) adapted from Sadegh, A. (2017):

http://traumabasedmindcontrol.com

touchend@traumabasedmindcontrol.com

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Investigating Mind Control Torture

The Extreme Abuse Survey (Kemmler et al., 2015) features numerous torture methods designed to mind-control individuals and quantify torture prevalence. Artio Lynne Schreinermacher or another website or the group "Paradise for Memory" organisations and illustrates how she was tortured in organised programs seemingly with the approval of her parents and rogue authority representatives.

"Throughout my childhood, 4-5 times per year, I was sent to hospitals and military bases where I was subjected to torture. The torture consisted of food, water, sleep, and sensory deprivation confinement: mock drowning, sexual assault, electric shock, drugging, and sensory manipulation using movie sound, mirrors, medical equipment and other apparatus. In Hollywood, a schizophrenic could imagine them.

Extreme abuse torture appears to be motivated by professional and a sadistic sense of power, which can also include diagnostic approaches and the actual psychological torture of individuals. The Istanbul Protocol for Torture Diagnosis could lead to the identification of suitable tools or techniques for torture victims."

In parallel professional bodies should properly deal with the numerous disclosures (offshore and Mind control victims across the world which includes the use of Electro Magnetic Frequency (EMF) torture https://www.youtube.com/watch?v=4Jz6j5dAh5z."

References

Appendix U: Kurz & Howard (2018)

Body-centric Healing of Extreme Trauma

Summary

Drawing on the unique experiences of a survivor of extreme abuse, this poster outlines a body-centric healing method. Psychiatry and psychology are increasingly addressing the treatment of dissociative disorders caused by long-term systematic abuse in childhood. Energy oriented approaches offer additional resources where traditional methods are insufficient. The subject in his late 40s, after years of schizoid depression, experienced the release of body memories of devastating childhood abuse. He chose isolation and self-care, and has been able to develop successful strategies to navigate the problems arising in the process. It may be worthwhile to draw on these concepts in the design of psychosomatic tools.

Body-centric Healing Method

We suggest it can be advantageous and feasible to use the body as an assessment tool in the treatment of complex trauma, where somatopsychic dissociation is present. The patient can self-monitor, map, and record the amount and quality of the physical self-awareness (or lack thereof) and increasing awareness is due to progress. Unproductive strategies produce unease and do not increase corporeal consciousness. This monitoring can guide both the patient and the practitioner to the slow and subtle healing process. A few extracts follow and a downloadable link for the full essay is provided below.

- Healing: Here I mean the healing of the energy body. The energy body governs the functioning of the physical body, and vice versa. This is a physical-energetic-physical system with natural biodynamic feedback which tends to dynamic equilibrium, i.e., health, when not obstructed. When integrated this results in healing the physical body, the mind, and improvements in the person's life and well-being.

- Alters appear to be part of the somatic trinity, but they can also be experienced separately. They can actually extract/ remove/ intent parts of you and use them for their own ends.

- The details are more involved, and explain them here fully as an umbrella element, and some detailed stages of the process.

- If you are walking with awareness of your body, you can also simultaneously look out through your eyes, and aware of your environment. I suspect this to be a default existential position for people who have not been traumatized and to which those who have been traumatized can aspire.

Discussion

Clearly, this subject matter does not fall totally within the territory of traditional psychiatry, but is nevertheless offered for those wishing to engage in bridge building or enlarging the map.

Due to the phenomenal and experiential nature of the fields of healing and psychology, a valid and effective scientific approach can be taken in those fields based upon a solitary materialist worldview.

Upworthy mental health professionals need to become as informed and knowledgeable about the spiritual aspects and the mind-body connection as the medical and psychological approach.

References


Kurz, Rainer & Fect, Sandra (2017). Complex Trauma. somatopsychic Dissociation, and Emerging Therapy. Prof. at ZALP Congress in France.


Appendix V: Kurz & Wong (2018)

EVIDENCING SATANIST RITUAL ABUSE (SRA) IN THE UK - PAST, PRESENT AND FUTURE

Summary
The paper provides a historical perspective on evidencing Satanic Ritual Abuse (SRA), a less on current efforts and proposals for raising public and institutional awareness. It outlines sparse yet rich accounts of SRA and other types of serious offending, recent exposures and avenues for tackling the issues. Books and news items were reviewed by two advocates who between them have 30 years of experience in evidencing SRA.

Background
The "Memory Wars" erupted around 1990 when several cases of Satanic Ritual Abuse (SRA) made headline news. This paper outlines past sources of evidence, recent SRA cases and possible steps forward to educate victims, professionals and society.

Three early UK publications (1991) were "Blasphemous Rumours" (Andrew Boyd), "Children for the Devil: Ritual Abuse and satanic crime" (Tim Tate) and "Chasing Satans" (Gianna Jessen). Since 1994 Dr Viren Shelton has published courageously on the topic. A pilot study report co-authored by Robert Keane is now available due to a Freedom of Information

Historical Perspective
Tate (1991) describes "Hell Fire clubs attended by the privileged in the 19th century including high ranking politicians (e.g. Chancellor of the Exchequer). He remarks "Unsurprisingly, the sex was not limited to the heterosexual intercourse or to adolescents" and the history of satanic worshipping from medieval times to the dawn of the 20th century is inextricably linked with the abuse and sacrifice of children.

Boyd (1991) provides details of Ritual Murder, reports activities paralleled in our own era, SRA cases with an account of a 400 year old English SRA case and interviewed many professional carers, who: "Believe them they claim to be counselling some 900 victims of ritual abuse."

Contemporary Survivor Accounts
Elliott et al. (2011) provided chilling case studies of сотies with advocacy cases:

"These were special times and I remember one of many stories that I was involved with. I had been involved - I was probably reticent at the time - to have sex with a boy who was around the same age as me, who was absolutely painted."

(Female Survivor, p. 149)

"Stoning. I believe him about this whole 2000."

(Child Survivor, p. 161)

Trauma & Advocacy
Professionals need to properly research and recognize the links between SRA trauma and mental health issues such as dissociative disorders. A rare mainstream media program addressing SRA was an episode of Channel 4's "Despatches", produced by Oliver Belling, that triggered thousands of calls to a dedicated hotline. Individuals confronted by disclosures of SRA should listen empathetically, make notes and act wisely.

Over the years the author's presented at numerous conferences and media programs. Contributions were made to the Midland and Conner police operations. A current focus is a Letter Writing campaign aimed at the UK Prime Minister and the Home Secretary.