

# THE BODY KEEPSTHE SCORE

BRAIN, MIND, AND BODY  
IN THE HEALING OF TRAUMA



BESSEL VAN DER KOLK, MD

## Praise for *The Body Keeps the Score*

“This book is a tour de force. Its deeply empathic, insightful, and compassionate perspective promises to further humanize the treatment of trauma victims, dramatically expand their repertoire of self-regulatory healing practices and therapeutic options, and also stimulate greater creative thinking and research on trauma and its effective treatment. The body does keep the score, and Van der Kolk’s ability to demonstrate this through compelling descriptions of the work of others, his own pioneering trajectory and experience as the field evolved and him along with it, and above all, his discovery of ways to work skillfully with people by bringing mindfulness to the body (as well as to their thoughts and emotions) through yoga, movement, and theater are a wonderful and welcome breath of fresh air and possibility in the therapy world.”

—Jon Kabat-Zinn, professor of medicine emeritus, UMass Medical School;  
author of *Full Catastrophe Living*

“This exceptional book will be a classic of modern psychiatric thought. The impact of overwhelming experience can only be truly understood when many disparate domains of knowledge, such as neuroscience, developmental psychopathology, and interpersonal neurobiology are integrated, as this work uniquely does. There is no other volume in the field of traumatic stress that has distilled these domains of science with such rich historical and clinical perspectives, and arrived at such innovative treatment approaches. The clarity of vision and breadth of wisdom of this unique but highly accessible work is remarkable. This book is essential reading for anyone interested in understanding and treating traumatic stress and the scope of its impact on society.”

—Alexander McFarlane AO, MB BS (Hons) MD FRANZCP, director of the Centre for Traumatic Stress Studies, The University of Adelaide, South Australia.

“This is an amazing accomplishment from the neuroscientist most responsible for the contemporary revolution in mental health toward the

recognition that so many mental problems are the product of trauma. With the compelling writing of a good novelist, van der Kolk revisits his fascinating journey of discovery that has challenged established wisdom in psychiatry. Interspersed with that narrative are clear and understandable descriptions of the neurobiology of trauma; explanations of the ineffectiveness of traditional approaches to treating trauma; and introductions to the approaches that take patients beneath their cognitive minds to heal the parts of them that remained frozen in the past. All this is illustrated vividly with dramatic case histories and substantiated with convincing research. This is a watershed book that will be remembered as tipping the scales within psychiatry and the culture at large toward the recognition of the toll traumatic events and our attempts to deny their impact take on us all.”

—Richard Schwartz, originator, Internal Family Systems Therapy

“*The Body Keeps the Score* is clear, fascinating, hard to put down, and filled with powerful case histories. Van der Kolk, the eminent impresario of trauma treatment, who has spent a career bringing together diverse trauma scientists and clinicians and their ideas, while making his own pivotal contributions, describes what is arguably the most important series of breakthroughs in mental health in the last thirty years. We’ve known that psychological trauma fragments the mind. Here we see not only how psychological trauma also breaks connections within the brain, but also between mind *and* body, and learn about the exciting new approaches that allow people with the severest forms of trauma to put all the parts back together again.”

—Norman Doidge, author of *The Brain That Changes Itself*

“In *The Body Keeps the Score* we share the author’s courageous journey into the parallel dissociative worlds of trauma victims and the medical and psychological disciplines that are meant to provide relief. In this compelling book we learn that as our minds desperately try to leave trauma behind, our bodies keep us trapped in the past with wordless emotions and feelings. These inner disconnections cascade into ruptures in social relationships with disastrous effects on marriages, families, and friendships. Van der Kolk offers hope by describing treatments and strategies that have

successfully helped his patients reconnect their thoughts with their bodies. We leave this shared journey understanding that only through fostering self-awareness and gaining an inner sense of safety will we, as a species, fully experience the richness of life.

—Stephen W. Porges, PhD, professor of psychiatry, University of North Carolina at Chapel Hill; author of *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*

“Bessel van der Kolk is unequaled in his ability to synthesize the stunning developments in the field of psychological trauma over the past few decades. Thanks in part to his work, psychological trauma—ranging from chronic child abuse and neglect, to war trauma and natural disasters—is now generally recognized as a major cause of individual, social, and cultural breakdown. In this masterfully lucid and engaging tour de force, Van der Kolk takes us—both specialists and the general public—on his personal journey and shows what he has learned from his research, from his colleagues and students, and, most important, from his patients. *The Body Keeps the Score* is, simply put, brilliant.”

—Onno van der Hart, PhD, Utrecht University, The Netherlands; senior author, *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization*

“*The Body Keeps the Score* articulates new and better therapies for toxic stress based on a deep understanding of the effects of trauma on brain development and attachment systems. This volume provides a moving summary of what is currently known about the effects of trauma on individuals and societies, and introduces the healing potential of both age-old and novel approaches to help traumatized children and adults fully engage in the present.”

—Jessica Stern, policy consultant on terrorism; author of *Denial: A Memoir of Terror*

“A book about understanding the impact of trauma by one of the true pioneers in the field. It is a rare book that integrates cutting edge neuroscience with wisdom and understanding about the experience and meaning of trauma, for people who have suffered from it. Like its author, this book is wise and compassionate, occasionally quite provocative, and always interesting.”

—Glenn N. Saxe, MD, Arnold Simon Professor and chairman, Department of Child and Adolescent Psychiatry; director, NYU Child Study Center, New York University School of Medicine.

“A fascinating exploration of a wide range of therapeutic treatments shows readers how to take charge of the healing process, gain a sense of safety, and find their way out of the morass of suffering.”

—Francine Shapiro, PhD, originator of EMDR therapy; senior research fellow, Emeritus Mental Research Institute; author of *Getting Past Your Past*

“As an attachment researcher I know that infants are psychobiological beings. They are as much of the body as they are of the brain. Without language or symbols infants use every one of their biological systems to make meaning of their self in relation to the world of things and people. Van der Kolk shows that those very same systems continue to operate at every age, and that traumatic experiences, especially chronic toxic experience during early development, produce psychic devastation. With this understanding he provides insight and guidance for survivors, researchers, and clinicians alike. Bessel van der Kolk may focus on the body and trauma, but what a mind he must have to have written this book.”

—Ed Tronick, distinguished professor, University of Massachusetts, Boston; author of *Neurobehavior and Social Emotional Development of Infants and Young Children*

“*The Body Keeps the Score* eloquently articulates how overwhelming experiences affect the development of brain, mind, and body awareness, all of which are closely intertwined. The resulting derailments have a profound impact on the capacity for love and work. This rich integration of clinical case examples with ground breaking scientific studies provides us with a new understanding of trauma, which inevitably leads to the exploration of novel therapeutic approaches that ‘rewire’ the brain, and help traumatized people to reengage in the present. This book will provide traumatized individuals with a guide to healing and permanently change how psychologists and psychiatrists think about trauma and recovery.”

—Ruth A. Lanius, MD, PhD, Harris-Woodman chair in Psyche and Soma, professor of psychiatry, and director PTSD research at the University of Western Ontario; author of *The Impact of Early Life Trauma on Health and Disease*

“When it comes to understanding the impact of trauma and being able to continue to grow despite overwhelming life experiences, Bessel van der Kolk leads the way in his comprehensive knowledge, clinical courage, and creative strategies to help us heal. *The Body Keeps the Score* is a cutting-edge offering for the general reader to comprehend the complex effects of trauma, and a guide to a wide array of scientifically informed approaches to not only reduce suffering, but to move beyond mere survival—and to thrive.”

—Daniel J. Siegel, MD, clinical professor, UCLA School of Medicine, author of *Brainstorm: The Power and Purpose of the Teenage Brain*; *Mindsight: The New Science of Personal Transformation*; and *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*

“In this magnificent book, Bessel van der Kolk takes the reader on a captivating journey that is chock-full of riveting stories of patients and their struggles interpreted through history, research, and neuroscience made accessible in the words of a gifted storyteller. We are privy to the author’s own courageous efforts to understand and treat trauma over the past forty years, the results of which have broken new ground and challenged the status quo of psychiatry and psychotherapy. *The Body Keeps the Score* leaves us with both a profound appreciation for and a felt sense of the debilitating effects of trauma, along with hope for the future through fascinating descriptions of novel approaches to treatment. This outstanding volume is absolutely essential reading not only for therapists but for all who seek to understand, prevent, or treat the immense suffering caused by trauma.”

—Pat Ogden PhD, founder/educational director of the Sensorimotor Psychotherapy Institute; author of *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*

“This is masterpiece of powerful understanding and brave heartedness, one of the most intelligent and helpful works on trauma I have ever read. Dr. Van der Kolk offer a brilliant synthesis of clinical cases, neuroscience, powerful tools and caring humanity, offering a whole new level of healing for the traumas carried by so many.”

—Jack Kornfield, author of *A Path with Heart*

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**Bessel A. van der Kolk, M.D.**

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*To my patients, who kept the score and were the textbook.*

# CONTENTS

[Praise for \*The Body Keeps the Score\*](#)

[Title Page](#)

[Copyright](#)

[Dedication](#)

[PROLOGUE: FACING TRAUMA](#)

## PART ONE:

### THE REDISCOVERY OF TRAUMA

[1. LESSONS FROM VIETNAM VETERANS](#)

[2. REVOLUTIONS IN UNDERSTANDING MIND AND BRAIN](#)

[3. LOOKING INTO THE BRAIN: THE NEUROSCIENCE REVOLUTION](#)

## PART TWO:

### THIS IS YOUR BRAIN ON TRAUMA

[4. RUNNING FOR YOUR LIFE: THE ANATOMY OF SURVIVAL](#)

[5. BODY-BRAIN CONNECTIONS](#)

[6. LOSING YOUR BODY, LOSING YOUR SELF](#)

## PART THREE:

### THE MINDS OF CHILDREN

[7. GETTING ON THE SAME WAVELENGTH: ATTACHMENT AND ATTUNEMENT](#)

[8. TRAPPED IN RELATIONSHIPS: THE COST OF ABUSE AND NEGLECT](#)

[9. WHAT'S LOVE GOT TO DO WITH IT?](#)

[10. DEVELOPMENTAL TRAUMA: THE HIDDEN EPIDEMIC](#)

## PART FOUR:

### THE IMPRINT OF TRAUMA

[11. UNCOVERING SECRETS: THE PROBLEM OF TRAUMATIC MEMORY](#)

[12. THE UNBEARABLE HEAVINESS OF REMEMBERING](#)

## PART FIVE:

### PATHS TO RECOVERY

[13. HEALING FROM TRAUMA: OWNING YOUR SELF](#)

[14. LANGUAGE: MIRACLE AND TYRANNY](#)

[15. LETTING GO OF THE PAST: EMDR](#)

[16. LEARNING TO INHABIT YOUR BODY: YOGA](#)

[17. PUTTING THE PIECES TOGETHER: SELF-LEADERSHIP](#)

[18. FILLING IN THE HOLES: CREATING STRUCTURES](#)

[19. REWIRING THE BRAIN: NEUROFEEDBACK](#)

[20. FINDING YOUR VOICE: COMMUNAL RHYTHMS AND THEATER](#)

[EPILOGUE: CHOICES TO BE MADE](#)

[ACKNOWLEDGMENTS](#)

[APPENDIX: CONSENSUS PROPOSED CRITERIA FOR DEVELOPMENTAL TRAUMA DISORDER](#)

[RESOURCES](#)

[FURTHER READING](#)

[NOTES](#)

[INDEX](#)

# PROLOGUE

## FACING TRAUMA

One does not have to be a combat soldier, or visit a refugee camp in Syria or the Congo to encounter trauma. Trauma happens to us, our friends, our families, and our neighbors. Research by the Centers for Disease Control and Prevention has shown that one in five Americans was sexually molested as a child; one in four was beaten by a parent to the point of a mark being left on their body; and one in three couples engages in physical violence. A quarter of us grew up with alcoholic relatives, and one out of eight witnessed their mother being beaten or hit.<sup>1</sup>

As human beings we belong to an extremely resilient species. Since time immemorial we have rebounded from our relentless wars, countless disasters (both natural and man-made), and the violence and betrayal in our own lives. But traumatic experiences do leave traces, whether on a large scale (on our histories and cultures) or close to home, on our families, with dark secrets being imperceptibly passed down through generations. They also leave traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune systems.

Trauma affects not only those who are directly exposed to it, but also those around them. Soldiers returning home from combat may frighten their families with their rages and emotional absence. The wives of men who suffer from PTSD tend to become depressed, and the children of depressed mothers are at risk of growing up insecure and anxious. Having been exposed to family violence as a child often makes it difficult to establish stable, trusting relationships as an adult.

Trauma, by definition, is unbearable and intolerable. Most rape victims, combat soldiers, and children who have been molested become so upset when they think about what they experienced that they try to push it out of their minds, trying to act as if nothing happened, and move on. It takes tremendous energy to keep functioning while carrying the memory of terror, and the shame of utter weakness and vulnerability.

While we all want to move beyond trauma, the part of our brain that is devoted to ensuring our survival (deep below our rational brain) is not very good at denial. Long after a traumatic experience is over, it may be reactivated at the slightest hint of danger and mobilize disturbed brain circuits and secrete massive amounts of stress hormones. This precipitates unpleasant emotions intense physical sensations, and impulsive and aggressive actions. These posttraumatic reactions feel incomprehensible and overwhelming. Feeling out of control, survivors of trauma often begin to fear that they are damaged to the core and beyond redemption.

• • •

The first time I remember being drawn to study medicine was at a summer camp when I was about fourteen years old. My cousin Michael kept me up all night explaining the intricacies of how kidneys work, how they secrete the body's waste materials and then reabsorb the chemicals that keep the system in balance. I was riveted by his account of the miraculous way the body functions. Later, during every stage of my medical training, whether I was studying surgery, cardiology, or pediatrics, it was obvious to me that the key to healing was understanding how the human organism works. When I began my psychiatry rotation, however, I was struck by the contrast between the incredible complexity of the mind and the ways that we human beings are connected and attached to one another, and how little psychiatrists knew about the origins of the problems they were treating. Would it be possible one day to know as much about brains, minds, and love as we do about the other systems that make up our organism?

We are obviously still years from attaining that sort of detailed understanding, but the birth of three new branches of science has led to an explosion of knowledge about the effects of psychological trauma, abuse, and neglect. Those new disciplines are neuroscience, the study of how the

brain supports mental processes; developmental psychopathology, the study of the impact of adverse experiences on the development of mind and brain; and interpersonal neurobiology, the study of how our behavior influences the emotions, biology, and mind-sets of those around us.

Research from these new disciplines has revealed that trauma produces actual physiological changes, including a recalibration of the brain's alarm system, an increase in stress hormone activity, and alterations in the system that filters relevant information from irrelevant. We now know that trauma compromises the brain area that communicates the physical, embodied feeling of being alive. These changes explain why traumatized individuals become hypervigilant to threat at the expense of spontaneously engaging in their day-to-day lives. They also help us understand why traumatized people so often keep repeating the same problems and have such trouble learning from experience. We now know that their behaviors are not the result of moral failings or signs of lack of willpower or bad character—they are caused by actual changes in the brain.

This vast increase in our knowledge about the basic processes that underlie trauma has also opened up new possibilities to palliate or even reverse the damage. We can now develop methods and experiences that utilize the brain's own natural neuroplasticity to help survivors feel fully alive in the present and move on with their lives. There are fundamentally three avenues: 1) top down, by talking, (re-) connecting with others, and allowing ourselves to know and understand what is going on with us, while processing the memories of the trauma; 2) by taking medicines that shut down inappropriate alarm reactions, or by utilizing other technologies that change the way the brain organizes information, and 3) bottom up: by allowing the body to have experiences that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma. Which one of these is best for any particular survivor is an empirical question. Most people I have worked with require a combination.

This has been my life's work. In this effort I have been supported by my colleagues and students at the Trauma Center, which I founded thirty years ago. Together we have treated thousands of traumatized children and adults: victims of child abuse, natural disasters, wars, accidents, and human trafficking; people who have suffered assaults by intimates and strangers. We have a long tradition of discussing all our patients in great depth at

weekly treatment team meetings and carefully tracking how well different forms of treatment work for particular individuals.

Our principal mission has always been to take care of the children and adults who have come to us for treatment, but from the very beginning we also have dedicated ourselves to conducting research to explore the effects of traumatic stress on different populations and to determine what treatments work for whom. We have been supported by research grants from the National Institute of Mental Health, the National Center for Complementary and Alternative Medicine, the Centers for Disease Control, and a number of private foundations to study the efficacy of many different forms of treatment, from medications to talking, yoga, EMDR, theater, and neurofeedback.

The challenge is: How can people gain control over the residues of past trauma and return to being masters of their own ship? Talking, understanding, and human connections help, and drugs can dampen hyperactive alarm systems. But we will also see that the imprints from the past can be transformed by having physical experiences that directly contradict the helplessness, rage, and collapse that are part of trauma, and thereby regaining self-mastery. I have no preferred treatment modality, as no single approach fits everybody, but I practice all the forms of treatment that I discuss in this book. Each one of them can produce profound changes, depending on the nature of the particular problem and the makeup of the individual person.

I wrote this book to serve as both a guide and an invitation—an invitation to dedicate ourselves to facing the reality of trauma, to explore how best to treat it, and to commit ourselves, as a society, to using every means we have to prevent it.

PART ONE

**THE REDISCOVERY  
OF TRAUMA**

# CHAPTER 1

## LESSONS FROM VIETNAM VETERANS

I became what I am today at the age of twelve, on a frigid overcast day in the winter of 1975. . . . That was a long time ago, but it's wrong what they say about the past. . . . Looking back now, I realize I have been peeking into that deserted alley for the last twenty-six years.

—Khaled Hosseini, *The Kite Runner*

Some people's lives seem to flow in a narrative; mine had many stops and starts. That's what trauma does. It interrupts the plot. . . . It just happens, and then life goes on. No one prepares you for it.

—Jessica Stern, *Denial: A Memoir of Terror*

The Tuesday after the Fourth of July weekend, 1978, was my first day as a staff psychiatrist at the Boston Veterans Administration Clinic. As I was hanging a reproduction of my favorite Breughel painting, "The Blind Leading the Blind," on the wall of my new office, I heard a commotion in the reception area down the hall. A moment later a large, disheveled man in a stained three-piece suit, carrying a copy of *Soldier of Fortune* magazine under his arm, burst through my door. He was so agitated and so clearly

hungover that I wondered how I could possibly help this hulking man. I asked him to take a seat, and tell me what I could do for him.

His name was Tom. Ten years earlier he had been in the Marines, doing his service in Vietnam. He had spent the holiday weekend holed up in his downtown-Boston law office, drinking and looking at old photographs, rather than with his family. He knew from previous years' experience that the noise, the fireworks, the heat, and the picnic in his sister's backyard against the backdrop of dense early-summer foliage, all of which reminded him of Vietnam, would drive him crazy. When he got upset he was afraid to be around his family because he behaved like a monster with his wife and two young boys. The noise of his kids made him so agitated that he would storm out of the house to keep himself from hurting them. Only drinking himself into oblivion or riding his Harley-Davidson at dangerously high speeds helped him to calm down.

Nighttime offered no relief—his sleep was constantly interrupted by nightmares about an ambush in a rice paddy back in 'Nam, in which all the members of his platoon were killed or wounded. He also had terrifying flashbacks in which he saw dead Vietnamese children. The nightmares were so horrible that he dreaded falling asleep and he often stayed up for most of the night, drinking. In the morning his wife would find him passed out on the living room couch, and she and the boys had to tiptoe around him while she made them breakfast before taking them to school.

Filling me in on his background, Tom said that he had graduated from high school in 1965, the valedictorian of his class. In line with his family tradition of military service he enlisted in the Marine Corps immediately after graduation. His father had served in World War II in General Patton's army, and Tom never questioned his father's expectations. Athletic, intelligent, and an obvious leader, Tom felt powerful and effective after finishing basic training, a member of a team that was prepared for just about anything. In Vietnam he quickly became a platoon leader, in charge of eight other Marines. Surviving slogging through the mud while being strafed by machine-gun fire can leave people feeling pretty good about themselves—and their comrades.

At the end of his tour of duty Tom was honorably discharged, and all he wanted was to put Vietnam behind him. Outwardly that's exactly what he did. He attended college on the GI Bill, graduated from law school, married

his high school sweetheart, and had two sons. Tom was upset by how difficult it was to feel any real affection for his wife, even though her letters had kept him alive in the madness of the jungle. Tom went through the motions of living a normal life, hoping that by faking it he would learn to become his old self again. He now had a thriving law practice and a picture-perfect family, but he sensed he wasn't normal; he felt dead inside.

Although Tom was the first veteran I had ever encountered on a professional basis, many aspects of his story were familiar to me. I grew up in postwar Holland, playing in bombed-out buildings, the son of a man who had been such an outspoken opponent of the Nazis that he had been sent to an internment camp. My father never talked about his war experiences, but he was given to outbursts of explosive rage that stunned me as a little boy. How could the man I heard quietly going down the stairs every morning to pray and read the Bible while the rest of the family slept have such a terrifying temper? How could someone whose life was devoted to the pursuit of social justice be so filled with anger? I witnessed the same puzzling behavior in my uncle, who had been captured by the Japanese in the Dutch East Indies (now Indonesia) and sent as a slave laborer to Burma, where he worked on the famous bridge over the river Kwai. He also rarely mentioned the war, and he, too, often erupted into uncontrollable rages.

As I listened to Tom, I wondered if my uncle and my father had had nightmares and flashbacks—if they, too, had felt disconnected from their loved ones and unable to find any real pleasure in their lives. Somewhere in the back of my mind there must also have been my memories of my frightened—and often frightening—mother, whose own childhood trauma was sometimes alluded to and, I now believe, was frequently reenacted. She had the unnerving habit of fainting when I asked her what her life was like as a little girl and then blaming me for making her so upset.

Reassured by my obvious interest, Tom settled down to tell me just how scared and confused he was. He was afraid that he was becoming just like his father, who was always angry and rarely talked with his children—except to compare them unfavorably with his comrades who had lost their lives around Christmas 1944, during the Battle of the Bulge.

As the session was drawing to a close, I did what doctors typically do: I focused on the one part of Tom's story that I thought I understood—his nightmares. As a medical student I had worked in a sleep laboratory,

observing people's sleep/dream cycles, and had assisted in writing some articles about nightmares. I had also participated in some early research on the beneficial effects of the psychoactive drugs that were just coming into use in the 1970s. So, while I lacked a true grasp of the scope of Tom's problems, the nightmares were something I could relate to, and as an enthusiastic believer in better living through chemistry, I prescribed a drug that we had found to be effective in reducing the incidence and severity of nightmares. I scheduled Tom for a follow-up visit two weeks later.

When he returned for his appointment, I eagerly asked Tom how the medicines had worked. He told me he hadn't taken any of the pills. Trying to conceal my irritation, I asked him why. "I realized that if I take the pills and the nightmares go away," he replied, "I will have abandoned my friends, and their deaths will have been in vain. I need to be a living memorial to my friends who died in Vietnam."

I was stunned: Tom's loyalty to the dead was keeping him from living his own life, just as his father's devotion to his friends had kept him from living. Both father's and son's experiences on the battlefield had rendered the rest of their lives irrelevant. How had that happened, and what could we do about it? That morning I realized I would probably spend the rest of my professional life trying to unravel the mysteries of trauma. How do horrific experiences cause people to become hopelessly stuck in the past? What happens in people's minds and brains that keeps them frozen, trapped in a place they desperately wish to escape? Why did this man's war not come to an end in February 1969, when his parents embraced him at Boston's Logan International Airport after his long flight back from Da Nang?

Tom's need to live out his life as a memorial to his comrades taught me that he was suffering from a condition much more complex than simply having bad memories or damaged brain chemistry—or altered fear circuits in the brain. Before the ambush in the rice paddy, Tom had been a devoted and loyal friend, someone who enjoyed life, with many interests and pleasures. In one terrifying moment, trauma had transformed everything.

During my time at the VA I got to know many men who responded similarly. Faced with even minor frustrations, our veterans often flew instantly into extreme rages. The public areas of the clinic were pockmarked with the impacts of their fists on the drywall, and security was kept constantly busy protecting claims agents and receptionists from

enraged veterans. Of course, their behavior scared us, but I also was intrigued.

At home my wife and I were coping with similar problems in our toddlers, who regularly threw temper tantrums when told to eat their spinach or to put on warm socks. Why was it, then, that I was utterly unconcerned about my kids' immature behavior but deeply worried by what was going on with the vets (aside from their size, of course, which gave them the potential to inflict much more harm than my two-footers at home)? The reason was that I felt perfectly confident that, with proper care, my kids would gradually learn to deal with frustrations and disappointments, but I was skeptical that I would be able to help my veterans reacquire the skills of self-control and self-regulation that they had lost in the war.

Unfortunately, nothing in my psychiatric training had prepared me to deal with any of the challenges that Tom and his fellow veterans presented. I went down to the medical library to look for books on war neurosis, shell shock, battle fatigue, or any other term or diagnosis I could think of that might shed light on my patients. To my surprise the library at the VA didn't have a single book about any of these conditions. Five years after the last American soldier left Vietnam, the issue of wartime trauma was still not on anybody's agenda. Finally, in the Countway Library at Harvard Medical School, I discovered *The Traumatic Neuroses of War*, which had been published in 1941 by a psychiatrist named Abram Kardiner. It described Kardiner's observations of World War I veterans and had been released in anticipation of the flood of shell-shocked soldiers expected to be casualties of World War II.<sup>1</sup>

Kardiner reported the same phenomena I was seeing: After the war his patients were overtaken by a sense of futility; they became withdrawn and detached, even if they had functioned well before. What Kardiner called "traumatic neuroses," today we call posttraumatic stress disorder—PTSD. Kardiner noted that sufferers from traumatic neuroses develop a chronic vigilance for and sensitivity to threat. His summation especially caught my eye: "The nucleus of the neurosis is a physioneurosis."<sup>2</sup> In other words, posttraumatic stress isn't "all in one's head," as some people supposed, but

has a physiological basis. Kardiner understood even then that the symptoms have their origin in the entire body's response to the original trauma.

Kardiner's description corroborated my own observations, which was reassuring, but it provided me with little guidance on how to help the veterans. The lack of literature on the topic was a handicap, but my great teacher, Elvin Semrad, had taught us to be skeptical about textbooks. We had only one real textbook, he said: our patients. We should trust only what we could learn from them—and from our own experience. This sounds so simple, but even as Semrad pushed us to rely upon self-knowledge, he also warned us how difficult that process really is, since human beings are experts in wishful thinking and obscuring the truth. I remember him saying: "The greatest sources of our suffering are the lies we tell ourselves."

Working at the VA I soon discovered how excruciating it can be to face reality. This was true both for my patients and for myself.

We don't really want to know what soldiers go through in combat. We do not really want to know how many children are being molested and abused in our own society or how many couples—almost a third, as it turns out—engage in violence at some point during their relationship. We want to think of families as safe havens in a heartless world and of our own country as populated by enlightened, civilized people. We prefer to believe that cruelty occurs only in faraway places like Darfur or the Congo. It is hard enough for observers to bear witness to pain. Is it any wonder, then, that the traumatized individuals themselves cannot tolerate remembering it and that they often resort to using drugs, alcohol, or self-mutilation to block out their unbearable knowledge?

Tom and his fellow veterans became my first teachers in my quest to understand how lives are shattered by overwhelming experiences, and in figuring out how to enable them to feel fully alive again.

## **TRAUMA AND THE LOSS OF SELF**

The first study I did at the VA started with systematically asking veterans what had happened to them in Vietnam. I wanted to know what had pushed them over the brink, and why some had broken down as a result of that experience while others had been able to go on with their lives.<sup>3</sup> Most of the

men I interviewed had gone to war feeling well prepared, drawn close by the rigors of basic training and the shared danger. They exchanged pictures of their families and girlfriends; they put up with one another's flaws. And they were prepared to risk their lives for their friends. Most of them confided their dark secrets to a buddy, and some went so far as to share each other's shirts and socks.

Many of the men had friendships similar to Tom's with Alex. Tom met Alex, an Italian guy from Malden, Massachusetts, on his first day in country, and they instantly became close friends. They drove their jeep together, listened to the same music, and read each other's letters from home. They got drunk together and chased the same Vietnamese bar girls.

After about three months in country Tom led his squad on a foot patrol through a rice paddy just before sunset. Suddenly a hail of gunfire spurted from the green wall of the surrounding jungle, hitting the men around him one by one. Tom told me how he had looked on in helpless horror as all the members of his platoon were killed or wounded in a matter of seconds. He would never get one image out of his mind: the back of Alex's head as he lay facedown in the rice paddy, his feet in the air. Tom wept as he recalled, "He was the only real friend I ever had." Afterward, at night, Tom continued to hear the screams of his men and to see their bodies falling into the water. Any sounds, smells, or images that reminded him of the ambush (like the popping of firecrackers on the Fourth of July) made him feel just as paralyzed, terrified, and enraged as he had the day the helicopter evacuated him from the rice paddy.

Maybe even worse for Tom than the recurrent flashbacks of the ambush was the memory of what happened afterward. I could easily imagine how Tom's rage about his friend's death had led to the calamity that followed. It took him months of dealing with his paralyzing shame before he could tell me about it. Since time immemorial veterans, like Achilles in Homer's *Iliad*, have responded to the death of their comrades with unspeakable acts of revenge. The day after the ambush Tom went into a frenzy to a neighboring village, killing children, shooting an innocent farmer, and raping a Vietnamese woman. After that it became truly impossible for him to go home again in any meaningful way. How can you face your sweetheart and tell her that you brutally raped a woman just like her, or watch your son take his first step when you are reminded of the child you

murdered? Tom experienced the death of Alex as if part of himself had been forever destroyed—the part that was good and honorable and trustworthy. Trauma, whether it is the result of something done to you or something you yourself have done, almost always makes it difficult to engage in intimate relationships. After you have experienced something so unspeakable, how do you learn to trust yourself or anyone else again? Or, conversely, how can you surrender to an intimate relationship after you have been brutally violated?

Tom kept showing up faithfully for his appointments, as I had become for him a lifeline—the father he'd never had, an Alex who had survived the ambush. It takes enormous trust and courage to allow yourself to remember. One of the hardest things for traumatized people is to confront their shame about the way they behaved during a traumatic episode, whether it is objectively warranted (as in the commission of atrocities) or not (as in the case of a child who tries to placate her abuser). One of the first people to write about this phenomenon was Sarah Haley, who occupied an office next to mine at the VA Clinic. In an article entitled "When the Patient Reports Atrocities,"<sup>4</sup> which became a major impetus for the ultimate creation of the PTSD diagnosis, she discussed the well-nigh intolerable difficulty of talking about (and listening to) the horrendous acts that are often committed by soldiers in the course of their war experiences. It's hard enough to face the suffering that has been inflicted by others, but deep down many traumatized people are even more haunted by the shame they feel about what they themselves did or did not do under the circumstances. They despise themselves for how terrified, dependent, excited, or enraged they felt.

In later years I encountered a similar phenomenon in victims of child abuse: Most of them suffer from agonizing shame about the actions they took to survive and maintain a connection with the person who abused them. This was particularly true if the abuser was someone close to the child, someone the child depended on, as is so often the case. The result can be confusion about whether one was a victim or a willing participant, which in turn leads to bewilderment about the difference between love and terror; pain and pleasure. We will return to this dilemma throughout this book.

## NUMBING

Maybe the worst of Tom's symptoms was that he felt emotionally numb. He desperately wanted to love his family, but he just couldn't evoke any deep feelings for them. He felt emotionally distant from everybody, as though his heart were frozen and he were living behind a glass wall. That numbness extended to himself, as well. He could not really feel anything except for his momentary rages and his shame. He described how he hardly recognized himself when he looked in the mirror to shave. When he heard himself arguing a case in court, he would observe himself from a distance and wonder how this guy, who happened to look and talk like him, was able to make such cogent arguments. When he won a case he pretended to be gratified, and when he lost it was as though he had seen it coming and was resigned to the defeat even before it happened. Despite the fact that he was a very effective lawyer, he always felt as though he were floating in space, lacking any sense of purpose or direction.

The only thing that occasionally relieved this feeling of aimlessness was intense involvement in a particular case. During the course of our treatment Tom had to defend a mobster on a murder charge. For the duration of that trial he was totally absorbed in devising a strategy for winning the case, and there were many occasions on which he stayed up all night to immerse himself in something that actually excited him. It was like being in combat, he said—he felt fully alive, and nothing else mattered. The moment Tom won that case, however, he lost his energy and sense of purpose. The nightmares returned, as did his rage attacks—so intensely that he had to move into a motel to ensure that he would not harm his wife or children. But being alone, too, was terrifying, because the demons of the war returned in full force. Tom tried to stay busy, working, drinking, and drugging—doing anything to avoid confronting his demons.

He kept thumbing through *Soldier of Fortune*, fantasizing about enlisting as a mercenary in one of the many regional wars then raging in Africa. That spring he took out his Harley and roared up the Kancamagus Highway in New Hampshire. The vibrations, speed, and danger of that ride helped him pull himself back together, to the point that he was able to leave his motel room and return to his family.

## THE REORGANIZATION OF PERCEPTION

Another study I conducted at the VA started out as research about nightmares but ended up exploring how trauma changes people's perceptions and imagination. Bill, a former medic who had seen heavy action in Vietnam a decade earlier, was the first person enrolled in my nightmare study. After his discharge he had enrolled in a theological seminary and had been assigned to his first parish in a Congregational church in a Boston suburb. He was doing fine until he and his wife had their first child. Soon after the baby's birth, his wife, a nurse, had gone back to work while he remained at home, working on his weekly sermon and other parish duties and taking care of their newborn. On the very first day he was left alone with the baby, it began to cry, and he found himself suddenly flooded with unbearable images of dying children in Vietnam.

Bill had to call his wife to take over child care and came to the VA in a panic. He described how he kept hearing the sounds of babies crying and seeing images of burned and bloody children's faces. My medical colleagues thought that he must surely be psychotic, because the textbooks of the time said that auditory and visual hallucinations were symptoms of paranoid schizophrenia. The same texts that provided this diagnosis also supplied a cause: Bill's psychosis was probably triggered by his feeling displaced in his wife's affections by their new baby.

As I arrived at the intake office that day, I saw Bill surrounded by worried doctors who were preparing to inject him with a powerful antipsychotic drug and ship him off to a locked ward. They described his symptoms and asked my opinion. Having worked in a previous job on a ward specializing in the treatment of schizophrenics, I was intrigued. Something about the diagnosis didn't sound right. I asked Bill if I could talk with him, and after hearing his story, I unwittingly paraphrased something Sigmund Freud had said about trauma in 1895: "I think this man is suffering from memories." I told Bill that I would try to help him and, after offering him some medications to control his panic, asked if he would be willing to come back a few days later to participate in my nightmare study.<sup>5</sup> He agreed.

As part of that study we gave our participants a Rorschach test.<sup>6</sup> Unlike tests that require answers to straightforward questions, responses to the Rorschach are almost impossible to fake. The Rorschach provides us with a

unique way to observe how people construct a mental image from what is basically a meaningless stimulus: a blot of ink. Because humans are meaning-making creatures, we have a tendency to create some sort of image or story out of those inkblots, just as we do when we lie in a meadow on a beautiful summer day and see images in the clouds floating high above. What people make out of these blots can tell us a lot about how their minds work.

On seeing the second card of the Rorschach test, Bill exclaimed in horror, “This is that child that I saw being blown up in Vietnam. In the middle, you see the charred flesh, the wounds, and the blood is spurting out all over.” Panting and with sweat beading on his forehead, he was in a panic similar to the one that had initially brought him to the VA clinic. Although I had heard veterans describing their flashbacks, this was the first time I actually witnessed one. In that very moment in my office, Bill was obviously seeing the same images, smelling the same smells, and feeling the same physical sensations he had felt during the original event. Ten years after helplessly holding a dying baby in his arms, Bill was reliving the trauma in response to an inkblot.

Experiencing Bill’s flashback firsthand in my office helped me realize the agony that regularly visited the veterans I was trying to treat and helped me appreciate again how critical it was to find a solution. The traumatic event itself, however horrendous, had a beginning, a middle, and an end, but I now saw that flashbacks could be even worse. You never know when you will be assaulted by them again and you have no way of telling when they will stop. It took me years to learn how to effectively treat flashbacks, and in this process Bill turned out to be one of my most important mentors.

When we gave the Rorschach test to twenty-one additional veterans, the response was consistent: Sixteen of them, on seeing the second card, reacted as if they were experiencing a wartime trauma. The second Rorschach card is the first card that contains color and often elicits so-called color shock in response. The veterans interpreted this card with descriptions like “These are the bowels of my friend Jim after a mortar shell ripped him open” and “This is the neck of my friend Danny after his head was blown off by a shell while we were eating lunch.” None of them mentioned dancing monks, fluttering butterflies, men on motorcycles, or

any of the other ordinary, sometimes whimsical images that most people see.

While the majority of the veterans were greatly upset by what they saw, the reactions of the remaining five were even more alarming: They simply went blank. "This is nothing," one observed, "just a bunch of ink." They were right, of course, but the normal human response to ambiguous stimuli is to use our imagination to read something into them.

We learned from these Rorschach tests that traumatized people have a tendency to superimpose their trauma on everything around them and have trouble deciphering whatever is going on around them. There appeared to be little in between. We also learned that trauma affects the imagination. The five men who saw nothing in the blots had lost the capacity to let their minds play. But so, too, had the other sixteen men, for in viewing scenes from the past in those blots they were not displaying the mental flexibility that is the hallmark of imagination. They simply kept replaying an old reel.

Imagination is absolutely critical to the quality of our lives. Our imagination enables us to leave our routine everyday existence by fantasizing about travel, food, sex, falling in love, or having the last word—all the things that make life interesting. Imagination gives us the opportunity to envision new possibilities—it is an essential launchpad for making our hopes come true. It fires our creativity, relieves our boredom, alleviates our pain, enhances our pleasure, and enriches our most intimate relationships. When people are compulsively and constantly pulled back into the past, to the last time they felt intense involvement and deep emotions, they suffer from a failure of imagination, a loss of the mental flexibility. Without imagination there is no hope, no chance to envision a better future, no place to go, no goal to reach.

The Rorschach tests also taught us that traumatized people look at the world in a fundamentally different way from other people. For most of us a man coming down the street is just someone taking a walk. A rape victim, however, may see a person who is about to molest her and go into a panic. A stern schoolteacher may be an intimidating presence to an average kid, but for a child whose stepfather beats him up, she may represent a torturer and precipitate a rage attack or a terrified cowering in the corner.

## **STUCK IN TRAUMA**

Our clinic was inundated with veterans seeking psychiatric help. However, because of an acute shortage of qualified doctors, all we could do was put most of them on a waiting list, even as they continued brutalizing themselves and their families. We began seeing a sharp increase in arrests of veterans for violent offenses and drunken brawls—as well as an alarming number of suicides. I received permission to start a group for young Vietnam veterans to serve as a sort of holding tank until “real” therapy could start.

At the opening session for a group of former Marines, the first man to speak flatly declared, “I do not want to talk about the war.” I replied that the members could discuss anything they wanted. After half an hour of excruciating silence, one veteran finally started to talk about his helicopter crash. To my amazement the rest immediately came to life, speaking with great intensity about their traumatic experiences. All of them returned the following week and the week after. In the group they found resonance and meaning in what had previously been only sensations of terror and emptiness. They felt a renewed sense of the comradeship that had been so vital to their war experience. They insisted that I had to be part of their newfound unit and gave me a Marine captain’s uniform for my birthday. In retrospect that gesture revealed part of the problem: You were either in or out—you either belonged to the unit or you were nobody. After trauma the world becomes sharply divided between those who know and those who don’t. People who have not shared the traumatic experience cannot be trusted, because they can’t understand it. Sadly, this often includes spouses, children, and co-workers.

Later I led another group, this time for veterans of Patton’s army—men now well into their seventies, all old enough to be my father. We met on Monday mornings at eight o’clock. In Boston winter snowstorms occasionally paralyze the public transit system, but to my amazement all of them showed up even during blizzards, some of them trudging several miles through the snow to reach the VA Clinic. For Christmas they gave me a 1940s GI-issue wristwatch. As had been the case with my group of Marines, I could not be their doctor unless they made me one of them.

Moving as these experiences were, the limits of group therapy became clear when I urged the men to talk about the issues they confronted in their daily lives: their relationships with their wives, children, girlfriends, and family; dealing with their bosses and finding satisfaction in their work; their heavy use of alcohol. Their typical response was to balk and resist and instead recount yet again how they had plunged a dagger through the heart of a German soldier in the Hürtgen Forest or how their helicopter had been shot down in the jungles of Vietnam.

Whether the trauma had occurred ten years in the past or more than forty, my patients could not bridge the gap between their wartime experiences and their current lives. Somehow the very event that caused them so much pain had also become their sole source of meaning. They felt fully alive only when they were revisiting their traumatic past.

## DIAGNOSING POSTTRAUMATIC STRESS

In those early days at the VA, we labeled our veterans with all sorts of diagnoses—alcoholism, substance abuse, depression, mood disorder, even schizophrenia—and we tried every treatment in our textbooks. But for all our efforts it became clear that we were actually accomplishing very little. The powerful drugs we prescribed often left the men in such a fog that they could barely function. When we encouraged them to talk about the precise details of a traumatic event, we often inadvertently triggered a full-blown flashback, rather than helping them resolve the issue. Many of them dropped out of treatment because we were not only failing to help but also sometimes making things worse.

A turning point arrived in 1980, when a group of Vietnam veterans, aided by the New York psychoanalysts Chaim Shatan and Robert J. Lifton, successfully lobbied the American Psychiatric Association to create a new diagnosis: posttraumatic stress disorder (PTSD), which described a cluster of symptoms that was common, to a greater or lesser extent, to all of our veterans. Systematically identifying the symptoms and grouping them together into a disorder finally gave a name to the suffering of people who were overwhelmed by horror and helplessness. With the conceptual framework of PTSD in place, the stage was set for a radical change in our

understanding of our patients. This eventually led to an explosion of research and attempts at finding effective treatments.

Inspired by the possibilities presented by this new diagnosis, I proposed a study on the biology of traumatic memories to the VA. Did the memories of those suffering from PTSD differ from those of others? For most people the memory of an unpleasant event eventually fades or is transformed into something more benign. But most of our patients were unable to make their past into a story that happened long ago.<sup>7</sup>

The opening line of the grant rejection read: “It has never been shown that PTSD is relevant to the mission of the Veterans Administration.” Since then, of course, the mission of the VA has become organized around the diagnosis of PTSD and brain injury, and considerable resources are dedicated to applying “evidence-based treatments” to traumatized war veterans. But at the time things were different and, unwilling to keep working in an organization whose view of reality was so at odds with my own, I handed in my resignation; in 1982 I took a position at the Massachusetts Mental Health Center, the Harvard teaching hospital where I had trained to become a psychiatrist. My new responsibility was to teach a fledgling area of study: psychopharmacology, the administration of drugs to alleviate mental illness.

In my new job I was confronted on an almost daily basis with issues I thought I had left behind at the VA. My experience with combat veterans had so sensitized me to the impact of trauma that I now listened with a very different ear when depressed and anxious patients told me stories of molestation and family violence. I was particularly struck by how many female patients spoke of being sexually abused as children. This was puzzling, as the standard textbook of psychiatry at the time stated that incest was extremely rare in the United States, occurring about once in every million women.<sup>8</sup> Given that there were then only about one hundred million women living in the United States, I wondered how forty seven, almost half of them, had found their way to my office in the basement of the hospital.

Furthermore, the textbook said, “There is little agreement about the role of father-daughter incest as a source of serious subsequent psychopathology.” My patients with incest histories were hardly free of “subsequent psychopathology”—they were profoundly depressed,

confused, and often engaged in bizarrely self-harmful behaviors, such as cutting themselves with razor blades. The textbook went on to practically endorse incest, explaining that “such incestuous activity diminishes the subject’s chance of psychosis and allows for a better adjustment to the external world.”<sup>9</sup> In fact, as it turned out, incest had devastating effects on women’s well-being.

In many ways these patients were not so different from the veterans I had just left behind at the VA. They also had nightmares and flashbacks. They also alternated between occasional bouts of explosive rage and long periods of being emotionally shut down. Most of them had great difficulty getting along with other people and had trouble maintaining meaningful relationships.

As we now know, war is not the only calamity that leaves human lives in ruins. While about a quarter of the soldiers who serve in war zones are expected to develop serious posttraumatic problems,<sup>10</sup> the majority of Americans experience a violent crime at some time during their lives, and more accurate reporting has revealed that twelve million women in the United States have been victims of rape. More than half of all rapes occur in girls below age fifteen.<sup>11</sup> For many people the war begins at home: Each year about three million children in the United States are reported as victims of child abuse and neglect. One million of these cases are serious and credible enough to force local child protective services or the courts to take action.<sup>12</sup> In other words, for every soldier who serves in a war zone abroad, there are ten children who are endangered in their own homes. This is particularly tragic, since it is very difficult for growing children to recover when the source of terror and pain is not enemy combatants but their own caretakers.

## A NEW UNDERSTANDING

In the three decades since I met Tom, we have learned an enormous amount not only about the impact and manifestations of trauma but also about ways to help traumatized people find their way back. Since the early 1990s brain-imaging tools have started to show us what actually happens inside the brains of traumatized people. This has proven essential to understanding the

damage inflicted by trauma and has guided us to formulate entirely new avenues of repair.

We have also begun to understand how overwhelming experiences affect our innermost sensations and our relationship to our physical reality—the core of who we are. We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present.

Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think. We have discovered that helping victims of trauma find the words to describe what has happened to them is profoundly meaningful, but usually it is not enough. The act of telling the story doesn't necessarily alter the automatic physical and hormonal responses of bodies that remain hypervigilant, prepared to be assaulted or violated at any time. For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present. Our search to understand trauma has led us to think differently not only about the structure of the mind but also about the processes by which it heals.

## CHAPTER 2

# REVOLUTIONS IN UNDERSTANDING MIND AND BRAIN

The greater the doubt, the greater the awakening; the smaller the doubt, the smaller the awakening. No doubt, no awakening.

—C.-C. Chang, *The Practice of Zen*

You live through that little piece of time that is yours, but that piece of time is not only your own life, it is the summing-up of all the other lives that are simultaneous with yours. . . . What you are is an expression of History.

—Robert Penn Warren, *World Enough and Time*

In the late 1960s, during a year off between my first and second years of medical school, I became an accidental witness to a profound transition in the medical approach to mental suffering. I had landed a plum job as an attendant on a research ward at the Massachusetts Mental Health Center, where I was in charge of organizing recreational activities for the patients. MMHC had long been considered one of the finest psychiatric hospitals in the country, a jewel in the crown of the Harvard Medical School teaching empire. The goal of the research on my ward was to determine whether psychotherapy or medication was the best way to treat young people who had suffered a first mental breakdown diagnosed as schizophrenia.

The talking cure, an offshoot of Freudian psychoanalysis, was still the primary treatment for mental illness at MMHC. However, in the early 1950s a group of French scientists had discovered a new compound, chlorpromazine (sold under the brand name Thorazine), that could “tranquilize” patients and make them less agitated and delusional. That inspired hope that drugs could be developed to treat serious mental problems such as depression, panic, anxiety, and mania, as well as to manage some of the most disturbing symptoms of schizophrenia.

As an attendant I had nothing to do with the research aspect of the ward and was never told what treatment any of the patients was receiving. They were all close to my age—college students from Harvard, MIT, and Boston University. Some had tried to kill themselves; others cut themselves with knives or razor blades; several had attacked their roommates or had otherwise terrified their parents or friends with their unpredictable, irrational behavior. My job was to keep them involved in normal activities for college students, such as eating at the local pizza parlor, camping in a nearby state forest, attending Red Sox games, and sailing on the Charles River.

Totally new to the field, I sat in rapt attention during ward meetings, trying to decipher the patients’ complicated speech and logic. I also had to learn to deal with their irrational outbursts and terrified withdrawal. One morning I found a patient standing like a statue in her bedroom with one arm raised in a defensive gesture, her face frozen in fear. She remained there, immobile, for at least twelve hours. The doctors gave me the name for her condition, catatonia, but even the textbooks I consulted didn’t tell me what could be done about it. We just let it run its course.

## TRAUMA BEFORE DAWN

I spent many nights and weekends on the unit, which exposed me to things the doctors never saw during their brief visits. When patients could not sleep, they often wandered in their tightly wrapped bathrobes into the darkened nursing station to talk. The quiet of the night seemed to help them open up, and they told me stories about having been hit, assaulted, or molested, often by their own parents, sometimes by relatives, classmates, or

neighbors. They shared memories of lying in bed at night, helpless and terrified, hearing their mother being beaten by their father or a boyfriend, hearing their parents yell horrible threats at each other, hearing the sounds of furniture breaking. Others told me about fathers who came home drunk —hearing their footsteps on the landing and how they waited for them to come in, pull them out of bed, and punish them for some imagined offense. Several of the women recalled lying awake, motionless, waiting for the inevitable—a brother or father coming in to molest them.

During morning rounds the young doctors presented their cases to their supervisors, a ritual that the ward attendants were allowed to observe in silence. They rarely mentioned stories like the ones I'd heard. However, many later studies have confirmed the relevance of those midnight confessions: We now know that more than half the people who seek psychiatric care have been assaulted, abandoned, neglected, or even raped as children, or have witnessed violence in their families.<sup>1</sup> But such experiences seemed to be off the table during rounds. I was often surprised by the dispassionate way patients' symptoms were discussed and by how much time was spent on trying to manage their suicidal thoughts and self-destructive behaviors, rather than on understanding the possible causes of their despair and helplessness. I was also struck by how little attention was paid to their accomplishments and aspirations; whom they cared for, loved, or hated; what motivated and engaged them, what kept them stuck, and what made them feel at peace—the ecology of their lives.

A few years later, as a young doctor, I was confronted with an especially stark example of the medical model in action. I was then moonlighting at a Catholic hospital, doing physical examinations on women who'd been admitted to receive electroshock treatment for depression. Being my curious immigrant self, I'd look up from their charts to ask them about their lives. Many of them spilled out stories about painful marriages, difficult children, and guilt over abortions. As they spoke, they visibly brightened and often thanked me effusively for listening to them. Some of them wondered if they really still needed electroshock after having gotten so much off their chests. I always felt sad at the end of these meetings, knowing that the treatments that would be administered the following

morning would erase all memory of our conversation. I did not last long in that job.

On my days off from the ward at MMHC, I often went to the Countway Library of Medicine to learn more about the patients I was supposed to help. One Saturday afternoon I came across a treatise that is still revered today: Eugen Bleuler's 1911 textbook *Dementia Praecox*. Bleuler's observations were fascinating:

Among schizophrenic body hallucinations, the sexual ones are by far the most frequent and the most important. All the raptures and joys of normal and abnormal sexual satisfaction are experienced by these patients, but even more frequently every obscene and disgusting practice which the most extravagant fantasy can conjure up. Male patients have their semen drawn off; painful erections are stimulated. The women patients are raped and injured in the most devilish ways. . . . In spite of the symbolic meaning of many such hallucinations, the majority of them correspond to real sensations.<sup>2</sup>

This made me wonder: Our patients had hallucinations—the doctors routinely asked about them and noted them as signs of how disturbed the patients were. But if the stories I'd heard in the wee hours were true, could it be that these "hallucinations" were in fact the fragmented memories of real experiences? Were hallucinations just the concoctions of sick brains? Could people make up physical sensations they had never experienced? Was there a clear line between creativity and pathological imagination? Between memory and imagination? These questions remain unanswered to this day, but research has shown that people who've been abused as children often feel sensations (such as abdominal pain) that have no obvious physical cause; they hear voices warning of danger or accusing them of heinous crimes.

There was no question that many patients on the ward engaged in violent, bizarre, and self-destructive behaviors, particularly when they felt frustrated, thwarted, or misunderstood. They threw temper tantrums, hurled plates, smashed windows, and cut themselves with shards of glass. At that time I had no idea why someone might react to a simple request ("Let me

clean that goop out of your hair”) with rage or terror. I usually followed the lead of the experienced nurses, who signaled when to back off or, if that did not work, to restrain a patient. I was surprised and alarmed by the satisfaction I sometimes felt after I’d wrestled a patient to the floor so a nurse could give an injection, and I gradually realized how much of our professional training was geared to helping us stay in control in the face of terrifying and confusing realities.

Sylvia was a gorgeous nineteen-year-old Boston University student who usually sat alone in the corner of the ward, looking frightened to death and virtually mute, but whose reputation as the girlfriend of an important Boston mafioso gave her an aura of mystery. After she refused to eat for more than a week and rapidly started to lose weight, the doctors decided to force-feed her. It took three of us to hold her down, another to push the rubber feeding tube down her throat, and a nurse to pour the liquid nutrients into her stomach. Later, during a midnight confession, Sylvia spoke timidly and hesitantly about her childhood sexual abuse by her brother and uncle. I realized then our display of “caring” must have felt to her much like a gang rape. This experience, and others like it, helped me formulate this rule for my students: If you do something to a patient that you would not do to your friends or children, consider whether you are unwittingly replicating a trauma from the patient’s past.

In my role as recreation leader I noticed other things: As a group the patients were strikingly clumsy and physically uncoordinated. When we went camping, most of them stood helplessly by as I pitched the tents. We almost capsized once in a squall on the Charles River because they huddled rigidly in the lee, unable to grasp that they needed to shift position to balance the boat. In volleyball games the staff members invariably were much better coordinated than the patients. Another characteristic they shared was that even their most relaxed conversations seemed stilted, lacking the natural flow of gestures and facial expressions that are typical among friends. The relevance of these observations became clear only after I’d met the body-based therapists Peter Levine and Pat Ogden; in the later chapters I’ll have a lot to say about how trauma is held in people’s bodies.

## MAKING SENSE OF SUFFERING

After my year on the research ward I resumed medical school and then, as a newly minted MD, returned to MMHC to be trained as a psychiatrist, a program to which I was thrilled to be accepted. Many famous psychiatrists had trained there, including Eric Kandel, who later won the Nobel Prize in Physiology and Medicine. Allan Hobson discovered the brain cells responsible for the generation of dreams in a lab in the hospital basement while I trained there, and the first studies on the chemical underpinnings of depression were also conducted at MMHC. But for many of us residents, the greatest draw was the patients. We spent six hours each day with them and then met as a group with senior psychiatrists to share our observations, pose our questions, and compete to make the wittiest remarks.

Our great teacher, Elvin Semrad, actively discouraged us from reading psychiatry textbooks during our first year. (This intellectual starvation diet may account for the fact that most of us later became voracious readers and prolific writers.) Semrad did not want our perceptions of reality to become obscured by the pseudocertainties of psychiatric diagnoses. I remember asking him once: “What would you call this patient—schizophrenic or schizoaffective?” He paused and stroked his chin, apparently in deep thought. “I think I’d call him Michael McIntyre,” he replied.

Semrad taught us that most human suffering is related to love and loss and that the job of therapists is to help people “acknowledge, experience, and bear” the reality of life—with all its pleasures and heartbreak. “The greatest sources of our suffering are the lies we tell ourselves,” he’d say, urging us to be honest with ourselves about every facet of our experience. He often said that people can never get better without knowing what they know and feeling what they feel.

I remember being surprised to hear this distinguished old Harvard professor confess how comforted he was to feel his wife’s bum against him as he fell asleep at night. By disclosing such simple human needs in himself he helped us recognize how basic they were to our lives. Failure to attend to them results in a stunted existence, no matter how lofty our thoughts and worldly accomplishments. Healing, he told us, depends on experiential knowledge: You can be fully in charge of your life only if you can acknowledge the reality of your body, in all its visceral dimensions.

Our profession, however, was moving in a different direction. In 1968 the *American Journal of Psychiatry* had published the results of the study

from the ward where I'd been an attendant. They showed unequivocally that schizophrenic patients who received drugs alone had a better outcome than those who talked three times a week with the best therapists in Boston.<sup>3</sup> This study was one of many milestones on a road that gradually changed how medicine and psychiatry approached psychological problems: from infinitely variable expressions of intolerable feelings and relationships to a brain-disease model of discrete "disorders."

The way medicine approaches human suffering has always been determined by the technology available at any given time. Before the Enlightenment aberrations in behavior were ascribed to God, sin, magic, witches, and evil spirits. It was only in the nineteenth century that scientists in France and Germany began to investigate behavior as an adaptation to the complexities of the world. Now a new paradigm was emerging: Anger, lust, pride, greed, avarice, and sloth—as well as all the other problems we humans have always struggled to manage—were recast as "disorders" that could be fixed by the administration of appropriate chemicals.<sup>4</sup> Many psychiatrists were relieved and delighted to become "real scientists," just like their med school classmates who had laboratories, animal experiments, expensive equipment, and complicated diagnostic tests, and set aside the wooly-headed theories of philosophers like Freud and Jung. A major textbook of psychiatry went so far as to state: "The cause of mental illness is now considered an aberration of the brain, a chemical imbalance."<sup>5</sup>

Like my colleagues, I eagerly embraced the pharmacological revolution. In 1973 I became the first chief resident in psychopharmacology at MMHC. I may also have been the first psychiatrist in Boston to administer lithium to a manic-depressive patient. (I'd read about John Cade's work with lithium in Australia, and I received permission from a hospital committee to try it.) On lithium a woman who had been manic every May for the past thirty-five years, and suicidally depressed every November, stopped cycling and remained stable for the three years she was under my care. I was also part of the first U.S. research team to test the antipsychotic Clozaril on chronic patients who were warehoused in the back wards of the old insane asylums.<sup>6</sup> Some of their responses were miraculous: People who had spent much of their lives locked in their own separate, terrifying realities were now able to return to their families and

communities; patients mired in darkness and despair started to respond to the beauty of human contact and the pleasures of work and play. These amazing results made us optimistic that we could finally conquer human misery.

Antipsychotic drugs were a major factor in reducing the number of people living in mental hospitals in the United States, from over 500,000 in 1955 to fewer than 100,000 in 1996.<sup>7</sup> For people today who did not know the world before the advent of these treatments, the change is almost unimaginable. As a first-year medical student I visited Kankakee State Hospital in Illinois and saw a burly ward attendant hose down dozens of filthy, naked, incoherent patients in an unfurnished dayroom supplied with gutters for the runoff water. This memory now seems more like a nightmare than like something I witnessed with my own eyes. My first job after finishing my residency in 1974 was as the second-to-last director of a once-venerable institution, the Boston State Hospital, which had formerly housed thousands of patients and been spread over hundreds of acres with dozens of buildings, including greenhouses, gardens, and workshops—most of them by then in ruins. During my time there patients were gradually dispersed into “the community,” the blanket term for the anonymous shelters and nursing homes where most of them ended up. (Ironically, the hospital was started as an “asylum,” a word meaning “sanctuary” that gradually took on a sinister connotation. It actually did offer a sheltered community where everybody knew the patients’ names and idiosyncrasies.) In 1979, shortly after I went to work at the VA, the Boston State Hospital’s gates were permanently locked, and it became a ghost town.

During my time at Boston State I continued to work in the MMHC psychopharmacology lab, which was now focusing on another direction for research. In the 1960s scientists at the National Institutes of Health had begun to develop techniques for isolating and measuring hormones and neurotransmitters in blood and the brain. Neurotransmitters are chemical messengers that carry information from neuron to neuron, enabling us to engage effectively with the world.

Now that scientists were finding evidence that abnormal levels of norepinephrine were associated with depression, and of dopamine with schizophrenia, there was hope that we could develop drugs that target

specific brain abnormalities. That hope was never fully realized, but our efforts to measure how drugs could affect mental symptoms led to another profound change in the profession. Researchers' need for a precise and systematic way to communicate their findings resulted in the development of the so-called Research Diagnostic Criteria, to which I contributed as a lowly research assistant. These eventually became the basis for the first systematic system to diagnose psychiatric problems, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is commonly referred to as the "bible of psychiatry." The foreword to the landmark 1980 DSM-III was appropriately modest and acknowledged that this diagnostic system was imprecise—so imprecise that it never should be used for forensic or insurance purposes.<sup>8</sup> As we will see, that modesty was tragically short-lived.

## INESCAPABLE SHOCK

Preoccupied with so many lingering questions about traumatic stress, I became intrigued with the idea that the nascent field of neuroscience could provide some answers and started to attend the meetings of the American College of Neuropsychopharmacology (ACNP). In 1984 the ACNP offered many fascinating lectures about drug development, but it was not until a few hours before my scheduled flight back to Boston that I heard a presentation by Steven Maier of the University of Colorado, who had collaborated with Martin Seligman of the University of Pennsylvania. His topic was learned helplessness in animals. Maier and Seligman had repeatedly administered painful electric shocks to dogs who were trapped in locked cages. They called this condition "inescapable shock."<sup>9</sup> Being a dog lover, I realized that I could never have done such research myself, but I was curious about how this cruelty would affect the animals.

After administering several courses of electric shock, the researchers opened the doors of the cages and then shocked the dogs again. A group of control dogs who had never been shocked before immediately ran away, but the dogs who had earlier been subjected to inescapable shock made no attempt to flee, even when the door was wide open—they just lay there, whimpering and defecating. The mere opportunity to escape does not

necessarily make traumatized animals, or people, take the road to freedom. Like Maier and Seligman's dogs, many traumatized people simply give up. Rather than risk experimenting with new options they stay stuck in the fear they know.

I was riveted by Maier's account. What they had done to these poor dogs was exactly what had happened to my traumatized human patients. They, too, had been exposed to somebody (or something) who had inflicted terrible harm on them—harm they had no way of escaping. I made a rapid mental review of the patients I had treated. Almost all had in some way been trapped or immobilized, unable to take action to stave off the inevitable. Their fight/flight response had been thwarted, and the result was either extreme agitation or collapse.

Maier and Seligman also found that traumatized dogs secreted much larger amounts of stress hormones than was normal. This supported what we were beginning to learn about the biological underpinnings of traumatic stress. A group of young researchers, among them Steve Southwick and John Krystal at Yale, Arieh Shalev at Hadassah Medical School in Jerusalem, Frank Putnam at the National Institute of Mental Health (NIMH), and Roger Pitman, later at Harvard, were all finding that traumatized people keep secreting large amounts of stress hormones long after the actual danger has passed, and Rachel Yehuda at Mount Sinai in New York confronted us with her seemingly paradoxical findings that the levels of the stress hormone cortisol are low in PTSD. Her discoveries only started to make sense when her research clarified that cortisol puts an end to the stress response by sending an all-safe signal, and that, in PTSD, the body's stress hormones do, in fact, not return to baseline after the threat has passed.

Ideally our stress hormone system should provide a lightning-fast response to threat, but then quickly return us to equilibrium. In PTSD patients, however, the stress hormone system fails at this balancing act. Fight/flight/freeze signals continue after the danger is over, and, as in the case of the dogs, do not return to normal. Instead, the continued secretion of stress hormones is expressed as agitation and panic and, in the long term, wreaks havoc with their health.

I missed my plane that day because I had to talk with Steve Maier. His workshop offered clues not only about the underlying problems of my

patients but also potential keys to their resolution. For example, he and Seligman had found that the only way to teach the traumatized dogs to get off the electric grids when the doors were open was to repeatedly drag them out of their cages so they could physically experience how they could get away. I wondered if we also could help my patients with their fundamental orientation that there was nothing they could do to defend themselves? Did my patients also need to have *physical* experiences to restore a visceral sense of control? What if they could be taught to physically move to escape a potentially threatening situation that was similar to the trauma in which they had been trapped and immobilized? As I will discuss in the treatment part 5 of this book, that was one of the conclusions I eventually reached.

Further animal studies involving mice, rats, cats, monkeys, and elephants brought more intriguing data.<sup>10</sup> For example, when researchers played a loud, intrusive sound, mice that had been raised in a warm nest with plenty of food scurried home immediately. But another group, raised in a noisy nest with scarce food supplies, also ran for home, even after spending time in more pleasant surroundings.<sup>11</sup>

Scared animals return home, regardless of whether home is safe or frightening. I thought about my patients with abusive families who kept going back to be hurt again. Are traumatized people condemned to seek refuge in what is familiar? If so, why, and is it possible to help them become attached to places and activities that are safe and pleasurable?<sup>12</sup>

## **ADDICTED TO TRAUMA: THE PAIN OF PLEASURE AND THE PLEASURE OF PAIN**

One of the things that struck my colleague Mark Greenberg and me when we ran therapy groups for Vietnam combat veterans was how, despite their feelings of horror and grief, many of them seemed to come to life when they talked about their helicopter crashes and their dying comrades. (Former *New York Times* correspondent Chris Hedges, who covered a number of brutal conflicts, entitled his book *War Is a Force That Gives Us Meaning.*<sup>13</sup>) Many traumatized people seem to seek out experiences that would repel most of us,<sup>14</sup> and patients often complain about a vague sense

of emptiness and boredom when they are not angry, under duress, or involved in some dangerous activity.

My patient Julia was brutally raped at gunpoint in a hotel room at age sixteen. Shortly thereafter she got involved with a violent pimp who prostituted her. He regularly beat her up. She was repeatedly jailed for prostitution, but she always went back to her pimp. Finally her grandparents intervened and paid for an intense rehab program. After she successfully completed inpatient treatment, she started working as a receptionist and taking courses at a local college. In her sociology class she wrote a term paper about the liberating possibilities of prostitution, for which she read the memoirs of several famous prostitutes. She gradually dropped all her other courses. A brief relationship with a classmate quickly went sour—he bored her to tears, she said, and she was repelled by his boxer shorts. She then picked up an addict on the subway who first beat her up and then started to stalk her. She finally became motivated to return to treatment when she was once again severely beaten.

Freud had a term for such traumatic reenactments: “the compulsion to repeat.” He and many of his followers believed that reenactments were an unconscious attempt to get control over a painful situation and that they eventually could lead to mastery and resolution. There is no evidence for that theory—repetition leads only to further pain and self-hatred. In fact, even reliving the trauma repeatedly in therapy may reinforce preoccupation and fixation.

Mark Greenberg and I decided to learn more about attractors—the things that draw us, motivate us, and make us feel alive. Normally attractors are meant to make us feel better. So, why are so many people attracted to dangerous or painful situations? We eventually found a study that explained how activities that cause fear or pain can later become thrilling experiences.<sup>15</sup> In the 1970s Richard Solomon of the University of Pennsylvania had shown that the body learns to adjust to all sorts of stimuli. We may get hooked on recreational drugs because they right away make us feel so good, but activities like sauna bathing, marathon running, or parachute jumping, which initially cause discomfort and even terror, can ultimately become very enjoyable. This gradual adjustment signals that a new chemical balance has been established within the body, so that

marathon runners, say, get a sense of well-being and exhilaration from pushing their bodies to the limit.

At this point, just as with drug addiction, we start to crave the activity and experience withdrawal when it's not available. In the long run people become more preoccupied with the pain of withdrawal than the activity itself. This theory could explain why some people hire someone to beat them, or burn themselves with cigarettes. or why they are only attracted to people who hurt them. Fear and aversion, in some perverse way, can be transformed into pleasure.

Solomon hypothesized that endorphins—the morphinelike chemicals that the brain secretes in response to stress—play a role in the paradoxical addictions he described. I thought of his theory again when my library habit led me to a paper titled “Pain in Men Wounded in Battle,” published in 1946. Having observed that 75 percent of severely wounded soldiers on the Italian front did not request morphine, a surgeon by the name of Henry K. Beecher speculated that “strong emotions can block pain.”<sup>16</sup>

Were Beecher’s observations relevant to people with PTSD? Mark Greenberg, Roger Pitman, Scott Orr, and I decided to ask eight Vietnam combat veterans if they would be willing to take a standard pain test while they watched scenes from a number of movies. The first clip we showed was from Oliver Stone’s graphically violent *Platoon* (1986), and while it ran we measured how long the veterans could keep their right hands in a bucket of ice water. We then repeated this process with a peaceful (and long-forgotten) movie clip. Seven of the eight veterans kept their hands in the painfully cold water 30 percent longer during *Platoon*. We then calculated that the amount of analgesia produced by watching fifteen minutes of a combat movie was equivalent to that produced by being injected with eight milligrams of morphine, about the same dose a person would receive in an emergency room for crushing chest pain.

We concluded that Beecher’s speculation that “strong emotions can block pain” was the result of the release of morphinelike substances manufactured in the brain. This suggested that for many traumatized people, reexposure to stress might provide a similar relief from anxiety.<sup>17</sup> It was an interesting experiment, but it did not fully explain why Julia kept going back to her violent pimp.

## SOOTHING THE BRAIN

The 1985 ACNP meeting was, if possible, even more thought provoking than the previous year's session. Kings College professor Jeffrey Gray gave a talk about the amygdala, a cluster of brain cells that determines whether a sound, image, or body sensation is perceived as a threat. Gray's data showed that the sensitivity of the amygdala depended, at least in part, on the amount of the neurotransmitter serotonin in that part of the brain. Animals with low serotonin levels were hyperreactive to stressful stimuli (like loud sounds), while higher levels of serotonin dampened their fear system, making them less likely to become aggressive or frozen in response to potential threats.<sup>18</sup>

That struck me as an important finding: My patients were always blowing up in response to small provocations and felt devastated by the slightest rejection. I became fascinated by the possible role of serotonin in PTSD. Other researchers had shown that dominant male monkeys had much higher levels of brain serotonin than lower-ranking animals but that their serotonin levels dropped when they were prevented from maintaining eye contact with the monkeys they had once lorded over. In contrast, low-ranking monkeys who were given serotonin supplements emerged from the pack to assume leadership.<sup>19</sup> The social environment interacts with brain chemistry. Manipulating a monkey into a lower position in the dominance hierarchy made his serotonin drop, while chemically enhancing serotonin elevated the rank of former subordinates.

The implications for traumatized people were obvious. Like Gray's low-serotonin animals, they were hyperreactive, and their ability to cope socially was often compromised. If we could find ways to increase brain serotonin levels, perhaps we could address both problems simultaneously. At that same 1985 meeting I learned that drug companies were developing two new products to do precisely that, but since neither was yet available, I experimented briefly with the health-food-store supplement L-tryptophan, which is a chemical precursor of serotonin in the body. (The results were disappointing.) One of the drugs under investigation never made it to the market. The other was fluoxetine, which, under the brand name Prozac, became one of the most successful psychoactive drugs ever created.

On Monday, February 8, 1988, Prozac was released by the drug company Eli Lilly. The first patient I saw that day was a young woman with a horrendous history of childhood abuse who was now struggling with bulimia—she basically spent much of her life bingeing and purging. I gave her a prescription for this brand-new drug, and when she returned on Thursday she said, “I’ve had a very different last few days: I ate when I was hungry, and the rest of the time I did my schoolwork.” This was one of the most dramatic statements I had ever heard in my office.

On Friday I saw another patient to whom I’d given Prozac the previous Monday. She was a chronically depressed mother of two school-aged children, preoccupied with her failures as a mother and wife and overwhelmed by demands from the parents who had badly mistreated her as a child. After four days on Prozac she asked me if she could skip her appointment the following Monday, which was Presidents’ Day. “After all,” she explained, “I’ve never taken my kids skiing—my husband always does—and they are off that day. It would really be nice for them to have some good memories of us having fun together.”

This was a patient who had always struggled merely to get through the day. After her appointment I called someone I knew at Eli Lilly and said, “You have a drug that helps people to be in the present, instead of being locked in the past.” Lilly later gave me a small grant to study the effects of Prozac on PTSD in sixty-four people—twenty-two women and forty-two men—the first study of the effects of this new class of drugs on PTSD. Our Trauma Clinic team enrolled thirty-three nonveterans and my collaborators, former colleagues at the VA, enrolled thirty-one combat veterans. For eight weeks half of each group received Prozac and the other half a placebo. The study was blinded: Neither we nor the patients knew which substance they were taking, so that our preconceptions could not skew our assessments.

Everyone in the study—even those who had received the placebo—improved, at least to some degree. Most treatment studies of PTSD find a significant placebo effect. People who screw up their courage to participate in a study for which they aren’t paid, in which they’re repeatedly poked with needles, and in which they have only a fifty-fifty chance of getting an active drug are intrinsically motivated to solve their problem. Maybe their reward is only the attention paid to them, the opportunity to respond to

questions about how they feel and think. But maybe the mother's kisses that soothe her child's scrapes are "just" a placebo as well.

Prozac worked significantly better than the placebo for the patients from the Trauma Clinic. They slept more soundly; they had more control over their emotions and were less preoccupied with the past than those who received a sugar pill.<sup>20</sup> Surprisingly, however, the Prozac had no effect at all on the combat veterans at the VA—their PTSD symptoms were unchanged. These results have held true for most subsequent pharmacological studies on veterans: While a few have shown modest improvements, most have not benefited at all. I have never been able to explain this, and I cannot accept the most common explanation: that receiving a pension or disability benefits prevents people from getting better. After all, the amygdala knows nothing of pensions—it just detects threats.

Nonetheless, medications such as Prozac and related drugs like Zoloft, Celexa, Cymbalta, and Paxil, have made a substantial contribution to the treatment of trauma-related disorders. In our Prozac study we used the Rorschach test to measure how traumatized people perceive their surroundings. These data gave us an important clue to how this class of drugs (formally known as selective serotonin reuptake inhibitors, or SSRIs) might work. Before taking Prozac these patients' emotions controlled their reactions. I think of a Dutch patient, for example (not in the Prozac study) who came to see me for treatment for a childhood rape and who was convinced that I would rape her as soon as she heard my Dutch accent. Prozac made a radical difference: It gave PTSD patients a sense of perspective<sup>21</sup> and helped them to gain considerable control over their impulses. Jeffrey Gray must have been right: When their serotonin levels rose, many of my patients became less reactive.

## THE TRIUMPH OF PHARMACOLOGY

It did not take long for pharmacology to revolutionize psychiatry. Drugs gave doctors a greater sense of efficacy and provided a tool beyond talk therapy. Drugs also produced income and profits. Grants from the pharmaceutical industry provided us with laboratories filled with energetic graduate students and sophisticated instruments. Psychiatry departments,

which had always been located in the basements of hospitals, started to move up, both in terms of location and prestige.

One symbol of this change occurred at MMHC, where in the early 1990s the hospital's swimming pool was paved over to make space for a laboratory, and the indoor basketball court was carved up into cubicles for the new medication clinic. For decades doctors and patients had democratically shared the pleasures of splashing in the pool and passing balls down the court. I'd spent hours in the gym with patients back when I was a ward attendant. It was the one place where we all could restore a sense of physical well-being, an island in the midst of the misery we faced every day. Now it had become a place for patients to "get fixed."

The drug revolution that started out with so much promise may in the end have done as much harm as good. The theory that mental illness is caused primarily by chemical imbalances in the brain that can be corrected by specific drugs has become broadly accepted, by the media and the public as well as by the medical profession.<sup>22</sup> In many places drugs have displaced therapy and enabled patients to suppress their problems without addressing the underlying issues. Antidepressants can make all the difference in the world in helping with day-to-day functioning, and if it comes to a choice between taking a sleeping pill and drinking yourself into a stupor every night to get a few hours of sleep, there is no question which is preferable. For people who are exhausted from trying to make it on their own through yoga classes, workout routines, or simply toughing it out, medications often can bring life-saving relief. The SSRIs can be very helpful in making traumatized people less enslaved by their emotions, but they should only be considered adjuncts in their overall treatment.<sup>23</sup>

After conducting numerous studies of medications for PTSD, I have come to realize that psychiatric medications have a serious downside, as they may deflect attention from dealing with the underlying issues. The brain-disease model takes control over people's fate out of their own hands and puts doctors and insurance companies in charge of fixing their problems.

Over the past three decades psychiatric medications have become a mainstay in our culture, with dubious consequences. Consider the case of antidepressants. If they were indeed as effective as we have been led to

believe, depression should by now have become a minor issue in our society. Instead, even as antidepressant use continues to increase, it has not made a dent in hospital admissions for depression. The number of people treated for depression has tripled over the past two decades, and one in ten Americans now take antidepressants.<sup>24</sup>

The new generation of antipsychotics, such as Abilify, Risperdal, Zyprexa, and Seroquel, are the top-selling drugs in the United States. In 2012 the public spent \$1,526,228,000 on Abilify, more than on any other medication. Number three was Cymbalta, an antidepressant that sold well over a billion dollars' worth of pills,<sup>25</sup> even though it has never been shown to be superior to older antidepressants like Prozac, for which much cheaper generics are available. Medicaid, the government health program for the poor, spends more on antipsychotics than on any other class of drugs.<sup>26</sup> In 2008, the most recent year for which complete data are available, it funded \$3.6 billion for antipsychotic medications, up from \$1.65 billion in 1999. The number of people under the age of twenty receiving Medicaid-funded prescriptions for antipsychotic drugs tripled between 1999 and 2008. On November 4, 2013, Johnson & Johnson agreed to pay more than \$2.2 billion in criminal and civil fines to settle accusations that it had improperly promoted the antipsychotic drug Risperdal to older adults, children, and people with developmental disabilities.<sup>27</sup> But nobody is holding the doctors who prescribed them accountable.

Half a million children in the United States currently take antipsychotic drugs. Children from low-income families are four times as likely as privately insured children to receive antipsychotic medicines. These medications often are used to make abused and neglected children more tractable. In 2008 19,045 children age five and under were prescribed antipsychotics through Medicaid.<sup>28</sup> One study, based on Medicaid data in thirteen states, found that 12.4 percent of children in foster care received antipsychotics, compared with 1.4 percent of Medicaid-eligible children in general.<sup>29</sup> These medications make children more manageable and less aggressive, but they also interfere with motivation, play, and curiosity, which are indispensable for maturing into a well-functioning and contributing member of society. Children who take them are also at risk of becoming morbidly obese and developing diabetes. Meanwhile, drug

overdoses involving a combination of psychiatric and pain medications continue to rise.<sup>[30](#)</sup>

Because drugs have become so profitable, major medical journals rarely publish studies on nondrug treatments of mental health problems.<sup>[31](#)</sup> Practitioners who explore treatments are typically marginalized as “alternative.” Studies of nondrug treatments are rarely funded unless they involve so-called manualized protocols, where patients and therapists go through narrowly prescribed sequences that allow little fine-tuning to individual patients’ needs. Mainstream medicine is firmly committed to a better life through chemistry, and the fact that we can actually change our own physiology and inner equilibrium by means other than drugs is rarely considered.

## ADAPTATION OR DISEASE?

The brain-disease model overlooks four fundamental truths: (1) our capacity to destroy one another is matched by our capacity to heal one another. Restoring relationships and community is central to restoring well-being; (2) language gives us the power to change ourselves and others by communicating our experiences, helping us to define what we know, and finding a common sense of meaning; (3) we have the ability to regulate our own physiology, including some of the so-called involuntary functions of the body and brain, through such basic activities as breathing, moving, and touching; and (4) we can change social conditions to create environments in which children and adults can feel safe and where they can thrive.

When we ignore these quintessential dimensions of humanity, we deprive people of ways to heal from trauma and restore their autonomy. Being a patient, rather than a participant in one’s healing process, separates suffering people from their community and alienates them from an inner sense of self. Given the limitations of drugs, I started to wonder if we could find more natural ways to help people deal with their post-traumatic responses.

## CHAPTER 3

# LOOKING INTO THE BRAIN: THE NEUROSCIENCE REVOLUTION

If we could look through the skull into the brain of a consciously thinking person, and if the place of optimal excitability were luminous, then we should see playing over the cerebral surface, a bright spot, with fantastic, waving borders constantly fluctuating in size and form, and surrounded by darkness, more or less deep, covering the rest of the hemisphere.

—Ivan Pavlov

You observe a lot by watching.

—Yogi Berra

In the early 1990s novel brain-imaging techniques opened up undreamed-of capacities to gain a sophisticated understanding about the way the brain processes information. Gigantic multimillion-dollar machines based on advanced physics and computer technology rapidly made neuroscience into one of the most popular areas for research. Positron emission tomography (PET) and, later, functional magnetic resonance imaging (fMRI) enabled scientists to visualize how different parts of the brain are activated when people are engaged in certain tasks or when they remember events from the past. For the first time we could watch the brain as it

processed memories, sensations, and emotions and begin to map the circuits of mind and consciousness. The earlier technology of measuring brain chemicals like serotonin or norepinephrine had enabled scientists to look at what *fueled* neural activity, which is a bit like trying to understand a car's engine by studying gasoline. Neuroimaging made it possible to see inside the engine. By doing so it has also transformed our understanding of trauma.

Harvard Medical School was and is at the forefront of the neuroscience revolution, and in 1994 a young psychiatrist, Scott Rauch, was appointed as the first director of the Massachusetts General Hospital Neuroimaging Laboratory. After considering the most relevant questions that this new technology could answer and reading some articles I had written, Scott asked me whether I thought we could study what happens in the brains of people who have flashbacks.

I had just finished a study on how trauma is remembered (to be discussed in chapter 12), in which participants repeatedly told me how upsetting it was to be suddenly hijacked by images, feelings, and sounds from the past. When several said they wished they knew what trick their brains were playing on them during these flashbacks, I asked eight of them if they would be willing to return to the clinic and lie still inside a scanner (an entirely new experience that I described in detail) while we re-created a scene from the painful events that haunted them. To my surprise, all eight agreed, many of them expressing their hope that what we learned from their suffering could help other people.

My research assistant, Rita Fisler, who was working with us prior to entering Harvard Medical School, sat down with every participant and carefully constructed a script that re-created their trauma moment to moment. We deliberately tried to collect just isolated fragments of their experience—particular images, sounds, and feelings—rather than the entire story, because that is how trauma is experienced. Rita also asked the participants to describe a scene where they felt safe and in control. One person described her morning routine; another, sitting on the porch of a farmhouse in Vermont overlooking the hills. We would use this script for a second scan, to provide a baseline measurement.

After the participants checked the scripts for accuracy (reading silently, which is less overwhelming than hearing or speaking), Rita made a voice

recording that would be played back to them while they were in the scanner.  
A typical script:

You are six years old and getting ready for bed. You hear your mother and father yelling at each other. You are frightened and your stomach is in a knot. You and your younger brother and sister are huddled at the top of the stairs. You look over the banister and see your father holding your mother's arms while she struggles to free herself. Your mother is crying, spitting and hissing like an animal. Your face is flushed and you feel hot all over. When your mother frees herself, she runs to the dining room and breaks a very expensive Chinese vase. You yell at your parents to stop, but they ignore you. Your mom runs upstairs and you hear her breaking the TV. Your little brother and sister try to get her to hide in the closet. Your heart pounds and you are trembling.

At this first session we explained the purpose of the radioactive oxygen the participants would be breathing: As any part of the brain became more or less metabolically active, its rate of oxygen consumption would immediately change, which would be picked up by the scanner. We would monitor their blood pressure and heart rate throughout the procedure, so that these physiological signs could be compared with brain activity.

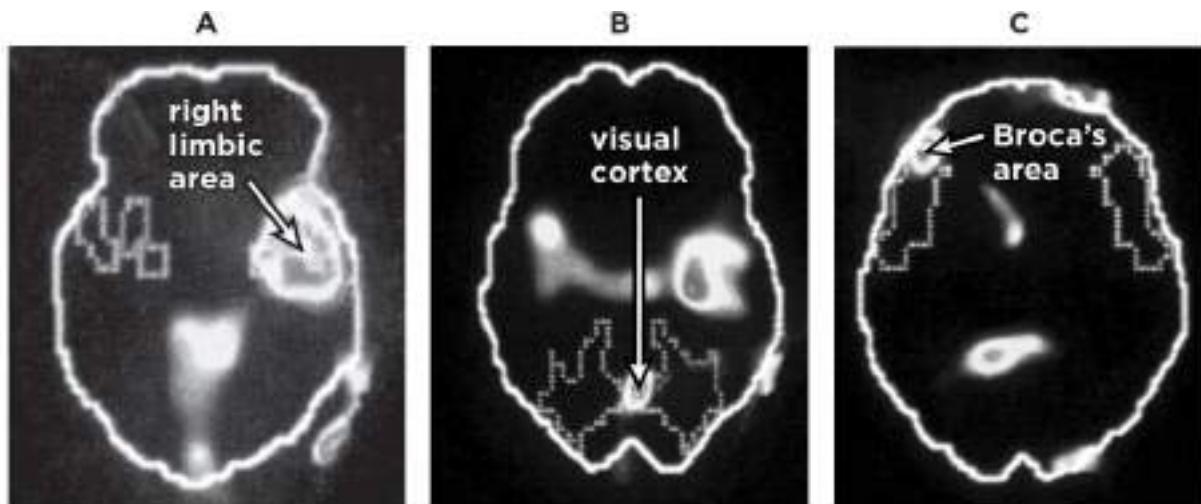
Several days later the participants came to the imaging lab. Marsha, a forty-year-old schoolteacher from a suburb outside of Boston, was the first volunteer to be scanned. Her script took her back to the day, thirteen years earlier, when she picked up her five-year-old daughter, Melissa, from day camp. As they drove off, Marsha heard a persistent beeping, indicating that Melissa's seatbelt was not properly fastened. When Marsha reached over to adjust the belt, she ran a red light. Another car smashed into hers from the right, instantly killing her daughter. In the ambulance on the way to the emergency room, the seven-month-old fetus Marsha was carrying also died.

Overnight Marsha had changed from a cheerful woman who was the life of the party into a haunted and depressed person filled with self-blame. She moved from classroom teaching into school administration, because working directly with children had become intolerable—as for many

parents who have lost children, their happy laughter had become a powerful trigger. Even hiding behind her paperwork she could barely make it through the day. In a futile attempt to keep her feelings at bay, she coped by working day and night.

I was standing outside the scanner as Marsha underwent the procedure and could follow her physiological reactions on a monitor. The moment we turned on the tape recorder, her heart started to race, and her blood pressure jumped. Simply hearing the script similar activated the same physiological responses that had occurred during the accident thirteen years earlier. After the recorded script concluded and Marsha's heart rate and blood pressure returned to normal, we played her second script: getting out of bed and brushing her teeth. This time her heart rate and blood pressure did not change.

As she emerged from the scanner, Marsha looked defeated, drawn out, and frozen. Her breathing was shallow, her eyes were opened wide, and her shoulders were hunched—the very image of vulnerability and defenselessness. We tried to comfort her, but I wondered if whatever we discovered would be worth the price of her distress.



**Picturing the brain on trauma.** Bright spots in (A) the limbic brain, and (B) the visual cortex, show heightened activation. In drawing (C) the brain's speech center shows markedly decreased activation.

After all eight participants completed the procedure, Scott Rauch went to work with his mathematicians and statisticians to create composite

images that compared the arousal created by a flashback with the brain in neutral. After a few weeks he sent me the results, which you see above. I taped the scans up on the refrigerator in my kitchen, and for the next few months I stared at them every evening. It occurred to me that this was how early astronomers must have felt when they peered through a telescope at a new constellation.

There were some puzzling dots and colors on the scan, but the biggest area of brain activation—a large red spot in the right lower center of the brain, which is the limbic area, or emotional brain—came as no surprise. It was already well known that intense emotions activate the limbic system, in particular an area within it called the amygdala. We depend on the amygdala to warn us of impending danger and to activate the body's stress response. Our study clearly showed that when traumatized people are presented with images, sounds, or thoughts related to their particular experience, the amygdala reacts with alarm—even, as in Marsha's case, thirteen years after the event. Activation of this fear center triggers the cascade of stress hormones and nerve impulses that drive up blood pressure, heart rate, and oxygen intake—preparing the body for fight or flight.<sup>1</sup> The monitors attached to Marsha's arms recorded this physiological state of frantic arousal, even though she never totally lost track of the fact that she was resting quietly in the scanner.

## SPEECHLESS HORROR

Our most surprising finding was a white spot in the left frontal lobe of the cortex, in a region called Broca's area. In this case the change in color meant that there was a significant decrease in that part of the brain. Broca's area is one of the speech centers of the brain, which is often affected in stroke patients when the blood supply to that region is cut off. Without a functioning Broca's area, you cannot put your thoughts and feelings into words. Our scans showed that Broca's area went offline whenever a flashback was triggered. In other words, we had visual proof that the effects of trauma are not necessarily different from—and can overlap with—the effects of physical lesions like strokes.

All trauma is preverbal. Shakespeare captures this state of speechless terror in *Macbeth*, after the murdered king's body is discovered: "Oh horror! horror! horror! Tongue nor heart cannot conceive nor name thee! Confusion now hath made his masterpiece!" Under extreme conditions people may scream obscenities, call for their mothers, howl in terror, or simply shut down. Victims of assaults and accidents sit mute and frozen in emergency rooms; traumatized children "lose their tongues" and refuse to speak. Photographs of combat soldiers show hollow-eyed men staring mutely into a void.

Even years later traumatized people often have enormous difficulty telling other people what has happened to them. Their bodies reexperience terror, rage, and helplessness, as well as the impulse to fight or flee, but these feelings are almost impossible to articulate. Trauma by nature drives us to the edge of comprehension, cutting us off from language based on common experience or an imaginable past.

This doesn't mean that people can't talk about a tragedy that has befallen them. Sooner or later most survivors, like the veterans in chapter 1, come up with what many of them call their "cover story" that offers some explanation for their symptoms and behavior for public consumption. These stories, however, rarely capture the inner truth of the experience. It is enormously difficult to organize one's traumatic experiences into a coherent account—a narrative with a beginning, a middle, and an end. Even a seasoned reporter like the famed CBS correspondent Ed Murrow struggled to convey the atrocities he saw when the Nazi concentration camp Buchenwald was liberated in 1945: "I pray you believe what I have said. I reported what I saw and heard, but only part of it. For most of it I have no words."

When words fail, haunting images capture the experience and return as nightmares and flashbacks. In contrast to the deactivation of Broca's area, another region, Brodmann's area 19, lit up in our participants. This is a region in the visual cortex that registers images when they first enter the brain. We were surprised to see brain activation in this area so long after the original experience of the trauma. Under ordinary conditions raw images registered in area 19 are rapidly diffused to other brain areas that interpret the meaning of what has been seen. Once again, we were witnessing a brain region rekindled as if the trauma were actually occurring.

As we will see in chapter 12, which discusses memory, other unprocessed sense fragments of trauma, like sounds and smells and physical sensations, are also registered separately from the story itself. Similar sensations often trigger a flashback that brings them back into consciousness, apparently unmodified by the passage of time.

## SHIFTING TO ONE SIDE OF THE BRAIN

The scans also revealed that during flashbacks, our subjects' brains lit up only on the right side. Today there's a huge body of scientific and popular literature about the difference between the right and left brains. Back in the early nineties I had heard that some people had begun to divide the world between left-brainers (rational, logical people) and right-brainers (the intuitive, artistic ones), but I hadn't paid much attention to this idea. However, our scans clearly showed that images of past trauma activate the right hemisphere of the brain and deactivate the left.

We now know that the two halves of the brain do speak different languages. The right is intuitive, emotional, visual, spatial, and tactful, and the left is linguistic, sequential, and analytical. While the left half of the brain does all the talking, the right half of the brain carries the music of experience. It communicates through facial expressions and body language and by making the sounds of love and sorrow: by singing, swearing, crying, dancing, or mimicking. The right brain is the first to develop in the womb, and it carries the nonverbal communication between mothers and infants. We know the left hemisphere has come online when children start to understand language and learn how to speak. This enables them to name things, compare them, understand their interrelations, and begin to communicate their own unique, subjective experiences to others.

The left and right sides of the brain also process the imprints of the past in dramatically different ways.<sup>2</sup> The left brain remembers facts, statistics, and the vocabulary of events. We call on it to explain our experiences and put them in order. The right brain stores memories of sound, touch, smell, and the emotions they evoke. It reacts automatically to voices, facial features, and gestures and places experienced in the past. What it recalls feels like intuitive truth—the way things are. Even as we enumerate a loved

one's virtues to a friend, our feelings may be more deeply stirred by how her face recalls the aunt we loved at age four.<sup>3</sup>

Under ordinary circumstances the two sides of the brain work together more or less smoothly, even in people who might be said to favor one side over the other. However, having one side or the other shut down, even temporarily, or having one side cut off entirely (as sometimes happened in early brain surgery) is disabling.

Deactivation of the left hemisphere has a direct impact on the capacity to organize experience into logical sequences and to translate our shifting feelings and perceptions into words. (Broca's area, which blacks out during flashbacks, is on the left side.) Without sequencing we can't identify cause and effect, grasp the long-term effects of our actions, or create coherent plans for the future. People who are very upset sometimes say they are "losing their minds." In technical terms they are experiencing the loss of executive functioning.

When something reminds traumatized people of the past, their right brain reacts as if the traumatic event were happening in the present. But because their left brain is not working very well, they may not be aware that they are reexperiencing and reenacting the past—they are just furious, terrified, enraged, ashamed, or frozen. After the emotional storm passes, they may look for something or somebody to blame for it. They behaved the way they did way because *you* were ten minutes late, or because *you* burned the potatoes, or because *you* "never listen to me." Of course, most of us have done this from time to time, but when we cool down, we hopefully can admit our mistake. Trauma interferes with this kind of awareness, and, over time, our research demonstrated why.

## STUCK IN FIGHT OR FLIGHT

What had happened to Marsha in the scanner gradually started to make sense. Thirteen years after her tragedy we had activated the sensations—the sounds and images from the accident—that were still stored in her memory. When these sensations came to the surface, they activated her alarm system, which caused her to react as if she were back in the hospital being told that her daughter had died. The passage of thirteen years was erased. Her

sharply increased heart rate and blood pressure readings reflected her physiological state of frantic alarm.

Adrenaline is one of the hormones that are critical to help us fight back or flee in the face of danger. Increased adrenaline was responsible for our participants' dramatic rise in heart rate and blood pressure while listening to their trauma narrative. Under normal conditions people react to a threat with a temporary increase in their stress hormones. As soon as the threat is over, the hormones dissipate and the body returns to normal. The stress hormones of traumatized people, in contrast, take much longer to return to baseline and spike quickly and disproportionately in response to mildly stressful stimuli. The insidious effects of constantly elevated stress hormones include memory and attention problems, irritability, and sleep disorders. They also contribute to many long-term health issues, depending on which body system is most vulnerable in a particular individual.

We now know that there is another possible response to threat, which our scans aren't yet capable of measuring. Some people simply go into denial: Their bodies register the threat, but their conscious minds go on as if nothing has happened. However, even though the mind may learn to ignore the messages from the emotional brain, the alarm signals don't stop. The emotional brain keeps working, and stress hormones keep sending signals to the muscles to tense for action or immobilize in collapse. The physical effects on the organs go on unabated until they demand notice when they are expressed as illness. Medications, drugs, and alcohol can also temporarily dull or obliterate unbearable sensations and feelings. But the body continues to keep the score.

We can interpret what happened to Marsha in the scanner from several different perspectives, each of which has implications for treatment. We can focus on the neurochemical and physiological disruptions that were so evident and make a case that she is suffering from a biochemical imbalance that is reactivated whenever she is reminded of her daughter's death. We might then search for a drug or a combination of drugs that would damp down the reaction or, in the best case, restore her chemical equilibrium. Based on the results of our scans, some of my colleagues at MGH began investigating drugs that might make people less responsive to the effects of elevated adrenaline.

We can also make a strong case that Marsha is hypersensitized to her memories of the past and that the best treatment would be some form of desensitization.<sup>4</sup> After repeatedly rehearsing the details of the trauma with a therapist, her biological responses might become muted, so that she could realize and remember that “that was then and this is now,” rather than reliving the experience over and over.

For a hundred years or more, every textbook of psychology and psychotherapy has advised that some method of talking about distressing feelings can resolve them. However, as we’ve seen, the experience of trauma itself gets in the way of being able to do that. No matter how much insight and understanding we develop, the rational brain is basically impotent to talk the emotional brain out of its own reality. I am continually impressed by how difficult it is for people who have gone through the unspeakable to convey the essence of their experience. It is so much easier for them to talk about what has been done to them—to tell a story of victimization and revenge—than to notice, feel, and put into words the reality of their internal experience.

Our scans had revealed how their dread persisted and could be triggered by multiple aspects of daily experience. They had not integrated their experience into the ongoing stream of their life. They continued to be “there” and did not know how to be “here”—fully alive in the present.

Three years after being a participant in our study Marsha came to see me as a patient. I successfully treated her with EMDR, the subject of chapter 15.

PART TWO

**THIS IS YOUR BRAIN  
ON TRAUMA**

## CHAPTER 4

### RUNNING FOR YOUR LIFE: THE ANATOMY OF SURVIVAL

Prior to the advent of brain, there was no color and no sound in the universe, nor was there any flavor or aroma and probably little sense and no feeling or emotion. Before brains the universe was also free of pain and anxiety.

—Roger Sperry<sup>1</sup>

**O**n September 11, 2001, five-year-old Noam Saul witnessed the first passenger plane slam into the World Trade Center from the windows of his first-grade classroom at PS 234, less than 1,500 feet away. He and his classmates ran with their teacher down the stairs to the lobby, where most of them were reunited with parents who had dropped them off at school just moments earlier. Noam, his older brother, and their dad were three of the tens of thousands of people who ran for their lives through the rubble, ash, and smoke of lower Manhattan that morning.

Ten days later I visited his family, who are friends of mine, and that evening his parents and I went for a walk in the eerie darkness through the still-smoking pit where Tower One once stood, making our way among the rescue crews who were working around the clock under the blazing klieg lights. When we returned home, Noam was still awake, and he showed me a picture that he had drawn at 9:00 a.m. on September 12. The drawing depicted what he had seen the day before: an airplane slamming into the

tower, a ball of fire, firefighters, and people jumping from the tower's windows. But at the bottom of the picture he had drawn something else: a black circle at the foot of the buildings. I had no idea what it was, so I asked him. "A trampoline," he replied. What was a trampoline doing there? Noam explained, "So that the next time when people have to jump they will be safe." I was stunned: This five-year-old boy, a witness to unspeakable mayhem and disaster just twenty-four hours before he made that drawing, had used his imagination to process what he had seen and begin to go on with his life.

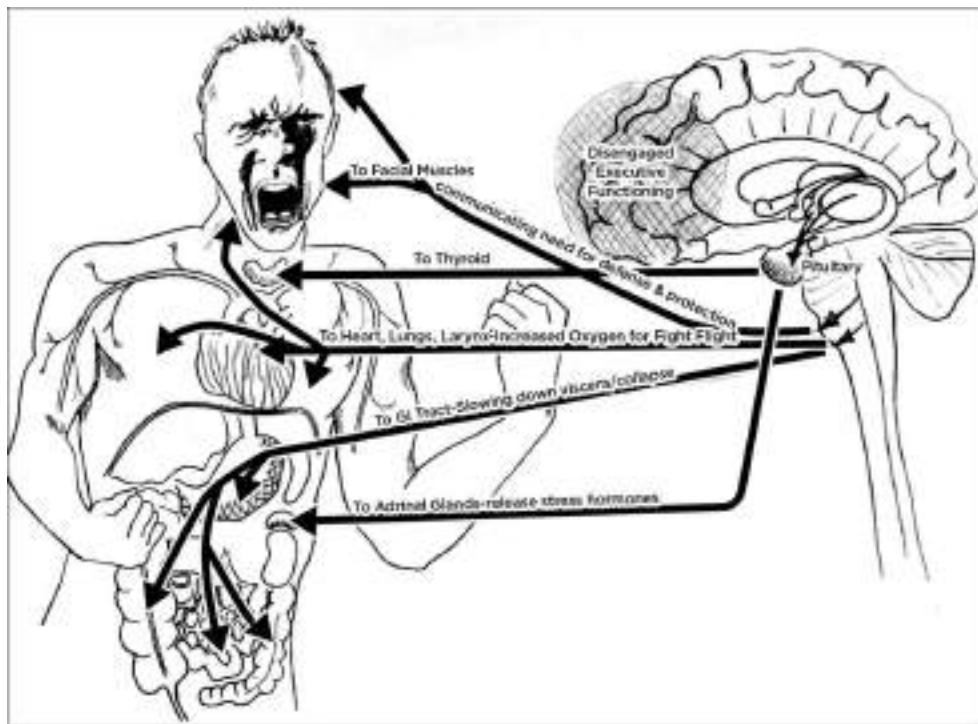
Noam was fortunate. His entire family was unharmed, he had grown up surrounded by love, and he was able to grasp that the tragedy they had witnessed had come to an end. During disasters young children usually take their cues from their parents. As long as their caregivers remain calm and responsive to their needs, they often survive terrible incidents without serious psychological scars.



**Five-year-old Noam's drawing made after he witnessed the World Trade Center attack on 9/11.** He reproduced the image that haunted so many survivors—people jumping to escape from the inferno—but with a life-saving addition: a trampoline at the bottom of the collapsing building.

But Noam's experience allows us to see in outline two critical aspects of the adaptive response to threat that is basic to human survival. At the time the disaster occurred, he was able to take an active role by running away from it, thus becoming an agent in his own rescue. And once he had reached the safety of home, the alarm bells in his brain and body quieted. This freed his mind to make some sense of what had happened and even to imagine a creative alternative to what he had seen—a lifesaving trampoline.

In contrast to Noam, traumatized people become stuck, stopped in their growth because they can't integrate new experiences into their lives. I was very moved when the veterans of Patton's army gave me a World War II army-issue watch for Christmas, but it was a sad memento of the year their lives had effectively stopped: 1944. Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged and immutable—as every new encounter or event is contaminated by the past.



Trauma affects the entire human organism—body, mind, and brain. In PTSD the body continues to defend against a threat that belongs to the past. Healing from PTSD means being able to terminate this continued stress mobilization and restoring the entire organism to safety.

After trauma the world is experienced with a different nervous system. The survivor's energy now becomes focused on suppressing inner chaos, at

the expense of spontaneous involvement in their lives. These attempts to maintain control over unbearable physiological reactions can result in a whole range of physical symptoms, including fibromyalgia, chronic fatigue, and other autoimmune diseases. This explains why it is critical for trauma treatment to engage the entire organism, body, mind, and brain.

## **ORGANIZED TO SURVIVE**

This illustration on page 53 shows the whole-body response to threat.

When the brain's alarm system is turned on, it automatically triggers preprogrammed physical escape plans in the oldest parts of the brain. As in other animals, the nerves and chemicals that make up our basic brain structure have a direct connection with our body. When the old brain takes over, it partially shuts down the higher brain, our conscious mind, and propels the body to run, hide, fight, or, on occasion, freeze. By the time we are fully aware of our situation, our body may already be on the move. If the fight/flight/freeze response is successful and we escape the danger, we recover our internal equilibrium and gradually "regain our senses."



AP PHOTO/PAUL HAWTHORNE



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**Effective action versus immobilization.** Effective action (the result of fight/flight) ends the threat. Immobilization keeps the body in a state of inescapable shock and learned helplessness. Faced with danger people automatically secrete stress hormones to fuel resistance and escape. Brain and body are programmed to run for home, where safety can be restored and stress hormones can come to rest. In these strapped-down men who are being evacuated far from home after Hurricane Katrina stress hormone levels remain elevated and are turned against the survivors, stimulating ongoing fear, depression, rage, and physical disease.

If for some reason the normal response is blocked—for example, when people are held down, trapped, or otherwise prevented from taking effective action, be it in a war zone, a car accident, domestic violence, or a rape—the brain keeps secreting stress chemicals, and the brain’s electrical circuits continue to fire in vain.<sup>2</sup> Long after the actual event has passed, the brain may keep sending signals to the body to escape a threat that no longer exists. Since at least 1889, when the French psychologist Pierre Janet published the first scientific account of traumatic stress,<sup>3</sup> it has been recognized that trauma survivors are prone to “continue the action, or rather the (futile) attempt at action, which began when the thing happened.” Being able to move and *do* something to protect oneself is a critical factor in

determining whether or not a horrible experience will leave long-lasting scars.

In this chapter I'm going to go deeper into the brain's response to trauma. The more neuroscience discovers about the brain, the more we realize that it is a vast network of interconnected parts organized to help us survive and flourish. Knowing how these parts work together is essential to understanding how trauma affects every part of the human organism and can serve as an indispensable guide to resolving traumatic stress.

## THE BRAIN FROM BOTTOM TO TOP

The most important job of the brain is to ensure our survival, even under the most miserable conditions. Everything else is secondary. In order to do that, brains need to: (1) generate internal signals that register what our bodies need, such as food, rest, protection, sex, and shelter; (2) create a map of the world to point us where to go to satisfy those needs; (3) generate the necessary energy and actions to get us there; (4) warn us of dangers and opportunities along the way; and (5) adjust our actions based on the requirements of the moment.<sup>4</sup> And since we human beings are mammals, creatures that can only survive and thrive in groups, all of these imperatives require coordination and collaboration. Psychological problems occur when our internal signals don't work, when our maps don't lead us where we need to go, when we are too paralyzed to move, when our actions do not correspond to our needs, or when our relationships break down. Every brain structure that I discuss has a role to play in these essential functions, and as we will see, trauma can interfere with every one of them.

Our rational, cognitive brain is actually the youngest part of the brain and occupies only about 30 percent of the area inside our skull. The rational brain is primarily concerned with the world outside us: understanding how things and people work and figuring out how to accomplish our goals, manage our time, and sequence our actions. Beneath the rational brain lie two evolutionarily older, and to some degree separate, brains, which are in charge of everything else: the moment-by-moment registration and management of our body's physiology and the identification of comfort,

safety, threat, hunger, fatigue, desire, longing, excitement, pleasure, and pain.

The brain is built from the bottom up. It develops level by level within every child in the womb, just as it did in the course of evolution. The most primitive part, the part that is already online when we are born, is the ancient animal brain, often called the reptilian brain. It is located in the brain stem, just above the place where our spinal cord enters the skull. The reptilian brain is responsible for all the things that newborn babies can do: eat, sleep, wake, cry, breathe; feel temperature, hunger, wetness, and pain; and rid the body of toxins by urinating and defecating. The brain stem and the hypothalamus (which sits directly above it) together control the energy levels of the body. They coordinate the functioning of the heart and lungs and also the endocrine and immune systems, ensuring that these basic life-sustaining systems are maintained within the relatively stable internal balance known as homeostasis.

Breathing, eating, sleeping, pooping, and peeing are so fundamental that their significance is easily neglected when we're considering the complexities of mind and behavior. However, if your sleep is disturbed or your bowels don't work, or if you always feel hungry, or if being touched makes you want to scream (as is often the case with traumatized children and adults), the entire organism is thrown into disequilibrium. It is amazing how many psychological problems involve difficulties with sleep, appetite, touch, digestion, and arousal. Any effective treatment for trauma has to address these basic housekeeping functions of the body.

Right above the reptilian brain is the limbic system. It's also known as the mammalian brain, because all animals that live in groups and nurture their young possess one. Development of this part of the brain truly takes off after a baby is born. It is the seat of the emotions, the monitor of danger, the judge of what is pleasurable or scary, the arbiter of what is or is not important for survival purposes. It is also a central command post for coping with the challenges of living within our complex social networks.

The limbic system is shaped in response to experience, in partnership with the infant's own genetic makeup and inborn temperament. (As all parents of more than one child quickly notice, babies differ from birth in the intensity and nature of their reactions to similar events.) Whatever happens to a baby contributes to the emotional and perceptual map of the world that

its developing brain creates. As my colleague Bruce Perry explains it, the brain is formed in a “use-dependent manner.”<sup>5</sup> This is another way of describing neuroplasticity, the relatively recent discovery that neurons that “fire together, wire together.” When a circuit fires repeatedly, it can become a default setting—the response most likely to occur. If you feel safe and loved, your brain becomes specialized in exploration, play, and cooperation; if you are frightened and unwanted, it specializes in managing feelings of fear and abandonment.

As infants and toddlers we learn about the world by moving, grabbing, and crawling and by discovering what happens when we cry, smile, or protest. We are constantly experimenting with our surroundings—how do our interactions change the way our bodies feel? Attend any two-year-old’s birthday party and notice how little Kimberly will engage you, play with you, flirt with you, without any need for language. These early explorations shape the limbic structures devoted to emotions and memory, but these structures can also be significantly modified by later experiences: for the better by a close friendship or a beautiful first love, for example, or for the worse by a violent assault, relentless bullying, or neglect.

Taken together the reptilian brain and limbic system make up what I’ll call the “emotional brain” throughout this book.<sup>6</sup> The emotional brain is at the heart of the central nervous system, and its key task is to look out for your welfare. If it detects danger or a special opportunity—such as a promising partner—it alerts you by releasing a squirt of hormones. The resulting visceral sensations (ranging from mild queasiness to the grip of panic in your chest) will interfere with whatever your mind is currently focused on and get you moving—physically and mentally—in a different direction. Even at their most subtle, these sensations have a huge influence on the small and large decisions we make throughout our lives: what we choose to eat, where we like to sleep and with whom, what music we prefer, whether we like to garden or sing in a choir, and whom we befriend and whom we detest.

The emotional brain’s cellular organization and biochemistry are simpler than those of the neocortex, our rational brain, and it assesses incoming information in a more global way. As a result, it jumps to conclusions based on rough similarities, in contrast with the rational brain,

which is organized to sort through a complex set of options. (The textbook example is leaping back in terror when you see a snake—only to realize that it's just a coiled rope.) The emotional brain initiates preprogrammed escape plans, like the fight-or-flight responses. These muscular and physiological reactions are automatic, set in motion without any thought or planning on our part, leaving our conscious, rational capacities to catch up later, often well after the threat is over.

Finally we reach the top layer of the brain, the neocortex. We share this outer layer with other mammals, but it is much thicker in us humans. In the second year of life the frontal lobes, which make up the bulk of our neocortex, begin to develop at a rapid pace. The ancient philosophers called seven years “the age of reason.” For us first grade is the prelude of things to come, a life organized around frontal-lobe capacities: sitting still; keeping sphincters in check; being able to use words rather than acting out; understanding abstract and symbolic ideas; planning for tomorrow; and being in tune with teachers and classmates.

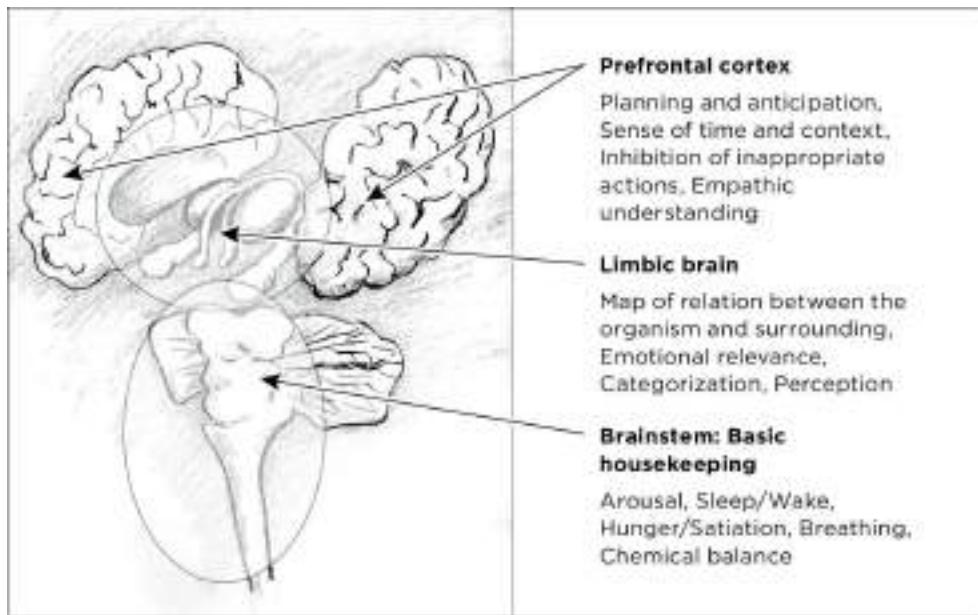
The frontal lobes are responsible for the qualities that make us unique within the animal kingdom.<sup>7</sup> They enable us to use language and abstract thought. They give us our ability to absorb and integrate vast amounts of information and attach meaning to it. Despite our excitement about the linguistic feats of chimpanzees and rhesus monkeys, only human beings command the words and symbols necessary to create the communal, spiritual, and historical contexts that shape our lives.

The frontal lobes allow us to plan and reflect, to imagine and play out future scenarios. They help us to predict what will happen if we take one action (like applying for a new job) or neglect another (not paying the rent). They make choice possible and underlie our astonishing creativity. Generations of frontal lobes, working in close collaboration, have created culture, which got us from dug-out canoes, horse-drawn carriages, and letters to jet planes, hybrid cars, and e-mail. They also gave us Noam's lifesaving trampoline.

## MIRRORING EACH OTHER: INTERPERSONAL NEUROBIOLOGY

Crucial for understanding trauma, the frontal lobes are also the seat of empathy—our ability to “feel into” someone else. One of the truly sensational discoveries of modern neuroscience took place in 1994, when in a lucky accident a group of Italian scientists identified specialized cells in the cortex that came to be known as mirror neurons.<sup>8</sup> The researchers had attached electrodes to individual neurons in a monkey’s premotor area, then set up a computer to monitor precisely which neurons fired when the monkey picked up a peanut or grasped a banana. At one point an experimenter was putting food pellets into a box when he looked up at the computer. The monkey’s brain cells were firing at the exact location where the motor command neurons were located. But the monkey wasn’t eating or moving. He was watching the researcher, and his brain was vicariously mirroring the researcher’s actions.

Numerous other experiments followed around the world, and it soon became clear that mirror neurons explained many previously unexplainable aspects of the mind, such as empathy, imitation, synchrony, and even the development of language. One writer compared mirror neurons to “neural WiFi”<sup>9</sup>—we pick up not only another person’s movement but her emotional state and intentions as well. When people are in sync with each other, they tend to stand or sit similar ways, and their voices take on the same rhythms. But our mirror neurons also make us vulnerable to others’ negativity, so that we respond to their anger with fury or are dragged down by their depression. I’ll have more to say about mirror neurons later in this book, because trauma almost invariably involves not being seen, not being mirrored, and not being taken into account. Treatment needs to reactivate the capacity to safely mirror, and be mirrored, by others, but also to resist being hijacked by others’ negative emotions.



**The Triune (Three-part) Brain.** The brain develops from the bottom up. The reptilian brain develops in the womb and organizes basic life sustaining functions. It is highly responsive to threat throughout our entire life span. The limbic system is organized mainly during the first six years of life but continues to evolve in a use-dependent manner. Trauma can have a major impact of its functioning throughout life. The prefrontal cortex develops last, and also is affected by trauma exposure, including being unable to filter out irrelevant information. Throughout life it is vulnerable to go off-line in response to threat.

As anybody who has worked with brain-damaged people or taken care of demented parents has learned the hard way, well-functioning frontal lobes are crucial for harmonious relationships with our fellow humans. Realizing that other people can think and feel differently from us is a huge developmental step for two- and three-year-olds. They learn to understand others' motives, so they can adapt and stay safe in groups that have different perceptions, expectations, and values. Without flexible, active frontal lobes people become creatures of habit, and their relationships become superficial and routine. Invention and innovation, discovery and wonder—all are lacking.

Our frontal lobes can also (sometimes, but not always) stop us from doing things that will embarrass us or hurt others. We don't have to eat every time we're hungry, kiss anybody who rouses our desires, or blow up every time we're angry. But it is exactly on that edge between impulse and acceptable behavior where most of our troubles begin. The more intense the

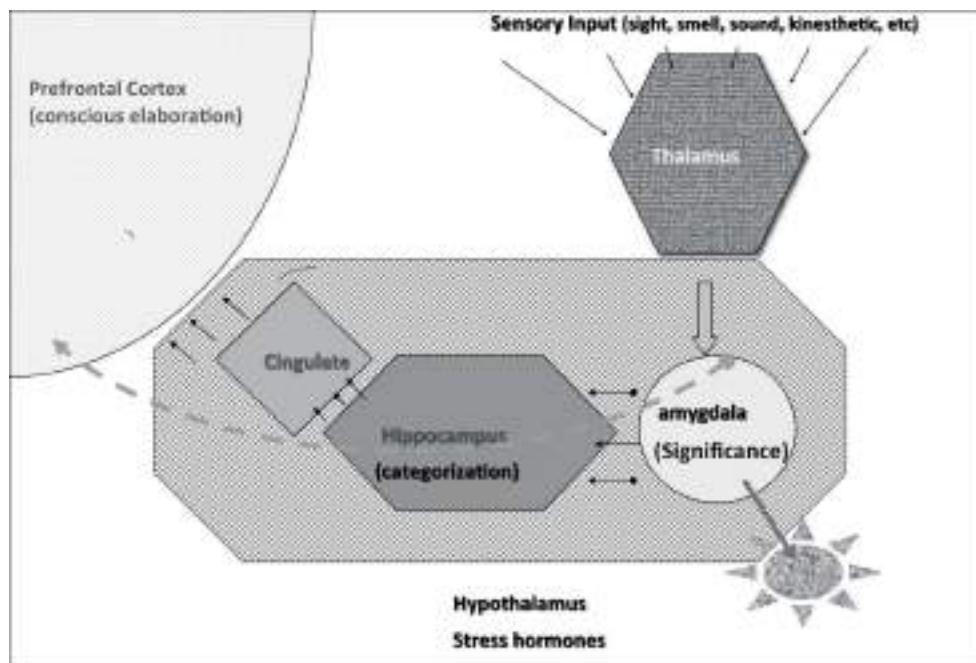
visceral, sensory input from the emotional brain, the less capacity the rational brain has to put a damper on it.

## **IDENTIFYING DANGER: THE COOK AND THE SMOKE DETECTOR**

Danger is a normal part of life, and the brain is in charge of detecting it and organizing our response. Sensory information about the outside world arrives through our eyes, nose, ears, and skin. These sensations converge in the thalamus, an area inside the limbic system that acts as the “cook” within the brain. The thalamus stirs all the input from our perceptions into a fully blended autobiographical soup, an integrated, coherent experience of “this is what is happening to me.”<sup>10</sup> The sensations are then passed on in two directions—down to the amygdala, two small almond-shaped structures that lie deeper in the limbic, unconscious brain, and up to the frontal lobes, where they reach our conscious awareness. The neuroscientist Joseph LeDoux calls the pathway to the amygdala “the low road,” which is extremely fast, and that to the frontal cortex the “high road,” which takes several milliseconds longer in the midst of an overwhelmingly threatening experience. However, processing by the thalamus can break down. Sights, sounds, smells, and touch are encoded as isolated, dissociated fragments, and normal memory processing disintegrates. Time freezes, so that the present danger feels like it will last forever.

The central function of the amygdala, which I call the brain’s smoke detector, is to identify whether incoming input is relevant for our survival.<sup>11</sup> It does so quickly and automatically, with the help of feedback from the hippocampus, a nearby structure that relates the new input to past experiences. If the amygdala senses a threat—a potential collision with an oncoming vehicle, a person on the street who looks threatening—it sends an instant message down to the hypothalamus and the brain stem, recruiting the stress-hormone system and the autonomic nervous system (ANS) to orchestrate a whole-body response. Because the amygdala processes the information it receives from the thalamus faster than the frontal lobes do, it decides whether incoming information is a threat to our survival even

before we are consciously aware of the danger. By the time we realize what is happening, our body may already be on the move.



**The emotional brain has first dibs on interpreting incoming information.** Sensory Information about the environment and body state received by the eyes, ears, touch, kinesthetic sense, etc., converges on the thalamus, where it is processed, and then passed on to the amygdala to interpret its emotional significance. This occurs with lightning speed. If a threat is detected the amygdala sends messages to the hypothalamus to secrete stress hormones to defend against that threat. The neuroscientist Joseph LeDoux calls this the low road. The second neural pathway, the high road, runs from the thalamus, via the hippocampus and anterior cingulate, to the prefrontal cortex, the rational brain, for a conscious and much more refined interpretation. This takes several microseconds longer. If the interpretation of threat by the amygdala is too intense, and/or the filtering system from the higher areas of the brain are too weak, as often happens in PTSD, people lose control over automatic emergency responses, like prolonged startle or aggressive outbursts.

The amygdala's danger signals trigger the release of powerful stress hormones, including cortisol and adrenaline, which increase heart rate, blood pressure, and rate of breathing, preparing us to fight back or run away. Once the danger is past, the body returns to its normal state fairly quickly. But when recovery is blocked, the body is triggered to defend itself, which makes people feel agitated and aroused.

While the smoke detector is usually pretty good at picking up danger clues, trauma increases the risk of misinterpreting whether a particular

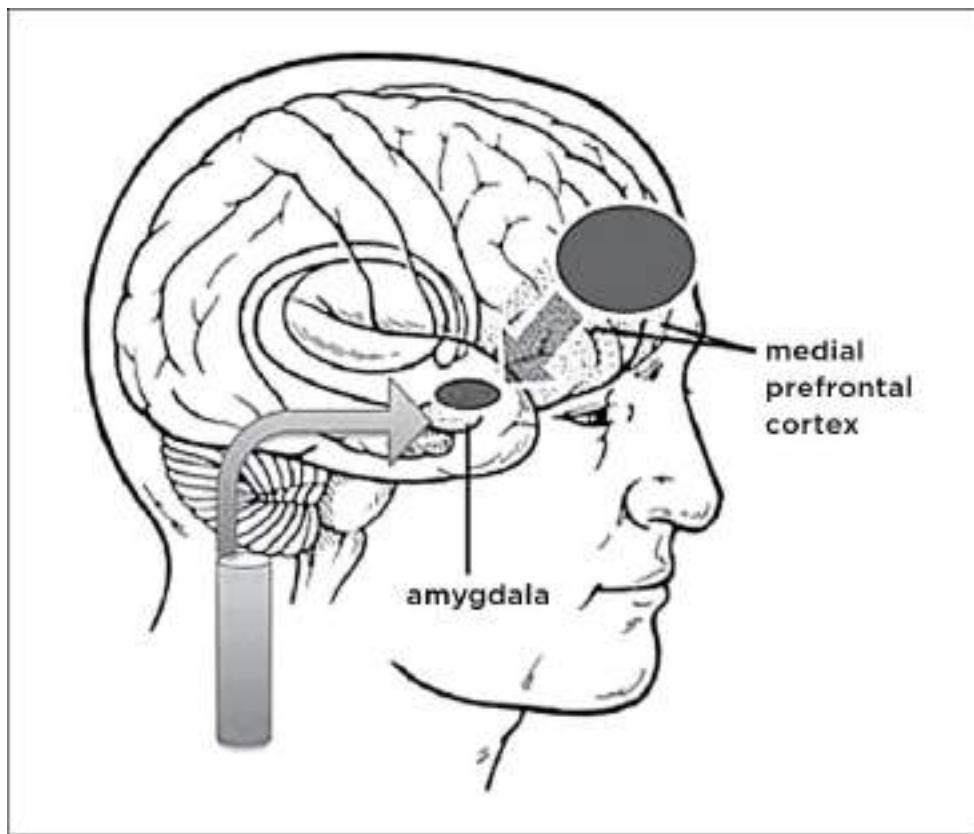
situation is dangerous or safe. You can get along with other people only if you can accurately gauge whether their intentions are benign or dangerous. Even a slight misreading can lead to painful misunderstandings in relationships at home and at work. Functioning effectively in a complex work environment or a household filled with rambunctious kids requires the ability to quickly assess how people are feeling and continuously adjusting your behavior accordingly. Faulty alarm systems lead to blowups or shutdowns in response to innocuous comments or facial expressions.

## **CONTROLLING THE STRESS RESPONSE: THE WATCHTOWER**

If the amygdala is the smoke detector in the brain, think of the frontal lobes—and specifically the medial prefrontal cortex (MPFC),<sup>12</sup> located directly above our eyes—as the watchtower, offering a view of the scene from on high. Is that smoke you smell the sign that your house is on fire and you need to get out, fast—or is it coming from the steak you put over too high a flame? The amygdala doesn’t make such judgments; it just gets you ready to fight back or escape, even before the frontal lobes get a chance to weigh in with their assessment. As long as you are not too upset, your frontal lobes can restore your balance by helping you realize that you are responding to a false alarm and abort the stress response.

Ordinarily the executive capacities of the prefrontal cortex enable people to observe what is going on, predict what will happen if they take a certain action, and make a conscious choice. Being able to hover calmly and objectively over our thoughts, feelings, and emotions (an ability I’ll call mindfulness throughout this book) and then take our time to respond allows the executive brain to inhibit, organize, and modulate the hardwired automatic reactions preprogrammed into the emotional brain. This capacity is crucial for preserving our relationships with our fellow human beings. As long as our frontal lobes are working properly, we’re unlikely to lose our temper every time a waiter is late with our order or an insurance company agent puts us on hold. (Our watchtower also tells us that other people’s anger and threats are a function of *their* emotional state.) When that system

breaks down, we become like conditioned animals: The moment we detect danger we automatically go into fight-or-flight mode.



**Top down or bottom up.** Structures in the emotional brain decide what we perceive as dangerous or safe. There are two ways of changing the threat detection system: from the top down, via modulating messages from the medial prefrontal cortex (not just prefrontal cortex), or from the bottom up, via the reptilian brain, through breathing, movement, and touch.

In PTSD the critical balance between the amygdala (smoke detector) and the MPFC (watchtower) shifts radically, which makes it much harder to control emotions and impulses. Neuroimaging studies of human beings in highly emotional states reveal that intense fear, sadness, and anger all increase the activation of subcortical brain regions involved in emotions and significantly reduce the activity in various areas in the frontal lobe, particularly the MPFC. When that occurs, the inhibitory capacities of the frontal lobe break down, and people “take leave of their senses”: They may startle in response to any loud sound, become enraged by small frustrations, or freeze when somebody touches them.<sup>13</sup>

Effectively dealing with stress depends upon achieving a balance between the smoke detector and the watchtower. If you want to manage your emotions better, your brain gives you two options: You can learn to regulate them from the top down or from the bottom up.

Knowing the difference between top down and bottom up regulation is central for understanding and treating traumatic stress. Top-down regulation involves strengthening the capacity of the watchtower to monitor your body's sensations. Mindfulness meditation and yoga can help with this. Bottom-up regulation involves recalibrating the autonomic nervous system, (which, as we have seen, originates in the brain stem). We can access the ANS through breath, movement, or touch. Breathing is one of the few body functions under both conscious and autonomic control. In part 5 of this book we'll explore specific techniques for increasing both top-down and bottom-up regulation.

## THE RIDER AND THE HORSE

For now I want to emphasize that emotion is not opposed to reason; our emotions assign value to experiences and thus are the foundation of reason. Our self-experience is the product of the balance between our rational and our emotional brains. When these two systems are in balance, we “feel like ourselves.” However, when our survival is at stake, these systems can function relatively independently.

If, say, you are driving along, chatting with a friend, and a truck suddenly looms in the corner of your eye, you instantly stop talking, slam on the brakes, and turn your steering wheel to get out of harm’s way. If your instinctive actions have saved you from a collision, you may resume where you left off. Whether you are able to do so depends largely on how quickly your visceral reactions subside to the threat.

The neuroscientist Paul MacLean, who developed the three-part description of the brain that I’ve used here, compared the relationship between the rational brain and the emotional brain to that between a more or less competent rider and his unruly horse.<sup>14</sup> As long as the weather is calm and the path is smooth, the rider can feel in excellent control. But unexpected sounds or threats from other animals can make the horse bolt,

forcing the rider to hold on for dear life. Likewise, when people feel that their survival is at stake or they are seized by rages, longings, fear, or sexual desires, they stop listening to the voice of reason, and it makes little sense to argue with them. Whenever the limbic system decides that something is a question of life or death, the pathways between the frontal lobes and the limbic system become extremely tenuous.

Psychologists usually try to help people use insight and understanding to manage their behavior. However, neuroscience research shows that very few psychological problems are the result of defects in understanding; most originate in pressures from deeper regions in the brain that drive our perception and attention. When the alarm bell of the emotional brain keeps signaling that you are in danger, no amount of insight will silence it. I am reminded of the comedy in which a seven-time recidivist in an anger-management program extols the virtue of the techniques he's learned: "They are great and work terrific—as long as you are not really angry."

When our emotional and rational brains are in conflict (as when we're enraged with someone we love, frightened by someone we depend on, or lust after someone who is off limits), a tug-of-war ensues. This war is largely played out in the theater of visceral experience—your gut, your heart, your lungs—and will lead to both physical discomfort and psychological misery. Chapter 6 will discuss how the brain and viscera interact in safety and danger, which is key to understanding the many physical manifestations of trauma.

I'd like to end this chapter by examining two more brain scans that illustrate some of the core features of traumatic stress: timeless reliving; reexperiencing images, sounds, and emotions; and dissociation.

## STAN AND UTE'S BRAINS ON TRAUMA

On a fine September morning in 1999, Stan and Ute Lawrence, a professional couple in their forties, set out from their home in London, Ontario, to attend a business meeting in Detroit. Halfway through the journey they ran into a wall of dense fog that reduced visibility to zero in a split second. Stan immediately slammed on the brakes, coming to a standstill sideways on the highway, just missing a huge truck. An eighteen-

wheeler went flying over the trunk of their car; vans and cars slammed into them and into each other. People who got out of their cars were hit as they ran for their lives. The ear-splitting crashes went on and on—with each jolt from behind they felt this would be the one that killed them. Stan and Ute were trapped in car number thirteen of an eighty-seven-car pileup, the worst road disaster in Canadian history.<sup>15</sup>

Then came the eerie silence. Stan struggled to open the doors and windows, but the eighteen-wheeler that had crushed their trunk was wedged against the car. Suddenly, someone was pounding on their roof. A girl was screaming, “Get me out of here—I’m on fire!” Helplessly, they saw her die as the car she’d been in was consumed by flames. The next thing they knew, a truck driver was standing on the hood of their car with a fire extinguisher. He smashed the windshield to free them, and Stan climbed through the opening. Turning around to help his wife, he saw Ute sitting frozen in her seat. Stan and the truck driver lifted her out and an ambulance took them to an emergency room. Aside from a few cuts, they were found to be physically unscathed.

At home that night, neither Stan nor Ute wanted to go to sleep. They felt that if they let go, they would die. They were irritable, jumpy, and on edge. That night, and for many to come, they drank copious quantities of wine to numb their fear. They could not stop the images that were haunting them or the questions that went on and on: What if they’d left earlier? What if they hadn’t stopped for gas? After three months of this, they sought help from Dr. Ruth Lanius, a psychiatrist at the University of Western Ontario.

Dr. Lanius, who had been my student at the Trauma Center a few years earlier, told Stan and Ute she wanted to visualize their brains with an fMRI scan before beginning treatment. The fMRI measures neural activity by tracking changes in blood flow in the brain, and unlike the PET scan, it does not require exposure to radiation. Dr. Lanius used the same kind of script-driven imagery we had used at Harvard, capturing the images, sounds, smells, and other sensations Stan and Ute had experienced while they were trapped in the car.

Stan went first and immediately went into a flashback, just as Marsha had in our Harvard study. He came out of the scanner sweating, with his heart racing and his blood pressure sky high. “This was just the way I felt

during the accident,” he reported. “I was sure I was going to die, and there was nothing I could do to save myself.” Instead of remembering the accident as something that had happened three months earlier, Stan was reliving it.

## **DISSOCIATION AND RELIVING**

Dissociation is the essence of trauma. The overwhelming experience is split off and fragmented, so that the emotions, sounds, images, thoughts, and physical sensations related to the trauma take on a life of their own. The sensory fragments of memory intrude into the present, where they are literally relived. As long as the trauma is not resolved, the stress hormones that the body secretes to protect itself keep circulating, and the defensive movements and emotional responses keep getting replayed. Unlike Stan, however, many people may not be aware of the connection between their “crazy” feelings and reactions and the traumatic events that are being replayed. They have no idea why they respond to some minor irritation as if they were about to be annihilated.

Flashbacks and reliving are in some ways worse than the trauma itself. A traumatic event has a beginning and an end—at some point it is over. But for people with PTSD a flashback can occur at any time, whether they are awake or asleep. There is no way of knowing when it’s going to occur again or how long it will last. People who suffer from flashbacks often organize their lives around trying to protect against them. They may compulsively go to the gym to pump iron (but finding that they are never strong enough), numb themselves with drugs, or try to cultivate an illusory sense of control in highly dangerous situations (like motorcycle racing, bungee jumping, or working as an ambulance driver). Constantly fighting unseen dangers is exhausting and leaves them fatigued, depressed, and weary.

If elements of the trauma are replayed again and again, the accompanying stress hormones engrave those memories ever more deeply in the mind. Ordinary, day-to-day events become less and less compelling. Not being able to deeply take in what is going on around them makes it impossible to feel fully alive. It becomes harder to feel the joys and aggravations of ordinary life, harder to concentrate on the tasks at hand. Not

being fully alive in the present keeps them more firmly imprisoned in the past.

Triggered responses manifest in various ways. Veterans may react to the slightest cue—like hitting a bump in the road or a seeing a kid playing in the street—as if they were in a war zone. They startle easily and become enraged or numb. Victims of childhood sexual abuse may anesthetize their sexuality and then feel intensely ashamed if they become excited by sensations or images that recall their molestation, even when those sensations are the natural pleasures associated with particular body parts. If trauma survivors are forced to discuss their experiences, one person's blood pressure may increase while another responds with the beginnings of a migraine headache. Still others may shut down emotionally and not feel any obvious changes. However, in the lab we have no problem detecting their racing hearts and the stress hormones churning through their bodies.

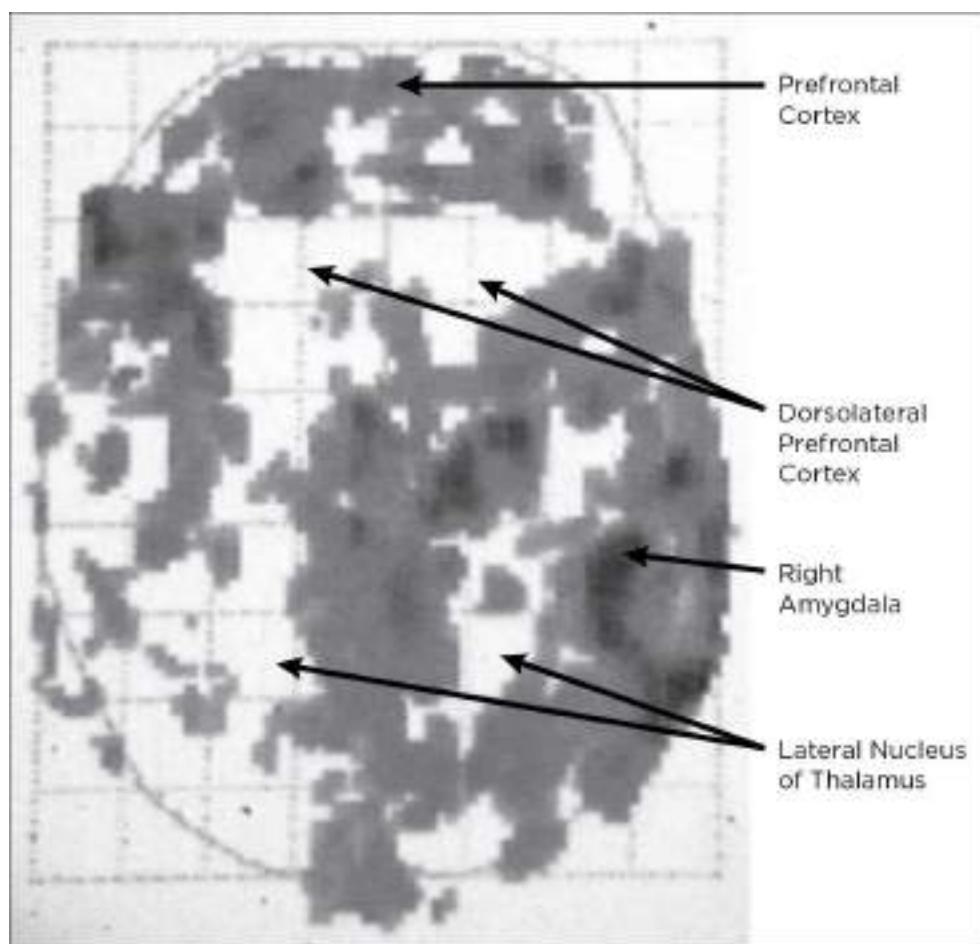
These reactions are irrational and largely outside people's control. Intense and barely controllable urges and emotions make people feel crazy—and makes them feel they don't belong to the human race. Feeling numb during birthday parties for your kids or in response to the death of loved ones makes people feel like monsters. As a result, shame becomes the dominant emotion and hiding the truth the central preoccupation.

They are rarely in touch with the origins of their alienation. That is where therapy comes in—is the beginning of bringing the emotions that were generated by trauma being able to feel, the capacity to observe oneself online. However, the bottom line is that the threat-perception system of the brain has changed, and people's physical reactions are dictated by the imprint of the past.

The trauma that started “out there” is now played out on the battlefield of their own bodies, usually without a conscious connection between what happened back then and what is going on right now inside. The challenge is not so much learning to accept the terrible things that have happened but learning how to gain mastery over one's internal sensations and emotions. Sensing, naming, and identifying what is going on inside is the first step to recovery.

## **THE SMOKE DETECTOR GOES ON OVERDRIVE**

Stan's brain scan shows his flashback in action. This is what reliving trauma looks like in the brain: the brightly lit area in the lower right-hand corner, the blanked-out lower left side, and the four symmetrical white holes around the center. (You may recognize the lit-up amygdala and the off-line left brain from the Harvard study discussed in chapter 3.) Stan's amygdala made no distinction between past and present. It activated just as if the car crash were happening in the scanner, triggering powerful stress hormones and nervous-system responses. These were responsible for his sweating and trembling, his racing heart and elevated blood pressure: entirely normal and potentially lifesaving responses if a truck has just smashed into your car.



**Imaging a flashback with fMRI.** Notice how much more activity appears on the right side than on the left.

It's important to have an efficient smoke detector: You don't want to get caught unawares by a raging fire. But if you go into a frenzy every time

you smell smoke, it becomes intensely disruptive. Yes, you need to detect whether somebody is getting upset with you, but if your amygdala goes into overdrive, you may become chronically scared that people hate you, or you may feel like they are out to get you.

## THE TIMEKEEPER COLLAPSES

Both Stan and Ute had become hypersensitive and irritable after the accident, suggesting that their prefrontal cortex was struggling to maintain control in the face of stress. Stan's flashback precipitated a more extreme reaction.

The two white areas in the front of the brain (on top in the picture) are the right and left dorsolateral prefrontal cortex. When those areas are deactivated, people lose their sense of time and become trapped in the moment, without a sense of past, present, or future.<sup>16</sup>

Two brain systems are relevant for the mental processing of trauma: those dealing with emotional intensity and context. Emotional intensity is defined by the smoke alarm, the amygdala, and its counterweight, the watchtower, the medial prefrontal cortex. The context and meaning of an experience are determined by the system that includes the dorsolateral prefrontal cortex (DLPFC) and the hippocampus. The DLPFC is located to the side in the front brain, while the MPFC is in the center. The structures along the midline of the brain are devoted to your inner experience of yourself, those on the side are more concerned with your relationship with your surroundings.

The DLPFC tells us how our present experience relates to the past and how it may affect the future—you can think of it as the timekeeper of the brain. Knowing that whatever is happening is finite and will sooner or later come to an end makes most experiences tolerable. The opposite is also true—situations become intolerable if they feel interminable. Most of us know from sad personal experience that terrible grief is typically accompanied by the sense that this wretched state will last forever, and that we will never get over our loss. Trauma is the ultimate experience of “this will last forever.”

Stan's scan reveals why people can recover from trauma only when the brain structures that were knocked out during the original experience—

which is why the event registered in the brain as trauma in the first place—are fully online. Visiting the past in therapy should be done while people are, biologically speaking, firmly rooted in the present and feeling as calm, safe, and grounded as possible. (“Grounded” means that you can feel your butt in your chair, see the light coming through the window, feel the tension in your calves, and hear the wind stirring the tree outside.) Being anchored in the present while revisiting the trauma opens the possibility of deeply knowing that the terrible events belong to the past. For that to happen, the brain’s watchtower, cook, and timekeeper need to be online. Therapy won’t work as long as people keep being pulled back into the past.

## THE THALAMUS SHUTS DOWN

Look again at the scan of Stan’s flashback, and you can see two more white holes in the lower half of the brain. These are his right and left thalamus—blanked out during the flashback as they were during the original trauma. As I’ve said, the thalamus functions as a “cook”—a relay station that collects sensations from the ears, eyes, and skin and integrates them into the soup that is our autobiographical memory. Breakdown of the thalamus explains why trauma is primarily remembered not as a story, a narrative with a beginning middle and end, but as isolated sensory imprints: images, sounds, and physical sensations that are accompanied by intense emotions, usually terror and helplessness.<sup>17</sup>

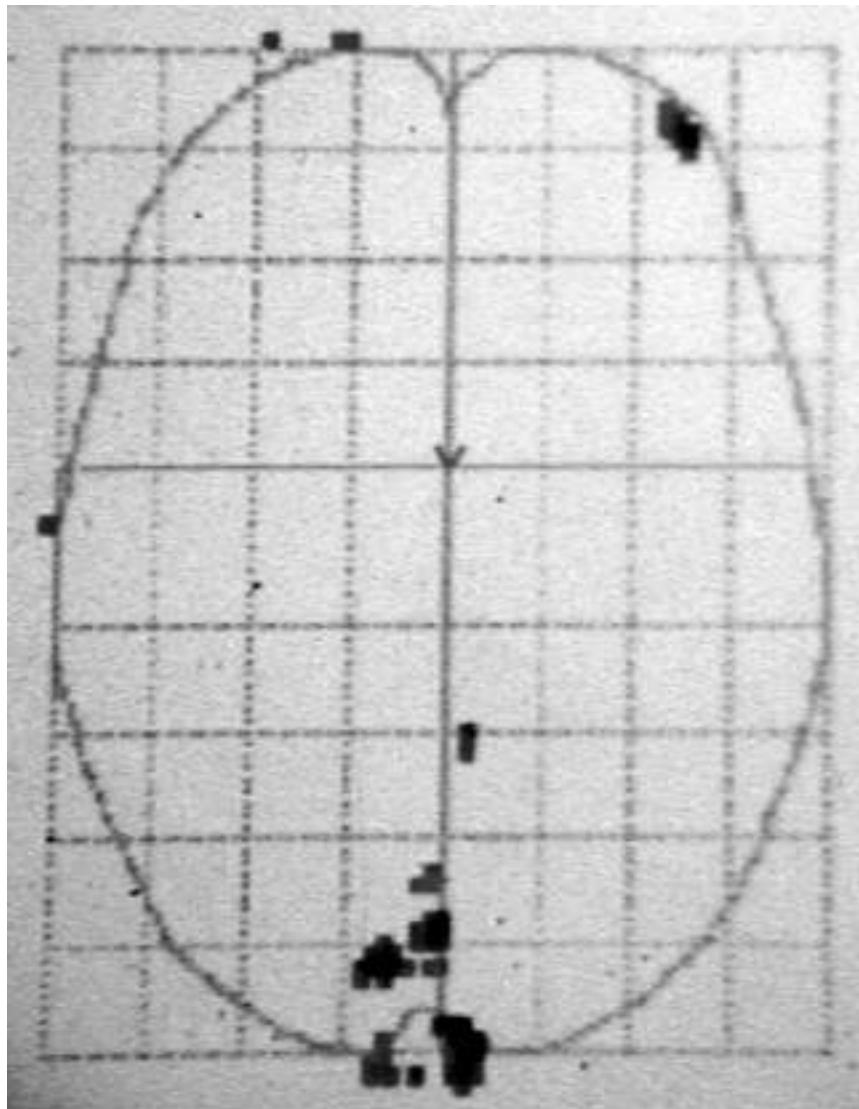
In normal circumstances the thalamus also acts as a filter or gatekeeper. This makes it a central component of attention, concentration, and new learning—all of which are compromised by trauma. As you sit here reading, you may hear music in the background or traffic rumbling by or feel a faint gnawing in your stomach telling you it’s time for a snack. If you are able to stay focused on this page, your thalamus is helping you distinguish between sensory information that is relevant and information that you can safely ignore. In chapter 19, on neurofeedback, I’ll discuss some of the tests we use to measure how well this gating system works, as well as ways to strengthen it.

People with PTSD have their floodgates wide open. Lacking a filter, they are on constant sensory overload. In order to cope, they try to shut

themselves down and develop tunnel vision and hyperfocus. If they can't shut down naturally, they may enlist drugs or alcohol to block out the world. The tragedy is that the price of closing down includes filtering out sources of pleasure and joy, as well.

## **DEPERSONALIZATION: SPLIT OFF FROM THE SELF**

Let's now look at Ute's experience in the scanner. Not all people react to trauma in exactly the same way, but in this case the difference is particularly dramatic, since Ute was sitting right next to Stan in the wrecked car. She responded to her trauma script by going numb: Her mind went blank, and nearly every area of her brain showed markedly decreased activity. Her heart rate and blood pressure didn't elevate. When asked how she'd felt during the scan, she replied: "I felt just like I felt at the time of the accident: I felt nothing."



**Blanking out (dissociation) in response to being reminded of past trauma.** In this case almost every area of the brain has decreased activation, interfering with thinking, focus, and orientation.

The medical term for Ute's response is *depersonalization*.<sup>18</sup> Anyone who deals with traumatized men, women, or children is sooner or later confronted with blank stares and absent minds, the outward manifestation of the biological freeze reaction. Depersonalization is one symptom of the massive dissociation created by trauma. Stan's flashbacks came from his thwarted efforts to escape the crash—cued by the script, all his dissociated, fragmented sensations and emotions roared back into the present. But instead of struggling to escape, Ute had dissociated her fear and felt nothing.

I see depersonalization regularly in my office when patients tell me horrendous stories without any feeling. All the energy drains out of the room, and I have to make a valiant effort to keep paying attention. A lifeless patient forces you to work much harder to keep the therapy alive, and I often used to pray for the hour to be over quickly.

After seeing Ute's scan, I started to take a very different approach toward blanked-out patients. With nearly every part of their brains tuned out, they obviously cannot think, feel deeply, remember, or make sense out of what is going on. Conventional talk therapy, in those circumstances, is virtually useless.

In Ute's case it was possible to guess why she responded so differently from Stan. She was utilizing a survival strategy her brain had learned in childhood to cope with her mother's harsh treatment. Ute's father died when she was nine years old, and her mother subsequently was often nasty and demeaning to her. At some point Ute discovered that she could blank out her mind when her mother yelled at her. Thirty-five years later, when she was trapped in her demolished car, Ute's brain automatically went into the same survival mode—she made herself disappear.

The challenge for people like Ute is to become alert and engaged, a difficult but unavoidable task if they want to recapture their lives. (Ute herself did recover—she wrote a book about her experiences and started a successful journal called *Mental Fitness*.) This is where a bottom-up approach to therapy becomes essential. The aim is actually to change the patient's physiology, his or her relationship to bodily sensations. At the Trauma Center we work with such basic measures as heart rate and breathing patterns. We help patients evoke and notice bodily sensations by tapping acupressure<sup>19</sup> points. Rhythmic interactions with other people are also effective—tossing a beach ball back and forth, bouncing on a Pilates ball, drumming, or dancing to music.

Numbing is the other side of the coin in PTSD. Many untreated trauma survivors start out like Stan, with explosive flashbacks, then numb out later in life. While reliving trauma is dramatic, frightening, and potentially self-destructive, over time a lack of presence can be even more damaging. This is a particular problem with traumatized children. The acting-out kids tend

to get attention; the blanked-out ones don't bother anybody and are left to lose their future bit by bit.

## **LEARNING TO LIVE IN THE PRESENT**

The challenge of trauma treatment is not only dealing with the past but, even more, enhancing the quality of day-to-day experience. One reason that traumatic memories become dominant in PTSD is that it's so difficult to feel truly alive right now. When you can't be fully here, you go to the places where you did feel alive—even if those places are filled with horror and misery.

Many treatment approaches for traumatic stress focus on desensitizing patients to their past, with the expectation that reexposure to their traumas will reduce emotional outbursts and flashbacks. I believe that this is based on a misunderstanding of what happens in traumatic stress. We must most of all help our patients to live fully and securely in the present. In order to do that, we need to help bring those brain structures that deserted them when they were overwhelmed by trauma back. Desensitization may make you less reactive, but if you cannot feel satisfaction in ordinary everyday things like taking a walk, cooking a meal, or playing with your kids, life will pass you by.

# CHAPTER 5

## BODY-BRAIN CONNECTIONS

Life is about rhythm. We vibrate, our hearts are pumping blood.  
We are a rhythm machine, that's what we are.

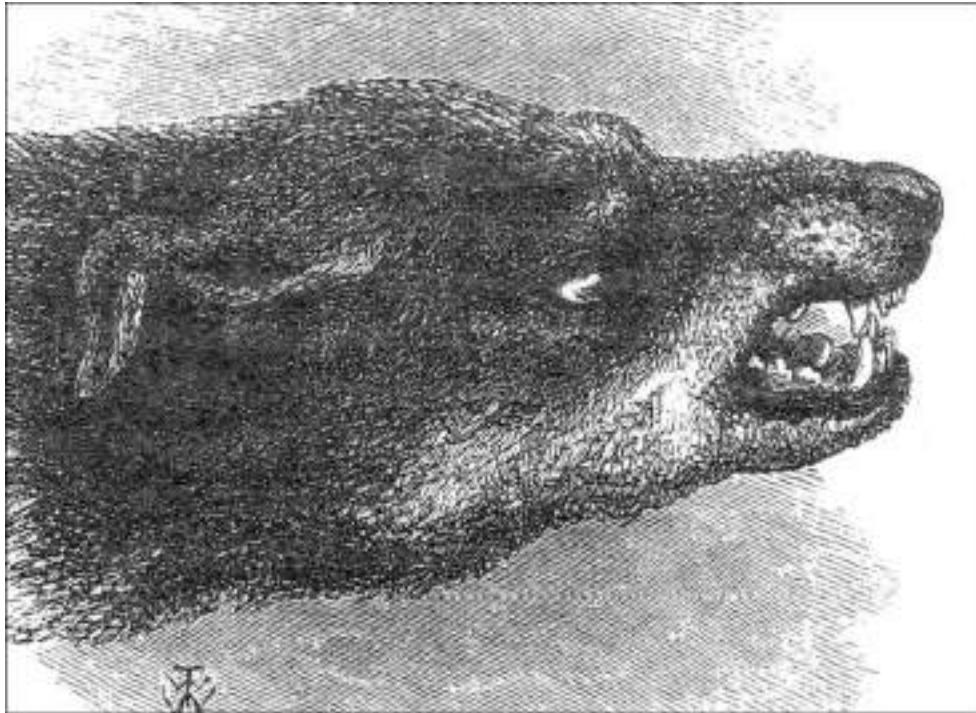
—Mickey Hart

Toward the end of his career, in 1872, Charles Darwin published *The Expression of the Emotions in Man and Animals*.<sup>1</sup> Until recently most scientific discussion of Darwin's theories has focused on *On the Origin of Species* (1859) and *The Descent of Man* (1871). But *The Expression of the Emotions* turns out to be an extraordinary exploration of the foundations of emotional life, filled with observations and anecdotes drawn from decades of inquiry, as well as close-to-home stories of Darwin's children and household pets. It's also a landmark in book illustration—one of the first books ever to include photographs. (Photography was still a relatively new technology and, like most scientists, Darwin wanted to make use of the latest techniques to make his points.) It's still in print today, readily available in a recent edition with a terrific introduction and commentaries by Paul Ekman, a modern pioneer in the study of emotions.

Darwin starts his discussion by noting the physical organization common to all mammals, including human beings—the lungs, kidneys, brains, digestive organs, and sexual organs that sustain and continue life. Although many scientists today would accuse him of anthropomorphism, Darwin stands with animal lovers when he proclaims: “Man and the higher

animals . . . [also] have instincts in common. All have the same senses, intuition, sensation, passions, affections, and emotions, even the more complex ones such as jealousy, suspicion, emulation, gratitude, and magnanimity.”<sup>2</sup> He observes that we humans share some of the physical signs of animal emotion. Feeling the hair on the back of your neck stand up when you’re frightened or baring your teeth when you’re enraged can only be understood as vestiges of a long evolutionary process.





"When a man sneers or snarls at another, is the corner of the canine or eye tooth raised on the side facing the man whom he addresses?" —**Charles Darwin, 1872**

For Darwin mammalian emotions are fundamentally rooted in biology: They are the indispensable source of motivation to initiate action. Emotions (from the Latin *emovere*—to move out) give shape and direction to whatever we do, and their primary expression is through the muscles of the face and body. These facial and physical movements communicate our mental state and intention to others: Angry expressions and threatening postures caution them to back off. Sadness attracts care and attention. Fear signals helplessness or alerts us to danger.

We instinctively read the dynamic between two people simply from their tension or relaxation, their postures and tone of voice, their changing facial expressions. Watch a movie in a language you don't know, and you can still guess the quality of the relationship between the characters. We often can read other mammals (monkeys, dogs, horses) in the same way.

Darwin goes on to observe that the fundamental purpose of emotions is to initiate movement that will restore the organism to safety and physical equilibrium. Here is his comment on the origin of what today we would call PTSD:

Behaviors to avoid or escape from danger have clearly evolved to render each organism competitive in terms of survival. But inappropriately prolonged escape or avoidance behavior would put the animal at a disadvantage in that successful species preservation demands reproduction which, in turn, depends upon feeding, shelter and mating activities all of which are reciprocals of avoidance and escape.<sup>3</sup>

In other words: If an organism is stuck in survival mode, its energies are focused on fighting off unseen enemies, which leaves no room for nurture, care, and love. For us humans, it means that as long as the mind is defending itself against invisible assaults, our closest bonds are threatened, along with our ability to imagine, plan, play, learn, and pay attention to other people's needs.

Darwin also wrote about body-brain connections that we are still exploring today. Intense emotions involve not only the mind but also the gut and the heart: "Heart, guts, and brain communicate intimately via the 'pneumogastric' nerve, the critical nerve involved in the expression and management of emotions in both humans and animals. When the mind is strongly excited, it instantly affects the state of the viscera; so that under excitement there will be much mutual action and reaction between these, the two most important organs of the body."<sup>4</sup>

The first time I encountered this passage, I reread it with growing excitement. Of course we experience our most devastating emotions as gut-wrenching feelings and heartbreak. As long as we register emotions primarily in our heads, we can remain pretty much in control, but feeling as if our chest is caving in or we've been punched in the gut is unbearable. We'll do anything to make these awful visceral sensations go away, whether it is clinging desperately to another human being, rendering ourselves insensible with drugs or alcohol, or taking a knife to the skin to replace overwhelming emotions with definable sensations. How many mental health problems, from drug addiction to self-injurious behavior, start as attempts to cope with the unbearable physical pain of our emotions? If Darwin was right, the solution requires finding ways to help people alter the inner sensory landscape of their bodies.

Until recently, this bidirectional communication between body and mind was largely ignored by Western science, even as it had long been central to traditional healing practices in many other parts of the world, notably in India and China. Today it is transforming our understanding of trauma and recovery.

## A WINDOW INTO THE NERVOUS SYSTEM

All of the little signs we instinctively register during a conversation—the muscle shifts and tensions in the other person’s face, eye movements and pupil dilation, pitch and speed of the voice—as well as the fluctuations in our own inner landscape—salivation, swallowing, breathing, and heart rate—are linked by a single regulatory system.<sup>5</sup> All are a product of the synchrony between the two branches of the autonomic nervous system (ANS): the sympathetic, which acts as the body’s accelerator, and the parasympathetic, which serves as its brake.<sup>6</sup> These are the “reciprocals” Darwin spoke of, and working together they play an important role in managing the body’s energy flow, one preparing for its expenditure, the other for its conservation.

The sympathetic nervous system (SNS) is responsible for arousal, including the fight-or-flight response (Darwin’s “escape or avoidance behavior”). Almost two thousand years ago the Roman physician Galen gave it the name “sympathetic” because he observed that it functioned with the emotions (*sym pathos*). The SNS moves blood to the muscles for quick action, partly by triggering the adrenal glands to squirt out adrenaline, which speeds up the heart rate and increases blood pressure.

The second branch of the ANS is the parasympathetic (“against emotions”) nervous system (PNS), which promotes self-preserved functions like digestion and wound healing. It triggers the release of acetylcholine to put a brake on arousal, slowing the heart down, relaxing muscles, and returning breathing to normal. As Darwin pointed out, “feeding, shelter, and mating activities” depend on the PNS.

There is a simple way to experience these two systems for yourself. Whenever you take a deep breath, you activate the SNS. The resulting burst of adrenaline speeds up your heart, which explains why many athletes take

a few short, deep breaths before starting competition. Exhaling, in turn, activates the PNS, which slows down the heart. If you take a yoga or a meditation class, your instructor will probably urge you to pay particular attention to the exhalation, since deep, long breaths out help calm you down. As we breathe, we continually speed up and slow down the heart, and because of that the interval between two successive heartbeats is never precisely the same. A measurement called heart rate variability (HRV) can be used to test the flexibility of this system, and good HRV—the more fluctuation, the better—is a sign that the brake and accelerator in your arousal system are both functioning properly and in balance. We had a breakthrough when we acquired an instrument to measure HRV, and I will explain in chapter 16 how we can use HRV to help treat PTSD.

## THE NEURAL LOVE CODE<sup>7</sup>

In 1994 Stephen Porges, who was a researcher at the University of Maryland at the time we started our investigation of HRV, and who is now at the University of North Carolina, introduced the Polyvagal Theory, which built on Darwin’s observations and added another 140 years of scientific discoveries to those early insights. (*Polyvagal* refers to the many branches of the vagus nerve—Darwin’s “pneumogastric nerve”—which connects numerous organs, including the brain, lungs, heart, stomach, and intestines.) The Polyvagal Theory provided us with a more sophisticated understanding of the biology of safety and danger, one based on the subtle interplay between the visceral experiences of our own bodies and the voices and faces of the people around us. It explained why a kind face or a soothing tone of voice can dramatically alter the way we feel. It clarified why knowing that we are seen and heard by the important people in our lives can make us feel calm and safe, and why being ignored or dismissed can precipitate rage reactions or mental collapse. It helped us understand why focused attunement with another person can shift us out of disorganized and fearful states.<sup>8</sup>

In short, Porges’s theory made us look beyond the effects of fight or flight and put social relationships front and center in our understanding of

trauma. It also suggested new approaches to healing that focus on strengthening the body's system for regulating arousal.

Human beings are astoundingly attuned to subtle emotional shifts in the people (and animals) around them. Slight changes in the tension of the brow, wrinkles around the eyes, curvature of the lips, and angle of the neck quickly signal to us how comfortable, suspicious, relaxed, or frightened someone is.<sup>9</sup> Our mirror neurons register their inner experience, and our own bodies make internal adjustments to whatever we notice. Just so, the muscles of our own faces give others clues about how calm or excited we feel, whether our heart is racing or quiet, and whether we're ready to pounce on them or run away. When the message we receive from another person is "You're safe with me," we relax. If we're lucky in our relationships, we also feel nourished, supported, and restored as we look into the face and eyes of the other.

Our culture teaches us to focus on personal uniqueness, but at a deeper level we barely exist as individual organisms. Our brains are built to help us function as members of a tribe. We are part of that tribe even when we are by ourselves, whether listening to music (that other people created), watching a basketball game on television (our own muscles tensing as the players run and jump), or preparing a spreadsheet for a sales meeting (anticipating the boss's reactions). Most of our energy is devoted to connecting with others.

If we look beyond the list of specific symptoms that entail formal psychiatric diagnoses, we find that almost all mental suffering involves either trouble in creating workable and satisfying relationships or difficulties in regulating arousal (as in the case of habitually becoming enraged, shut down, overexcited, or disorganized). Usually it's a combination of both. The standard medical focus on trying to discover the right drug to treat a particular "disorder" tends to distract us from grappling with how our problems interfere with our functioning as members of our tribe.

## **SAFETY AND RECIPROCITY**

A few years ago I heard Jerome Kagan, a distinguished emeritus professor of child psychology at Harvard, say to the Dalai Lama that for every act of cruelty in this world there are hundreds of small acts of kindness and connection. His conclusion: “To be benevolent rather than malevolent is probably a true feature of our species.” Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives. Numerous studies of disaster response around the globe have shown that social support is the most powerful protection against becoming overwhelmed by stress and trauma.

Social support is not the same as merely being in the presence of others. The critical issue is *reciprocity*: being truly heard and seen by the people around us, feeling that we are held in someone else’s mind and heart. For our physiology to calm down, heal, and grow we need a visceral feeling of safety. No doctor can write a prescription for friendship and love: These are complex and hard-earned capacities. You don’t need a history of trauma to feel self-conscious and even panicked at a party with strangers—but trauma can turn the whole world into a gathering of aliens.

Many traumatized people find themselves chronically out of sync with the people around them. Some find comfort in groups where they can replay their combat experiences, rape, or torture with others who have similar backgrounds or experiences. Focusing on a shared history of trauma and victimization alleviates their searing sense of isolation, but usually at the price of having to deny their individual differences: Members can belong only if they conform to the common code.

Isolating oneself into a narrowly defined victim group promotes a view of others as irrelevant at best and dangerous at worst, which eventually only leads to further alienation. Gangs, extremist political parties, and religious cults may provide solace, but they rarely foster the mental flexibility needed to be fully open to what life has to offer and as such cannot liberate their members from their traumas. Well-functioning people are able to accept individual differences and acknowledge the humanity of others.

In the past two decades it has become widely recognized that when adults or children are too skittish or shut down to derive comfort from human beings, relationships with other mammals can help. Dogs and horses and even dolphins offer less complicated companionship while providing

the necessary sense of safety. Dogs and horses, in particular, are now extensively used to treat some groups of trauma patients.<sup>[10](#)</sup>

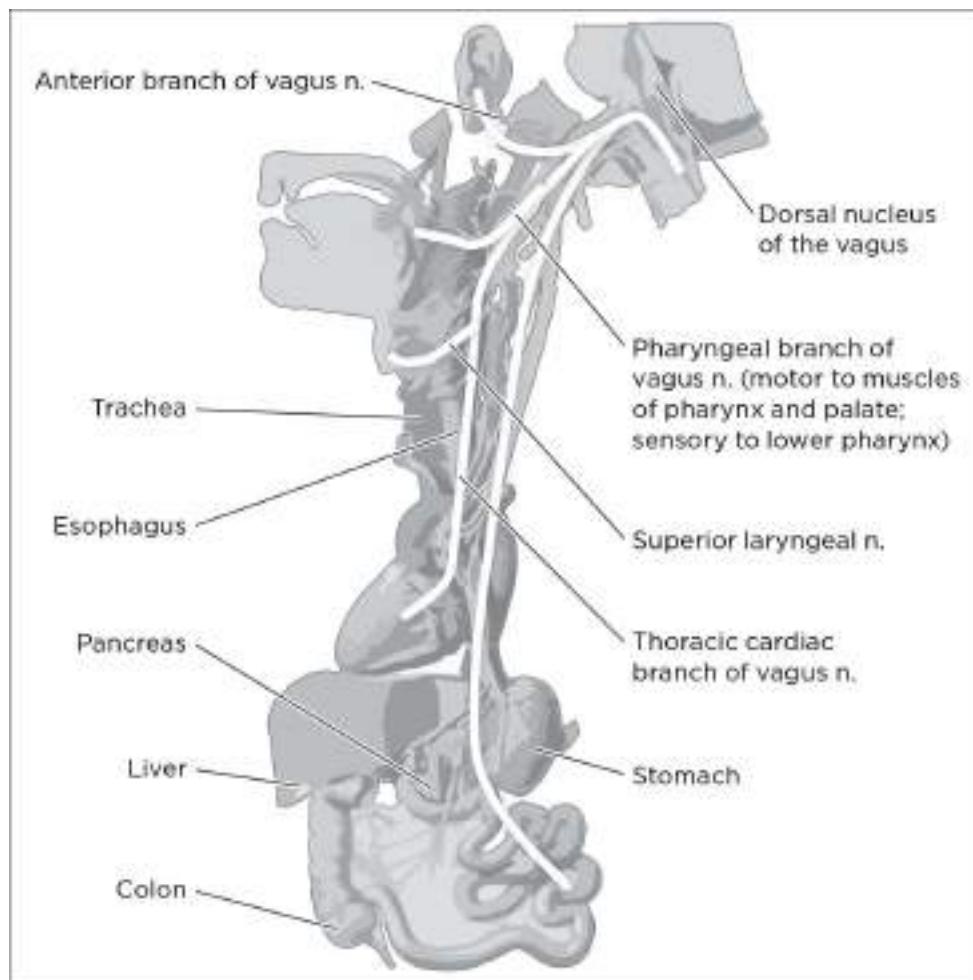
## THREE LEVELS OF SAFETY

After trauma the world is experienced with a different nervous system that has an altered perception of risk and safety. Porges coined the word “neuroception” to describe the capacity to evaluate relative danger and safety in one’s environment. When we try to help people with faulty neuroception, the great challenge is finding ways to reset their physiology, so that their survival mechanisms stop working against them. This means helping them to respond appropriately to danger but, even more, to recover the capacity to experience safety, relaxation, and true reciprocity.

I have extensively interviewed and treated six people who survived plane crashes. Two reported having lost consciousness during the incident; even though they were not physically injured, they collapsed mentally. Two went into a panic and stayed frantic until well after we had started treatment. Two remained calm and resourceful and helped evacuate fellow passengers from the burning wreckage. I’ve found a similar range of responses in survivors of rape, car crashes, and torture. In the previous chapter we saw the radically different reactions of Stan and Ute as they relived the highway disaster they’d experienced side by side. What accounts for this spectrum of responses: focused, collapsed, or frantic?

Porges’s theory provides an explanation: The autonomic nervous system regulates three fundamental physiological states. The level of safety determines which one of these is activated at any particular time. Whenever we feel threatened, we instinctively turn to the first level, *social engagement*. We call out for help, support, and comfort from the people around us. But if no one comes to our aid, or we’re in immediate danger, the organism reverts to a more primitive way to survive: *fight or flight*. We fight off our attacker, or we run to a safe place. However, if this fails—we can’t get away, we’re held down or trapped—the organism tries to preserve itself by shutting down and expending as little energy as possible. We are then in a state of *freeze* or *collapse*.

This is where the many-branched vagus nerve comes in, and I'll describe its anatomy briefly because it's central to understanding how people deal with trauma. The social-engagement system depends on nerves that have their origin in the brain stem regulatory centers, primarily the vagus—also known as the tenth cranial nerve—together with adjoining nerves that activate the muscles of the face, throat, middle ear, and voice box or larynx. When the “ventral vagal complex” (VVC) runs the show, we smile when others smile at us, we nod our heads when we agree, and we frown when friends tell us of their misfortunes. When the VVC is engaged, it also sends signals down to our heart and lungs, slowing down our heart rate and increasing the depth of breathing. As a result, we feel calm and relaxed, centered, or pleasurable aroused.



**The many-branched vagus.** The vagus nerve (which Darwin called the pneumogastric nerve) registers heartbreak and gut-wrenching feelings. When a person becomes upset, the throat gets

dry, the voice becomes tense, the heart speeds up, and respiration becomes rapid and shallow.



COURTESY OF NED KALIN, MD  
**Three responses to threat.**

1. The social engagement system: an alarmed monkey signals danger and calls for help. VVC.
2. Fight or flight: Teeth bared, the face of rage and terror. SNS.
3. Collapse: The body signals defeat and withdraws. DVC.

Any threat to our safety or social connections triggers changes in the areas innervated by the VVC. When something distressing happens, we automatically signal our upset in our facial expressions and tone of voice, changes meant to beckon others to come to our assistance.<sup>11</sup> However, if no one responds to our call for help, the threat increases, and the older limbic brain jumps in. The sympathetic nervous system takes over, mobilizing muscles, heart, and lungs for fight or flight.<sup>12</sup> Our voice becomes faster and more strident and our heart starts pumping faster. If a dog is in the room, she will stir and growl, because she can smell the activation of our sweat glands.

Finally, if there's no way out, and there's nothing we can do to stave off the inevitable, we will activate the ultimate emergency system: the dorsal vagal complex (DVC). This system reaches down below the diaphragm to the stomach, kidneys, and intestines and drastically reduces metabolism throughout the body. Heart rate plunges (we feel our heart "drop"), we can't breathe, and our gut stops working or empties (literally "scaring the shit out of" us). This is the point at which we disengage, collapse, and freeze.

## FIGHT OR FLIGHT VERSUS COLLAPSE

As we saw in Stan's and Ute's brain scans, trauma is expressed not only as fight or flight but also as shutting down and failing to engage in the present. A different level of brain activity is involved for each response: the mammalian fight-or-flight system, which is protective and keeps us from shutting down, and the reptilian brain, which produces the collapse response. You can see the difference between these two systems at any big pet store. Kittens, puppies, mice and gerbils constantly play around, and when they're tired they huddle together, skin to skin, in a pile. In contrast, the snakes and lizards lie motionless in the corners of their cages, unresponsive to the environment.<sup>13</sup> This sort of immobilization, generated by the reptilian brain, characterizes many chronically traumatized people, as opposed to the mammalian panic and rage that make more recent trauma survivors so frightened and frightening.

Almost everyone knows what that quintessential fight/flight response, road rage, feels like: A sudden threat precipitates an intense impulse to move and attack. Danger turns off our social-engagement system, decreases our responsiveness to the human voice, and increases our sensitivity to threatening sounds. Yet for many people panic and rage are preferable to the opposite: shutting down and becoming dead to the world. Activating flight/flight at least makes them feel energized. That is why so many abused and traumatized people feel fully alive in the face of actual danger, while they go numb in situations that are more complex but objectively safe, like birthday parties or family dinners.

When fighting or running does not take care of the threat, we activate the last resort—the reptilian brain, the ultimate emergency system. This system is most likely to engage when we are physically immobilized, as when we are pinned down by an attacker or when a child has no escape from a terrifying caregiver. Collapse and disengagement are controlled by the DVC, an evolutionarily ancient part of the parasympathetic nervous system that is associated with digestive symptoms like diarrhea and nausea. It also slows down the heart and induces shallow breathing. Once this system takes over, other people, and we ourselves, cease to matter. Awareness is shut down, and we may no longer even register physical pain.

## HOW WE BECOME HUMAN

In Porges's grand theory the VVC evolved in mammals to support an increasingly complex social life. All mammals, including human beings, band together to mate, nurture their young, defend against common enemies, and coordinate hunting and food acquisition. The more efficiently the VVC synchronizes the activity of the sympathetic and parasympathetic nervous systems, the better the physiology of each individual will be attuned to that of other members of the tribe.

Thinking about the VVC in this way illuminates how parents naturally help their kids to regulate themselves. Newborn babies are not very social; they sleep most of the time and wake up when they're hungry or wet. After having been fed they may spend a little time looking around, fussing, or staring, but they will soon be asleep again, following their own internal rhythms. Early in life they are pretty much at the mercy of the alternating tides of their sympathetic and parasympathetic nervous systems, and their reptilian brain runs most of the show.

But day by day, as we coo and smile and cluck at them, we stimulate the growth of synchronicity in the developing VVC. These interactions help to bring our babies' emotional arousal systems into sync with their surroundings. The VVC controls sucking, swallowing, facial expression, and the sounds produced by the larynx. When these functions are stimulated in an infant, they are accompanied by a sense of pleasure and safety, which helps create the foundation for all future social behavior.<sup>14</sup> As my friend Ed Tronick taught me a long time ago, the brain is a cultural organ—experience shapes the brain.

Being in tune with other members of our species via the VVC is enormously rewarding. What begins as the attuned play of mother and child continues with the rhythmicity of a good basketball game, the synchrony of tango dancing, and the harmony of choral singing or playing a piece of jazz or chamber music—all of which foster a deep sense of pleasure and connection.

We can speak of trauma when that system fails: when you beg for your life, but the assailant ignores your pleas; when you are a terrified child lying in bed, hearing your mother scream as her boyfriend beats her up; when you see your buddy trapped under a piece of metal that you're not strong enough to lift; when you want to push away the priest who is abusing you,

but you're afraid you'll be punished. Immobilization is at the root of most traumas. When that occurs the DVC is likely to take over: Your heart slows down, your breathing becomes shallow, and, zombielike, you lose touch with yourself and your surroundings. You dissociate, faint and collapse.

## DEFEND OR RELAX?

Steve Porges helped me realize that the natural state of mammals is to be somewhat on guard. However, in order to feel emotionally close to another human being, our defensive system must temporarily shut down. In order to play, mate, and nurture our young, the brain needs to turn off its natural vigilance.

Many traumatized individuals are too hypervigilant to enjoy the ordinary pleasures that life has to offer, while others are too numb to absorb new experiences—or to be alert to signs of real danger. When the smoke detectors of the brain malfunction, people no longer run when they should be trying to escape or fight back when they should be defending themselves. The landmark ACE (Adverse Childhood Experiences) study, which I'll discuss in more detail in chapter 9, showed that women who had an early history of abuse and neglect were seven times more likely to be raped in adulthood. Women who, as children, had witnessed their mothers being assaulted by their partners had a vastly increased chance to fall victim to domestic violence.<sup>15</sup>

Many people feel safe as long as they can limit their social contact to superficial conversations, but actual physical contact can trigger intense reactions. However, as Porges points out, achieving any sort of deep intimacy—a close embrace, sleeping with a mate, and sex—requires allowing oneself to experience immobilization without fear.<sup>16</sup> It is especially challenging for traumatized people to discern when they are actually safe and to be able to activate their defenses when they are in danger. This requires having experiences that can restore the sense of physical safety, a topic to which we'll return many times in the chapters that follow.

## **NEW APPROACHES TO TREATMENT**

If we understand that traumatized children and adults get stuck in fight/flight or in chronic shut-down, how do we help them to deactivate these defensive maneuvers that once ensured their survival?

Some gifted people who work with trauma survivors know how to do this intuitively. Steve Gross used to run the play program at the Trauma Center. Steve often walked around the clinic with a brightly colored beach ball, and when he saw angry or frozen kids in the waiting room, he would flash them a big smile. The kids rarely responded. Then, a little later, he would return and “accidentally” drop his ball close to where a kid was sitting. As Steve leaned over to pick it up, he’d nudge it gently toward the kid, who’d usually give a halfhearted push in return. Gradually Steve got a back-and-forth going, and before long you’d see smiles on both faces.

From simple, rhythmically attuned movements, Steve had created a small, safe place where the social-engagement system could begin to reemerge. In the same way, severely traumatized people may get more out of simply helping to arrange chairs before a meeting or joining others in tapping out a musical rhythm on the chair seats than they would from sitting in those same chairs and discussing the failures in their life.

One thing is certain: Yelling at someone who is already out of control can only lead to further dysregulation. Just as your dog cowers if you shout and wags his tail when you speak in a high singsong, we humans respond to harsh voices with fear, anger, or shutdown and to playful tones by opening up and relaxing. We simply cannot help but respond to these indicators of safety or danger.

Sadly, our educational system, as well as many of the methods that profess to treat trauma, tend to bypass this emotional-engagement system and focus instead on recruiting the cognitive capacities of the mind. Despite the well-documented effects of anger, fear, and anxiety on the ability to reason, many programs continue to ignore the need to engage the safety system of the brain before trying to promote new ways of thinking. The last things that should be cut from school schedules are chorus, physical education, recess, and anything else involving movement, play, and joyful engagement. When children are oppositional, defensive, numbed out, or enraged, it’s also important to recognize that such “bad behavior” may

repeat action patterns that were established to survive serious threats, even if they are intensely upsetting or off-putting.

Porges's work has had a profound effect on how my Trauma Center colleagues and I organize the treatment of abused children and traumatized adults. It's true that we would probably have developed a therapeutic yoga program for women at some point, given that yoga had proved so successful in helping them calm down and get in touch with their dissociated bodies. We would also have been likely to experiment with a theater program in the Boston inner-city schools, with a karate program for rape survivors called impact model mugging, and with play techniques and body modalities like sensory stimulation that have now been used with survivors around the world. (All of these and more will be explored in part 5.)

But the polyvagal theory helped us understand and explain *why* all these disparate, unconventional techniques worked so well. It enabled us to become more conscious of combining top-down approaches (to activate social engagement) with bottom-up methods (to calm the physical tensions in the body). We were more open to the value of other age-old, nonpharmacological approaches to health that have long been practiced outside Western medicine, ranging from breath exercises (pranayama) and chanting to martial arts like qigong to drumming and group singing and dancing. All rely on interpersonal rhythms, visceral awareness, and vocal and facial communication, which help shift people out of fight/flight states, reorganize their perception of danger, and increase their capacity to manage relationships.

The body keeps the score:<sup>17</sup> If the memory of trauma is encoded in the viscera, in heartbreak and gut-wrenching emotions, in autoimmune disorders and skeletal/muscular problems, and if mind/brain/visceral communication is the royal road to emotion regulation, this demands a radical shift in our therapeutic assumptions.

## CHAPTER 6

### **LOSING YOUR BODY, LOSING YOUR SELF**

Be patient toward all that is unsolved in your heart and try to love the questions themselves. . . . Live the questions now. Perhaps you will gradually, without noticing it, live along some distant day into the answer.

—Rainer Maria Rilke, *Letters to a Young Poet*

**S**herry walked into my office with her shoulders slumped, her chin nearly touching her chest. Even before we spoke a word, her body was telling me that she was afraid to face the world. I also noticed that her long sleeves only partially covered the scabs on her forearms. After sitting down, she told me in a high-pitched monotone that she couldn't stop herself from picking at the skin on her arms and chest until she bled.

As far back as Sherry could remember, her mother had run a foster home, and their house was often packed with as many as fifteen strange, disruptive, frightened, and frightening kids who disappeared as suddenly as they arrived. Sherry had grown up taking care of these transient children, feeling that there was no room for her and her needs. "I know I wasn't wanted," she told me. "I'm not sure when I first realized that, but I've thought about things that my mother said to me, and the signs were always there. She'd tell me, 'You know, I don't think you belong in this family. I think they gave us the wrong baby.' And she'd say it with a smile on her

face. But, of course, people often pretend to joke when they say something serious.”

Over the years our research team has repeatedly found that chronic emotional abuse and neglect can be just as devastating as physical abuse and sexual molestation.<sup>1</sup> Sherry turned out to be a living example of these findings: Not being seen, not being known, and having nowhere to turn to feel safe is devastating at any age, but it is particularly destructive for young children, who are still trying to find their place in the world.

Sherry had graduated from college, but she now worked in a joyless clerical job, lived alone with her cats, and had no close friends. When I asked her about men, she told me that her only “relationship” had been with a man who’d kidnapped her while she was on a college vacation in Florida. He’d held her captive and raped her repeatedly for five consecutive days. She remembered having been curled up, terrified and frozen for most of that time, until she realized she could try to get away. She escaped by simply walking out while he was in the bathroom. When she called her mother collect for help, her mother refused to take the call. Sherry finally managed to get home with assistance from a domestic violence shelter.

Sherry told me that she’d started to pick at her skin because it gave her some relief from feeling numb. The physical sensations made her feel more alive but also deeply ashamed—she knew she was addicted to these actions but could not stop them. She’d consulted many mental health professionals before me and had been questioned repeatedly about her “suicidal behavior.” She’d also been subjected to involuntary hospitalization by a psychiatrist who refused to treat her unless she could promise that she would never pick at herself again. However, in my experience, patients who cut themselves or pick at their skin like Sherry, are seldom suicidal but are trying to make themselves feel better in the only way they know.

This is a difficult concept for many people to understand. As I discussed in the previous chapter, the most common response to distress is to seek out people we like and trust to help us and give us the courage to go on. We may also calm down by engaging in a physical activity like biking or going to the gym. We start learning these ways of regulating our feelings from the first moment someone feeds us when we’re hungry, covers us when we’re cold, or rocks us when we’re hurt or scared.

But if no one has ever looked at you with loving eyes or broken out in a smile when she sees you; if no one has rushed to help you (but instead said, “Stop crying, or I’ll give you something to cry about”), then you need to discover other ways of taking care of yourself. You are likely to experiment with anything—drugs, alcohol, binge eating, or cutting—that offers some kind of relief.

While Sherry dutifully came to every appointment and answered my questions with great sincerity, I did not feel we were making the sort of vital connection that is necessary for therapy to work. Struck by how frozen and uptight she was, I suggested that she see Liz, a massage therapist I had worked with previously. During their first meeting Liz positioned Sherry on the massage table, then moved to the end of the table and gently held Sherry’s feet. Lying there with her eyes closed, Sherry suddenly yelled in a panic: “Where are you?” Somehow Sherry had lost track of Liz, even though Liz was right there, with her hands on Sherry’s feet.

Sherry was one of the first patients who taught me about the extreme disconnection from the body that so many people with histories of trauma and neglect experience. I discovered that my professional training, with its focus on understanding and insight, had largely ignored the relevance of the living, breathing body, the foundation of our selves. Sherry knew that picking her skin was a destructive thing to do and that it was related to her mother’s neglect, but understanding the source of the impulse made no difference in helping her control it.

## LOSING YOUR BODY

Once I was alerted to this, I was amazed to discover how many of my patients told me they could not feel whole areas of their bodies. Sometimes I’d ask them to close their eyes and tell me what I had put into their outstretched hands. Whether it was a car key, a quarter, or a can opener, they often could not even guess what they were holding—their sensory perceptions simply weren’t working.

I talked this over with my friend Alexander McFarlane in Australia, who had observed the same phenomenon. In his laboratory in Adelaide he had studied the question: How do we know without looking at it that we’re

holding a car key? Recognizing an object in the palm of your hand requires sensing its shape, weight, temperature, texture, and position. Each of those distinct sensory experiences is transmitted to a different part of the brain, which then needs to integrate them into a single perception. McFarlane found that people with PTSD often have trouble putting the picture together.<sup>2</sup>

When our senses become muffled, we no longer feel fully alive. In an article called “What Is an Emotion?” (1884),<sup>3</sup> William James, the father of American psychology, reported a striking case of “sensory insensibility” in a woman he interviewed: “I have . . . no human sensations,” she told him. “[I am] surrounded by all that can render life happy and agreeable, still to me the faculty of enjoyment and of feeling is wanting. . . . Each of my senses, each part of my proper self, is as it were separated from me and can no longer afford me any feeling; this impossibility seems to depend upon a void which I feel in the front of my head, and to be due to the diminution of the sensibility over the whole surface of my body, for it seems to me that I never actually reach the objects which I touch. All this would be a small matter enough, but for its frightful result, which is that of the impossibility of any other kind of feeling and of any sort of enjoyment, although I experience a need and desire of them that render my life an incomprehensible torture.”

This response to trauma raises an important question: How can traumatized people learn to integrate ordinary sensory experiences so that they can live with the natural flow of feeling and feel secure and complete in their bodies?

## HOW DO WE KNOW WE'RE ALIVE?

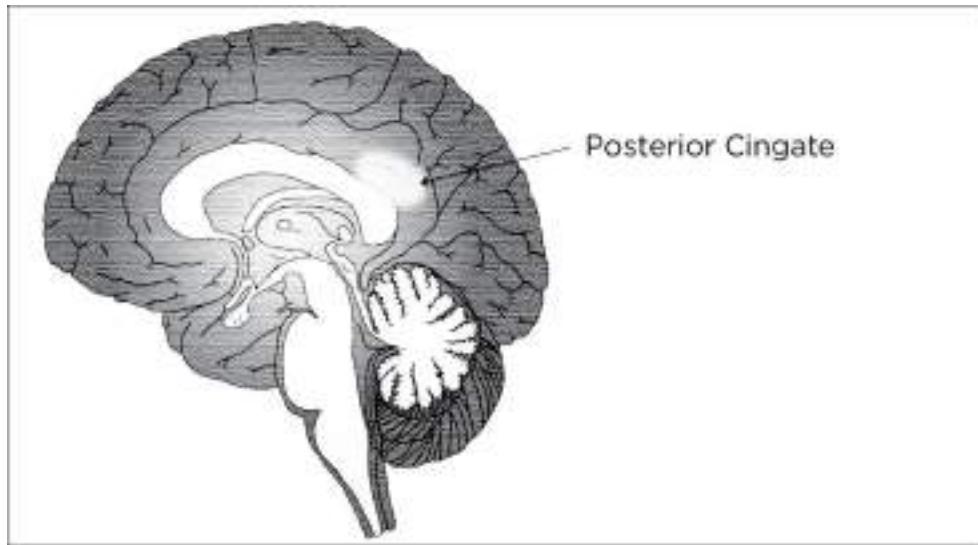
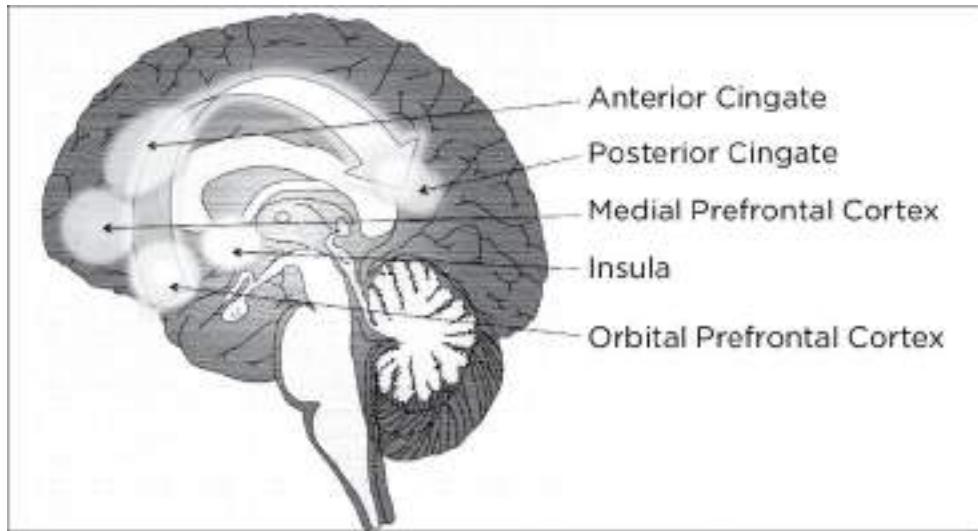
Most early neuroimaging studies of traumatized people were like those we've seen in chapter 3; they focused on how subjects reacted to specific reminders of the trauma. Then, in 2004, my colleague Ruth Lanius, who scanned Stan and Ute Lawrence's brains, posed a new question: What happens in the brains of trauma survivors when they are *not* thinking about the past? Her studies on the idling brain, the “default state network” (DSN),

opened up a whole new chapter in understanding how trauma affects self-awareness, specifically sensory self-awareness.<sup>4</sup>

Dr. Lanius recruited a group of sixteen “normal” Canadians to lie in a brain scanner while thinking about nothing in particular. This is not easy for anyone to do—as long as we are awake, our brains are churning—but she asked them to focus their attention on their breathing and try to empty their minds as much as possible. She then repeated the same experiment with eighteen people who had histories of severe, chronic childhood abuse.

What is your brain doing when you have nothing in particular on your mind? It turns out that you pay attention to yourself: The default state activates the brain areas that work together to create your sense of “self.”

When Ruth looked at the scans of her normal subjects, she found activation of DSN regions that previous researchers had described. I like to call this the Mohawk of self-awareness, the midline structures of the brain, starting out right above our eyes, running through the center of the brain all the way to the back. All these midline structures are involved in our sense of self. The largest bright region at the back of the brain is the posterior cingulate, which gives us a physical sense of where we are—our internal GPS. It is strongly connected to the medial prefrontal cortex (MPFC), the watchtower I discussed in chapter 4. (This connection doesn’t show up on the scan because the fMRI can’t measure it.) It is also connected with brain areas that register sensations coming from the rest of the body: the insula, which relays messages from the viscera to the emotional centers; the parietal lobes, which integrate sensory information; and the anterior cingulate, which coordinates emotions and thinking. All of these areas contribute to consciousness.



**Locating the self.** The Mohawk of self-awareness. Starting from the front of the brain (at right), this consists of: the orbital prefrontal cortex, the medial prefrontal cortex, the anterior cingulate, the posterior cingulate, and the insula. In individuals with histories of chronic trauma the same regions show sharply decreased activity, making it difficult to register internal states and assessing the personal relevance of incoming information.

The contrast with the scans of the eighteen chronic PTSD patients with severe early-life trauma was startling. There was almost no activation of any of the self-sensing areas of the brain: The MPFC, the anterior cingulate, the parietal cortex, and the insula did not light up at all; the only area that showed a slight activation was the posterior cingulate, which is responsible for basic orientation in space.

There could be only one explanation for such results: In response to the trauma itself, and in coping with the dread that persisted long afterward, these patients had learned to shut down the brain areas that transmit the visceral feelings and emotions that accompany and define terror. Yet in everyday life, those same brain areas are responsible for registering the entire range of emotions and sensations that form the foundation of our self-awareness, our sense of who we are. What we witnessed here was a tragic adaptation: In an effort to shut off terrifying sensations, they also deadened their capacity to feel fully alive.

The disappearance of medial prefrontal activation could explain why so many traumatized people lose their sense of purpose and direction. I used to be surprised by how often my patients asked me for advice about the most ordinary things, and then by how rarely they followed it. Now I understood that their relationship with their own inner reality was impaired. How could they make decisions, or put any plan into action, if they couldn't define what they wanted or, to be more precise, what the sensations in their bodies, the basis of all emotions, were trying to tell them?

The lack of self-awareness in victims of chronic childhood trauma is sometimes so profound that they cannot recognize themselves in a mirror. Brain scans show that this is not the result of mere inattention: The structures in charge of self-recognition may be knocked out along with the structures related to self-experience.

When Ruth Lanius showed me her study, a phrase from my classical high school education came back to me. The mathematician Archimedes, teaching about the lever, is supposed to have said: "Give me a place to stand and I will move the world." Or, as the great twentieth-century body therapist Moshe Feldenkrais put it: "You can't do what you want till you know what you're doing." The implications are clear: to feel present you have to know where you are and be aware of what is going on with you. If the self-sensing system breaks down we need to find ways to reactivate it.

## THE SELF-SENSING SYSTEM

It was fascinating to see how much Sherry benefited from her massage therapy. She felt more relaxed and adventurous in her day-to-day life and

she was also more relaxed and open with me. She became truly involved in her therapy and was genuinely curious about her behavior, thoughts, and feelings. She stopped picking at her skin, and when summer came she started to spend evenings sitting outside on her stoop, chatting with her neighbors. She even joined a church choir, a wonderful experience of group synchrony.

It was at about this time that I met Antonio Damasio at a small think tank that Dan Schacter, the chair of the psychology department at Harvard, had organized. In a series of brilliant scientific articles and books Damasio clarified the relationship among body states, emotions, and survival. A neurologist who has treated hundreds of people with various forms of brain damage, he became fascinated with consciousness and with identifying the areas of the brain necessary for knowing what you feel. He has devoted his career to mapping out what is responsible for our experience of “self.” *The Feeling of What Happens* is, for me, his most important book, and reading it was a revelation.<sup>5</sup> Damasio starts by pointing out the deep divide between our sense of self and the sensory life of our bodies. As he poetically explains, “Sometimes we use our minds not to discover facts, but to hide them. . . . One of the things the screen hides most effectively is the body, our own body, by which I mean the ins of it, its interiors. Like a veil thrown over the skin to secure its modesty, the screen partially removes from the mind the inner states of the body, those that constitute the flow of life as it wanders in the journey of each day.”<sup>6</sup>

He goes on to describe how this “screen” can work in our favor by enabling us to attend to pressing problems in the outside world. Yet it has a cost: “It tends to prevent us from sensing the possible origin and nature of what we call self.”<sup>7</sup> Building on the century-old work of William James, Damasio argues that the core of our self-awareness rests on the physical sensations that convey the inner states of the body:

[P]rimordial feelings provide a direct experience of one’s own living body, wordless, unadorned, and connected to nothing but sheer existence. These primordial feelings reflect the current state of the body along varied dimensions, . . . along the scale that ranges from pleasure to pain, and they originate at the level of the

brain stem rather than the cerebral cortex. All feelings of emotion are complex musical variations on primordial feelings.<sup>8</sup>

Our sensory world takes shape even before we are born. In the womb we feel amniotic fluid against our skin, we hear the faint sounds of rushing blood and a digestive tract at work, we pitch and roll with our mother's movements. After birth, physical sensation defines our relationship to ourselves and to our surroundings. We start off *being* our wetness, hunger, satiation, and sleepiness. A cacophony of incomprehensible sounds and images presses in on our pristine nervous system. Even after we acquire consciousness and language, our bodily sensing system provides crucial feedback on our moment-to-moment condition. Its constant hum communicates changes in our viscera and in the muscles of our face, torso, and extremities that signal pain and comfort, as well as urges such as hunger and sexual arousal. What is taking place around us also affects our physical sensations. Seeing someone we recognize, hearing particular sounds—a piece of music, a siren—or sensing a shift in temperature all change our focus of attention and, without our being aware of it, prime our subsequent thoughts and actions.

As we have seen, the job of the brain is to constantly monitor and evaluate what is going on within and around us. These evaluations are transmitted by chemical messages in the bloodstream and electrical messages in our nerves, causing subtle or dramatic changes throughout the body and brain. These shifts usually occur entirely without conscious input or awareness: The subcortical regions of the brain are astoundingly efficient in regulating our breathing, heartbeat, digestion, hormone secretion, and immune system. However, these systems can become overwhelmed if we are challenged by an ongoing threat, or even the perception of threat. This accounts for the wide array of physical problems researchers have documented in traumatized people.

Yet our conscious self also plays a vital role in maintaining our inner equilibrium: We need to register and act on our physical sensations to keep our bodies safe. Realizing we're cold compels us to put on a sweater; feeling hungry or spacey tells us our blood sugar is low and spurs us to get a snack; the pressure of a full bladder sends us to the bathroom. Damasio

points out that all of the brain structures that register background feelings are located near areas that control basic housekeeping functions, such as breathing, appetite, elimination, and sleep/wake cycles: “This is because the consequences of having emotion and attention are entirely related to the fundamental business of managing life within the organism. It is not possible to manage life and maintain homeostatic balance without data on the current state of the organism’s body.”<sup>9</sup> Damasio calls these housekeeping areas of the brain the “proto-self,” because they create the “wordless knowledge” that underlies our conscious sense of self.

## THE SELF UNDER THREAT

In 2000 Damasio and his colleagues published an article in the world’s foremost scientific publication, *Science*, which reported that reliving a strong negative emotion causes significant changes in the brain areas that receive nerve signals from the muscles, gut, and skin—areas that are crucial for regulating basic bodily functions. The team’s brain scans showed that recalling an emotional event from the past causes us to actually reexperience the visceral sensations felt during the original event. Each type of emotion produced a characteristic pattern, distinct from the others. For example, a particular part of the brain stem was “active in sadness and anger, but not in happiness or fear.”<sup>10</sup> All of these brain regions are below the limbic system, to which emotions are traditionally assigned, yet we acknowledge their involvement every time we use one of the common expressions that link strong emotions with the body: “You make me sick”; “It made my skin crawl”; “I was all choked up”; “My heart sank”; “He makes me bristle.”

The elementary self system in the brain stem and limbic system is massively activated when people are faced with the threat of annihilation, which results in an overwhelming sense of fear and terror accompanied by intense physiological arousal. To people who are reliving a trauma, nothing makes sense; they are trapped in a life-or-death situation, a state of paralyzing fear or blind rage. Mind and body are constantly aroused, as if they are in imminent danger. They startle in response to the slightest noises and are frustrated by small irritations. Their sleep is chronically disturbed,

and food often loses its sensual pleasures. This in turn can trigger desperate attempts to shut those feelings down by freezing and dissociation.<sup>[11](#)</sup>

How do people regain control when their animal brains are stuck in a fight for survival? If what goes on deep inside our animal brains dictates how we feel, and if our body sensations are orchestrated by subcortical (subconscious) brain structures, how much control over them can we actually have?

## AGENCY: OWNING YOUR LIFE

“Agency” is the technical term for the feeling of being in charge of your life: knowing where you stand, knowing that you have a say in what happens to you, knowing that you have some ability to shape your circumstances. The veterans who put their fists through drywall at the VA were trying to assert their agency—to make something happen. But they ended up feeling even more out of control, and many of these once-confident men were trapped in a cycle between frantic activity and immobility.

Agency starts with what scientists call interoception, our awareness of our subtle sensory, body-based feelings: the greater that awareness, the greater our potential to control our lives. Knowing *what* we feel is the first step to knowing *why* we feel that way. If we are aware of the constant changes in our inner and outer environment, we can mobilize to manage them. But we can’t do this unless our watchtower, the MPFC, learns to observe what is going on inside us. This is why mindfulness practice, which strengthens the MPFC, is a cornerstone of recovery from trauma.<sup>[12](#)</sup>

After I saw the wonderful movie *March of the Penguins*, I found myself thinking about some of my patients. The penguins are stoic and endearing, and it’s tragic to learn how, from time immemorial, they have trudged seventy miles inland from the sea, endured indescribable hardships to reach their breeding grounds, lost numerous viable eggs to exposure, and then, almost starving, dragged themselves back to the ocean. If penguins had our frontal lobes, they would have used their little flippers to build igloos, devised a better division of labor, and reorganized their food supplies. Many of my patients have survived trauma through tremendous

courage and persistence, only to get into the same kinds of trouble over and over again. Trauma has shut down their inner compass and robbed them of the imagination they need to create something better.

The neuroscience of selfhood and agency validates the kinds of somatic therapies that my friends Peter Levine<sup>13</sup> and Pat Ogden<sup>14</sup> have developed. I'll discuss these and other sensorimotor approaches in more detail in part V, but in essence their aim is threefold:

- to draw out the sensory information that is blocked and frozen by trauma;
- to help patients befriend (rather than suppress) the energies released by that inner experience;
- to complete the self-preserving physical actions that were thwarted when they were trapped, restrained, or immobilized by terror.

Our gut feelings signal what is safe, life sustaining, or threatening, even if we cannot quite explain why we feel a particular way. Our sensory interiority continuously sends us subtle messages about the needs of our organism. Gut feelings also help us to evaluate what is going on around us. They warn us that the guy who is approaching feels creepy, but they also convey that a room with western exposure surrounded by daylilies makes us feel serene. If you have a comfortable connection with your inner sensations—if you can trust them to give you accurate information—you will feel in charge of your body, your feelings, and your self.

However, traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves.

The more people try to push away and ignore internal warning signs, the more likely they are to take over and leave them bewildered, confused, and ashamed. People who cannot comfortably notice what is going on

inside become vulnerable to respond to any sensory shift either by shutting down or by going into a panic—they develop a fear of fear itself.

We now know that panic symptoms are maintained largely because the individual develops a fear of the bodily sensations associated with panic attacks. The attack may be triggered by something he or she knows is irrational, but fear of the sensations keeps them escalating into a full-body emergency. “Scared stiff” and “frozen in fear” (collapsing and going numb) describe precisely what terror and trauma feel like. They are its visceral foundation. The experience of fear derives from primitive responses to threat where escape is thwarted in some way. People’s lives will be held hostage to fear until that visceral experience changes.

The price for ignoring or distorting the body’s messages is being unable to detect what is truly dangerous or harmful for you and, just as bad, what is safe or nourishing. Self-regulation depends on having a friendly relationship with your body. Without it you have to rely on external regulation—from medication, drugs like alcohol, constant reassurance, or compulsive compliance with the wishes of others.

Many of my patients respond to stress not by noticing and naming it but by developing migraine headaches or asthma attacks.<sup>15</sup> Sandy, a middle-aged visiting nurse, told me she’d felt terrified and lonely as a child, unseen by her alcoholic parents. She dealt with this by becoming deferential to everybody she depended on (including me, her therapist). Whenever her husband made an insensitive remark, she would come down with an asthma attack. By the time she noticed that she couldn’t breathe, it was too late for an inhaler to be effective, and she had to be taken to the emergency room.

Suppressing our inner cries for help does not stop our stress hormones from mobilizing the body. Even though Sandy had learned to ignore her relationship problems and block out her physical distress signals, they showed up in symptoms that demanded her attention. Her therapy focused on identifying the link between her physical sensations and her emotions, and I also encouraged her to enroll in a kickboxing program. She had no emergency room visits during the three years she was my patient.

Somatic symptoms for which no clear physical basis can be found are ubiquitous in traumatized children and adults. They can include chronic back and neck pain, fibromyalgia, migraines, digestive problems, spastic

colon/irritable bowel syndrome, chronic fatigue, and some forms of asthma.<sup>16</sup> Traumatized children have fifty times the rate of asthma as their nontraumatized peers.<sup>17</sup> Studies have shown that many children and adults with fatal asthma attacks were not aware of having breathing problems before the attacks.

## ALEXITHYMIA: NO WORDS FOR FEELINGS

I had a widowed aunt with a painful trauma history who became an honorary grandmother to our children. She came on frequent visits that were marked by much doing—making curtains, rearranging kitchen shelves, sewing children’s clothes—and very little talking. She was always eager to please, but it was difficult to figure out what *she* enjoyed. After several days of exchanging pleasantries, conversation would come to a halt, and I’d have to work hard to fill the long silences. On the last day of her visits I’d drive her to the airport, where she’d give me a stiff good-bye hug while tears streamed down her face. Without a trace of irony she’d then complain that the cold wind at Logan International Airport made her eyes water. Her body felt the sadness that her mind couldn’t register—she was leaving our young family, her closest living relatives.

Psychiatrists call this phenomenon alexithymia—Greek for not having words for feelings. Many traumatized children and adults simply cannot describe what they are feeling because they cannot identify what their physical sensations mean. They may look furious but deny that they are angry; they may appear terrified but say that they are fine. Not being able to discern what is going on inside their bodies causes them to be out of touch with their needs, and they have trouble taking care of themselves, whether it involves eating the right amount at the right time or getting the sleep they need.

Like my aunt, alexithymics substitute the language of action for that of emotion. When asked, “How would you feel if you saw a truck coming at you at eighty miles per hour?” most people would say, “I’d be terrified” or “I’d be frozen with fear.” An alexithymic might reply, “How would I feel? I don’t know. . . . I’d get out of the way.”<sup>18</sup> They tend to register emotions as physical problems rather than as signals that something deserves their

attention. Instead of feeling angry or sad, they experience muscle pain, bowel irregularities, or other symptoms for which no cause can be found. About three quarters of patients with anorexia nervosa, and more than half of all patients with bulimia, are bewildered by their emotional feelings and have great difficulty describing them.<sup>19</sup> When researchers showed pictures of angry or distressed faces to people with alexithymia, they could not figure out what those people were feeling.<sup>20</sup>

One of the first people who taught me about alexithymia was the psychiatrist Henry Krystal, who worked with more than a thousand Holocaust survivors in his effort to understand massive psychic trauma.<sup>21</sup> Krystal, himself a concentration camp survivor, found that many of his patients were professionally successful, but their intimate relationships were bleak and distant. Suppressing their feelings had made it possible to attend to the business of the world, but at a price. They learned to shut down their once overwhelming emotions, and, as a result, they no longer recognized what they were feeling. Few of them had any interest in therapy.

Paul Frewen at the University of Western Ontario did a series of brain scans of people with PTSD who suffered from alexithymia. One of the participants told him: “I don’t know what I feel, it’s like my head and body aren’t connected. I’m living in a tunnel, a fog, no matter what happens it’s the same reaction—numbness, nothing. Having a bubble bath and being burned or raped is the same feeling. My brain doesn’t feel.” Frewen and his colleague Ruth Lanius found that the more people were out of touch with their feelings, the less activity they had in the self-sensing areas of the brain.<sup>22</sup>

Because traumatized people often have trouble sensing what is going on in their bodies, they lack a nuanced response to frustration. They either react to stress by becoming “spaced out” or with excessive anger. Whatever their response, they often can’t tell what is upsetting them. This failure to be in touch with their bodies contributes to their well-documented lack of self-protection and high rates of revictimization<sup>23</sup> and also to their remarkable difficulties feeling pleasure, sensuality, and having a sense of meaning.

People with alexithymia can get better only by learning to recognize the relationship between their physical sensations and their emotions, much as colorblind people can only enter the world of color by learning to

distinguish and appreciate shades of gray. Like my aunt and Henry Krystal's patients, they usually are reluctant to do that: Most seem to have made an unconscious decision that it is better to keep visiting doctors and treating ailments that don't heal than to do the painful work of facing the demons of the past.

## DEPERSONALIZATION

One step further down on the ladder to self-oblivion is depersonalization—losing your sense of yourself. Ute's brain scan in chapter 4 is, in its very blankness, a vivid illustration of depersonalization. Depersonalization is common during traumatic experiences. I was once mugged late at night in a park close to my home and, floating above the scene, saw myself lying in the snow with a small head wound, surrounded by three knife-wielding teenagers. I dissociated the pain of their stab wounds on my hands and did not feel the slightest fear as I calmly negotiated for the return of my emptied wallet.

I did not develop PTSD, partly, I think, because I was intensely curious about having an experience I had studied so closely in others, and partly because I had the delusion that I would be able make a drawing of my muggers to show to the police. Of course, they were never caught, but my fantasy of revenge must have given me a satisfying sense of agency.

Traumatized people are not so fortunate and feel separated from their bodies. One particularly good description of depersonalization comes from the German psychoanalyst Paul Schilder, writing in Berlin in 1928:<sup>24</sup> “To the depersonalized individual the world appears strange, peculiar, foreign, dream-like. Objects appear at times strangely diminished in size, at times flat. Sounds appear to come from a distance. . . . The emotions likewise undergo marked alteration. Patients complain that they are capable of experiencing neither pain nor pleasure. . . . They have become strangers to themselves.”

I was fascinated to learn that a group of neuroscientists at the University of Geneva<sup>25</sup> had induced similar out-of-body experiences by delivering mild electric current to a specific spot in the brain, the temporal parietal junction. In one patient this produced a sensation that she was

hanging from the ceiling, looking down at her body; in another it induced an eerie feeling that someone was standing behind her. This research confirms what our patients tell us: that the self can be detached from the body and live a phantom existence on its own. Similarly, Lanius and Frewen, as well as a group of researchers at the University of Groningen in the Netherlands,<sup>26</sup> did brain scans on people who dissociated their terror and found that the fear centers of the brain simply shut down as they recalled the event.

## BEFRIENDING THE BODY

Trauma victims cannot recover until they become familiar with and befriend the sensations in their bodies. Being frightened means that you live in a body that is always on guard. Angry people live in angry bodies. The bodies of child-abuse victims are tense and defensive until they find a way to relax and feel safe. In order to change, people need to become aware of their sensations and the way that their bodies interact with the world around them. Physical self-awareness is the first step in releasing the tyranny of the past.

How can people open up to and explore their internal world of sensations and emotions? In my practice I begin the process by helping my patients to first notice and then describe the feelings in their bodies—not emotions such as anger or anxiety or fear but the physical sensations beneath the emotions: pressure, heat, muscular tension, tingling, caving in, feeling hollow, and so on. I also work on identifying the sensations associated with relaxation or pleasure. I help them become aware of their breath, their gestures and movements. I ask them to pay attention to subtle shifts in their bodies, such as tightness in their chests or gnawing in their bellies, when they talk about negative events that they claim did not bother them.

Noticing sensations for the first time can be quite distressing, and it may precipitate flashbacks in which people curl up or assume defensive postures. These are somatic reenactments of the undigested trauma and most likely represent the postures they assumed when the trauma occurred. Images and physical sensations may deluge patients at this point, and the

therapist must be familiar with ways to stem torrents of sensation and emotion to prevent them from becoming retraumatized by accessing the past. (Schoolteachers, nurses, and police officers are often very skilled at soothing terror reactions because many of them are confronted almost daily with out-of-control or painfully disorganized people.)

All too often, however, drugs such as Abilify, Zyprexa, and Seroquel, are prescribed instead of teaching people the skills to deal with such distressing physical reactions. Of course, medications only blunt sensations and do nothing to resolve them or transform them from toxic agents into allies.

The most natural way for human beings to calm themselves when they are upset is by clinging to another person. This means that patients who have been physically or sexually violated face a dilemma: They desperately crave touch while simultaneously being terrified of body contact. The mind needs to be reeducated to feel physical sensations, and the body needs to be helped to tolerate and enjoy the comforts of touch. Individuals who lack emotional awareness are able, with practice, to connect their physical sensations to psychological events. Then they can slowly reconnect with themselves.<sup>27</sup>

## **CONNECTING WITH YOURSELF, CONNECTING WITH OTHERS**

I'll end this chapter with one final study that demonstrates the cost of losing your body. After Ruth Lanius and her group scanned the idling brain, they focused on another question from everyday life: What happens in chronically traumatized people when they make face-to-face contact?

Many patients who come to my office are unable to make eye contact. I immediately know how distressed they are by their difficulty meeting my gaze. It always turns out that they feel disgusting and that they can't stand having me see how despicable they are. It never occurred to me that these intense feelings of shame would be reflected in abnormal brain activation. Ruth Lanius once again showed that mind and brain are indistinguishable—what happens in one is registered in the other.

Ruth bought an expensive device that presents a video character to a person lying in a scanner. (In this case, the cartoon resembled a kindly Richard Gere.) The figure can approach either head on (looking directly at the person) or at a forty-five-degree angle with an averted gaze. This made it possible to compare the effects of direct eye contact on brain activation with those of an averted gaze.<sup>28</sup>

The most striking difference between normal controls and survivors of chronic trauma was in activation of the prefrontal cortex in response to a direct eye gaze. The prefrontal cortex (PFC) normally helps us to assess the person coming toward us, and our mirror neurons help to pick up his intentions. However, the subjects with PTSD did not activate any part of their frontal lobe, which means they could not muster any curiosity about the stranger. They just reacted with intense activation deep inside their emotional brains, in the primitive areas known as the Periaqueductal Gray, which generates startle, hypervigilance, cowering, and other self-protective behaviors. There was no activation of any part of the brain involved in social engagement. In response to being looked at they simply went into survival mode.

What does this mean for their ability to make friends and get along with others? What does it mean for their therapy? Can people with PTSD trust a therapist with their deepest fears? To have genuine relationships you have to be able to experience others as separate individuals, each with his or her particular motivations and intentions. While you need to be able to stand up for yourself, you also need to recognize that other people have their own agendas. Trauma can make all that hazy and gray.

PART THREE

**THE MINDS OF**

**CHILDREN**

## CHAPTER 7

### **GETTING ON THE SAME WAVELENGTH: ATTACHMENT AND ATTUNEMENT**

The roots of resilience . . . are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other.

—Diana Fosha

The Children's Clinic at the Massachusetts Mental Health Center was filled with disturbed and disturbing kids. They were wild creatures who could not sit still and who hit and bit other children, and sometimes even the staff. They would run up to you and cling to you one moment and run away, terrified, the next. Some masturbated compulsively; others lashed out at objects, pets, and themselves. They were at once starving for affection and angry and defiant. The girls in particular could be painfully compliant. Whether oppositional or clingy, none of them seemed able to explore or play in ways typical for children their age. Some of them had hardly developed a sense of self—they couldn't even recognize themselves in a mirror.

At the time, I knew very little about children, apart from what my two preschoolers were teaching me. But I was fortunate in my colleague Nina Fish-Murray, who had studied with Jean Piaget in Geneva, in addition to

raising five children of her own. Piaget based his theories of child development on meticulous, direct observation of children themselves, starting with his own infants, and Nina brought this spirit to the incipient Trauma Center at MMHC.

Nina was married to the former chairman of the Harvard psychology department, Henry Murray, one of the pioneers of personality theory, and she actively encouraged any junior faculty members who shared her interests. She was fascinated by my stories about combat veterans because they reminded her of the troubled kids she worked with in the Boston public schools. Nina's privileged position and personal charm gave us access to the Children's Clinic, which was run by child psychiatrists who had little interest in trauma.

Henry Murray had, among other things, become famous for designing the widely used Thematic Apperception Test. The TAT is a so-called projective test, which uses a set of cards to discover how people's inner reality shapes their view of the world. Unlike the Rorschach cards we used with the veterans, the TAT cards depict realistic but ambiguous and somewhat troubling scenes: a man and a woman gloomily staring away from each other, a boy looking at a broken violin. Subjects are asked to tell stories about what is going on in the photo, what has happened previously, and what happens next. In most cases their interpretations quickly reveal the themes that preoccupy them.

Nina and I decided to create a set of test cards specifically for children, based on pictures we cut out of magazines in the clinic waiting room. Our first study compared twelve six- to eleven-year-olds at the children's clinic with a group of children from a nearby school who matched them as closely as possible in age, race, intelligence, and family constellation.<sup>1</sup> What differentiated our patients was the abuse they had suffered within their families. They included a boy who was severely bruised from repeated beatings by his mother; a girl whose father had molested her at the age of four; two boys who had been repeatedly tied to a chair and whipped; and a girl who, at the age of five, had seen her mother (a prostitute) raped, dismembered, burned, and put into the trunk of a car. The mother's pimp was suspected of sexually abusing the girl.

The children in our control group also lived in poverty in a depressed area of Boston where they regularly witnessed shocking violence. While the study was being conducted, one boy at their school threw gasoline at a classmate and set him on fire. Another boy was caught in crossfire while walking to school with his father and a friend. He was wounded in the groin, and his friend was killed. Given their exposure to such a high baseline level of violence, would their responses to the cards differ from those of the hospitalized children?

One of our cards depicted a family scene: two smiling kids watching dad repair a car. Every child who looked at it commented on the danger to the man lying underneath the vehicle. While the control children told stories with benign endings—the car would get fixed, and maybe dad and the kids would drive to McDonald's—the traumatized kids came up with gruesome tales. One girl said that the little girl in the picture was about to smash in her father's skull with a hammer. A nine-year-old boy who had been severely physically abused told an elaborate story about how the boy in the picture kicked away the jack, so that the car mangled his father's body and his blood spurted all over the garage.



As they told us these stories, our patients got very excited and disorganized. We had to take considerable time out at the water cooler and going for walks before we could show them the next card. It was little wonder that almost all of them had been diagnosed with ADHD, and most were on Ritalin—though the drug certainly didn't seem to dampen their arousal in this situation.

The abused kids gave similar responses to a seemingly innocuous picture of a pregnant woman silhouetted against a window. When we showed it to the seven-year-old girl who'd been sexually abused at age four, she talked about penises and vaginas and repeatedly asked Nina questions like "How many people have you humped?" Like several of the other sexually abused girls in the study, she became so agitated that we had to stop. A seven-year-old girl from the control group picked up the wistful mood of the picture: Her story was about a widowed lady sadly looking out the window, missing her husband. But in the end, the lady found a loving man to be a good father to her baby.



In card after card we saw that, despite their alertness to trouble, the children who had not been abused still trusted in an essentially benign universe; they could imagine ways out of bad situations. They seemed to feel protected and safe within their own families. They also felt loved by at least one of their parents, which seemed to make a substantial difference in their eagerness to engage in schoolwork and to learn.

The responses of the clinic children were alarming. The most innocent images stirred up intense feelings of danger, aggression, sexual arousal, and terror. We had not selected these photos because they had some hidden meaning that sensitive people could uncover; they were ordinary images of everyday life. We could only conclude that for abused children, the whole world is filled with triggers. As long as they can imagine only disastrous

outcomes to relatively benign situations, anybody walking into a room, any stranger, any image, on a screen or on a billboard might be perceived as a harbinger of catastrophe. In this light the bizarre behavior of the kids at the children's clinic made perfect sense.<sup>2</sup>

To my amazement, staff discussions on the unit rarely mentioned the horrific real-life experiences of the children and the impact of those traumas on their feelings, thinking, and self-regulation. Instead, their medical records were filled with diagnostic labels: "conduct disorder" or "oppositional defiant disorder" for the angry and rebellious kids; or "bipolar disorder." ADHD was a "comorbid" diagnosis for almost all. Was the underlying trauma being obscured by this blizzard of diagnoses?

Now we faced two big challenges. One was to learn whether the different worldview of normal children could account for their resilience and, on a deeper level, how each child actually creates her map of the world. The other, equally crucial, question was: Is it possible to help the minds and brains of brutalized children to redraw their inner maps and incorporate a sense of trust and confidence in the future?

## MEN WITHOUT MOTHERS

The scientific study of the vital relationship between infants and their mothers was started by upper-class Englishmen who were torn from their families as young boys to be sent off to boarding schools, where they were raised in regimented same-sex settings. The first time I visited the famed Tavistock Clinic in London I noticed a collection of black-and-white photographs of these great twentieth-century psychiatrists hanging on the wall going up the main staircase: John Bowlby, Wilfred Bion, Harry Guntrip, Ronald Fairbairn, and Donald Winnicott. Each of them, in his own way, had explored how our early experiences become prototypes for all our later connections with others, and how our most intimate sense of self is created in our minute-to-minute exchanges with our caregivers.

Scientists study what puzzles them most, so that they often become experts in subjects that others take for granted. (Or, as the attachment researcher Beatrice Beebe once told me, "most research is me-search.") These men who studied the role of mothers in children's lives had

themselves been sent off to school at a vulnerable age, sometime between six and ten, long before they should have faced the world alone. Bowlby himself told me that just such boarding-school experiences probably inspired George Orwell's novel *1984*, which brilliantly expresses how human beings may be induced to sacrifice everything they hold dear and true—including their sense of self—for the sake of being loved and approved of by someone in a position of authority.

Since Bowlby was close friends with the Murrays, I had a chance to talk with him about his work whenever he visited Harvard. He was born into an aristocratic family (his father was surgeon to the King's household), and he trained in psychology, medicine, and psychoanalysis at the temples of the British establishment. After attending Cambridge University, he worked with delinquent boys in London's East End, a notoriously rough and crime-ridden neighborhood that was largely destroyed during the Blitz. During and after his service in World War II, he observed the effects of wartime evacuations and group nurseries that separated young children from their families. He also studied the effect of hospitalization, showing that even brief separations (parents back then were not allowed to visit overnight) compounded the children's suffering. By the late 1940s Bowlby had become *persona non grata* in the British psychoanalytic community, as a result of his radical claim that children's disturbed behavior was a response to actual life experiences—to neglect, brutality, and separation—rather than the product of infantile sexual fantasies. Undaunted, he devoted the rest of his life to developing what came to be called attachment theory.<sup>3</sup>

## A SECURE BASE

As we enter this world we scream to announce our presence. Someone immediately engages with us, bathes us, swaddles us, and fills our stomachs, and, best of all, our mother may put us on her belly or breast for delicious skin-to-skin contact. We are profoundly social creatures; our lives consist of finding our place within the community of human beings. I love the expression of the great French psychiatrist Pierre Janet: "Every life is a piece of art, put together with all means available."

As we grow up, we gradually learn to take care of ourselves, both physically and emotionally, but we get our first lessons in self-care from the way that we are cared *for*. Mastering the skill of self-regulation depends to a large degree on how harmonious our early interactions with our caregivers are. Children whose parents are reliable sources of comfort and strength have a lifetime advantage—a kind of buffer against the worst that fate can hand them.

John Bowlby realized that children are captivated by faces and voices and are exquisitely sensitive to facial expression, posture, tone of voice, physiological changes, tempo of movement and incipient action. He saw this inborn capacity as a product of evolution, essential to the survival of these helpless creatures. Children are also programmed to choose one particular adult (or at most a few) with whom their natural communication system develops. This creates a primary attachment bond. The more responsive the adult is to the child, the deeper the attachment and the more likely the child will develop healthy ways of responding to the people around him.

Bowlby would often visit Regent's Park in London, where he would make systematic observations of the interactions between children and their mothers. While the mothers sat quietly on park benches, knitting or reading the paper, the kids would wander off to explore, occasionally looking over their shoulders to ascertain that Mum was still watching. But when a neighbor stopped by and absorbed his mother's interest with the latest gossip, the kids would run back and stay close, making sure he still had her attention. When infants and young children notice that their mothers are not fully engaged with them, they become nervous. When their mothers disappear from sight, they may cry and become inconsolable, but as soon as their mothers return, they quiet down and resume their play.

Bowlby saw attachment as the secure base from which a child moves out into the world. Over the subsequent five decades research has firmly established that having a safe haven promotes self-reliance and instills a sense of sympathy and helpfulness to others in distress. From the intimate give-and-take of the attachment bond children learn that other people have feelings and thoughts that are both similar to and different from theirs. In other words, they get “in sync” with their environment and with the people around them and develop the self-awareness, empathy, impulse control, and

self-motivation that make it possible to become contributing members of the larger social culture. These qualities were painfully missing in the kids at our Children's Clinic.

## THE DANCE OF ATTUNEMENT

Children become attached to whoever functions as their primary caregiver. But the nature of that attachment—whether it is secure or insecure—makes a huge difference over the course of a child's life. Secure attachment develops when caregiving includes emotional attunement. Attunement starts at the most subtle physical levels of interaction between babies and their caretakers, and it gives babies the feeling of being met and understood. As Edinburgh-based attachment researcher Colwyn Trevarthen says: "The brain coordinates rhythmic body movements and guides them to act in sympathy with other people's brains. Infants hear and learn musicality from their mother's talk, even before birth."<sup>4</sup>

In chapter 4 I described the discovery of mirror neurons, the brain-to-brain links that give us our capacity for empathy. Mirror neurons start functioning as soon as babies are born. When researcher Andrew Meltzoff at the University of Oregon pursed his lips or stuck out his tongue at six-hour-old babies, they promptly mirrored his actions.<sup>5</sup> (Newborns can focus their eyes only on objects within eight to twelve inches—just enough see the person who is holding them). Imitation is our most fundamental social skill. It assures that we automatically pick up and reflect the behavior of our parents, teachers, and peers.

Most parents relate to their babies so spontaneously that they are barely aware of how attunement unfolds. But an invitation from a friend, the attachment researcher Ed Tronick, gave me the chance to observe that process more closely. Through a one-way mirror at Harvard's Laboratory of Human Development, I watched a mother playing with her two-month-old son, who was propped in an infant seat facing her.

They were cooing to each other and having a wonderful time—until the mother leaned in to nuzzle him and the baby, in his excitement, yanked on her hair. The mother was caught unawares and yelled with pain, pushing away his hand while her face contorted with anger. The baby let go

immediately, and they pulled back physically from each other. For both of them the source of delight had become a source of distress. Obviously frightened, the baby brought his hands up to his face to block out the sight of his angry mother. The mother, in turn, realizing that her baby was upset, refocused on him, making soothing sounds in an attempt to smooth things over. The infant still had his eyes covered, but his craving for connection soon reemerged. He started peeking out to see if the coast was clear, while his mother reached toward him with a concerned expression. As she started to tickle his belly, he dropped his arms and broke into a happy giggle, and harmony was reestablished. Infant and mother were attuned again. This entire sequence of delight, rupture, repair, and new delight took slightly less than twelve seconds.

Tronick and other researchers have now shown that when infants and caregivers are in sync on an emotional level, they're also in sync physically.<sup>6</sup> Babies can't regulate their own emotional states, much less the changes in heart rate, hormone levels, and nervous-system activity that accompany emotions. When a child is in sync with his caregiver, his sense of joy and connection is reflected in his steady heartbeat and breathing and a low level of stress hormones. His body is calm; so are his emotions. The moment this music is disrupted—as it often is in the course of a normal day—all these physiological factors change as well. You can tell equilibrium has been restored when the physiology calms down.

We soothe newborns, but parents soon start teaching their children to tolerate higher levels of arousal, a job that is often assigned to fathers. (I once heard the psychologist John Gottman say, “Mothers stroke, and fathers poke.”) Learning how to manage arousal is a key life skill, and parents must do it for babies before babies can do it for themselves. If that gnawing sensation in his belly makes a baby cry, the breast or bottle arrives. If he's scared, someone holds and rocks him until he calms down. If his bowels erupt, someone comes to make him clean and dry. Associating intense sensations with safety, comfort, and mastery is the foundation of self-regulation, self-soothing, and self-nurture, a theme to which I return throughout this book.

A secure attachment combined with the cultivation of competency builds an *internal locus of control*, the key factor in healthy coping

throughout life.<sup>7</sup> Securely attached children learn what makes them feel good; they discover what makes them (and others) feel bad, and they acquire a sense of agency: that their actions can change how they feel and how others respond. Securely attached kids learn the difference between situations they can control and situations where they need help. They learn that they can play an active role when faced with difficult situations. In contrast, children with histories of abuse and neglect learn that their terror, pleading, and crying do not register with their caregiver. Nothing they can do or say stops the beating or brings attention and help. In effect they're being conditioned to give up when they face challenges later in life.

## BECOMING REAL

Bowlby's contemporary, the pediatrician and psychoanalyst Donald Winnicott, is the father of modern studies of attunement. His minute observations of mothers and children started with the way mothers hold their babies. He proposed that these physical interactions lay the groundwork for a baby's sense of self—and, with that, a lifelong sense of identity. The way a mother holds her child underlies "the ability to feel the body as the place where the psyche lives."<sup>8</sup> This visceral and kinesthetic sensation of how our bodies are met lays the foundation for what we experience as "real."<sup>9</sup>

Winnicott thought that the vast majority of mothers did just fine in their attunement to their infants—it does not require extraordinary talent to be what he called a "good enough mother."<sup>10</sup> But things can go seriously wrong when mothers are unable to tune in to their baby's physical reality. If a mother cannot meet her baby's impulses and needs, "the baby learns to become the mother's idea of what the baby is." Having to discount its inner sensations, and trying to adjust to its caregiver's needs, means the child perceives that "something is wrong" with the way it is. Children who lack physical attunement are vulnerable to shutting down the direct feedback from their bodies, the seat of pleasure, purpose, and direction.

In the years since Bowlby's and Winnicott's ideas were introduced, attachment research around the world has shown that the vast majority of children are securely attached. When they grow up, their history of reliable,

responsive caregiving will help to keep fear and anxiety at bay. Barring exposure to some overwhelming life event—trauma—that breaks down the self-regulatory system, they will maintain a fundamental state of emotional security throughout their lives. Secure attachment also forms a template for children’s relationships. They pick up what others are feeling and early on learn to tell a game from reality, and they develop a good nose for phony situations or dangerous people. Securely attached children usually become pleasant playmates and have lots of self-affirming experiences with their peers. Having learned to be in tune with other people, they tend to notice subtle changes in voices and faces and to adjust their behavior accordingly. They learn to live within a shared understanding of the world and are likely to become valued members of the community.

This upward spiral can, however, be reversed by abuse or neglect. Abused kids are often very sensitive to changes in voices and faces, but they tend to respond to them as threats rather than as cues for staying in sync. Dr. Seth Pollak of the University of Wisconsin showed a series of faces to a group of normal eight-year-olds and compared their responses with those of a group of abused children the same age. Looking at this spectrum of angry to sad expressions, the abused kids were hyperalert to the slightest features of anger.<sup>11</sup>



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This is one reason abused children so easily become defensive or scared. Imagine what it’s like to make your way through a sea of faces in the school corridor, trying to figure out who might assault you. Children who overreact to their peers’ aggression, who don’t pick up on other kids’ needs, who easily shut down or lose control of their impulses, are likely to be shunned and left out of sleepovers or play dates. Eventually they may learn to cover up their fear by putting up a tough front. Or they may spend more and more time alone, watching TV or playing computer games, falling even further behind on interpersonal skills and emotional self-regulation.

The need for attachment never lessens. Most human beings simply cannot tolerate being disengaged from others for any length of time. People who cannot connect through work, friendships, or family usually find other ways of bonding, as through illnesses, lawsuits, or family feuds. Anything is preferable to that godforsaken sense of irrelevance and alienation.

A few years ago, on Christmas Eve, I was called to examine a fourteen-year-old boy at the Suffolk County Jail. Jack had been arrested for breaking into the house of neighbors who were away on vacation. The burglar alarm was howling when the police found him in the living room.

The first question I asked Jack was who he expected would visit him in jail on Christmas. “Nobody,” he told me. “Nobody ever pays attention to me.” It turned out that he had been caught during break-ins numerous times before. He knew the police, and they knew him. With delight in his voice, he told me that when the cops saw him standing in the middle of the living room, they yelled, “Oh my God, it’s Jack again, that little motherfucker.” Somebody recognized him; somebody knew his name. A little while later Jack confessed, “You know, that is what makes it worthwhile.” Kids will go to almost any length to feel seen and connected.

## LIVING WITH THE PARENTS YOU HAVE

Children have a biological instinct to attach—they have no choice. Whether their parents or caregivers are loving and caring or distant, insensitive, rejecting, or abusive, children will develop a coping style based on their attempt to get at least some of their needs met.

We now have reliable ways to assess and identify these coping styles, thanks largely to the work of two American scientists, Mary Ainsworth and Mary Main, and their colleagues, who conducted thousands of hours of observation of mother-infant pairs over many years. Based on these studies, Ainsworth created a research tool called the Strange Situation, which looks at how an infant reacts to temporary separation from the mother. Just as Bowlby had observed, securely attached infants are distressed when their mother leaves them, but they show delight when she returns, and after a brief check-in for reassurance, they settle down and resume their play.

But with infants who are insecurely attached, the picture is more complex. Children whose primary caregiver is unresponsive or rejecting learn to deal with their anxiety in two distinct ways. The researchers noticed that some seemed chronically upset and demanding with their mothers, while others were more passive and withdrawn. In both groups contact with the mothers failed to settle them down—they did not return to play contentedly, as happens in secure attachment.

In one pattern, called “avoidant attachment,” the infants look like nothing really bothers them—they don’t cry when their mother goes away and they ignore her when she comes back. However, this does not mean that they are unaffected. In fact, their chronically increased heart rates show that they are in a constant state of hyperarousal. My colleagues and I call this pattern “dealing but not feeling.”<sup>12</sup> Most mothers of avoidant infants seem to dislike touching their children. They have trouble snuggling and holding them, and they don’t use their facial expressions and voices to create pleasurable back-and-forth rhythms with their babies.

In another pattern, called “anxious” or “ambivalent” attachment, the infants constantly draw attention to themselves by crying, yelling, clinging, or screaming: They are “feeling but not dealing.”<sup>13</sup> They seem to have concluded that unless they make a spectacle, nobody is going to pay attention to them. They become enormously upset when they do not know where their mother is but derive little comfort from her return. And even though they don’t seem to enjoy her company, they stay passively or angrily focused on her, even in situations when other children would rather play.<sup>14</sup>

Attachment researchers think that the three “organized” attachment strategies (secure, avoidant, and anxious) work because they elicit the best care a particular caregiver is capable of providing. Infants who encounter a consistent pattern of care—even if it’s marked by emotional distance or insensitivity—can adapt to maintain the relationship. That does not mean that there are no problems: Attachment patterns often persist into adulthood. Anxious toddlers tend to grow into anxious adults, while avoidant toddlers are likely to become adults who are out of touch with their own feelings and those of others. (As in, “There’s nothing wrong with a good spanking. I got hit and it made me the success I am today.”) In school avoidant children are likely to bully other kids, while the anxious children are often their

victims.<sup>15</sup> However, development is not linear, and many life experiences can intervene to change these outcomes.

But there is another group that is less stably adapted, a group that makes up the bulk of the children we treat and a substantial proportion of the adults who are seen in psychiatric clinics. Some twenty years ago, Mary Main and her colleagues at Berkeley began to identify a group of children (about 15 percent of those they studied) who seemed to be unable to figure out how to engage with their caregivers. The critical issue turned out to be that the caregivers themselves were a source of distress or terror to the children.<sup>16</sup>

Children in this situation have no one to turn to, and they are faced with an unsolvable dilemma; their mothers are simultaneously necessary for survival and a source of fear.<sup>17</sup> They “can neither approach (the secure and ambivalent ‘strategies’), shift [their] attention (the avoidant ‘strategy’), nor flee.”<sup>18</sup> If you observe such children in a nursery school or attachment laboratory, you see them look toward their parents when they enter the room and then quickly turn away. Unable to choose between seeking closeness and avoiding the parent, they may rock on their hands and knees, appear to go into a trance, freeze with their arms raised, or get up to greet their parent and then fall to the ground. Not knowing who is safe or whom they belong to, they may be intensely affectionate with strangers or may trust nobody. Main called this pattern “disorganized attachment.” Disorganized attachment is “fright without solution.”<sup>19</sup>

## BECOMING DISORGANIZED WITHIN

Conscientious parents often become alarmed when they discover attachment research, worrying that their occasional impatience or their ordinary lapses in attunement may permanently damage their kids. In real life there are bound to be misunderstandings, inept responses, and failures of communication. Because mothers and fathers miss cues or are simply preoccupied with other matters, infants are frequently left to their own devices to discover how they can calm themselves down. Within limits this is not a problem. Kids need to learn to handle frustrations and disappointments. With “good enough” caregivers, children learn that broken

connections can be repaired. The critical issue is whether they can incorporate a feeling of being viscerally safe with their parents or other caregivers.<sup>20</sup>

In a study of attachment patterns in over two thousand infants in “normal” middle-class environments, 62 percent were found to be secure, 15 percent avoidant, 9 percent anxious (also known as ambivalent), and 15 percent disorganized.<sup>21</sup> Interestingly, this large study showed that the child’s gender and basic temperament have little effect on attachment style; for example, children with “difficult” temperaments are not more likely to develop a disorganized style. Kids from lower socioeconomic groups are more likely to be disorganized,<sup>22</sup> with parents often severely stressed by economic and family instability.

Children who don’t feel safe in infancy have trouble regulating their moods and emotional responses as they grow older. By kindergarten, many disorganized infants are either aggressive or spaced out and disengaged, and they go on to develop a range of psychiatric problems.<sup>23</sup> They also show more physiological stress, as expressed in heart rate, heart rate variability,<sup>24</sup> stress hormone responses, and lowered immune factors.<sup>25</sup> Does this kind of biological dysregulation automatically reset to normal as a child matures or is moved to a safe environment? So far as we know, it does not.

Parental abuse is not the only cause of disorganized attachment: Parents who are preoccupied with their own trauma, such as domestic abuse or rape or the recent death of a parent or sibling, may also be too emotionally unstable and inconsistent to offer much comfort and protection.<sup>26,27</sup> While all parents need all the help they can get to help raise secure children, traumatized parents, in particular, need help to be attuned to their children’s needs.

Caregivers often don’t realize that they are out of tune. I vividly remember a videotape Beatrice Beebe showed me.<sup>28</sup> It featured a young mother playing with her three-month-old infant. Everything was going well until the baby pulled back and turned his head away, signaling that he needed a break. But the mother did not pick up on his cue, and she intensified her efforts to engage him by bringing her face closer to his and increasing the volume of her voice. When he recoiled even more, she kept bouncing and poking him. Finally he started to scream, at which point the

mother put him down and walked away, looking crestfallen. She obviously felt terrible, but she had simply missed the relevant cues. It's easy to imagine how this kind of misattunement, repeated over and over again, can gradually lead to a chronic disconnection. (Anyone who's raised a colicky or hyperactive baby knows how quickly stress rises when nothing seems to make a difference.) Chronically failing to calm her baby down and establish an enjoyable face-to-face interaction, the mother is likely to come to perceive him as a difficult child who makes her feel like a failure, and give up on trying to comfort her child.

In practice it often is difficult to distinguish the problems that result from disorganized attachment from those that result from trauma: They are often intertwined. My colleague Rachel Yehuda studied rates of PTSD in adult New Yorkers who had been assaulted or raped.<sup>29</sup> Those whose mothers were Holocaust survivors with PTSD had a significantly higher rate of developing serious psychological problems after these traumatic experiences. The most reasonable explanation is that their upbringing had left them with a vulnerable physiology, making it difficult for them to regain their equilibrium after being violated. Yehuda found a similar vulnerability in the children of pregnant women who were in the World Trade Center that fatal day in 2001.<sup>30</sup>

Similarly, the reactions of children to painful events are largely determined by how calm or stressed their parents are. My former student Glenn Saxe, now chairman of the Department of Child and Adolescent Psychiatry at NYU, showed that when children were hospitalized for treatment of severe burns, the development of PTSD could be predicted by how safe they felt with their mothers.<sup>31</sup> The security of their attachment to their mothers predicted the amount of morphine that was required to control their pain—the more secure the attachment, the less painkiller was needed.

Another colleague, Claude Chemtob, who directs the Family Trauma Research Program at NYU Langone Medical Center, studied 112 New York City children who had directly witnessed the terrorist attacks on 9/11.<sup>32</sup> Children whose mothers were diagnosed with PTSD or depression during follow-up were six times more likely to have significant emotional problems and eleven times more likely to be hyperaggressive in response to their experience. Children whose fathers had PTSD showed behavioral

problems as well, but Chemtob discovered that this effect was indirect and was transmitted via the mother. (Living with an irascible, withdrawn, or terrified spouse is likely to impose a major psychological burden on the partner, including depression.)

If you have no internal sense of security, it is difficult to distinguish between safety and danger. If you feel chronically numbed out, potentially dangerous situations may make you feel alive. If you conclude that you must be a terrible person (because why else would your parents have you treated that way?), you start expecting other people to treat you horribly. You probably deserve it, and anyway, there is nothing you can do about it. When disorganized people carry self-perceptions like these, they are set up to be traumatized by subsequent experiences.<sup>33</sup>

## **THE LONG-TERM EFFECTS OF DISORGANIZED ATTACHMENT**

In the early 1980s my colleague Karlen Lyons-Ruth, a Harvard attachment researcher, began to videotape face-to-face interactions between mothers and their infants at six months, twelve months and eighteen months. She taped them again when the children were five years old and once more when they were seven or eight.<sup>34</sup> All were from high-risk families: 100 percent met federal poverty guidelines, and almost half the mothers were single parents.

Disorganized attachment showed up in two different ways: One group of mothers seemed to be too preoccupied with their own issues to attend to their infants. They were often intrusive and hostile; they alternated between rejecting their infants and acting as if they expected them to respond to *their* needs. Another group of mothers seemed helpless and fearful. They often came across as sweet or fragile, but they didn't know how to be the adult in the relationship and seemed to want their children to comfort them. They failed to greet their children after having been away and did not pick them up when the children were distressed. The mothers didn't seem to be doing these things deliberately—they simply didn't know how to be attuned to their kids and respond to their cues and thus failed to comfort and reassure them. The hostile/intrusive mothers were more likely to have childhood

histories of physical abuse and/or of witnessing domestic violence, while the withdrawn/dependent mothers were more likely to have histories of sexual abuse or parental loss (but not physical abuse).<sup>35</sup>

I have always wondered how parents come to abuse their kids. After all, raising healthy offspring is at the very core of our human sense of purpose and meaning. What could drive parents to deliberately hurt or neglect their children? Karlen's research provided me with one answer: Watching her videos, I could see the children becoming more and more inconsolable, sullen, or resistant to their misattuned mothers. At the same time, the mothers became increasingly frustrated, defeated, and helpless in their interactions. Once the mother comes to see the child not as her partner in an attuned relationship but as a frustrating, enraging, disconnected stranger, the stage is set for subsequent abuse.

About eighteen years later, when these kids were around twenty years old, Lyons-Ruth did a follow-up study to see how they were coping. Infants with seriously disrupted emotional communication patterns with their mothers at eighteen months grew up to become young adults with an unstable sense of self, self-damaging impulsivity (including excessive spending, promiscuous sex, substance abuse, reckless driving, and binge eating), inappropriate and intense anger, and recurrent suicidal behavior.

Karlen and her colleagues had expected that hostile/intrusive behavior on the part of the mothers would be the most powerful predictor of mental instability in their adult children, but they discovered otherwise. Emotional withdrawal had the most profound and long-lasting impact. Emotional distance and role reversal (in which mothers expected the kids to look after them) were specifically linked to aggressive behavior against self and others in the young adults.

## **DISSOCIATION: KNOWING AND NOT KNOWING**

Lyons-Ruth was particularly interested in the phenomenon of dissociation, which is manifested in feeling lost, overwhelmed, abandoned, and disconnected from the world and in seeing oneself as unloved, empty, helpless, trapped, and weighed down. She found a "striking and unexpected" relationship between maternal disengagement and

misattunement during the first two years of life and dissociative symptoms in early adulthood. Lyons-Ruth concludes that infants who are not truly seen and known by their mothers are at high risk to grow into adolescents who are unable to know and to see.”<sup>36</sup>

Infants who live in secure relationships learn to communicate not only their frustrations and distress but also their emerging selves—their interests, preferences, and goals. Receiving a sympathetic response cushions infants (and adults) against extreme levels of frightened arousal. But if your caregivers ignore your needs, or resent your very existence, you learn to anticipate rejection and withdrawal. You cope as well as you can by blocking out your mother’s hostility or neglect and act as if it doesn’t matter, but your body is likely to remain in a state of high alert, prepared to ward off blows, deprivation, or abandonment. Dissociation means simultaneously knowing and not knowing.<sup>37</sup>

Bowlby wrote: “What cannot be communicated to the [m]other cannot be communicated to the self.”<sup>38</sup> If you cannot tolerate what you know or feel what you feel, the only option is denial and dissociation.<sup>39</sup> Maybe the most devastating long-term effect of this shutdown is not feeling real inside, a condition we saw in the kids in the Children’s Clinic and that we see in the children and adults who come to the Trauma Center. When you don’t feel real nothing matters, which makes it impossible to protect yourself from danger. Or you may resort to extremes in an effort to feel *something*—even cutting yourself with a razor blade or getting into fistfights with strangers.

Karlen’s research showed that dissociation is learned early: Later abuse or other traumas did not account for dissociative symptoms in young adults.<sup>40</sup> Abuse and trauma accounted for many other problems, but not for chronic dissociation or aggression against self. The critical underlying issue was that these patients didn’t know how to feel safe. Lack of safety within the early caregiving relationship led to an impaired sense of inner reality, excessive clinging, and self-damaging behavior: Poverty, single parenthood, or maternal psychiatric symptoms did not predict these symptoms.

This does not imply that child abuse is irrelevant<sup>41</sup>, but that the quality of early caregiving is critically important in preventing mental health problems, independent of other traumas.<sup>42</sup> For that reason treatment needs

to address not only the imprints of specific traumatic events but also the consequences of not having been mirrored, attuned to, and given consistent care and affection: dissociation and loss of self-regulation.

## RESTORING SYNCHRONY

Early attachment patterns create the inner maps that chart our relationships throughout life, not only in terms of what we expect from others, but also in terms of how much comfort and pleasure we can experience in their presence. I doubt that the poet e. e. cummings could have written his joyous lines “i like my body when it is with your body. . . . muscles better and nerves more” if his earliest experiences had been frozen faces and hostile glances.<sup>43</sup> Our relationship maps are implicit, etched into the emotional brain and not reversible simply by understanding how they were created. You may realize that your fear of intimacy has something to do with your mother’s postpartum depression or with the fact that she herself was molested as a child, but that alone is unlikely to open you to happy, trusting engagement with others.

However, that realization may help you to start exploring other ways to connect in relationships—both for your own sake and in order to not pass on an insecure attachment to your own children. In part 5 I’ll discuss a number of approaches to healing damaged attunement systems through training in rhythmicity and reciprocity.<sup>44</sup> Being in synch with oneself and with others requires the integration of our body-based senses—vision, hearing, touch, and balance. If this did not happen in infancy and early childhood, there is an increased chance of later sensory integration problems (to which trauma and neglect are by no means the only pathways).

Being in synch means resonating through sounds and movements that connect, which are embedded in the daily sensory rhythms of cooking and cleaning, going to bed and waking up. Being in synch may mean sharing funny faces and hugs, expressing delight or disapproval at the right moments, tossing balls back and forth, or singing together. At the Trauma Center, we have developed programs to coach parents in connection and attunement, and my patients have told me about many other ways to get themselves in synch, ranging from choral singing and ballroom dancing to

joining basketball teams, jazz bands and chamber music groups. All of these foster a sense of attunement and communal pleasure.

## CHAPTER 8

### TRAPPED IN RELATIONSHIPS: THE COST OF ABUSE AND NEGLECT

The “night sea journey” is the journey into the parts of ourselves that are split off, disavowed, unknown, unwanted, cast out, and exiled to the various subterranean worlds of consciousness. . . . The goal of this journey is to reunite us with ourselves. Such a homecoming can be surprisingly painful, even brutal. In order to undertake it, we must first agree to *exile nothing*.

—Stephen Cope

Marilyn was a tall, athletic-looking woman in her midthirties who worked as an operating-room nurse in a nearby town. She told me that a few months earlier she’d started to play tennis at her sports club with a Boston fireman named Michael. She usually steered clear of men, she said, but she had gradually become comfortable enough with Michael to accept his invitations to go out for pizza after their matches. They’d talk about tennis, movies, their nephews and nieces—nothing too personal. Michael clearly enjoyed her company, but she told herself he didn’t really know her.

One Saturday evening in August, after tennis and pizza, she invited him to stay over at her apartment. She described feeling “uptight and unreal” as soon as they were alone together. She remembered asking him to go slow but had very little sense of what had happened after that. After a few glasses

of wine and a rerun of *Law & Order*, they apparently fell asleep together on top of her bed. At around two in the morning, Michael turned over in his sleep. When Marilyn felt his body touch hers, she exploded—pounding him with her fists, scratching and biting, screaming, “You bastard, you bastard!” Michael, startled awake, grabbed his belongings and fled. After he left, Marilyn sat on her bed for hours, stunned by what had happened. She felt deeply humiliated and hated herself for what she had done, and now she’d come to me for help in dealing with her terror of men and her inexplicable rage attacks.

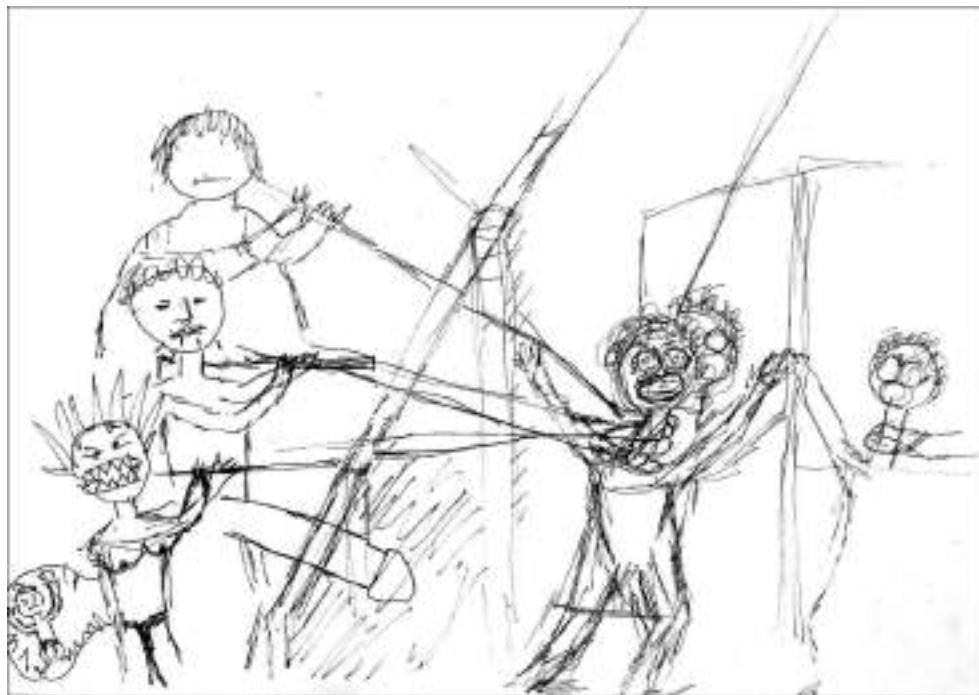
My work with veterans had prepared me to listen to painful stories like Marilyn’s without trying to jump in immediately to fix the problem. Therapy often starts with some inexplicable behavior: attacking a boyfriend in the middle of the night, feeling terrified when somebody looks you in the eye, finding yourself covered with blood after cutting yourself with a piece of glass, or deliberately vomiting up every meal. It takes time and patience to allow the reality behind such symptoms to reveal itself.

## TERROR AND NUMBNESS

As we talked, Marilyn told me that Michael was the first man she’d taken home in more than five years, but this was not the first time she’d lost control when a man spent the night with her. She repeated that she always felt uptight and spaced out when she was alone with a man, and there had been other times when she’d “come to” in her apartment, cowering in a corner, unable to remember clearly what had happened.

Marilyn also said she felt as if she was just “going through the motions” of having a life. Except for when she was at the club playing tennis or at work in the operating room, she usually felt numb. A few years earlier she’d found that she could relieve her numbness by scratching herself with a razor blade, but she had become frightened when she found that she was cutting herself more and more deeply, and more and more often, to get relief. She had tried alcohol, too, but that reminded her of her dad and his out-of-control drinking, which made her feel disgusted with herself. So, instead, she played tennis fanatically, whenever she could. That made her feel alive.

When I asked her about her past, Marilyn said she guessed that she “must have had” a happy childhood, but she could remember very little from before age twelve. She told me she’d been a timid adolescent, until she had a violent confrontation with her alcoholic father when she was sixteen and ran away from home. She worked her way through community college and went on to get a degree in nursing without any help from her parents. She felt ashamed that during this time she’d slept around, which she described as “looking for love in all the wrong places.”



As I often did with new patients, I asked her to draw a family portrait, and when I saw her drawing (reproduced above), I decided to go slowly. Clearly Marilyn was harboring some terrible memories, but she could not allow herself to recognize what her own picture revealed. She had drawn a wild and terrified child, trapped in some kind of cage and threatened not only by three nightmarish figures—one with no eyes—but also by a huge erect penis protruding into her space. And yet this woman said she “must have had” a happy childhood.

As the poet W. H. Auden wrote:

*Truth, like love and sleep, resents  
Approaches that are too intense.<sup>1</sup>*

I call this Auden's rule, and in keeping with it I deliberately did not push Marilyn to tell me what she remembered. In fact, I've learned that it's not important for me to know every detail of a patient's trauma. What is critical is that the patients themselves learn to tolerate feeling what they feel and knowing what they know. This may take weeks or even years. I decided to start Marilyn's treatment by inviting her to join an established therapy group where she could find support and acceptance before facing the engine of her distrust, shame, and rage.

As I expected, Marilyn arrived at the first group meeting looking terrified, much like the girl in her family portrait; she was withdrawn and did not reach out to anybody. I'd chosen this group for her because its members had always been helpful and accepting of new members who were too scared to talk. They knew from their own experience that unlocking secrets is a gradual process. But this time they surprised me, asking so many intrusive questions about Marilyn's love life that I recalled her drawing of the little girl under assault. It was almost as though Marilyn had unwittingly enlisted the group to repeat her traumatic past. I intervened to help her set some boundaries about what she'd talk about, and she began to settle in.

Three months later Marilyn told the group that she had stumbled and fallen a few times on the sidewalk between the subway and my office. She worried that her eyesight was beginning to fail: She'd also been missing a lot of tennis balls recently. I thought again about her drawing and the wild child with the huge, terrified eyes. Was this some sort of "conversion reaction," in which patients express their conflicts by losing function in some part of their body? Many soldiers in both world wars had suffered paralysis that couldn't be traced to physical injuries, and I had seen cases of "hysterical blindness" in Mexico and India.

Still, as a physician, I wasn't about to conclude without further assessment that this was "all in her head." I referred her to colleagues at the Massachusetts Eye and Ear Infirmary and asked them to do a very thorough workup. Several weeks later the tests came back. Marilyn had lupus.

erythematosus of her retina, an autoimmune disease that was eroding her vision, and she would need immediate treatment. I was appalled: Marilyn was the third person that year whom I'd suspected of having an incest history and who was then diagnosed with an autoimmune disease—a disease in which the body starts attacking itself.

After making sure that Marilyn was getting the proper medical care, I consulted with two of my colleagues at Massachusetts General, psychiatrist Scott Wilson and Richard Kradin, who ran the immunology laboratory there. I told them Marilyn's story, showed them the picture she'd drawn, and asked them to collaborate on a study. They generously volunteered their time and the considerable expense of a full immunology workup. We recruited twelve women with incest histories who were not taking any medications, plus twelve women who had never been traumatized and who also did not take meds—a surprisingly difficult control group to find. (Marilyn was not in the study; we generally do not ask our clinical patients to be part of our research efforts.)

When the study was completed and the data analyzed, Rich reported that the group of incest survivors had abnormalities in their CD45 RA-to-RO ratio, compared with their nontraumatized peers. CD45 cells are the “memory cells” of the immune system. Some of them, called RA cells, have been activated by past exposure to toxins; they quickly respond to environmental threats they have encountered before. The RO cells, in contrast, are kept in reserve for new challenges; they are turned on to deal with threats the body has not met previously. The RA-to-RO ratio is the balance between cells that recognize known toxins and cells that wait for new information to activate. In patients with histories of incest, the proportion of RA cells that are ready to pounce is larger than normal. This makes the immune system oversensitive to threat, so that it is prone to mount a defense when none is needed, even when this means attacking the body's own cells.

Our study showed that, on a deep level, the bodies of incest victims have trouble distinguishing between danger and safety. This means that the imprint of past trauma does not consist only of distorted perceptions of information coming from the outside; the organism itself also has a problem knowing how to feel safe. The past is impressed not only on their minds, and in misinterpretations of innocuous events (as when Marilyn attacked

Michael because he accidentally touched her in her sleep), but also on the very core of their beings: in the safety of their bodies.<sup>2</sup>

## A TORN MAP OF THE WORLD

How do people learn what is safe and what is not safe, what is inside and what is outside, what should be resisted and what can safely be taken in? The best way we can understand the impact of child abuse and neglect is to listen to what people like Marilyn can teach us. One of the things that became clear as I came to know her better was that she had her own unique view of how the world functions.

As children, we start off at the center of our own universe, where we interpret everything that happens from an egocentric vantage point. If our parents or grandparents keep telling us we're the cutest, most delicious thing in the world, we don't question their judgment—we must be exactly that. And deep down, no matter what else we learn about ourselves, we will carry that sense with us: that we are basically adorable. As a result, if we later hook up with somebody who treats us badly, we will be outraged. It won't feel right: It's not familiar; it's not like home. But if we are abused or ignored in childhood, or grow up in a family where sexuality is treated with disgust, our inner map contains a different message. Our sense of our self is marked by contempt and humiliation, and we are more likely to think "he (or she) has my number" and fail to protest if we are mistreated.

Marilyn's past shaped her view of every relationship. She was convinced that men didn't give a damn about other people's feelings and that they got away with whatever they wanted. Women couldn't be trusted either. They were too weak to stand up for themselves, and they'd sell their bodies to get men to take care of them. If you were in trouble, they wouldn't lift a finger to help you. This worldview manifested itself in the way Marilyn approached her colleagues at work: She was suspicious of the motives of anyone who was kind to her and called them on the slightest deviation from the nursing regulations. As for herself: She was a bad seed, a fundamentally toxic person who made bad things happen to those around her.

When I first encountered patients like Marilyn, I used to challenge their thinking and try to help them see the world in a more positive, flexible way. One day a woman named Kathy set me straight. A group member had arrived late to a session because her car had broken down, and Kathy immediately blamed herself: “I saw how rickety your car was last week; I knew I should have offered you a ride.” Her self-criticism escalated to the point that, only a few minutes later, she was taking responsibility for her sexual abuse: “I brought it on myself: I was seven years old and I loved my daddy. I wanted him to love me, and I did what he wanted me to do. It was my own fault.” When I intervened to reassure her, saying, “Come on, you were just a little girl—it was your father’s responsibility to maintain the boundaries,” Kathy turned toward me. “You know, Bessel,” she said, “I know how important it is for you to be a good therapist, so when you make stupid comments like that, I usually thank you profusely. After all, I am an incest survivor—I was trained to take care of the needs of grown-up, insecure men. But after two years I trust you enough to tell you that those comments make me feel terrible. Yes, it’s true; I instinctively blame myself for everything bad that happens to the people around me. I know that isn’t rational, and I feel really dumb for feeling this way, but I do. When you try to talk me into being more reasonable I only feel even more lonely and isolated—and it confirms the feeling that nobody in the whole world will ever understand what it feels like to be me.”

I genuinely thanked her for her feedback, and I’ve tried ever since not to tell my patients that they should not feel the way they do. Kathy taught me that my responsibility goes much deeper: I have to help them reconstruct their inner map of the world.

As I discussed in the previous chapter, attachment researchers have shown that our earliest caregivers don’t only feed us, dress us, and comfort us when we are upset; they shape the way our rapidly growing brain perceives reality. Our interactions with our caregivers convey what is safe and what is dangerous: whom we can count on and who will let us down; what we need to do to get our needs met. This information is embodied in the warp and woof of our brain circuitry and forms the template of how we think of ourselves and the world around us. These inner maps are remarkably stable across time.

This doesn't mean, however, that our maps can't be modified by experience. A deep love relationship, particularly during adolescence, when the brain once again goes through a period of exponential change, truly can transform us. So can the birth of a child, as our babies often teach us how to love. Adults who were abused or neglected as children can still learn the beauty of intimacy and mutual trust or have a deep spiritual experience that opens them to a larger universe. In contrast, previously uncontaminated childhood maps can become so distorted by an adult rape or assault that all roads are rerouted into terror or despair. These responses are not reasonable and therefore cannot be changed simply by reframing irrational beliefs. Our maps of the world are encoded in the emotional brain, and changing them means having to reorganize that part of the central nervous system, the subject of the treatment section of this book.

Nonetheless, learning to recognize irrational thoughts and behavior can be a useful first step. People like Marilyn often discover that their assumptions are not the same as those of their friends. If they are lucky, their friends and colleagues will tell them in words, rather than in actions, that their distrust and self-hatred makes collaboration difficult. But that rarely happens, and Marilyn's experience was typical: After she assaulted Michael, he had absolutely no interest in working things out, and she lost both his friendship and her favorite tennis partner. It is at this point that smart and courageous people like Marilyn, who maintain their curiosity and determination in the face of repeated defeats, start looking for help.

Generally the rational brain can override the emotional brain, as long as our fears don't hijack us. (For example, your fear at being flagged down by the police can turn instantly to gratitude when the cop warns you that there's an accident ahead.) But the moment we feel trapped, enraged, or rejected, we are vulnerable to activating old maps and to follow their directions. Change begins when we learn to "own" our emotional brains. That means learning to observe and tolerate the heartbreak and gut-wrenching sensations that register misery and humiliation. Only after learning to bear what is going on inside can we start to befriend, rather than obliterate, the emotions that keep our maps fixed and immutable.

## LEARNING TO REMEMBER

About a year into Marilyn's group, another member, Mary, asked permission to talk about what had happened to her when she was thirteen years old. Mary worked as a prison guard, and she was involved in a sadomasochistic relationship with another woman. She wanted the group to know her background in the hope that they would become more tolerant of her extreme reactions, such as her tendency to shut down or blow up in response to the slightest provocation.

Struggling to get the words out, Mary told us that one evening, when she was thirteen years old, she was raped by her older brother and a gang of his friends. The rape resulted in pregnancy, and her mother gave her an abortion at home, on the kitchen table. The group sensitively tuned in to what Mary was sharing and comforted her through her sobbing. I was profoundly moved by their empathy—they were consoling Mary in a way that they must have wished somebody had comforted them when they first confronted their traumas.

When time ran out, Marilyn asked if she could take a few more minutes to talk about what she had experienced during the session. The group agreed, and she told us: "Hearing that story, I wonder if I may have been sexually abused myself." My mouth must have dropped open. Based on her family drawing, I had always assumed that she was aware, at least on some level, that this was the case. She had reacted like an incest victim in her response to Michael, and she chronically behaved as if the world were a terrifying place.

Yet even though she'd drawn a girl who was being sexually molested, she—or at least her cognitive, verbal self—had no idea what had actually happened to her. Her immune system, her muscles, and her fear system all had kept the score, but her conscious mind lacked a story that could communicate the experience. She reenacted her trauma in her life, but she had no narrative to refer to. As we will see in chapter 12, traumatic memory differs in complex ways from normal recall, and it involves many layers of mind and brain.

Triggered by Mary's story, and spurred on by the nightmares that followed, Marilyn began individual therapy with me in which she started to deal with her past. At first she experienced waves of intense, free-floating terror. She tried stopping for several weeks, but when she found she could no longer sleep and had to take time off from work, she continued our

sessions. As she told me later: “My only criterion for whether a situation is harmful is feeling, ‘This is going to kill me if I don’t get out.’”

I began to teach Marilyn calming techniques, such as focusing on breathing deeply—in and out, in and out, at six breaths a minute—while following the sensations of the breath in her body. This was combined with tapping acupressure points, which helped her not to become overwhelmed. We also worked on mindfulness: Learning to keep her mind alive while allowing her body to feel the feelings that she had come to dread slowly enabled Marilyn to stand back and observe her experience, rather than being immediately hijacked by her feelings. She had tried to dampen or abolish those feelings with alcohol and exercise, but now she began to feel safe enough to begin to remember what had happened to her as a girl. As she gained ownership over her physical sensations, she also began to be able to tell the difference between past and present: Now if she felt someone’s leg brush against her in the night, she might be able to recognize it as Michael’s leg, the leg of the handsome tennis partner she’d invited to her apartment. That leg did not belong to anyone else, and its touch didn’t mean someone was trying to molest her. Being still enabled her to know—fully, physically know—that she was a thirty-four-year-old woman and not a little girl.

When Marilyn finally began to access her memories, they emerged as flashbacks of the wallpaper in her childhood bedroom. She realized that this was what she had focused on when her father raped her when she was eight years old. His molestation had scared her beyond her capacity to endure, so she had needed to push it out of her memory bank. After all, she had to keep living with this man, her father, who had assaulted her. Marilyn remembered having turned to her mother for protection, but when she ran to her and tried to hide herself by burying her face in her mother’s skirt, she was met with only a limp embrace. At times her mother remained silent; at others she cried or angrily scolded Marilyn for “making Daddy so angry.” The terrified child found no one to protect her, to offer strength or shelter.

As Roland Summit wrote in his classic study *The Child Sexual Abuse Accommodation Syndrome*: “Initiation, intimidation, stigmatization, isolation, helplessness and self-blame depend on a terrifying reality of child sexual abuse. Any attempts by the child to divulge the secret will be countered by an adult conspiracy of silence and disbelief. ‘Don’t worry

about things like that; that could never happen in our family.’ ‘How could you ever think of such a terrible thing?’ ‘Don’t let me ever hear you say anything like that again!’ The average child never asks and never tells.”<sup>3</sup>

After forty years of doing this work I still regularly hear myself saying, “That’s unbelievable,” when patients tell me about their childhoods. They often are as incredulous as I am—how could parents inflict such torture and terror on their own child? Part of them continues to insist that they must have made the experience up or that they are exaggerating. All of them are ashamed about what happened to them, and they blame themselves—on some level they firmly believe that these terrible things were done to them because they are terrible people.

Marilyn now began to explore how the powerless child had learned to shut down and comply with whatever was asked of her. She had done so by making herself disappear: The moment she heard her father’s footsteps in the corridor outside her bedroom, she would “put her head in the clouds.” Another patient of mine who had a similar experience made a drawing that depicts how that process works. When her father started to touch her, she made herself disappear; she floated up to the ceiling, looking down on some other little girl in the bed.<sup>4</sup> She was glad that it was not really her—it was some other girl who was being molested.



Looking at these heads separated from their bodies by an impenetrable fog really opened my eyes to the experience of dissociation, which is so common among incest victims. Marilyn herself later realized that, as an adult, she had continued to float up to the ceiling when she found herself in a sexual situation. In the period when she'd been more sexually active, a partner would occasionally tell her how amazing she'd been in bed—that he'd barely recognized her, that she'd even talked differently. Usually she did not remember what had happened, but at other times she'd become angry and aggressive. She had no sense of who she really was sexually, so she gradually withdrew from dating altogether—until Michael.

## HATING YOUR HOME

Children have no choice who their parents are, nor can they understand that parents may simply be too depressed, enraged, or spaced out to be there for them or that their parents' behavior may have little to do with them. Children have no choice but to organize themselves to survive within the families they have. Unlike adults, they have no other authorities to turn to

for help—their parents *are* the authorities. They cannot rent an apartment or move in with someone else: Their very survival hinges on their caregivers.

Children sense—even if it they are not explicitly threatened—that if they talked about their beatings or molestation to teachers they would be punished. Instead, they focus their energy on *not* thinking about what has happened and not feeling the residues of terror and panic in their bodies. Because they cannot tolerate knowing what they have experienced, they also cannot understand that their anger, terror, or collapse has anything to do with that experience. They don't talk; they act and deal with their feelings by being enraged, shut down, compliant, or defiant.

Children are also programmed to be fundamentally loyal to their caretakers, even if they are abused by them. Terror increases the need for attachment, even if the source of comfort is also the source of terror. I have never met a child below the age of ten who was tortured at home (and who had broken bones and burned skin to show for it) who, if given the option, would not have chosen to stay with his or her family rather than being placed in a foster home. Of course, clinging to one's abuser is not exclusive to childhood. Hostages have put up bail for their captors, expressed a wish to marry them, or had sexual relations with them; victims of domestic violence often cover up for their abusers. Judges often tell me how humiliated they feel when they try to protect victims of domestic violence by issuing restraining orders, only to find out that many of them secretly allow their partners to return.

It took Marilyn a long time before she was ready to talk about her abuse: She was not ready to violate her loyalty to her family—deep inside she felt that she still needed them to protect her against her fears. The price of this loyalty is unbearable feelings of loneliness, despair, and the inevitable rage of helplessness. Rage that has nowhere to go is redirected against the self, in the form of depression, self-hatred, and self-destructive actions. One of my patients told me, “It is like hating your home, your kitchen and pots and pans, your bed, your chairs, your table, your rugs.” Nothing feels safe—least of all your own body.

Learning to trust is a major challenge. One of my other patients, a schoolteacher whose grandfather raped her repeatedly before she was six, sent me the following e-mail: “I started mulling the danger of opening up with you in traffic on the way home after our therapy appointment, and

then, as I merged into Route 124, I realized that I had broken the rule of not getting attached, to you and to my students.”

During our next meeting she told me she had also been raped by her lab instructor in college. I asked her whether she had sought help and made a complaint against him. “I couldn’t make myself cross the road to the clinic,” she replied. “I was desperate for help, but as I stood there, I felt very deeply that I would only be hurt even more. And that might well have been true. Of course, I had to hide what had happened from my parents—and from everyone else.”

After I told her that I was concerned about what was going on with her, she wrote me another e-mail: “I’m trying to remind myself that I didn’t do anything to deserve such treatment. I don’t think I have ever had anyone look at me like that and say they were worried about me, and I am holding on to it like a treasure: the idea that I am worth being worried about by someone I respect and who does understand how deeply I am struggling now.”

In order to know who we are—to have an identity—we must know (or at least feel that we know) what is and what was “real.” We must observe what we see around us and label it correctly; we must also be able trust our memories and be able to tell them apart from our imagination. Losing the ability to make these distinctions is one sign of what psychoanalyst William Niederland called “soul murder.” Erasing awareness and cultivating denial are often essential to survival, but the price is that you lose track of who you are, of what you are feeling, and of what and whom you can trust.<sup>5</sup>

## **REPLAYING THE TRAUMA**

One memory of Marilyn’s childhood trauma came to her in a dream in which she felt as if she were being choked and was unable to breathe. A white tea towel was wrapped around her hands, and then she was lifted up with the towel around her neck, so that she could not touch the ground with her feet. She woke in a panic, thinking that she was surely going to die. Her dream reminded me of the nightmares war veterans had reported to me: seeing the precise, unadulterated images of faces and body parts they had encountered in battle. These dreams were so terrifying that they tried to not

fall asleep at night; only daytime napping, which was not associated with nocturnal ambushes, felt halfway safe.

During this stage of therapy Marilyn was repeatedly flooded with images and sensations related to the choking dream. She remembered sitting in the kitchen as a four-year-old with swollen eyes, a sore neck, and a bloody nose, while her father and brother laughed at her and called her a stupid, stupid girl. One day Marilyn reported, “As I was brushing my teeth last evening, I was overcome with feelings of thrashing around. I was like a fish out of water, violently turning my body as I fought against the lack of air. I sobbed and choked as I brushed my teeth. Panic was rising up out of my chest with the feeling of thrashing. I had to use every bit of strength I had not to scream, ‘NONONONONONO,’ as I stood over the sink.” She went to bed and fell asleep but woke up like clockwork every two hours during the rest of the night.

Trauma is not stored as a narrative with an orderly beginning, middle, and end. As I’ll discuss in detail in chapters 11 and 12, memories initially return as they did for Marilyn: as flashbacks that contain fragments of the experience, isolated images, sounds, and body sensations that initially have no context other than fear and panic. When Marilyn was a child, she had no way of giving voice to the unspeakable, and it would have made no difference anyway—nobody was listening.

Like so many survivors of childhood abuse, Marilyn exemplified the power of the life force, the will to live and to own one’s life, the energy that counteracts the annihilation of trauma. I gradually came to realize that the only thing that makes it possible to do the work of healing trauma is awe at the dedication to survival that enabled my patients to endure their abuse and then to endure the dark nights of the soul that inevitably occur on the road to recovery.

## CHAPTER 9

### WHAT'S LOVE GOT TO DO WITH IT?

Initiation, intimidation, stigmatization, isolation, helplessness and self-blame depend on a terrifying reality of child sexual abuse. . . . “Don’t worry about things like that; that could never happen in our family.” “How could you ever think of such a terrible thing?” “Don’t let me ever hear you say anything like that again!” The average child never asks and never tells.

—**Roland Summit** *The Child Sexual Abuse Accommodation Syndrome*

**H**ow do we organize our thinking with regard to individuals like Marilyn, Mary, and Kathy, and what can we do to help them? The way we define their problems, our diagnosis, will determine how we approach their care. Such patients typically receive five or six different unrelated diagnoses in the course of their psychiatric treatment. If their doctors focus on their mood swings, they will be identified as bipolar and prescribed lithium or valproate. If the professionals are most impressed with their despair, they will be told they are suffering from major depression and given antidepressants. If the doctors focus on their restlessness and lack of attention, they may be categorized as ADHD and treated with Ritalin or other stimulants. And if the clinic staff happens to take a trauma history, and the patient actually volunteers the relevant information, he or she might receive the diagnosis of PTSD. None of these diagnoses will be completely

off the mark, and none of them will begin to meaningfully describe who these patients are and what they suffer from.

Psychiatry, as a subspecialty of medicine, aspires to define mental illness as precisely as, let's say, cancer of the pancreas, or streptococcal infection of the lungs. However, given the complexity of mind, brain, and human attachment systems, we have not come even close to achieving that sort of precision. Understanding what is "wrong" with people currently is more a question of the mind-set of the practitioner (and of what insurance companies will pay for) than of verifiable, objective facts.

The first serious attempt to create a systematic manual of psychiatric diagnoses occurred in 1980, with the release of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the official list of all mental diseases recognized by the American Psychiatric Association (APA). The preamble to the DSM-III warned explicitly that its categories were insufficiently precise to be used in forensic settings or for insurance purposes. Nonetheless it gradually became an instrument of enormous power: Insurance companies require a DSM diagnosis for reimbursement, until recently all research funding was based on DSM diagnoses, and academic programs are organized around DSM categories. DSM labels quickly found their way into the larger culture as well. Millions of people know that Tony Soprano suffered from panic attacks and depression and that Carrie Mathison of *Homeland* struggles with bipolar disorder. The manual has become a virtual industry that has earned the American Psychiatric Association well over \$100 million.<sup>1</sup> The question is: Has it provided comparable benefits for the patients it is meant to serve?

A psychiatric diagnosis has serious consequences: Diagnosis informs treatment, and getting the wrong treatment can have disastrous effects. Also, a diagnostic label is likely to attach to people for the rest of their lives and have a profound influence on how they define themselves. I have met countless patients who told me that they "are" bipolar or borderline or that they "have" PTSD, as if they had been sentenced to remain in an underground dungeon for the rest of their lives, like the Count of Monte Cristo.

None of these diagnoses takes into account the unusual talents that many of our patients develop or the creative energies they have mustered to

survive. All too often diagnoses are mere tallies of symptoms, leaving patients such as Marilyn, Kathy, and Mary likely to be viewed as out-of-control women who need to be straightened out.

The dictionary defines diagnosis as “a. The act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data. b. The opinion derived from such an evaluation.”<sup>2</sup> In this chapter, and the next, I will discuss the chasm between official diagnoses and what our patients actually suffer from and discuss how my colleagues and I have tried to change the way patients with chronic trauma histories are diagnosed.

## HOW DO YOU TAKE A TRAUMA HISTORY?

In 1985 I started to collaborate with psychiatrist Judith Herman, whose first book, *Father-Daughter Incest*, had recently been published. We were both working at Cambridge Hospital (one of Harvard’s teaching hospitals) and, sharing an interest in how trauma had affected the lives of our patients, we began to meet regularly and compare notes. We were struck by how many of our patients who were diagnosed with borderline personality disorder (BPD) told us horror stories about their childhoods. BPD is marked by clinging but highly unstable relationships, extreme mood swings, and self-destructive behavior, including self-mutilation and repeated suicide attempts. In order to uncover whether there was, in fact, a relationship between childhood trauma and BPD, we designed a formal scientific study and sent off a grant proposal to the National Institutes of Health. It was rejected.

Undeterred, Judy and I decided to finance the study ourselves, and we found an ally in Chris Perry, the director of research at Cambridge Hospital, who was funded by the National Institutes of Mental Health to study BPD and other near neighbor diagnoses, so called personality disorders, in patients recruited from the Cambridge Hospital. He had collected volumes of valuable data on these subjects but had never inquired about childhood abuse and neglect. Even though he did not hide his skepticism about our proposal, he was very generous to us and arranged for us to interview fifty-

five patients from the hospital's outpatient department, and he agreed to compare our findings with records in the large database he had already collected.

The first question Judy and I faced was: How do you take a trauma history? You can't ask a patient point blank: "Were you molested as a kid?" or "Did your father beat you up?" How many would trust a complete stranger with such delicate information? Keeping in mind that people universally feel ashamed about the traumas they have experienced, we designed an interview instrument, the Traumatic Antecedents Questionnaire (TAQ).<sup>3</sup> The interview started with a series of simple questions: "Where do you live, and who do you live with?"; "Who pays the bills and who does the cooking and cleaning?" It progressed gradually to more revealing questions: "Who do you rely on in your daily life?" As in: When you're sick, who does the shopping or takes you to the doctor? "Who do you talk to when you are upset?" In other words, who provides you with emotional and practical support? Some patients gave us surprising answers: "my dog" or "my therapist"—or "nobody."

We then asked similar questions about their childhood: Who lived in the household? How often did you move? Who was your primary caretaker? Many of the patients reported frequent relocations that required them to change schools in the middle of the year. Several had primary caregivers who had gone to jail, been placed in a mental hospital, or joined the military. Others had moved from foster home to foster home or had lived with a string of different relatives.

The next section of the questionnaire addressed childhood relationships: "Who in your family was affectionate to you?" "Who treated you as a special person?" This was followed by a critical question—one that, to my knowledge, had never before been asked in a scientific study: "Was there anybody who you felt safe with growing up?" One out of four patients we interviewed could not recall anyone they had felt safe with as a child. We checked "nobody" on our work sheets and did not comment, but we were stunned. Imagine being a child and not having a source of safety, making your way into the world unprotected and unseen.

The questions continued: "Who made the rules at home and enforced the discipline?" "How were kids kept in line—by talking, scolding,

spanking, hitting, locking you up?" "How did your parents solve their disagreements?" By then the floodgates had usually opened, and many patients were volunteering detailed information about their childhoods. One woman had witnessed her little sister being raped; another told us she'd had her first sexual experience at age eight—with her grandfather. Men and women reported lying awake at night listening to furniture crashing and parents screaming; a young man had come down to the kitchen and found his mother lying in a pool of blood. Others talked about not being picked up at elementary school or coming home to find an empty house and spending the night alone. One woman who made her living as a cook had learned to prepare meals for her family after her mother was jailed on a drug conviction. Another had been nine when she grabbed and steadied the car's steering wheel because her drunken mother was swerving down a four-lane highway during rush hour.

Our patients did not have the option to run away or escape; they had nobody to turn to and no place to hide. Yet they somehow had to manage their terror and despair. They probably went to school the next morning and tried to pretend that everything was fine. Judy and I realized that the BPD group's problems—dissociation, desperate clinging to whomever might be enlisted to help—had probably started off as ways of dealing with overwhelming emotions and inescapable brutality.

After our interviews Judy and I met to code our patients' answers—that is, to translate them into numbers for computer analysis, and Chris Perry then collated them with the extensive information on these patients he had stored on Harvard's mainframe computer. One Saturday morning in April he left us a message asking us to come to his office. There we found a huge stack of printouts, on top of which Chris had placed a Gary Larson cartoon of a group of scientists studying dolphins and being puzzled by "those strange 'aw blah es span yol' sounds." The data had convinced him that unless you understand the language of trauma and abuse, you cannot really understand BPD.

As we later reported in the *American Journal of Psychiatry*, 81 percent of the patients diagnosed with BPD at Cambridge Hospital reported severe histories of child abuse and/or neglect; in the vast majority the abuse began before age seven.<sup>4</sup> This finding was particularly important because it

suggested that the impact of abuse depends, at least in part, on the age at which it begins. Later research by Martin Teicher at McLean Hospital showed that different forms of abuse have different impacts on various brain areas at different stages of development.<sup>5</sup> Although numerous studies have since replicated our findings,<sup>6</sup> I still regularly get scientific papers to review that say things like “It has been hypothesized that borderline patients may have histories of childhood trauma.” When does a hypothesis become a scientifically established fact?

Our study clearly supported the conclusions of John Bowlby.

When children feel pervasively angry or guilty or are chronically frightened about being abandoned, they have come by such feelings honestly; that is because of experience. When, for example, children fear abandonment, it is not in counterreaction to their intrinsic homicidal urges; rather, it is more likely because they have been abandoned physically or psychologically, or have been repeatedly threatened with abandonment. When children are pervasively filled with rage, it is due to rejection or harsh treatment. When children experience intense inner conflict regarding their angry feelings, this is likely because expressing them may be forbidden or even dangerous.

Bowlby noticed that when children must disown powerful experiences they have had, this creates serious problems, including “chronic distrust of other people, inhibition of curiosity, distrust of their own senses, and the tendency to find everything unreal.”<sup>7</sup> As we will see, this has important implications for treatment.

Our study expanded our thinking beyond the impact of particular horrendous events, the focus of the PTSD diagnosis, to look at the long-term effects of brutalization and neglect in caregiving relationships. It also raised another critical question: What therapies are effective for people with a history of abuse, particularly those who feel chronically suicidal and deliberately hurt themselves?

## **SELF-HARM**

During my training I was called from my bed at around 3:00 a.m. three nights in a row to stitch up a woman who had slashed her neck with whatever sharp object she could lay her hands on. She told me, somewhat triumphantly, that cutting herself made her feel much better. Ever since then I'd asked myself why. Why do some people deal with being upset by playing three sets of tennis or drinking a stiff martini, while others carve their arms with razor blades? Our study showed that having a history of childhood sexual and physical abuse was a strong predictor of repeated suicide attempts and self-cutting.<sup>8</sup> I wondered if their suicidal ruminations had started when they were very young and whether they had found comfort in plotting their escape by hoping to die or doing damage to themselves. Does inflicting harm on oneself begin as a desperate attempt to gain some sense of control?

Chris Perry's database had follow-up information on all the patients who were treated in the hospital's outpatient clinics, including reports on suicidality and self-destructive behavior. After three years of therapy approximately two-thirds of the patients had markedly improved. Now the question was, which members of the group had benefited from therapy and which had continued to feel suicidal and self-destructive? Comparing the patients' ongoing behavior with our TAQ interviews provided some answers. The patients who remained self-destructive had told us that they did not remember feeling safe with anybody as a child; they had reported being abandoned, shuttled from place to place, and generally left to their own devices.

I concluded that, if you carry a memory of having felt safe with somebody long ago, the traces of that earlier affection can be reactivated in attuned relationships when you are an adult, whether these occur in daily life or in good therapy. However, if you lack a deep memory of feeling loved and safe, the receptors in the brain that respond to human kindness may simply fail to develop.<sup>9</sup> If that is the case, how can people learn to calm themselves down and feel grounded in their bodies? Again, this has important implications for therapy, and I'll return to this question throughout part 5, on treatment.

## THE POWER OF DIAGNOSIS

Our study also confirmed that there was a traumatized population quite distinct from the combat soldiers and accident victims for whom the PTSD diagnosis had been created. People like Marilyn and Kathy, as well as the patients Judy and I had studied, and the kids in the outpatient clinic at MMHC that I described in chapter 7, do not necessarily remember their traumas (one of the criteria for the PTSD diagnosis) or at least are not preoccupied with specific memories of their abuse, but they continue to behave as if they were still in danger. They go from one extreme to the other; they have trouble staying on task, and they continually lash out against themselves and others. To some degree their problems do overlap with those of combat soldiers, but they are also very different in that their childhood trauma has prevented them from developing some of the mental capacities that adult soldiers possessed before their traumas occurred.

After we realized this, a group of us<sup>10</sup> went to see Robert Spitzer, who, after having guided the development of the *DSM-III*, was in the process of revising the manual. He listened carefully to what we told him. He told us it was likely that clinicians who spend their days treating a particular patient population are likely to develop considerable expertise in understanding what ails them. He suggested that we do a study, a so-called field trial, to compare the problems of different groups of traumatized individuals.<sup>11</sup> Spitzer put me in charge of the project. First we developed a rating scale that incorporated all the different trauma symptoms that had been reported in the scientific literature, then we interviewed 525 adult patients at five sites around the country to see if particular populations suffered from different constellations of problems. Our populations fell into three groups: those with histories of childhood physical or sexual abuse by caregivers; recent victims of domestic violence; and people who had recently been through a natural disaster.

There were clear differences among these groups, particularly those on the extreme ends of the spectrum: victims of child abuse and adults who had survived natural disasters. The adults who had been abused as children often had trouble concentrating, complained of always being on edge, and were filled with self-loathing. They had enormous trouble negotiating intimate relationships, often veering from indiscriminate, high-risk, and

unsatisfying sexual involvements to total sexual shutdown. They also had large gaps in their memories, often engaged in self-destructive behaviors, and had a host of medical problems. These symptoms were relatively rare in the survivors of natural disasters.

Each major diagnosis in the DSM had a workgroup responsible for suggesting revisions for the new edition. I presented the results of the field trial to our *DSM-IV* PTSD work group, and we voted nineteen to two to create a new trauma diagnosis for victims of interpersonal trauma: “Disorders of Extreme Stress, Not Otherwise Specified” (DESNOS), or “Complex PTSD” for short.<sup>12,13</sup> We then eagerly anticipated the publication of the *DSM-IV* in May 1994. But much to our surprise the diagnosis that our work group had overwhelmingly approved did not appear in the final product. None of us had been consulted.

This was a tragic exclusion. It meant that large numbers of patients could not be accurately diagnosed and that clinicians and researchers would be unable to scientifically develop appropriate treatments for them. You cannot develop a treatment for a condition that does not exist. Not having a diagnosis now confronts therapists with a serious dilemma: How do we treat people who are coping with the fall-out of abuse, betrayal and abandonment when we are forced to diagnose them with depression, panic disorder, bipolar illness, or borderline personality, which do not really address what they are coping with?

The consequences of caretaker abuse and neglect are vastly more common and complex than the impact of hurricanes or motor vehicle accidents. Yet the decision makers who determined the shape of our diagnostic system decided not to recognize this evidence. To this day, after twenty years and four subsequent revisions, the DSM and the entire system based on it fail victims of child abuse and neglect—just as they ignored the plight of veterans before PTSD was introduced back in 1980.

## THE HIDDEN EPIDEMIC

How do you turn a newborn baby with all its promise and infinite capacities into a thirty-year-old homeless drunk? As with so many great discoveries,

internist Vincent Felitti came across the answer to this question accidentally.

In 1985 Felitti was chief of Kaiser Permanente's Department of Preventive Medicine in San Diego, which at the time was the largest medical screening program in the world. He was also running an obesity clinic that used a technique called "supplemented absolute fasting" to bring about dramatic weight loss without surgery. One day a twenty-eight-year-old nurse's aide showed up in his office. Felitti accepted her claim that obesity was her principal problem and enrolled her in the program. Over the next fifty-one weeks her weight dropped from 408 pounds to 132 pounds.

However, when Felitti next saw her a few months later, she had regained more weight than he thought was biologically possible in such a short time. What had happened? It turned out that her newly svelte body had attracted a male coworker, who started to flirt with her and then suggested sex. She went home and began to eat. She stuffed herself during the day and ate while sleepwalking at night. When Felitti probed this extreme reaction, she revealed a lengthy incest history with her grandfather.

This was only the second case of incest Felitti had encountered in his twenty-three-year medical practice, and yet about ten days later he heard a similar story. As he and his team started to inquire more closely, they were shocked to discover that most of their morbidly obese patients had been sexually abused as children. They also uncovered a host of other family problems.

In 1990 Felitti went to Atlanta to present data from the team's first 286 patient interviews at a meeting of the North American Association for the Study of Obesity. He was stunned by the harsh response of some experts: Why did he believe such patients? Didn't he realize they would fabricate any explanation for their failed lives? However, an epidemiologist from the Centers for Disease Control and Prevention (CDC) encouraged Felitti to start a much larger study, drawing on a general population, and invited him to meet with a small group of researchers at the CDC. The result was the monumental investigation of Adverse Childhood Experiences (now known as the ACE study), a collaboration between the CDC and Kaiser Permanente, with Robert Anda, MD, and Vincent Felitti, MD, as co-principal investigators.

More than fifty thousand Kaiser patients came through the Department of Preventive Medicine annually for a comprehensive evaluation, filling out an extensive medical questionnaire in the process. Felitti and Anda spent more than a year developing ten new questions<sup>14</sup> covering carefully defined categories of adverse childhood experiences, including physical and sexual abuse, physical and emotional neglect, and family dysfunction, such as having had parents who were divorced, mentally ill, addicted, or in prison. They then asked 25,000 consecutive patients if they would be willing to provide information about childhood events; 17,421 said yes. Their responses were then compared with the detailed medical records that Kaiser kept on all patients.

The ACE study revealed that traumatic life experiences during childhood and adolescence are far more common than expected. The study respondents were mostly white, middle class, middle aged, well educated, and financially secure enough to have good medical insurance, and yet only one-third of the respondents reported no adverse childhood experiences.

- One out of ten individuals responded yes to the question “Did a parent or other adult in the household often or very often swear at you, insult you, or put you down?”
- More than a quarter responded yes to the questions “Did one of your parents often or very often push, grab, slap, or throw something at you?” and “Did one of your parents often or very often hit you so hard that you had marks or were injured?” In other words, more than a quarter of the U.S. population is likely to have been repeatedly physically abused as a child.
- To the questions “Did an adult or person at least 5 years older ever have you touch their body in a sexual way?” and “Did an adult or person at least 5 years older ever attempt oral, anal, or vaginal intercourse with you?” 28 percent of women and 16 percent of men responded affirmatively.
- One in eight people responded positively to the questions: “As a child, did you witness your mother sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?” “As a child, did you witness your mother sometimes,

often, or very often kicked, bitten, hit with a fist, or hit with something hard?”<sup>15</sup>

Each yes answer was scored as one point, leading to a possible ACE score ranging from zero to ten. For example, a person who experienced frequent verbal abuse, who had an alcoholic mother, and whose parents divorced would have an ACE score of three. Of the two-thirds of respondents who reported an adverse experience, 87 percent scored two or more. One in six of all respondents had an ACE score of four or higher.

In short, Felitti and his team had found that adverse experiences are interrelated, even though they’re usually studied separately. People typically don’t grow up in a household where one brother is in prison but everything else is fine. They don’t live in families where their mother is regularly beaten but life is otherwise hunky-dory. Incidents of abuse are never stand-alone events. And for each additional adverse experience reported, the toll in later damage increases.

Felitti and his team found that the effects of childhood trauma first become evident in school. More than half of those with ACE scores of four or higher reported having learning or behavioral problems, compared with 3 percent of those with a score of zero. As the children matured, they didn’t “outgrow” the effects of their early experiences. As Felitti notes, “Traumatic experiences are often lost in time and concealed by shame, secrecy, and social taboo,” but the study revealed that the impact of trauma pervaded these patients’ adult lives. For example, high ACE scores turned out to correlate with higher workplace absenteeism, financial problems, and lower lifetime income.

When it came to personal suffering, the results were devastating. As the ACE score rises, chronic depression in adulthood also rises dramatically. For those with an ACE score of four or more, its prevalence is 66 percent in women and 35 percent in men, compared with an overall rate of 12 percent in those with an ACE score of zero. The likelihood of being on antidepressant medication or prescription painkillers also rose proportionally. As Felitti has pointed out, we may be treating today experiences that happened fifty years ago—at ever-increasing cost. Antidepressant drugs and painkillers constitute a significant portion of our

rapidly rising national health-care expenditures.<sup>16</sup> (Ironically, research has shown that depressed patients without prior histories of abuse or neglect tend to respond much better to antidepressants than patients with those backgrounds.<sup>17</sup>)

Self-acknowledged suicide attempts rise exponentially with ACE scores. From a score of zero to a score of six there is about a 5,000 percent increased likelihood of suicide attempts. The more isolated and unprotected a person feels, the more death will feel like the only escape. When the media report an environmental link to a 30 percent increase in the risk of some cancer, it is headline news, yet these far more dramatic figures are overlooked.

As part of their initial medical evaluation, study participants were asked, "Have you ever considered yourself to be an alcoholic?" People with an ACE score of four were seven times more likely to be alcoholic than adults with a score of zero. Injection drug use increased exponentially: For those with an ACE score of six or more, the likelihood of IV drug use was 4,600 percent greater than in those with a score of zero.

Women in the study were asked about rape during adulthood. At an ACE score of zero, the prevalence of rape was 5 percent; at a score of four or more it was 33 percent. Why are abused or neglected girls so much more likely to be raped later in life? The answers to this question have implications far beyond rape. For example, numerous studies have shown that girls who witness domestic violence while growing up are at much higher risk of ending up in violent relationships themselves, while for boys who witness domestic violence, the risk that they will abuse their own partners rises sevenfold.<sup>18</sup> More than 12 percent of study participants had seen their mothers being battered.

The list of high-risk behaviors predicted by the ACE score included smoking, obesity, unintended pregnancies, multiple sexual partners, and sexually transmitted diseases. Finally, the toll of major health problems was striking: Those with an ACE score of six or above had a 15 percent or greater chance than those with an ACE score of zero of currently suffering from any of the ten leading causes of death in the United States, including chronic obstructive pulmonary disease (COPD), ischemic heart disease, and liver disease. They were twice as likely to suffer from cancer and four times

as likely to have emphysema. The ongoing stress on the body keeps taking its toll.

## WHEN PROBLEMS ARE REALLY SOLUTIONS

Twelve years after he originally treated her, Felitti again saw the woman whose dramatic weight loss and gain had started him on his quest. She told him that she'd subsequently had bariatric surgery but that after she'd lost ninety-six pounds she'd become suicidal. It had taken five psychiatric hospitalizations and three courses of electroshock to control her suicidality. Felitti points out that obesity, which is considered a major public health problem, may in fact be a personal solution for many. Consider the implications: If you mistake someone's solution for a problem to be eliminated, not only are they likely to fail treatment, as often happens in addiction programs, but other problems may emerge.

One female rape victim told Felitti, "Overweight is overlooked, and that's the way I need to be."<sup>19</sup> Weight can protect men, as well. Felitti recalls two guards at a state prison in his obesity program. They promptly regained the weight they had lost, because they felt a lot safer being the biggest guy on the cellblock. Another male patient became obese after his parents divorced and he moved in with his violent alcoholic grandfather. He explained: "It wasn't that I ate because I was hungry and all of that. It was just a place for me to feel safe. All the way from kindergarten I used to get beat up all the time. When I got the weight on it didn't happen anymore."

The ACE study group concluded: "Although widely understood to be harmful to health, each adaptation [such as smoking, drinking, drugs, obesity] is notably difficult to give up. Little consideration is given to the possibility that many long-term health risks might also be personally beneficial in the short term. We repeatedly hear from patients of the benefits of these 'health risks.' The idea of the problem being a solution, while understandably disturbing to many, is certainly in keeping with the fact that opposing forces routinely coexist in biological systems. . . . What one sees, the presenting problem, is often only the marker for the real problem, which lies buried in time, concealed by patient shame, secrecy and sometimes amnesia—and frequently clinician discomfort."

## **CHILD ABUSE: OUR NATION'S LARGEST PUBLIC HEALTH PROBLEM**

The first time I heard Robert Anda present the results of the ACE study, he could not hold back his tears. In his career at the CDC he had previously worked in several major risk areas, including tobacco research and cardiovascular health. But when the ACE study data started to appear on his computer screen, he realized that they had stumbled upon the gravest and most costly public health issue in the United States: child abuse. He had calculated that its overall costs exceeded those of cancer or heart disease and that eradicating child abuse in America would reduce the overall rate of depression by more than half, alcoholism by two-thirds, and suicide, IV drug use, and domestic violence by three-quarters.<sup>20</sup> It would also have a dramatic effect on workplace performance and vastly decrease the need for incarceration.

When the surgeon general's report on smoking and health was published in 1964, it unleashed a decades-long legal and medical campaign that has changed daily life and long-term health prospects for millions. The number of American smokers fell from 42 percent of adults in 1965 to 19 percent in 2010, and it is estimated that nearly 800,000 deaths from lung cancer were prevented between 1975 and 2000.<sup>21</sup>

The ACE study, however, has had no such effect. Follow-up studies and papers are still appearing around the world, but the day-to-day reality of children like Marilyn and the children in outpatient clinics and residential treatment centers around the country remains virtually the same. Only now they receive high doses of psychotropic agents, which makes them more tractable but which also impairs their ability to feel pleasure and curiosity, to grow and develop emotionally and intellectually, and to become contributing members of society.

# CHAPTER 10

## DEVELOPMENTAL TRAUMA: THE HIDDEN EPIDEMIC

The notion that early childhood adverse experiences lead to substantial developmental disruptions is more clinical intuition than a research-based fact. There is no known evidence of developmental disruptions that were preceded in time in a causal fashion by any type of trauma syndrome.

—From the American Psychiatric Association’s rejection of a Developmental Trauma Disorder diagnosis, May 2011

Research on the effects of early maltreatment tells a different story: that early maltreatment has enduring negative effects on brain development. Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds. Childhood abuse isn’t something you “get over.” It is an evil that we must acknowledge and confront if we aim to do anything about the unchecked cycle of violence in this country.

—Martin Teicher, MD, PhD, *Scientific American*

**T**here are hundreds of thousands of children like the ones I am about to describe, and they absorb enormous resources, often without

appreciable benefit. They end up filling our jails, our welfare rolls, and our medical clinics. Most of the public knows them only as statistics. Tens of thousands of schoolteachers, probation officers, welfare workers, judges, and mental health professionals spend their days trying to help them, and the taxpayer pays the bills.

Anthony was only two and a half when he was referred to our Trauma Center by a child-care center because its employees could not manage his constant biting and pushing, his refusal to take naps, and his intractable crying, head banging, and rocking. He did not feel safe with any staff member and fluctuated between despondent collapse and angry defiance.

When we met with him and his mother, he anxiously clung to her, hiding his face, while she kept saying, “Don’t be such a baby.” He startled when a door banged somewhere down the corridor and then burrowed deeper into his mom’s lap. When she pushed him away, he sat in a corner and started to bang his head. “He just does that to bug me,” his mother remarked. When we asked about her own background, she told us that she’d been abandoned by her parents and raised by a series of relatives who hit her, ignored her, and started to sexually abuse her at age thirteen. She’d become pregnant by a drunken boyfriend who left her when she told him she was carrying his child. Anthony was just like his father, she said—a good-for-nothing. She had had numerous violent rows with subsequent boyfriends, but she was sure that this had happened too late at night for Anthony to notice.

If Anthony were admitted to a hospital, he would likely be diagnosed with a host of different psychiatric disorders: depression, oppositional defiant disorder, anxiety, reactive attachment disorder, ADHD, and PTSD. None of these diagnoses, however, would clarify what was wrong with Anthony: that he was scared to death and fighting for his life, and he did not trust that his mother could help him.

Then there’s Maria, a fifteen-year-old Latina, one of the more than half a million kids in the United States who grow up in foster care and residential treatment programs. Maria is obese and aggressive. She has a history of sexual, physical, and emotional abuse and has lived in more than twenty out-of-home placements since age eight. The pile of medical charts that arrived with her described her as mute, vengeful, impulsive, reckless,

and self-harming, with extreme mood swings and an explosive temper. She describes herself as “garbage, worthless, rejected.”

After multiple suicide attempts Maria was placed in one of our residential treatment centers. Initially she was mute and withdrawn and became violent when people got too close to her. After other approaches failed to work, she was placed in an equine therapy program where she groomed her horse daily and learned simple dressage. Two years later I spoke with Maria at her high school graduation. She had been accepted by a four-year college. When I asked her what had helped her most, she answered, “The horse I took care of.” She told me that she first started to feel safe with her horse; he was there every day, patiently waiting for her, seemingly glad upon her approach. She started to feel a visceral connection with another creature and began to talk to him like a friend. Gradually she started talking with the other kids in the program and, eventually, with her counselor.

Virginia is a thirteen-year-old adopted white girl. She was taken away from her biological mother because of the mother’s drug abuse; after her first adoptive mother fell ill and died, she moved from foster home to foster home before being adopted again. Virginia was seductive with any male who crossed her path, and she reported sexual and physical abuse by various babysitters and temporary caregivers. She came to our residential treatment program after thirteen crisis hospitalizations for suicide attempts. The staff described her as isolated, controlling, explosive, sexualized, intrusive, vindictive, and narcissistic. She described herself as disgusting and said she wished she were dead. The diagnoses in her chart were bipolar disorder, intermittent explosive disorder, reactive attachment disorder, attention deficit disorder (ADD) hyperactive subtype, oppositional defiant disorder (ODD), and substance use disorder. But who, really, is Virginia? How can we help her have a life?<sup>1</sup>

We can hope to solve the problems of these children only if we correctly define what is going on with them and do more than developing new drugs to control them or trying to find “the” gene that is responsible for their “disease.” The challenge is to find ways to help them lead productive lives and, in so doing, save hundreds of millions of dollars of taxpayers’ money. That process starts with facing the facts.

## BAD GENES?

With such pervasive problems and such dysfunctional parents we would be tempted to ascribe their problems simply to bad genes. Technology always produces new directions for research, and when it became possible to do genetic testing, psychiatry became committed to finding the genetic causes of mental illness. Finding a genetic link seemed particularly relevant for schizophrenia, a fairly common (affecting about 1 percent of the population), severe, and perplexing form of mental illness and one that clearly runs in families. And yet after thirty years and millions upon millions of dollars' worth of research, we have failed to find consistent genetic patterns for schizophrenia—or for any other psychiatric illness, for that matter.<sup>2</sup> Some of my colleagues have also worked hard to discover genetic factors that predispose people to develop traumatic stress.<sup>3</sup> That quest continues, but so far it has failed to yield any solid answers.<sup>4</sup>

Recent research has swept away the simple idea that “having” a particular gene produces a particular result. It turns out that many genes work together to influence a single outcome. Even more important, genes are not fixed; life events can trigger biochemical messages that turn them on or off by attaching methyl groups, a cluster of carbon and hydrogen atoms, to the outside of the gene (a process called methylation), making it more or less sensitive to messages from the body. While life events can change the behavior of the gene, they do not alter its fundamental structure. Methylation patterns, however, can be passed on to offspring—a phenomenon known as epigenetics. Once again, the body keeps the score, at the deepest levels of the organism.

One of the most cited experiments in epigenetics was conducted by McGill University researcher Michael Meaney, who studies newborn rat pups and their mothers.<sup>5</sup> He discovered that how much a mother rat licks and grooms her pups during the first twelve hours after their birth permanently affects the brain chemicals that respond to stress—and modifies the configuration of over a thousand genes. The rat pups that are intensively licked by their mothers are braver and produce lower levels of stress hormones under stress than rats whose mothers are less attentive. They also recover more quickly—an equanimity that lasts throughout their

lives. They develop thicker connections in the hippocampus, a key center for learning and memory, and they perform better in an important rodent skill—finding their way through mazes.

We are just beginning to learn that stressful experiences affect gene expression in humans, as well. Children whose pregnant mothers had been trapped in unheated houses in a prolonged ice storm in Quebec had major epigenetic changes compared with the children of mothers whose heat had been restored within a day.<sup>6</sup> McGill researcher Moshe Szyf compared the epigenetic profiles of hundreds of children born into the extreme ends of social privilege in the United Kingdom and measured the effects of child abuse on both groups. Differences in social class were associated with distinctly different epigenetic profiles, but abused children in both groups had in common specific modifications in seventy-three genes. In Szyf's words, "Major changes to our bodies can be made not just by chemicals and toxins, but also in the way the social world talks to the hard-wired world."<sup>7,8</sup>

## **MONKEYS CLARIFY OLD QUESTIONS ABOUT NATURE VERSUS NURTURE**

One of the clearest ways of understanding how the quality of parenting and environment affects the expression of genes comes from the work of Stephen Suomi, chief of the National Institutes of Health's Laboratory of Comparative Ethology.<sup>9</sup> For more than forty years Suomi has been studying the transmission of personality through generations of rhesus monkeys, which share 95 percent of human genes, a number exceeded only by chimpanzees and bonobos. Like humans, rhesus monkeys live in large social groups with complex alliances and status relationships, and only members who can synchronize their behavior with the demands of the troop survive and flourish.

Rhesus monkeys are also like humans in their attachment patterns. Their infants depend on intimate physical contact with their mothers, and just as Bowlby observed in humans, they develop by exploring their reactions to their environment, running back to their mothers whenever they

feel scared or lost. Once they become more independent, play with their peers is the primary way they learn to get along in life.

Suomi identified two personality types that consistently ran into trouble: uptight, anxious monkeys, who become fearful, withdrawn, and depressed even in situations where other monkeys will play and explore; and highly aggressive monkeys, who make so much trouble that they are often shunned, beaten up, or killed. Both types are biologically different from their peers. Abnormalities in arousal levels, stress hormones, and metabolism of brain chemicals like serotonin can be detected within the first few weeks of life, and neither their biology nor their behavior tends to change as they mature. Suomi discovered a wide range of genetically driven behaviors. For example, the uptight monkeys (classified as such on the basis of both their behavior and their high cortisol levels at six months) will consume more alcohol in experimental situations than the others when they reach the age of four. The genetically aggressive monkeys also overindulge—but they binge drink to the point of passing out, while the uptight monkeys seem to drink to calm down.

And yet the social environment also contributes significantly to behavior and biology. The uptight, anxious females don't play well with others and thus often lack social support when they give birth and are at high risk for neglecting or abusing their firstborns. But when these females belong to a stable social group they often become diligent mothers who carefully watch out for their young. Under some conditions being an anxious mom can provide much needed protection. The aggressive mothers, on the other hand, did not provide any social advantages: very punitive with their offspring, there is lots of hitting, kicking, and biting. If the infants survive, their mothers usually keep them from making friends with their peers.

In real life it is impossible to tell whether people's aggressive or uptight behavior is the result of parents' genes or of having been raised by an abusive mother—or both. But in a monkey lab you can take newborns with vulnerable genes away from their biological mothers and have them raised by supportive mothers or in playgroups with peers.

Young monkeys who are taken away from their mothers at birth and brought up solely with their peers become intensely attached to them. They desperately cling to one another and don't peel away enough to engage in

healthy exploration and play. What little play there is lacks the complexity and imagination typical of normal monkeys. These monkeys grow up to be uptight: scared in new situations and lacking in curiosity. Regardless of their genetic predisposition, peer-raised monkeys overreact to minor stresses: Their cortisol increases much more in response to loud noises than does that of monkeys who were raised by their mothers. Their serotonin metabolism is even more abnormal than that of the monkeys who are genetically predisposed to aggression but who were raised by their own mothers. This leads to the conclusion that, at least in monkeys, early experience has at least as much impact on biology as heredity does.

Monkeys and humans share the same two variants of the serotonin gene (known as the short and long serotonin transporter alleles). In humans the short allele has been associated with impulsivity, aggression, sensation seeking, suicide attempts, and severe depression. Suomi showed that, at least in monkeys, the environment shapes how these genes affect behavior. Monkeys with the short allele that were raised by an adequate mother behaved normally and had no deficit in their serotonin metabolism. Those who were raised with their peers became aggressive risk takers.<sup>10</sup> Similarly, New Zealand researcher Alec Roy found that humans with the short allele had higher rates of depression than those with the long version but that this was true only if they also had a childhood history of abuse or neglect. The conclusion is clear: Children who are fortunate enough to have an attuned and attentive parent are not going to develop this genetically related problem.<sup>11</sup>

Suomi's work supports everything we've learned from our colleagues who study human attachment and from our own clinical research: Safe and protective early relationships are critical to protect children from long-term problems. In addition, even parents with their own genetic vulnerabilities can pass on that protection to the next generation provided that they are given the right support.

## **THE NATIONAL CHILD TRAUMATIC STRESS NETWORK**

Nearly every medical disease, from cancer to retinitis pigmentosa, has advocacy groups that promote the study and treatment of that particular condition. But until 2001, when the National Child Traumatic Stress Network was established by an act of Congress, there was no comprehensive organization dedicated to the research and treatment of traumatized children.

In 1998 I received a call from Adam Cummings from the Nathan Cummings Foundation telling me that they were interested in studying the effects of trauma on learning. I told them that while some very good work had been done on that subject,<sup>12</sup> there was no forum to implement the discoveries that had already been made. The mental, biological, or moral development of traumatized children was not being systematically taught to child-care workers, to pediatricians, or in graduate schools of psychology or social work.

Adam and I agreed that we had to address this problem. Some eight months later we convened a think tank that included representatives from the U.S. Department of Health and Human Services and the U.S. Department of Justice, Senator Ted Kennedy's health-care adviser, and a group of my colleagues who specialized in childhood trauma. We all were familiar with the basics of how trauma affects the developing mind and brain, and we all were aware that childhood trauma is radically different from traumatic stress in fully formed adults. The group concluded that, if we hoped to ever put the issue of childhood trauma firmly on the map, there needed to be a national organization that would promote both the study of childhood trauma and the education of teachers, judges, ministers, foster parents, physicians, probation officers, nurses, and mental health professionals—anyone who deals with abused and traumatized kids.

One member of our work group, Bill Harris, had extensive experience with child-related legislation, and he went to work with Senator Kennedy's staff to craft our ideas into law. The bill establishing the National Child Traumatic Stress Network was ushered through the Senate with overwhelming bipartisan support, and since 2001 it has grown from a collaborative network of 17 sites to more than 150 centers nationwide. Led by coordinating centers at Duke University and UCLA, the NCTSN includes universities, hospitals, tribal agencies, drug rehab programs,

mental health clinics, and graduate schools. Each of the sites, in turn, collaborates with local school systems, hospitals, welfare agencies, homeless shelters, juvenile justice programs, and domestic violence shelters, with a total of well over 8,300 affiliated partners.

Once the NCTS was up and running, we had the means to assemble a clearer profile of traumatized kids in every part of the country. My Trauma Center colleague Joseph Spinazzola led a survey that examined the records of nearly two thousand children and adolescents from agencies across the network.<sup>13</sup> We soon confirmed what we had suspected: The vast majority came from extremely dysfunctional families. More than half had been emotionally abused and/or had a caregiver who was too impaired to care for their needs. Almost 50 percent had temporarily lost caregivers to jail, treatment programs, or military service and had been looked after by strangers, foster parents, or distant relatives. About half reported having witnessed domestic violence, and a quarter were also victims of sexual and/or physical abuse. In other words, the children and adolescents in the survey were mirrors of the middle-aged, middle-class Kaiser Permanente patients with high ACE scores that Vincent Felitti had studied in the Adverse Childhood Experiences (ACE) Study.

## THE POWER OF DIAGNOSIS

In the 1970s there was no way to classify the wide-ranging symptoms of hundreds of thousands of returning Vietnam veterans. As we saw in the opening chapters of this book, this forced clinicians to improvise the treatment of their patients and prevented them from being able to systematically study what approaches actually worked. The adoption of the PTSD diagnosis by the DSM III in 1980 led to extensive scientific studies and to the development of effective treatments, which turned out to be relevant not only to combat veterans but also to victims of a range of traumatic events, including rape, assault, and motor vehicle accidents.<sup>14</sup> An example of the far-ranging power of having a specific diagnosis is the fact that between 2007 and 2010 the Department of Defense spent more than \$2.7 billion for the treatment of and research on PTSD in combat veterans,

while in fiscal year 2009 alone the Department of Veterans Affairs spent \$24.5 million on in-house PTSD research.

The DSM definition of PTSD is quite straightforward: A person is exposed to a horrendous event “that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,” causing “intense fear, helplessness, or horror,” which results in a variety of manifestations: intrusive reexperiencing of the event (flashbacks, bad dreams, feeling as if the event were occurring), persistent and crippling avoidance (of people, places, thoughts, or feelings associated with the trauma, sometimes with amnesia for important parts of it), and increased arousal (insomnia, hypervigilance, or irritability). This description suggests a clear story line: A person is suddenly and unexpectedly devastated by an atrocious event and is never the same again. The trauma may be over, but it keeps being replayed in continually recycling memories and in a reorganized nervous system.

How relevant was this definition to the children we were seeing? After a single traumatic incident—a dog bite, an accident, or witnessing a school shooting—children can indeed develop basic PTSD symptoms similar to those of adults, even if they live in safe and supportive homes. As a result of having the PTSD diagnosis, we now can treat those problems quite effectively.

In the case of the troubled children with histories of abuse and neglect who show up in clinics, schools, hospitals, and police stations, the traumatic roots of their behaviors are less obvious, particularly because they rarely talk about having been hit, abandoned, or molested, even when asked. Eighty two percent of the traumatized children seen in the National Child Traumatic Stress Network do not meet diagnostic criteria for PTSD.<sup>15</sup> Because they often are shut down, suspicious, or aggressive they now receive pseudoscientific diagnoses such as “oppositional defiant disorder,” meaning “This kid hates my guts and won’t do anything I tell him to do,” or “disruptive mood dysregulation disorder,” meaning he has temper tantrums. Having as many problems as they do, these kids accumulate numerous diagnoses over time. Before they reach their twenties, many patients have been given four, five, six, or more of these impressive but meaningless labels. If they receive treatment at all, they get whatever is being

promulgated as the method of management du jour: medications, behavioral modification, or exposure therapy. These rarely work and often cause more damage.

As the NCTSN treated more and more kids, it became increasingly obvious that we needed a diagnosis that captured the reality of their experience. We began with a database of nearly twenty thousand kids who were being treated in various sites within the network and collected all the research articles we could find on abused and neglected kids. These were winnowed down to 130 particularly relevant studies that reported on more than one hundred thousand children and adolescents worldwide. A core work group of twelve clinician/researchers specializing in childhood trauma<sup>16</sup> then convened twice a year for four years to draft a proposal for an appropriate diagnosis, which we decided to call Developmental Trauma Disorder.<sup>17</sup>

As we organized our findings, we discovered a consistent profile: (1) a pervasive pattern of dysregulation, (2) problems with attention and concentration, and (3) difficulties getting along with themselves and others. These children's moods and feelings rapidly shifted from one extreme to another—from temper tantrums and panic to detachment, flatness, and dissociation. When they got upset (which was much of the time), they could neither calm themselves down nor describe what they were feeling.

Having a biological system that keeps pumping out stress hormones to deal with real or imagined threats leads to physical problems: sleep disturbances, headaches, unexplained pain, oversensitivity to touch or sound. Being so agitated or shut down keeps them from being able to focus their attention and concentration. To relieve their tension, they engage in chronic masturbation, rocking, or self-harming activities (biting, cutting, burning, and hitting themselves, pulling their hair out, picking at their skin until it bled). It also leads to difficulties with language processing and fine-motor coordination. Spending all their energy on staying in control, they usually have trouble paying attention to things, like schoolwork, that are not directly relevant to survival, and their hyperarousal makes them easily distracted.

Having been frequently ignored or abandoned leaves them clinging and needy, even with the people who have abused them. Having been

chronically beaten, molested, and otherwise mistreated, they can not help but define themselves as defective and worthless. They come by their self-loathing, sense of defectiveness, and worthlessness honestly. Was it any surprise that they didn't trust anyone? Finally, the combination of feeling fundamentally despicable and overreacting to slight frustrations makes it difficult for them to make friends.

We published the first articles about our findings, developed a validated rating scale,<sup>18</sup> and collected data on about 350 kids and their parents or foster parents to establish that this one diagnosis, Developmental Trauma Disorder, captured the full range of what was wrong with these children. It would enable us to give them a single diagnosis, as opposed to multiple labels, and would firmly locate the origin of their problems in a combination of trauma and compromised attachment.

In February 2009 we submitted our proposed new diagnosis of Developmental Trauma Disorder to the American Psychiatric Association, stating the following in a cover letter:

Children who develop in the context of ongoing danger, maltreatment and disrupted caregiving systems are being ill served by the current diagnostic systems that lead to an emphasis on behavioral control with no recognition of interpersonal trauma. Studies on the sequelae of childhood trauma in the context of caregiver abuse or neglect consistently demonstrate chronic and severe problems with emotion regulation, impulse control, attention and cognition, dissociation, interpersonal relationships, and self and relational schemas. In absence of a sensitive trauma-specific diagnosis, such children are currently diagnosed with an average of 3–8 co-morbid disorders. The continued practice of applying multiple distinct co-morbid diagnoses to traumatized children has grave consequences: it defies parsimony, obscures etiological clarity, and runs the danger of relegating treatment and intervention to a small aspect of the child's psychopathology rather than promoting a comprehensive treatment approach.

Shortly after submitting our proposal, I gave a talk on Developmental Trauma Disorder in Washington DC to a meeting of the mental health commissioners from across the country. They offered to support our initiative by writing a letter to the APA. The letter began by pointing out that the National Association of State Mental Health Program Directors served 6.1 million people annually, with a budget of \$29.5 billion, and concluded: “We urge the APA to add developmental trauma to its list of priority areas to clarify and better characterize its course and clinical sequelae and to emphasize the strong need to address developmental trauma in the assessment of patients.”

I felt confident that this letter would ensure that the APA would take our proposal seriously, but several months after our submission, Matthew Friedman, executive director of the National Center for PTSD and chair of the relevant DSM subcommittee, informed us that DTD was unlikely to be included in the DSM-5. The consensus, he wrote, was that no new diagnosis was required to fill a “missing diagnostic niche.” One million children who are abused and neglected every year in the United States a “diagnostic niche”?

The letter went on: “The notion that early childhood adverse experiences lead to substantial developmental disruptions is more clinical intuition than a research-based fact. This statement is commonly made but cannot be backed up by prospective studies.” In fact, we had included several prospective studies in our proposal. Let’s look at just two of them here.

## HOW RELATIONSHIPS SHAPE DEVELOPMENT

Beginning in 1975 and continuing for almost thirty years, Alan Sroufe and his colleagues tracked 180 children and their families through the Minnesota Longitudinal Study of Risk and Adaptation.<sup>19</sup> At the time the study began there was an intense debate about the role of nature versus nurture, and temperament versus environment in human development, and this study set out to answer those questions. Trauma was not yet a popular topic, and child abuse and neglect were not a central focus of this study—at

least initially, until they emerged as the most important predictors of adult functioning.

Working with local medical and social agencies, the researchers recruited first-time (Caucasian) mothers who were poor enough to qualify for public assistance but who had different backgrounds and different kinds and levels of support available for parenting. The study began three months before the children were born and followed the children for thirty years into adulthood, assessing and, where relevant, measuring all the major aspects of their functioning and all the significant circumstances of their lives. It considered several fundamental questions: How do children learn to pay attention while regulating their arousal (i.e., avoiding extreme highs or lows) and keeping their impulses under control? What kinds of supports do they need, and when are these needed?

After extensive interviews and testing of the prospective parents, the study really got off the ground in the newborn nursery, where researchers observed the newborns and interviewed the nurses caring for them. They then made home visits seven and ten days after birth. Before the children entered first grade, they and their parents were carefully assessed a total of fifteen times. After that, the children were interviewed and tested at regular intervals until age twenty-eight, with continuing input from mothers and teachers.

Sroufe and his colleagues found that quality of care and biological factors were closely interwoven. It is fascinating to see how the Minnesota results echo—though with far greater complexity—what Stephen Suomi found in his primate laboratory. Nothing was written in stone. Neither the mother’s personality, nor the infant’s neurological anomalies at birth, nor its IQ, nor its temperament—including its activity level and reactivity to stress—predicted whether a child would develop serious behavioral problems in adolescence.<sup>20</sup> The key issue, rather, was the nature of the parent-child relationship: how parents felt about and interacted with their kids. As with Suomi’s monkeys, the combination of vulnerable infants and inflexible caregivers made for clingy, uptight kids. Insensitive, pushy, and intrusive behavior on the part of the parents at six months predicted hyperactivity and attention problems in kindergarten and beyond.<sup>21</sup>

Focusing on many facets of development, particularly relationships with caregivers, teachers, and peers, Sroufe and his colleagues found that caregivers not only help keep arousal within manageable bounds but also help infants develop their own ability to regulate their arousal. Children who were regularly pushed over the edge into overarousal and disorganization did not develop proper attunement of their inhibitory and excitatory brain systems and grew up expecting that they would lose control if something upsetting happened. This was a vulnerable population, and by late adolescence half of them had diagnosable mental health problems. There were clear patterns: The children who received consistent caregiving became well-regulated kids, while erratic caregiving produced kids who were chronically physiologically aroused. The children of unpredictable parents often clamored for attention and became intensely frustrated in the face of small challenges. Their persistent arousal made them chronically anxious. Constantly looking for reassurance got in the way of playing and exploration, and, as a result, they grew up chronically nervous and nonadventurous.

Early parental neglect or harsh treatment led to behavior problems in school and predicted troubles with peers and a lack of empathy for the distress of others.<sup>22</sup> This set up a vicious cycle: Their chronic arousal, coupled with lack of parental comfort, made them disruptive, oppositional, and aggressive. Disruptive and aggressive kids are unpopular and provoke further rejection and punishment, not only from their caregivers but also from their teachers and peers.<sup>23</sup>

Sroufe also learned a great deal about resilience: the capacity to bounce back from adversity. By far the most important predictor of how well his subjects coped with life's inevitable disappointments was the level of security established with their primary caregiver during the first two years of life. Sroufe informally told me that he thought that resilience in adulthood could be predicted by how lovable mothers rated their kids at age two.<sup>24</sup>

## THE LONG-TERM EFFECTS OF INCEST

In 1986 Frank Putnam and Penelope Trickett, his colleague at the National Institute of Mental Health, initiated the first longitudinal study of the impact of sexual abuse on female development.<sup>25</sup> Until the results of this study came out, our knowledge about the effects of incest was based entirely on reports from children who had recently disclosed their abuse and on accounts from adults reconstructing years or even decades later how incest had affected them. No study had ever followed girls as they matured to examine how sexual abuse might influence their school performance, peer relationships, and self-concept, as well as their later dating life. Putnam and Trickett also looked at changes over time in their subjects' stress hormones, reproductive hormones, immune function, and other physiological measures. In addition they explored potential protective factors, such as intelligence and support from family and peers.

The researchers painstakingly recruited eighty-four girls referred by the District of Columbia Department of Social Services who had a confirmed history of sexual abuse by a family member. These were matched with a comparison group of eighty-two girls of the same age, race, socioeconomic status, and family constellation who had not been abused. The average starting age was eleven. Over the next twenty years these two groups were thoroughly assessed six times, once a year for the first three years and again at ages eighteen, nineteen, and twenty-five. Their mothers participated in the early assessments, and their own children took part in the last. A remarkable 96 percent of the girls, now grown women, have stayed in the study from its inception.

The results were unambiguous: Compared with girls of the same age, race, and social circumstances, sexually abused girls suffer from a large range of profoundly negative effects, including cognitive deficits, depression, dissociative symptoms, troubled sexual development, high rates of obesity, and self-mutilation. They dropped out of high school at a higher rate than the control group and had more major illnesses and health-care utilization. They also showed abnormalities in their stress hormone responses, had an earlier onset of puberty, and accumulated a host of different, seemingly unrelated, psychiatric diagnoses.

The follow-up research revealed many details of how abuse affects development. For example, each time they were assessed, the girls in both

groups were asked to talk about the worst thing that had happened to them during the previous year. As they told their stories, the researchers observed how upset they became, while measuring their physiology. During the first assessment all the girls reacted by becoming distressed. Three years later, in response to the same question, the nonabused girls once again displayed signs of distress, but the abused girls shut down and became numb. Their biology matched their observable reactions: During the first assessment all of the girls showed an increase in the stress hormone cortisol; three years later cortisol went down in the abused girls as they reported on the most stressful event of the past year. Over time the body adjusts to chronic trauma. One of the consequences of numbing is that teachers, friends, and others are not likely to notice that a girl is upset; she may not even register it herself. By numbing out she no longer reacts to distress the way she should, for example, by taking protective action.

Putnam's study also captured the pervasive long-term effects of incest on friendships and partnering. Before the onset of puberty nonabused girls usually have several girlfriends, as well as one boy who functions as a sort of spy who informs them about what these strange creatures, boys, are all about. After they enter adolescence, their contacts with boys gradually increase. In contrast, before puberty the abused girls rarely have close friends, girls or boys, but adolescence brings many chaotic and often traumatizing contacts with boys.

Lacking friends in elementary school makes a crucial difference. Today we're aware how cruel third-, fourth-, and fifth-grade girls can be. It's a complex and rocky time when friends can suddenly turn on one another and alliances dissolve in exclusions and betrayals. But there is an upside: By the time girls get to middle school, most have begun to master a whole set of social skills, including being able to identify what they feel, negotiating relationships with others, pretending to like people they don't, and so on. And most of them have built a fairly steady support network of girls who become their stress-debriefing team. As they slowly enter the world of sex and dating, these relationships give them room for reflection, gossip, and discussion of what it all means.

The sexually abused girls have an entirely different developmental pathway. They don't have friends of either gender because they can't trust; they hate themselves, and their biology is against them, leading them either

to overreact or numb out. They can't keep up in the normal envy-driven inclusion/exclusion games, in which players have to stay cool under stress. Other kids usually don't want anything to do with them—they simply are too weird.

But that's only the beginning of the trouble. The abused, isolated girls with incest histories mature sexually a year and a half earlier than the nonabused girls. Sexual abuse speeds up their biological clocks and the secretion of sex hormones. Early in puberty the abused girls had three to five times the levels of testosterone and androstenedione, the hormones that fuel sexual desire, as the girls in the control group.

Results of Putnam and Trickett's study continue to be published, but it has already created an invaluable road map for clinicians dealing with sexually abused girls. At the Trauma Center, for example, one of our clinicians reported on a Monday morning that a patient named Ayesha had been raped—again—over the weekend. She had run away from her group home at five o'clock on Saturday, gone to a place in Boston where druggies hang out, smoked some dope and done some other drugs, and then left with a bunch of boys in a car. At five o'clock Sunday morning they had gang-raped her. Like so many of the adolescents we see, Ayesha can't articulate what she wants or needs and can't think through how she might protect herself. Instead, she lives in a world of actions. Trying to explain her behavior in terms of victim/perpetrator isn't helpful, nor are labels like "depression," "oppositional defiant disorder," "intermittent explosive disorder," "bipolar disorder," or any of the other options our diagnostic manuals offer us. Putnam's work has helped us understand how Ayesha experiences the world—why she cannot tell us what is going on with her, why she is so impulsive and lacking in self-protection, and why she views us as frightening and intrusive rather than as people who can help her.

## **THE DSM-5: A VERITABLE SMORGASBORD OF “DIAGNOSES”**

When DSM-5 was published in May 2013 it included some three hundred disorders in its 945 pages. It offers a veritable smorgasbord of possible labels for the problems associated with severe early-life trauma, including

some new ones such as Disruptive Mood Regulation Disorder,<sup>26</sup> Non-suicidal Self Injury, Intermittent Explosive Disorder, Dysregulated Social Engagement Disorder, and Disruptive Impulse Control Disorder.<sup>27</sup>

Before the late nineteenth century doctors classified illnesses according to their surface manifestations, like fevers and pustules, which was not unreasonable, given that they had little else to go on.<sup>28</sup> This changed when scientists like Louis Pasteur and Robert Koch discovered that many diseases were caused by bacteria that were invisible to the naked eye. Medicine then was transformed by its attempts to discover ways to get rid of those organisms rather than just treating the boils and the fevers that they caused. With DSM-5 psychiatry firmly regressed to early-nineteenth-century medical practice. Despite the fact that we know the origin of many of the problems it identifies, its “diagnoses” describe surface phenomena that completely ignore the underlying causes.

Even before DSM-5 was released, the *American Journal of Psychiatry* published the results of validity tests of various new diagnoses, which indicated that the DSM largely lacks what in the world of science is known as “reliability”—the ability to produce consistent, replicable results. In other words, it lacks scientific validity. Oddly, the lack of reliability and validity did not keep the DSM-5 from meeting its deadline for publication, despite the near-universal consensus that it represented no improvement over the previous diagnostic system.<sup>29</sup> Could the fact that the APA had earned \$100 million on the DSM-IV and is slated to take in a similar amount with the DSM-5 (because all mental health practitioners, many lawyers, and other professionals will be obliged to purchase the latest edition) be the reason we have this new diagnostic system?

Diagnostic reliability isn’t an abstract issue: If doctors can’t agree on what ails their patients, there is no way they can provide proper treatment. When there’s no relationship between diagnosis and cure, a mislabeled patient is bound to be a mistreated patient. You would not want to have your appendix removed when you are suffering from a kidney stone, and you would not want have somebody labeled as “oppositional” when, in fact, his behavior is rooted in an attempt to protect himself against real danger.

In a statement released in June 2011, the British Psychological Society complained to the APA that the sources of psychological suffering in the

DSM-5 were identified “as located within individuals” and overlooked the “undeniable social causation of many such problems.”<sup>30</sup> This was in addition to a flood of protest from American professionals, including leaders of the American Psychological Association and the American Counseling Association. Why are relationships or social conditions left out? <sup>31</sup> If you pay attention only to faulty biology and defective genes as the cause of mental problems and ignore abandonment, abuse, and deprivation, you are likely to run into as many dead ends as previous generations did blaming it all on terrible mothers.

The most stunning rejection of the DSM-5 came from the National Institute of Mental Health, which funds most psychiatric research in America. In April 2013, a few weeks before DSM-5 was formally released, NIMH director Thomas Insel announced that his agency could no longer support DSM’s “symptom-based diagnosis.”<sup>32</sup> Instead the institute would focus its funding on what are called Research Domain Criteria (RDoC)<sup>33</sup> to create a framework for studies that would cut across current diagnostic categories. For example, one of the NIMH domains is “Arousal/Modulatory Systems (Arousal, Circadian Rhythm, Sleep and Wakefulness),” which are disturbed to varying degrees in many patients.

Like the DSM-5, the RDoC framework conceptualizes mental illnesses solely as brain disorders. This means that future research funding will explore the brain circuits “and other neurobiological measures” that underlie mental problems. Insel sees this as a first step toward the sort of “precision medicine that has transformed cancer diagnosis and treatment.” Mental illness, however, is not at all like cancer: Humans are social animals, and mental problems involve not being able to get along with other people, not fitting in, not belonging, and in general not being able to get on the same wavelength.

Everything about us—our brains, our minds, and our bodies—is geared toward collaboration in social systems. This is our most powerful survival strategy, the key to our success as a species, and it is precisely this that breaks down in most forms of mental suffering. As we saw in part 2, the neural connections in brain and body are vitally important for understanding human suffering, but it is important not to ignore the foundations of our humanity: relationships and interactions that shape our

minds and brains when we are young and that give substance and meaning to our entire lives.

People with histories of abuse, neglect, or severe deprivation will remain mysterious and largely untreated unless we heed the admonition of Alan Sroufe: “To fully understand how we become the persons we are—the complex, step-by-step evolution of our orientations, capacities, and behavior over time—requires more than a list of ingredients, however important any one of them might be. It requires an understanding of the process of development, how all of these factors work together in an ongoing way over time.”<sup>34</sup>

Frontline mental health workers—overwhelmed and underpaid social workers and therapists alike—seem to agree with our approach. Shortly after the APA rejected Developmental Trauma Disorder for inclusion in the DSM, thousands of clinicians from around the country sent small contributions to the Trauma Center to help us conduct a large scientific study, known as a field trial, to further study DTD. That support has enabled us to interview hundreds of kids, parents, foster parents, and mental health workers at five different network sites over the last few years with scientifically constructed interview tools. The first results from these studies have now been published, and more will appear as this book is going to print.<sup>35</sup>

## WHAT DIFFERENCE WOULD DTD MAKE?

One answer is that it would focus research and treatment (not to mention funding) on the central principles that underlie the protean symptoms of chronically traumatized children and adults: pervasive biological and emotional dysregulation, failed or disrupted attachment, problems staying focused and on track, and a hugely deficient sense of coherent personal identity and competence. These issues transcend and include almost all diagnostic categories, but treatment that doesn’t put them front and center is more than likely to miss the mark. Our great challenge is to apply the lessons of neuroplasticity, the flexibility of brain circuits, to rewire the brains and reorganize the minds of people who have been programmed by life itself to experience others as threats and themselves as helpless.

Social support is a biological necessity, not an option, and this reality should be the backbone of all prevention and treatment. Recognizing the profound effects of trauma and deprivation on child development need not lead to blaming parents. We can assume that parents do the best they can, but all parents need help to nurture their kids. Nearly every industrialized nation, with the exception of the United States, recognizes this and provides some form of guaranteed support to families. James Heckman, winner of the 2000 Nobel Prize in Economics, has shown that quality early-childhood programs that involve parents and promote basic skills in disadvantaged children more than pay for themselves in improved outcomes.<sup>[36](#)</sup>

In the early 1970s psychologist David Olds was working in a Baltimore day-care center where many of the preschoolers came from homes wracked by poverty, domestic violence, and drug abuse. Aware that only addressing the children's problems at school was not sufficient to improve their home conditions, he started a home-visitation program in which skilled nurses helped mothers to provide a safe and stimulating environment for their children and, in the process, to imagine a better future for themselves. Twenty years later, the children of the home-visitation mothers were not only healthier but also less likely to report having been abused or neglected than a similar group whose mothers had not been visited. They also were more likely to have finished school, to have stayed out of jail, and to be working in well-paying jobs. Economists have calculated that every dollar invested in high-quality home visitation, day care, and preschool programs results in seven dollars of savings on welfare payments, health-care costs, substance-abuse treatment, and incarceration, plus higher tax revenues due to better-paying jobs.<sup>[37](#)</sup>

When I go to Europe to teach, I often am contacted by officials at the ministries of health in the Scandinavian countries, the United Kingdom, Germany, or the Netherlands and asked to spend an afternoon with them sharing the latest research on the treatment of traumatized children, adolescents, and their families. The same is true for many of my colleagues. These countries have already made a commitment to universal health care, ensuring a guaranteed minimum wage, paid parental leave for both parents after a child is born, and high-quality childcare for all working mothers.

Could this approach to public health have something to do with the fact that the incarceration rate in Norway is 71/100,000, in the Netherlands 81/100,000, and the US 781/100,000, while the crime rate in those countries is much lower than in ours, and the cost of medical care about half? Seventy percent of prisoners in California spent time in foster care while growing up. The United States spends \$84 billion per year to incarcerate people at approximately \$44,000 per prisoner; the northern European countries a fraction of that amount. Instead, they invest in helping parents to raise their children in safe and predictable surroundings. Their academic test scores and crime rates seem to reflect the success of those investments.

PART FOUR

**THE IMPRINT OF  
TRAUMA**

## CHAPTER 11

### UNCOVERING SECRETS: THE PROBLEM OF TRAUMATIC MEMORY

It is a strange thing that all the memories have these two qualities. They are always full of quietness, that is the most striking thing about them; and even when things weren't like that in reality, they still seem to have that quality. They are soundless apparitions, which speak to me by looks and gestures, wordless and silent—and their silence is precisely what disturbs me.

—Erich Maria Remarque, *All Quiet on the Western Front*

In the spring of 2002 I was asked to examine a young man who claimed to have been sexually abused while he was growing up by Paul Shanley, a Catholic priest who had served in his parish in Newton, Massachusetts. Now twenty-five years old, he had apparently forgotten the abuse until he heard that the priest was currently under investigation for molesting young boys. The question posed to me was: Even though he had seemingly “repressed” the abuse for well over a decade after it ended, were his memories credible, and was I prepared to testify to that fact before a judge?

I will share what this man, whom I'll call Julian, told me, drawing on my original case notes. (Even though his real name is in the public record, I'm using a pseudonym because I hope that he has regained some privacy and peace with the passage of time.<sup>1</sup>)

His experiences illustrate the complexities of traumatic memory. The controversies over the case against Father Shanley are also typical of the passions that have swirled around this issue since psychiatrists first described the unusual nature of traumatic memories in the final decades of the nineteenth century.

## FLOODED BY SENSATIONS AND IMAGES

On February 11, 2001, Julian was serving as a military policeman at an air force base. During his daily phone conversation with his girlfriend, Rachel, she mentioned a lead article she'd read that morning in the *Boston Globe*. A priest named Shanley was under suspicion for molesting children. Hadn't Julian once told her about a Father Shanley who had been his parish priest back in Newton? "Did he ever do anything to you?" she asked. Julian initially recalled Father Shanley as a kind man who'd been very supportive after his parents got divorced. But as the conversation went on, he started to go into a panic. He suddenly saw Shanley silhouetted in a doorframe, his hands stretched out at forty-five degrees, staring at Julian as he urinated. Overwhelmed by emotion, he told Rachel, "I've got to go." He called his flight chief, who came over accompanied by the first sergeant. After he met with the two of them, they took him to the base chaplain. Julian recalls telling him: "Do you know what is going on in Boston? It happened to me, too." The moment he heard himself say those words, he knew for certain that Shanley had molested him—even though he did not remember the details. Julian felt extremely embarrassed about being so emotional; he had always been a strong kid who kept things to himself.

That night he sat on the corner of his bed, hunched over, thinking he was losing his mind and terrified that he would be locked up. Over the subsequent week images kept flooding into his mind, and he was afraid of breaking down completely. He thought about taking a knife and plunging it into his leg just to stop the mental pictures. Then the panic attacks started to be accompanied by seizures, which he called "epileptic fits." He scratched his body until he bled. He constantly felt hot, sweaty, and agitated. Between panic attacks he "felt like a zombie"; he was observing himself from a

distance, as if what he was experiencing were actually happening to somebody else.

In April he received an administrative discharge, just ten days short of being eligible to receive full benefits.

When Julian entered my office almost a year later, I saw a handsome, muscular guy who looked depressed and defeated. He told me immediately that he felt terrible about having left the air force. He had wanted to make it his career, and he'd always received excellent evaluations. He loved the challenges and the teamwork, and he missed the structure of the military lifestyle.

Julian was born in a Boston suburb, the second-oldest of five children. His father left the family when Julian was about six because he could not tolerate living with Julian's emotionally labile mother. Julian and his father get along quite well, but he sometimes reproaches his father for having worked too hard to support his family and for abandoning him to the care of his unbalanced mother. Neither his parents nor any of his siblings has ever received psychiatric care or been involved with drugs.

Julian was a popular athlete in high school. Although he had many friends, he felt pretty bad about himself and covered up for being a poor student by drinking and partying. He feels ashamed that he took advantage of his popularity and good looks by having sex with many girls. He mentioned wanting to call several of them to apologize for how badly he'd treated them.

He remembered always hating his body. In high school he took steroids to pump himself up and smoked marijuana almost every day. He did not go to college, and after graduating from high school he was virtually homeless for almost a year because he could no longer stand living with his mother. He enlisted to try to get his life back on track.

Julian met Father Shanley at age six when he was taking a CCD (catechism) class at the parish church. He remembered Father Shanley taking him out of the class for confession. Father Shanley rarely wore a cassock, and Julian remembered the priest's dark blue corduroy pants. They would go to a big room with one chair facing another and a bench to kneel on. The chairs were covered with red and there was a red velvet cushion on the bench. They played cards, a game of war that turned into strip poker. Then he remembered standing in front of a mirror in that room. Father

Shanley made him bend over. He remembered Father Shanley putting a finger into his anus. He does not think Shanley ever penetrated him with his penis, but he believes that the priest fingered him on numerous occasions.

Other than that, his memories were quite incoherent and fragmentary. He had flashes of images of Shanley's face and of isolated incidents: Shanley standing in the door of the bathroom; the priest going down on his knees and moving "it" around with his tongue. He could not say how old he was when that happened. He remembered the priest telling him how to perform oral sex, but he did not remember actually doing it. He remembered passing out pamphlets in church and then Father Shanley sitting next to him in a pew, fondling him with one hand and holding Julian's hand on himself with the other. He remembered that, as he grew older, Father Shanley would pass close to him and caress his penis. Paul did not like it but did not know what to do to stop it. After all, he told me, "Father Shanley was the closest thing to God in my neighborhood."

In addition to these memory fragments, traces of his sexual abuse were clearly being activated and replayed. Sometimes when he was having sex with his girlfriend, the priest's image popped into his head, and, as he said, he would "lose it." A week before I interviewed him, his girlfriend had pushed a finger into his mouth and playfully said: "You give good head." Julian jumped up and screamed, "If you ever say that again I'll fucking kill you." Then, terrified, they both started to cry. This was followed by one of Julian's "epileptic fits," in which he curled up in a fetal position, shaking and whimpering like a baby. While telling me this Julian looked very small and very frightened.

Julian alternated between feeling sorry for the old man that Father Shanley had become and simply wanting to "take him into a room somewhere and kill him." He also spoke repeatedly of how ashamed he felt, how hard it was to admit that he could not protect himself: "Nobody fucks with me, and now I have to tell you this." His self-image was of a big, tough Julian.

How do we make sense of a story like Julian's: years of apparent forgetting, followed by fragmented, disturbing images, dramatic physical symptoms, and sudden reenactments? As a therapist treating people with a legacy of trauma, my primary concern is not to determine exactly what happened to them but to help them tolerate the sensations, emotions, and

reactions they experience without being constantly hijacked by them. When the subject of blame arises, the central issue that needs to be addressed is usually self-blame—accepting that the trauma was not their fault, that it was not caused by some defect in themselves, and that no one could ever have deserved what happened to them.

Once a legal case is involved, however, determination of culpability becomes primary, and with it the admissibility of evidence. I had previously examined twelve people who had been sadistically abused as children in a Catholic orphanage in Burlington, Vermont. They had come forward (with many other claimants) more than four decades later, and although none had had any contact with the others until the first claim was filed, their abuse memories were astonishingly similar: They all named the same names and the particular abuses that each nun or priest had committed—in the same rooms, with the same furniture, and as part of the same daily routines. Most of them subsequently accepted an out-of-court settlement from the Vermont diocese.

Before a case goes to trial, the judge holds a so-called Daubert hearing to set the standards for expert testimony to be presented to the jury. In a 1996 case I had convinced a federal circuit court judge in Boston that it was common for traumatized people to lose all memories of the event in question, only to regain access to them in bits and pieces at a much later date. The same standards would apply in Julian’s case. While my report to his lawyer remains confidential, it was based on decades of clinical experience and research on traumatic memory, including the work of some of the great pioneers of modern psychiatry.

## **NORMAL VERSUS TRAUMATIC MEMORY**

We all know how fickle memory is; our stories change and are constantly revised and updated. When my brothers, sisters, and I talk about events in our childhood, we always end up feeling that we grew up in different families—so many of our memories simply do not match. Such autobiographical memories are not precise reflections of reality; they are stories we tell to convey our personal take on our experience.

The extraordinary capacity of the human mind to rewrite memory is illustrated in the Grant Study of Adult Development, which has systematically followed the psychological and physical health of more than two hundred Harvard men from their sophomore years of 1939–44 to the present.<sup>2</sup> Of course, the designers of the study could not have anticipated that most of the participants would go off to fight in World War II, but we can now track the evolution of their wartime memories. The men were interviewed in detail about their war experiences in 1945/1946 and again in 1989/1990. Four and a half decades later, the majority gave very different accounts from the narratives recorded in their immediate postwar interviews: With the passage of time, events had been bleached of their intense horror. In contrast, those who had been traumatized and subsequently developed PTSD did not modify their accounts; their memories were preserved essentially intact forty-five years after the war ended.

Whether we remember a particular event at all, and how accurate our memories of it are, largely depends on how personally meaningful it was and how emotional we felt about it at the time. The key factor is our level of arousal. We all have memories associated with particular people, songs, smells, and places that stay with us for a long time. Most of us still have precise memories of where we were and what we saw on Tuesday, September 11, 2001, but only a fraction of us recall anything in particular about September 10.

Most day-to-day experience passes immediately into oblivion. On ordinary days we don't have much to report when we come home in the evening. The mind works according to schemes or maps, and incidents that fall outside the established pattern are most likely to capture our attention. If we get a raise or a friend tells us some exciting news, we will retain the details of the moment, at least for a while. We remember insults and injuries best: The adrenaline that we secrete to defend against potential threats helps to engrave those incidents into our minds. Even if the content of the remark fades, our dislike for the person who made it usually persists.

When something terrifying happens, like seeing a child or a friend get hurt in an accident, we will retain an intense and largely accurate memory of the event for a long time. As James McGaugh and colleagues have

shown, the more adrenaline you secrete, the more precise your memory will be.<sup>3</sup> But that is true only up to a certain point. Confronted with horror—especially the horror of “inescapable shock”—this system becomes overwhelmed and breaks down.

Of course, we cannot monitor what happens during a traumatic experience, but we can reactivate the trauma in the laboratory, as was done for the brain scans in chapters 3 and 4. When memory traces of the original sounds, images, and sensations are reactivated, the frontal lobe shuts down, including, as we’ve seen, the region necessary to put feelings into words,<sup>4</sup> the region that creates our sense of location in time, and the thalamus, which integrates the raw data of incoming sensations. At this point the emotional brain, which is not under conscious control and cannot communicate in words, takes over. The emotional brain (the limbic area and the brain stem) expresses its altered activation through changes in emotional arousal, body physiology, and muscular action. Under ordinary conditions these two memory systems—rational and emotional—collaborate to produce an integrated response. But high arousal not only changes the balance between them but also disconnects other brain areas necessary for the proper storage and integration of incoming information, such as the hippocampus and the thalamus.<sup>5</sup> As a result, the imprints of traumatic experiences are organized not as coherent logical narratives but in fragmented sensory and emotional traces: images, sounds, and physical sensations.<sup>6</sup> Julian saw a man with outstretched arms, a pew, a staircase, a strip poker game; he felt a sensation in his penis, a panicked sense of dread. But there was little or no story.

## UNCOVERING THE SECRETS OF TRAUMA

In the late nineteenth century, when medicine first began the systematic study of mental problems, the nature of traumatic memory was one of the central topics under discussion. In France and England a prodigious number of articles were published on a syndrome known as “railway spine,” a psychological aftermath of railroad accidents that included loss of memory.

The greatest advances, however, came in the study of hysteria, a mental disorder characterized by emotional outbursts, susceptibility to suggestion,

and contractions and paralyses of the muscles that could not be explained by simple anatomy.<sup>7</sup> Once considered an affliction of unstable or malingering women (the name comes from the Greek word for “womb”), hysteria now became a window into the mysteries of mind and body. The names of some of the greatest pioneers in neurology and psychiatry, such as Jean-Martin Charcot, Pierre Janet, and Sigmund Freud, are associated with the discovery that trauma is at the root of hysteria, particularly the trauma of childhood sexual abuse.<sup>8</sup> These early researchers referred to traumatic memories as “pathogenic secrets”<sup>9</sup> or “mental parasites,”<sup>10</sup> because as much as the sufferers wanted to forget whatever had happened, their memories kept forcing themselves into consciousness, trapping them in an ever-renewing present of existential horror.<sup>11</sup>

The interest in hysteria was particularly strong in France, and, as so often happens, its roots lay in the politics of the day. Jean-Martin Charcot, who is widely regarded as the father of neurology and whose pupils, such as Gilles de la Tourette, lent their names to numerous neurological diseases, was also active in politics. After Emperor Napoleon III abdicated in 1870, there was a struggle between the monarchists (the old order backed by the clergy), and the advocates of the fledgling French Republic, who believed in science and in secular democracy. Charcot believed that women would be a critical factor in this struggle, and his investigation of hysteria “offered a scientific explanation for phenomena such as demonic possession states, witchcraft, exorcism, and religious ecstasy.”<sup>12</sup>

Charcot conducted meticulous studies of the physiological and neurological correlates of hysteria in both men and women, all of which emphasized embodied memory and a lack of language. For example, in 1889 he published the case of a patient named LeLog, who developed paralysis of the legs after being involved in a traffic accident with a horse-drawn cart. Although Lelog fell to the ground and lost consciousness, his legs appeared unhurt, and there were no neurological signs that would indicate a physical cause for his paralysis. Charcot discovered that just before Lelog passed out, he saw the wheels of the cart approaching him and strongly believed he would be run over. He noted that “the patient . . . does not preserve any recollection. . . . Questions addressed to him upon this point are attended with no result. He knows nothing or almost nothing.”<sup>13</sup>

Like many other patients at the Salpêtrière, Lelog expressed his experience physically: Instead of remembering the accident, he developed paralysis of his legs.<sup>14</sup>



PAINTING BY ANDRE BROUILLET

**Jean-Martin Charcot presents the case of a patient with hysteria.** Charcot transformed La Salpêtrière, an ancient asylum for the poor of Paris, which he transformed into a modern hospital. Notice the patient's dramatic posture.

But for me the real hero of this story is Pierre Janet, who helped Charcot establish a research laboratory devoted to the study of hysteria at the Salpêtrière. In 1889, the same year that the Eiffel Tower was built, Janet published the first book-length scientific account of traumatic stress: *L'automatisme psychologique*.<sup>15</sup> Janet proposed that at the root of what we now call PTSD was the experience of “vehement emotions,” or intense emotional arousal. This treatise explained that, after having been traumatized, people automatically keep repeating certain actions, emotions, and sensations related to the trauma. And unlike Charcot, who was

primarily interested in measuring and documenting patients’ physical symptoms, Janet spent untold hours talking with them, trying to discover what was going on in their minds. Also in contrast to Charcot, whose research focused on understanding the phenomenon of hysteria, Janet was first and foremost a clinician whose goal was to treat his patients. That is why I studied his case reports in detail and why he became one of my most important teachers.<sup>[16](#)</sup>

## AMNESIA, DISSOCIATION, AND REENACTMENT

Janet was the first to point out the difference between “narrative memory”—the stories people tell about trauma—and traumatic memory itself. One of his case histories was the story of Irène, a young woman who was hospitalized following her mother’s death from tuberculosis.<sup>[17](#)</sup> Irène had nursed her mother for many months while continuing to work outside the home to support her alcoholic father and pay for her mother’s medical care. When her mother finally died, Irène—exhausted from stress and lack of sleep—tried for several hours to revive the corpse, calling out to her mother and trying to force medicine down her throat. At one point the lifeless body dropped off the bed while Irène’s drunken father lay passed out nearby. Even after an aunt arrived and started preparing for the burial, Irène’s denial persisted. She had to be persuaded to attend the funeral, and she laughed throughout the service. A few weeks later she was brought to the Salpêtrière, where Janet took over her case.

In addition to amnesia for her mother’s death, Irène suffered from another symptom: Several times a week she would stare, trancelike, at an empty bed, ignore whatever was going on around her, and begin to care for an imaginary person. She meticulously reproduced, rather than remembered, the details of her mother’s death.

Traumatized people simultaneously remember too little and too much. On the one hand, Irène had no conscious memory of her mother’s death—she could not tell the story of what had happened. On the other she was compelled to physically act out the events of her mother’s death. Janet’s term “automatism” conveys the involuntary, unconscious nature of her actions.

Janet treated Irène for several months, mainly with hypnosis. At the end he asked her again about her mother's death. Irène started to cry and said, "Don't remind me of those terrible things. . . . My mother was dead and my father was a complete drunk, as always. I had to take care of her dead body all night long. I did a lot of silly things in order to revive her. . . . In the morning I lost my mind." Not only was Irène able tell the story, but she had also recovered her emotions: "I feel very sad and abandoned." Janet now called her memory "complete" because it now was accompanied by the appropriate feelings.

Janet noted significant differences between ordinary and traumatic memory. Traumatic memories are precipitated by specific triggers. In Julian's case the trigger was his girlfriend's seductive comments; in Irène's it was a bed. When one element of a traumatic experience is triggered, other elements are likely to automatically follow.

Traumatic memory is not condensed: It took Irène three to four hours to reenact her story, but when she was finally able to tell what had happened it took less than a minute. The traumatic enactment serves no function. In contrast, ordinary memory is adaptive; our stories are flexible and can be modified to fit the circumstances. Ordinary memory is essentially social; it's a story that we tell for a purpose: in Irène's case, to enlist her doctor's help and comfort; in Julian's case, to recruit me to join his search for justice and revenge. But there is nothing social about traumatic memory. Julian's rage at his girlfriend's remark served no useful purpose. Reenactments are frozen in time, unchanging, and they are always lonely, humiliating, and alienating experiences.

Janet coined the term "dissociation" to describe the splitting off and isolation of memory imprints that he saw in his patients. He was also prescient about the heavy cost of keeping these traumatic memories at bay. He later wrote that when patients dissociate their traumatic experience, they become "attached to an insurmountable obstacle".<sup>18</sup> "[U]nable to integrate their traumatic memories, they seem to lose their capacity to assimilate new experiences as well. It is . . . as if their personality has definitely stopped at a certain point, and cannot enlarge any more by the addition or assimilation of new elements."<sup>19</sup> He predicted that unless they became aware of the split-off elements and integrated them into a story that had happened in the

past but was now over, they would experience a slow decline in their personal and professional functioning. This phenomenon has now been well documented in contemporary research.<sup>20</sup>

Janet discovered that, while it is normal to change and distort one's memories, people with PTSD are unable to put the actual event, the source of those memories, behind them. Dissociation prevents the trauma from becoming integrated within the conglomerated, ever-shifting stores of autobiographical memory, in essence creating a dual memory system. Normal memory integrates the elements of each experience into the continuous flow of self-experience by a complex process of association; think of a dense but flexible network where each element exerts a subtle influence on many others. But in Julian's case, the sensations, thoughts, and emotions of the trauma were stored separately as frozen, barely comprehensible fragments. If the problem with PTSD is *dissociation*, the goal of treatment would be *association*: integrating the cut-off elements of the trauma into the ongoing narrative of life, so that the brain can recognize that "that was then, and this is now."

## THE ORIGINS OF THE “TALKING CURE”

Psychoanalysis was born on the wards of the Salpêtrière. In 1885 Freud went to Paris to work with Charcot, and he later named his firstborn son Jean-Martin in Charcot's honor. In 1893 Freud and his Viennese mentor, Josef Breuer, cited both Charcot and Janet in a brilliant paper on the cause of hysteria. "*Hysterics suffer mainly from reminiscences,*" they proclaim, and go on to note that these memories are not subject to the "wearing away process" of normal memories but "persist for a long time with astonishing freshness." Nor can traumatized people control when they will emerge: "We must . . . mention another remarkable fact . . . namely, that these memories, unlike other memories of their past lives, are not at the patients' disposal. On the contrary, *these experiences are completely absent from the patients' memory when they are in a normal psychical state, or are only present in a highly summary form.*"<sup>21</sup> (All italics in the quoted passages are Breuer and Freud's.)

Breuer and Freud believed that traumatic memories were lost to ordinary consciousness either because “circumstances made a reaction impossible,” or because they started during “severely paralyzing affects, such as fright.” In 1896 Freud boldly claimed that “the ultimate cause of hysteria is always the seduction of the child by an adult.”<sup>22</sup> Then, faced with his own evidence of an epidemic of abuse in the best families of Vienna—one, he noted, that would implicate his own father—he quickly began to retreat. Psychoanalysis shifted to an emphasis on unconscious wishes and fantasies, though Freud occasionally kept acknowledging the reality of sexual abuse.<sup>23</sup> After the horrors of World War I confronted him with the reality of combat neuroses, Freud reaffirmed that lack of verbal memory is central in trauma and that, if a person does not remember, he is likely to act out: “[H]e reproduces it not as a memory but as an action; he repeats it, without knowing, of course, that he is repeating, and in the end, we understand that this is his way of remembering.”<sup>24</sup>

The lasting legacy of Breuer and Freud’s 1893 paper is what we now call the “talking cure”: “[W]e found, to our great surprise, at first, that *each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words* (all italics in original). Recollection without affect almost invariably produces no result.”

They explain that unless there is an “energetic reaction” to the traumatic event, the affect “remains attached to the memory” and cannot be discharged. The reaction can be discharged by an action—“from tears to acts of revenge.” “But language serves as a substitute for action; by its help, an affect can be ‘abreacted’ almost as effectively.” “It will now be understood,” they conclude, “how it is that the psychotherapeutic procedure which we have described in these pages has a curative effect. *It brings to an end the operative force . . . which was not abreacted in the first instance [i.e., at the time of the trauma], by allowing its strangulated affect to find a way out through speech; and it subjects it to associative correction by introducing it into normal consciousness.*”

Even though psychoanalysis is today in eclipse, the “talking cure” has lived on, and psychologists have generally assumed that telling the trauma story in great detail will help people to leave it behind. That is also a basic premise of cognitive behavioral therapy (CBT), which today is taught in graduate psychology courses around the world.

Although the diagnostic labels have changed, we continue to see patients similar to those described by Charcot, Janet, and Freud. In 1986 my colleagues and I wrote up the case of a woman who had been a cigarette girl at Boston’s Cocoanut Grove nightclub when it burned down in 1942.<sup>25</sup> During the 1970s and 1980s she annually reenacted her escape on Newbury Street, a few blocks from the original location, which resulted in her being hospitalized with diagnoses like schizophrenia and bipolar disorder. In 1989 I reported on a Vietnam veteran who yearly staged an “armed robbery” on the exact anniversary of a buddy’s death.<sup>26</sup> He would put a finger in his pants pocket, claim that it was a pistol, and tell a shopkeeper to empty his cash register—giving him plenty of time to alert the police. This unconscious attempt to commit “suicide by cop” came to an end after a judge referred the veteran to me for treatment. Once we had dealt with his guilt about his friend’s death, there were no further reenactments.

Such incidents raise a critical question: How can doctors, police officers, or social workers recognize that someone is suffering from traumatic stress as long as he reenacts rather than remember? How can patients themselves identify the source of their behavior? If their history is not known, they are likely to be labeled as crazy or punished as criminals rather than helped to integrate the past.

## TRAUMATIC MEMORY ON TRIAL

At least two dozen men had claimed they were molested by Paul Shanley, and many of them reached civil settlements with the Boston archdiocese. Julian was the only victim who was called to testify in Shanley’s trial. In February 2005 the former priest was found guilty on two counts of raping a child and two counts of assault and battery on a child. He was sentenced to twelve to fifteen years in prison.

In 2007 Shanley's attorney, Robert F. Shaw Jr., filed a motion for a new trial, challenging Shanley's convictions as a miscarriage of justice. Shaw tried to make the case that "repressed memories" were not generally accepted in the scientific community, that the convictions were based on "junk science," and that there had been insufficient testimony about the scientific status of repressed memories before the trial. The appeal was rejected by the original trial judge but two years later was taken up by the Supreme Judicial Court of Massachusetts. Almost one hundred leading psychiatrists and psychologists from around the United States and eight foreign countries signed an amicus curiae brief stating that "repressed memory" has never been shown to exist and that it should not have been admitted as evidence. However, on January 10, 2010, the court unanimously upheld Shanley's conviction with this statement: "In sum, the judge's finding that the lack of scientific testing did not make unreliable the theory that an individual may experience dissociative amnesia was supported in the record. . . . There was no abuse of discretion in the admission of expert testimony on the subject of dissociative amnesia."

In the following chapter I'll talk more about memory and forgetting and about how the debate over repressed memory, which started with Freud, continues to be played out today.

## CHAPTER 12

# THE UNBEARABLE HEAVINESS OF REMEMBERING

Our bodies are the texts that carry the memories and therefore remembering is no less than reincarnation.

—Katie Cannon

Scientific interest in trauma has fluctuated wildly during the past 150 years. Charcot's death in 1893 and Freud's shift in emphasis to inner conflicts, defenses, and instincts at the root of mental suffering were just part of mainstream medicine's overall loss of interest in the subject. Psychoanalysis rapidly gained in popularity. In 1911 the Boston psychiatrist Morton Prince, who had studied with William James and Pierre Janet, complained that those interested in the effects of trauma were like "clams swamped by the rising tide in Boston Harbor."

This neglect lasted for only a few years, though, because the outbreak of World War I in 1914 once again confronted medicine and psychology with hundreds of thousands of men with bizarre psychological symptoms, unexplained medical conditions, and memory loss. The new technology of motion pictures made it possible to film these soldiers, and today on YouTube we can observe their bizarre physical postures, strange verbal utterances, terrified facial expressions, and tics—the physical, embodied expression of trauma: "a memory that is inscribed simultaneously in the mind, as interior images and words, and on the body."<sup>1</sup>

Early in the war the British created the diagnosis of “shell shock,” which entitled combat veterans to treatment and a disability pension. The alternative, similar, diagnosis was “neurasthenia,” for which they received neither treatment nor a pension. It was up to the orientation of the treating physician which diagnosis a soldier received.<sup>2</sup>

More than a million British soldiers served on the Western Front at any one time. In the first few hours of July 1, 1916 alone, in the Battle of the Somme, the British army suffered 57,470 casualties, including 19,240 dead, the bloodiest day in its history. The historian John Keegan says of their commander, Field Marshal Douglas Haig, whose statue today dominates Whitehall in London, once the center of the British Empire: “In his public manner and private diaries no concern for human suffering was or is discernible.” At the Somme “he had sent the flower of British youth to death or mutilation.”<sup>3</sup>

As the war wore on, shell shock increasingly compromised the efficiency of the fighting forces. Caught between taking the suffering of their soldiers seriously and pursuing victory over the Germans, the British General Staff issued General Routine Order Number 2384 in June of 1917, which stated, “In no circumstances whatever will the expression ‘shell shock’ be used verbally or be recorded in any regimental or other casualty report, or any hospital or other medical document.” All soldiers with psychiatric problems were to be given a single diagnosis of “NYDN” (Not Yet Diagnosed, Nervous).<sup>4</sup> In November 1917 the General Staff denied Charles Samuel Myers, who ran four field hospitals for wounded soldiers, permission to submit a paper on shell shock to the *British Medical Journal*. The Germans were even more punitive and treated shell shock as a character defect, which they managed with a variety of painful treatments, including electroshock.

In 1922 the British government issued the Southborough Report, whose goal was to prevent the diagnosis of shell shock in any future wars and to undermine any more claims for compensation. It suggested the elimination of shell shock from all official nomenclature and insisted that these cases should no more be classified “as a battle casualty than sickness or disease is so regarded.”<sup>5</sup> The official view was that well-trained troops, properly led, would not suffer from shell shock and that the servicemen who had

succumbed to the disorder were undisciplined and unwilling soldiers. While the political storm about the legitimacy of shell shock continued to rage for several more years, reports on how to best treat these cases disappeared from the scientific literature.<sup>6</sup>

In the United States the fate of veterans was also fraught with problems. In 1918, when they returned home from the battlefields of France and Flanders, they had been welcomed as national heroes, just as the soldiers returning from Iraq and Afghanistan are today. In 1924 Congress voted to award them a bonus of \$1.25 for each day they had served overseas, but disbursement was postponed until 1945.

By 1932 the nation was in the middle of the Great Depression, and in May of that year about fifteen thousand unemployed and penniless veterans camped on the Mall in Washington DC to petition for immediate payment of their bonuses. The Senate defeated the bill to move up disbursement by a vote of sixty-two to eighteen. A month later President Hoover ordered the army to clear out the veterans' encampment. Army chief of staff General Douglas MacArthur commanded the troops, supported by six tanks. Major Dwight D. Eisenhower was the liaison with the Washington police, and Major George Patton was in charge of the cavalry. Soldiers with fixed bayonets charged, hurling tear gas into the crowd of veterans. The next morning the Mall was deserted and the camp was in flames.<sup>7</sup> The veterans never received their pensions.

While politics and medicine turned their backs on the returning soldiers, the horrors of the war were memorialized in literature and art. In *All Quiet on the Western Front*,<sup>8</sup> a novel about the war experiences of frontline soldiers by the German writer Erich Maria Remarque, the book's protagonist, Paul Bäumer, spoke for an entire generation: "I am aware that I, without realizing it, have lost my feelings—I don't belong here anymore, I live in an alien world. I prefer to be left alone, not disturbed by anybody. They talk too much—I can't relate to them—they are only busy with superficial things."<sup>9</sup> Published in 1929, the novel instantly became an international best seller, with translations in twenty-five languages. The 1930 Hollywood film version won the Academy Award for Best Picture.

But when Hitler came to power a few years later, *All Quiet on the Western Front* was one of the first "degenerate" books the Nazis burned in

the public square in front of Humboldt University in Berlin.<sup>10</sup> Apparently awareness of the devastating effects of war on soldiers' minds would have constituted a threat to the Nazis' plunge into another round of insanity.

Denial of the consequences of trauma can wreak havoc with the social fabric of society. The refusal to face the damage caused by the war and the intolerance of "weakness" played an important role in the rise of fascism and militarism around the world in the 1930s. The extortionate war reparations of the Treaty of Versailles further humiliated an already disgraced Germany. German society, in turn, dealt ruthlessly with its own traumatized war veterans, who were treated as inferior creatures. This cascade of humiliations of the powerless set the stage for the ultimate debasement of human rights under the Nazi regime: the moral justification for the strong to vanquish the inferior—the rationale for the ensuing war.

## THE NEW FACE OF TRAUMA

The outbreak of World War II prompted Charles Samuel Myers and the American psychiatrist Abram Kardiner to publish the accounts of their work with World War I soldiers and veterans. *Shell Shock in France 1914–1918* (1940)<sup>11</sup> and *The Traumatic Neuroses of War* (1941)<sup>12</sup> served as the principal guides for psychiatrists who were treating soldiers in the new conflict who had "war neuroses." The U.S. war effort was prodigious, and the advances in frontline psychiatry reflected that commitment. Again, YouTube offers a direct window on the past: Hollywood director John Huston's documentary *Let There Be Light* (1946) shows the predominant treatment for war neuroses at that time: hypnosis.<sup>13</sup>

In Huston's film, made while he was serving in the Army Signal Corps, the doctors are still patriarchal and the patients are still terrified young men. But they manifest their trauma differently: While the World War I soldiers flail, have facial tics, and collapse with paralyzed bodies, the following generation talks and cringes. Their bodies still keep the score: Their stomachs are upset, their hearts race, and they are overwhelmed by panic. But the trauma did not just affect their bodies. The trance state induced by hypnosis allowed them to find words for the things they had been too afraid to remember: their terror, their survivor's guilt, and their conflicting

loyalties. It also struck me that these soldiers seemed to keep a much tighter lid on their anger and hostility than the younger veterans I'd worked with. Culture shapes the expression of traumatic stress.

The feminist theorist Germaine Greer wrote about the treatment of her father's PTSD after World War II: "When [the medical officers] examined men exhibiting severe disturbances they almost invariably found the root cause in pre-war experience: the sick men were not first-grade fighting material. . . . The military proposition is [that it is] not war which makes men sick, but that sick men can not fight wars."<sup>14</sup> It seems unlikely the doctors did her father any good, but Greer's efforts to come to grips with his suffering undoubtedly helped fuel her exploration of sexual domination in all its ugly manifestations of rape, incest, and domestic violence.

When I worked at the VA, I was puzzled that the vast majority of the patients we saw on the psychiatry service were young, recently discharged Vietnam veterans, while the corridors and elevators that led to the medical departments were filled by old men. Curious about this disparity, I conducted a survey of the World War II veterans in the medical clinics in 1983. The vast majority of them scored positive for PTSD on the rating scales that I administered, but their treatment focused on medical rather than psychiatric complaints. These vets communicated their distress via stomach cramps and chest pains rather than with nightmares and rage, from which, my research showed, they also suffered. Doctors shape how their patients communicate their distress: When a patient complains about terrifying nightmares and his doctor orders a chest X-ray, the patient realizes that he'll get better care if he focuses on his physical problems. Like my relatives who fought in or were captured during World War II, most of these men were extremely reluctant to share their experiences. My sense was that neither the doctors nor their patients wanted to revisit the war.

However, military and civilian leaders came away from World War II with important lessons that the previous generation had failed to grasp. After the defeat of Nazi Germany and imperial Japan, the United States helped rebuild Europe by means of the Marshall Plan, which formed the economic foundation of the next fifty years of relative peace. At home, the GI Bill provided millions of veterans with educations and home mortgages,

which promoted general economic well-being and created a broad-based, well-educated middle class. The armed forces led the nation in racial integration and opportunity. The Veterans Administration built facilities nationwide to help combat veterans with their health care. Still, with all this thoughtful attention to the returning veterans, the psychological scars of war went unrecognized, and traumatic neuroses disappeared entirely from official psychiatric nomenclature. The last scientific writing on combat trauma after World War II appeared in 1947.<sup>15</sup>

## TRAUMA REDISCOVERED

As I noted earlier, when I started to work with Vietnam veterans, there was not a single book on war trauma in the library of the VA, but the Vietnam War inspired numerous studies, the formation of scholarly organizations, and the inclusion of a trauma diagnosis, PTSD, in the professional literature. At the same time, interest in trauma was exploding in the general public.

In 1974 Freedman and Kaplan's *Comprehensive Textbook of Psychiatry* stated that "incest is extremely rare, and does not occur in more than 1 out of 1.1 million people."<sup>16</sup> As we have seen in chapter 2 this authoritative textbook then went on to extol the possible benefits of incest: "Such incestuous activity diminishes the subject's chance of psychosis and allows for a better adjustment to the external world. . . . The vast majority of them were none the worse for the experience."

How misguided those statements were became obvious when the ascendant feminist movement, combined with awareness of trauma in returning combat veterans, emboldened tens of thousands of survivors of childhood sexual abuse, domestic abuse, and rape to come forward. Consciousness-raising groups and survivor groups were formed, and numerous popular books, including *The Courage to Heal* (1988), a best-selling self-help book for survivors of incest, and Judith Herman's book *Trauma and Recovery* (1992), discussed the stages of treatment and recovery in great detail.

Cautioned by history, I began to wonder if we were headed toward another backlash like those of 1895, 1917, and 1947 against acknowledging

the reality of trauma. That proved to be the case, for by the early 1990s articles had started to appear in many leading newspapers and magazines in United States and in Europe about a so-called False Memory Syndrome in which psychiatric patients supposedly manufactured elaborate false memories of sexual abuse, which they then claimed had lain dormant for many years before being recovered.

What was striking about these articles was the certainty with which they stated that there was no evidence that people remember trauma any differently than they do ordinary events. I vividly recall a phone call from a well-known newsweekly in London, telling me that they planned to publish an article about traumatic memory in their next issue and asking me whether I had any comments on the subject. I was quite enthusiastic about their question and told them that memory loss for traumatic events had first been studied in England well over a century earlier. I mentioned John Eric Erichsen and Frederic Myers's work on railway accidents in the 1860s and 1870s and Charles Samuel Myers's and W. H. R. Rivers's extensive studies of memory problems in combat soldiers of World War I. I also suggested they look at an article published in *The Lancet* in 1944, which described the aftermath of the rescue of the entire British army from the beaches of Dunkirk in 1940. More than 10 percent of the soldiers who were studied had suffered from major memory loss after the evacuation.<sup>17</sup> The following week, the magazine told its readers that there was no evidence whatsoever that people sometimes lose some or all memory for traumatic events.

The issue of delayed recall of trauma was not particularly controversial when Myers and Kardiner first described this phenomenon in their books on combat neuroses in World War I; when major memory loss was observed after the evacuation from Dunkirk; or when I wrote about Vietnam veterans and the survivor of the Cocoanut Grove nightclub fire. However, during the 1980s and early 1990s, as similar memory problems began to be documented in women and children in the context of domestic abuse, the efforts of abuse victims to seek justice against their alleged perpetrators moved the issue from science into politics and law. This, in turn, became the context for the pedophile scandals in the Catholic Church, in which memory experts were pitted against one another in courtrooms across the United States and later in Europe and Australia.

Experts testifying on behalf of the Church claimed that memories of childhood sexual abuse were unreliable at best and that the claims being made by alleged victims more likely resulted from false memories implanted in their minds by therapists who were oversympathetic, credulous, or driven by their own agendas. During this period I examined more than fifty adults who, like Julian, remembered having been abused by priests. Their claims were denied in about half the cases.

## THE SCIENCE OF REPRESSED MEMORY

There have in fact been hundreds of scientific publications spanning well over a century documenting how the memory of trauma can be repressed, only to resurface years or decades later.<sup>18</sup> Memory loss has been reported in people who have experienced natural disasters, accidents, war trauma, kidnapping, torture, concentration camps, and physical and sexual abuse. Total memory loss is most common in childhood sexual abuse, with incidence ranging from 19 percent to 38 percent.<sup>19</sup> This issue is not particularly controversial: As early as 1980 the DSM-III recognized the existence of memory loss for traumatic events in the diagnostic criteria for dissociative amnesia: “an inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by normal forgetfulness.” Memory loss has been part of the criteria for PTSD since that diagnosis was first introduced.

One of the most interesting studies of repressed memory was conducted by Dr. Linda Meyer Williams, which began when she was a graduate student in sociology at the University of Pennsylvania in the early 1970s. Williams interviewed 206 girls between the ages of ten and twelve who had been admitted to a hospital emergency room following sexual abuse. Their laboratory tests, as well as the interviews with the children and their parents, were kept in the hospital’s medical records. Seventeen years later Williams was able to track down 136 of the children, now adults, with whom she conducted extensive follow-up interviews.<sup>20</sup> More than a third of the women (38 percent) did not recall the abuse that was documented in their medical records, while only fifteen women (12 percent) said that they had never been abused as children. More than two-thirds (68 percent)

reported other incidents of childhood sexual abuse. Women who were younger at the time of the incident and those who were molested by someone they knew were more likely to have forgotten their abuse.

This study also examined the reliability of recovered memories. One in ten women (16 percent of those who recalled the abuse) reported that they had forgotten it at some time in the past but later remembered that it had happened. In comparison with the women who had always remembered their molestation, those with a prior period of forgetting were younger at the time of their abuse and were less likely to have received support from their mothers. Williams also determined that the recovered memories were approximately as accurate as those that had never been lost: All the women's memories were accurate for the central facts of the incident, but none of their stories precisely matched every detail documented in their charts.<sup>21</sup>

Williams's findings are supported by recent neuroscience research that shows that memories that are retrieved tend to return to the memory bank with modifications.<sup>22</sup> As long as a memory is inaccessible, the mind is unable to change it. But as soon as a story starts being told, particularly if it is told repeatedly, it changes—the act of telling itself changes the tale. The mind cannot help but make meaning out of what it knows, and the meaning we make of our lives changes how and what we remember.

Given the wealth of evidence that trauma can be forgotten and resurface years later, why did nearly one hundred reputable memory scientists from several different countries throw the weight of their reputations behind the appeal to overturn Father Shanley's conviction, claiming that "repressed memories" were based on "junk science"? Because memory loss and delayed recall of traumatic experiences had never been documented in the laboratory, some cognitive scientists adamantly denied that these phenomena existed<sup>23</sup> or that retrieved traumatic memories could be accurate.<sup>24</sup> However, what doctors encounter in emergency rooms, on psychiatric wards, and on the battlefield is necessarily quite different from what scientists observe in their safe and well-organized laboratories.

Consider what is known as the "lost in the mall" experiment, for example. Academic researchers have shown that it is relatively easy to implant memories of events that never took place, such as having been lost

in a shopping mall as a child.<sup>25</sup> About 25 percent of subjects in these studies later “recall” that they were frightened and even fill in missing details. But such recollections involve none of the visceral terror that a lost child would actually experience.

Another line of research documented the unreliability of eyewitness testimony. Subjects might be shown a video of a car driving down a street and asked afterward if they saw a stop sign or a traffic light; children might be asked to recall what a male visitor to their classroom had been wearing. Other eyewitness experiments demonstrated that the questions witnesses were asked could alter what they claimed to remember. These studies were valuable in bringing many police and courtroom practices into question, but they have little relevance to traumatic memory.

The fundamental problem is this: Events that take place in the laboratory cannot be considered equivalent to the conditions under which traumatic memories are created. The terror and helplessness associated with PTSD simply can’t be induced *de novo* in such a setting. We can study the effects of existing traumas in the lab, as in our script-driven imaging studies of flashbacks, but the original imprint of trauma cannot be laid down there. Dr. Roger Pitman conducted a study at Harvard in which he showed college students a film called *Faces of Death*, which contained newsreel footage of violent deaths and executions. This movie, now widely banned, is as extreme as any institutional review board would allow, but it did not cause Pitman’s normal volunteers to develop symptoms of PTSD. If you want to study traumatic memory, you have to study the memories of people who have actually been traumatized.

Interestingly, once the excitement and profitability of courtroom testimony diminished, the “scientific” controversy disappeared as well, and clinicians were left to deal with the wreckage of traumatic memory.

## **NORMAL VERSUS TRAUMATIC MEMORY**

In 1994 I and my colleagues at Massachusetts General Hospital decided to undertake a systematic study comparing how people recall benign experiences and horrific ones. We placed advertisements in local newspapers, in laundromats, and on student union bulletin boards that said:

“Has something terrible happened to you that you cannot get out of your mind? Call 727-5500; we will pay you \$10.00 for participating in this study.” In response to our first ad seventy-six volunteers showed up.<sup>26</sup>

After we introduced ourselves, we started off by asking each participant: “Can you tell us about an event in your life that you think you will always remember but that is not traumatic?” One participant lit up and said, “The day that my daughter was born”; others mentioned their wedding day, playing on a winning sports team, or being valedictorian at their high school graduation. Then we asked them to focus on specific sensory details of those events, such as: “Are you ever somewhere and suddenly have a vivid image of what your husband looked like on your wedding day?” The answers were always negative. “How about what your husband’s body felt like on your wedding night?” (We got some odd looks on that one.) We continued: “Do you ever have a vivid, precise recollection of the speech you gave as a valedictorian?” “Do you ever have intense sensations recalling the birth of your first child?” The replies were all in the negative.

Then we asked them about the traumas that had brought them into the study—many of them rapes. “Do you ever suddenly remember how your rapist smelled?” we asked, and, “Do you ever experience the same physical sensations you had when you were raped?” Such questions precipitated powerful emotional responses: “That is why I cannot go to parties anymore, because the smell of alcohol on somebody’s breath makes me feel like I am being raped all over again” or “I can no longer make love to my husband, because when he touches me in a particular way I feel like I am being raped again.”

There were two major differences between how people talked about memories of positive versus traumatic experiences: (1) how the memories were organized, and (2) their physical reactions to them. Weddings, births, and graduations were recalled as events from the past, stories with a beginning, a middle, and an end. Nobody said that there were periods when they’d completely forgotten any of these events.

In contrast, the traumatic memories were disorganized. Our subjects remembered some details all too clearly (the smell of the rapist, the gash in the forehead of a dead child) but could not recall the sequence of events or

other vital details (the first person who arrived to help, whether an ambulance or a police car took them to the hospital).

We also asked the participants how they recalled their trauma at three points in time: right after it happened; when they were most troubled by their symptoms; and during the week before the study. All of our traumatized participants said that they had not been able to tell anybody precisely what had happened immediately following the event. (This will not surprise anyone who has worked in an emergency room or ambulance service: People brought in after a car accident in which a child or a friend has been killed sit in stunned silence, dumbfounded by terror.) Almost all had repeated flashbacks: They felt overwhelmed by images, sounds, sensations, and emotions. As time went on, even more sensory details and feelings were activated, but most participants also started to be able to make some sense out of them. They began to “know” what had happened and to be able to tell the story to other people, a story that we call “the memory of the trauma.”

Gradually the images and flashbacks decreased in frequency, but the greatest improvement was in the participants’ ability to piece together the details and sequence of the event. By the time of our study, 85 percent of them were able to tell a coherent story, with a beginning, a middle, and an end. Only a few were missing significant details. We noted that the five who said they had been abused as children had the most fragmented narratives—their memories still arrived as images, physical sensations, and intense emotions.

In essence, our study confirmed the dual memory system that Janet and his colleagues at the Salpêtrière had described more than a hundred years earlier: Traumatic memories are fundamentally different from the stories we tell about the past. They are dissociated: The different sensations that entered the brain at the time of the trauma are not properly assembled into a story, a piece of autobiography.

Perhaps the most important finding in our study was that remembering the trauma with all its associated affects, does not, as Breuer and Freud claimed back in 1893, necessarily resolve it. Our research did not support the idea that language can substitute for action. Most of our study participants could tell a coherent story and also experience the pain associated with those stories, but they kept being haunted by unbearable

images and physical sensations. Research in contemporary exposure treatment, a staple of cognitive behavioral therapy, has similarly disappointing results: The majority of patients treated with that method continue to have serious PTSD symptoms three months after the end of treatment.<sup>27</sup> As we will see, finding words to describe what has happened to you can be transformative, but it does not always abolish flashbacks or improve concentration, stimulate vital involvement in your life or reduce hypersensitivity to disappointments and perceived injuries.

## **LISTENING TO SURVIVORS**

Nobody wants to remember trauma. In that regard society is no different from the victims themselves. We all want to live in a world that is safe, manageable, and predictable, and victims remind us that this is not always the case. In order to understand trauma, we have to overcome our natural reluctance to confront that reality and cultivate the courage to listen to the testimonies of survivors.

In his book *Holocaust Testimonies: The Ruins of Memory* (1991), Lawrence Langer writes about his work in the Fortunoff Video Archive at Yale University: “Listening to accounts of Holocaust experience, we unearth a mosaic of evidence that constantly vanishes into bottomless layers of incompleteness.<sup>28</sup> We wrestle with the beginnings of a permanently unfinished tale, full of incomplete intervals, faced by the spectacle of a faltering witness often reduced to a distressed silence by the overwhelming solicitations of deep memory.” As one of his witnesses says: “If you were not there, it’s difficult to describe and say how it was. How men function under such stress is one thing, and then how you communicate and express that to somebody who never knew that such a degree of brutality exists seems like a fantasy.”

Another survivor, Charlotte Delbo, describes her dual existence after Auschwitz: “[T]he ‘self’ who was in the camp isn’t me, isn’t the person who is here, opposite you. No, it’s too unbelievable. And everything that happened to this other ‘self,’ the one from Auschwitz, doesn’t touch me now, *me*, doesn’t concern me, so distinct are deep memory and common memory. . . . Without this split, I wouldn’t have been able to come back to

life.”<sup>29</sup> She comments that even words have a dual meaning: “Otherwise, someone [in the camps] who has been tormented by thirst for weeks would never again be able to say: ‘I’m thirsty. Let’s make a cup of tea.’ Thirst [after the war] has once more become a currently used term. On the other hand, if I dream of the thirst I felt in Birkenau [the extermination facilities in Auschwitz], I see myself as I was then, haggard, bereft of reason, tottering.”<sup>30</sup>

Langer hauntingly concludes, “Who can find a proper grave for such damaged mosaics of the mind, where they may rest in pieces? Life goes on, but in two temporal directions at once, the future unable to escape the grip of a memory laden with grief.”<sup>31</sup>

The essence of trauma is that it is overwhelming, unbelievable, and unbearable. Each patient demands that we suspend our sense of what is normal and accept that we are dealing with a dual reality: the reality of a relatively secure and predictable present that lives side by side with a ruinous, ever-present past.

## NANCY’S STORY

Few patients have put that duality into words as vividly as Nancy, the director of nursing in a Midwestern hospital who came to Boston several times to consult with me. Shortly after the birth of her third child, Nancy underwent what is usually routine outpatient surgery, a laparoscopic tubal ligation in which the fallopian tubes are cauterized to prevent future pregnancies. However, because she was given insufficient anesthesia, she awakened after the operation began and remained aware nearly to the end, at times falling into what she called “a light sleep” or “dream,” at times experiencing the full horror of her situation. She was unable to alert the OR team by moving or crying out because she had been given a standard muscle relaxant to prevent muscle contractions during surgery.

Some degree of “anesthesia awareness” is now estimated to occur in approximately thirty thousand surgical patients in the United States every year,<sup>32</sup> and I had previously testified on behalf of several people who were traumatized by the experience. Nancy, however, did not want to sue her surgeon or anesthetist. Her entire focus was on bringing the reality of her

trauma to consciousness so that she could free herself from its intrusions into her everyday life. I'd like to end this chapter by sharing several passages from a remarkable series of e-mails in which she described her grueling journey to recovery.

Initially Nancy did not know what had happened to her. "When we went home I was still in a daze, doing the typical things of running a household, yet not really feeling that I was alive or that I was real. I had trouble sleeping that night. For days, I remained in my own little disconnected world. I could not use a hair dryer, toaster, stove or anything that warmed up. I could not concentrate on what people were doing or telling me. I just didn't care. I was increasingly anxious. I slept less and less. I knew I was behaving strangely and kept trying to understand what was frightening me so."

"On the fourth night after the surgery, around 3 AM, I started to realize that the dream I had been living all this time related to conversations I had heard in the operating room. I was suddenly transported back into the OR and could feel my paralyzed body being burned. I was engulfed in a world of terror and horror." From then on, Nancy says, memories and flashbacks erupted into her life.

"It was as if the door was pushed open slightly, allowing the intrusion. There was a mixture of curiosity and avoidance. I continued to have irrational fears. I was deathly afraid of sleep; I experienced a sense of terror when seeing the color blue. My husband, unfortunately, was bearing the brunt of my illness. I would lash out at him when I truly did not intend to. I was sleeping at most 2 to 3 hours, and my daytime was filled with hours of flashbacks. I remained chronically hyperalert, feeling threatened by my own thoughts and wanting to escape them. I lost 23 pounds in 3 weeks. People kept commenting on how great I looked.

"I began to think about dying. I developed a very distorted view of my life in which all my successes diminished and old failures were amplified. I was hurting my husband and found that I could not protect my children from my rage.

"Three weeks after the surgery I went back to work at the hospital. The first time I saw somebody in a surgical scrubsuit was in the elevator. I wanted to get out immediately, but of course I could not. I then had this irrational urge to clobber him, which I contained with considerable effort.

This episode triggered increasing flashbacks, terror and dissociation. I cried all the way home from work. After that, I became adept at avoidance. I never set foot in an elevator, I never went to the cafeteria, I avoided the surgical floors.”

Gradually Nancy was able to piece together her flashbacks and create an understandable, if horrifying, memory of her surgery. She recalled the reassurances of the OR nurses and a brief period of sleep after the anesthesia was started. Then she remembered how she began to awaken.

“The entire team was laughing about an affair one of the nurses was having. This coincided with the first surgical incision. I felt the stab of the scalpel, then the cutting, then the warm blood flowing over my skin. I tried desperately to move, to speak, but my body didn’t work. I couldn’t understand this. I felt a deeper pain as the layers of muscle pulled apart under their own tension. I knew I wasn’t supposed to feel this.”

Nancy next recalls someone “rummaging around” in her belly and identified this as the laparoscopic instruments being placed. She felt her left tube being clamped. “Then suddenly there was an intense searing, burning pain. I tried to escape, but the cautery tip pursued me, relentlessly burning through. There simply are no words to describe the terror of this experience. This pain was not in the same realm as other pain I had known and conquered, like a broken bone or natural childbirth. It begins as extreme pain, then continues relentlessly as it slowly burns through the tube. The pain of being cut with the scalpel pales beside this giant.”

“Then, abruptly, the right tube felt the initial impact of the burning tip. When I heard them laugh, I briefly lost track of where I was. I believed I was in a torture chamber, and I could not understand why they were torturing me without even asking for information. . . . My world narrowed to a small sphere around the operating table. There was no sense of time, no past, and no future. There was only pain, terror, and horror. I felt isolated from all humanity, profoundly alone in spite of the people surrounding me. The sphere was closing in on me.

“In my agony, I must have made some movement. I heard the nurse anesthetist tell the anesthesiologist that I was ‘light.’ He ordered more meds and then quietly said, ‘There is no need to put any of this in the chart.’ That is the last memory I recalled.”

In her later e-mails to me, Nancy struggled to capture the existential reality of trauma.

“I want to tell you what a flashback is like. It is as if time is folded or warped, so that the past and present merge, as if I were physically transported into the past. Symbols related to the original trauma, however benign in reality, are thoroughly contaminated and so become objects to be hated, feared, destroyed if possible, avoided if not. For example, an iron in any form—a toy, a clothes iron, a curling iron, came to be seen as an instrument of torture. Each encounter with a scrub suit left me disassociated, confused, physically ill and at times consciously angry.

“My marriage is slowly falling apart—my husband came to represent the heartless laughing people [the surgical team] who hurt me. I exist in a dual state. A pervasive numbness covers me with a blanket; and yet the touch of a small child pulls me back to the world. For a moment, I am present and a part of life, not just an observer.

“Interestingly, I function very well at work, and I am constantly given positive feedback. Life proceeds with its own sense of falsity.

“There is a strangeness, weirdness to this dual existence. I tire of it. Yet I cannot give up on life, and I cannot delude myself into believing that if I ignore the beast it will go away. I’ve thought many times that I had recalled all the events around the surgery, only to find a new one.

“There are so many pieces of that 45 minutes of my life that remain unknown. My memories are still incomplete and fragmented, but I no longer think that I need to know everything in order to understand what happened.

“When the fear subsides I realize I can handle it, but a part of me doubts that I can. The pull to the past is strong; it is the dark side of my life; and I must dwell there from time to time. The struggle may also be a way to know that I survive—a re-playing of the fight to survive—which apparently I won, but cannot own.”

An early sign of recovery came when Nancy needed another, more extensive operation. She chose a Boston hospital for the surgery, asked for a preoperative meeting with the surgeons and the anesthesiologist specifically to discuss her prior experience, and requested that I be allowed to join them in the operating room. For the first time in many years I put on a surgical

scrub suit and accompanied her into the OR while the anesthesia was induced. This time she woke up to a feeling of safety.

Two years later I wrote Nancy asking her permission to use her account of anesthesia awareness in this chapter. In her reply she updated me on the progress of her recovery: “I wish I could say that the surgery to which you were so kind to accompany me ended my suffering. That sadly was not the case. After about six more months I made two choices that proved provident. I left my CBT therapist to work with a psychodynamic psychiatrist and I joined a Pilates class.

“In our last month of therapy, I asked my psychiatrist why he did not try to fix me as all other therapists had attempted, yet had failed. He told me that he assumed, given what I had been able to accomplish with my children and career, that I had sufficient resiliency to heal myself, if he created a holding environment for me to do so. This was an hour each week that became a refuge where I could unravel the mystery of how I had become so damaged and then re-construct a sense of myself that was whole, not fragmented, peaceful, not tormented. Through Pilates, I found a stronger physical core, as well as a community of women who willingly gave acceptance and social support that had been distant in my life since the trauma. This combination of core strengthening—psychological, social, and physical—created a sense of personal safety and mastery, relegating my memories to the distant past, allowing the present and future to emerge.”

# **PART FIVE**

# **PATHS TO**

# **RECOVERY**

## CHAPTER 13

### HEALING FROM TRAUMA: OWNING YOUR SELF

I don't go to therapy to find out if I'm a freak  
I go and I find the one and only answer every week  
And when I talk about therapy, I know what people think  
That it only makes you selfish and in love with your shrink  
But, oh how I loved everybody else  
When I finally got to talk so much about myself

—Dar Williams, *What Do You Hear in These Sounds*

Nobody can “treat” a war, or abuse, rape, molestation, or any other horrendous event, for that matter; what has happened cannot be undone. But what *can* be dealt with are the imprints of the trauma on body, mind, and soul: the crushing sensations in your chest that you may label as anxiety or depression; the fear of losing control; always being on alert for danger or rejection; the self-loathing; the nightmares and flashbacks; the fog that keeps you from staying on task and from engaging fully in what you are doing; being unable to fully open your heart to another human being.

Trauma robs you of the feeling that you are in charge of yourself, of what I will call self-leadership in the chapters to come.<sup>1</sup> The challenge of recovery is to reestablish ownership of your body and your mind—of your self. This means feeling free to know what you know and to feel what you

feel without becoming overwhelmed, enraged, ashamed, or collapsed. For most people this involves (1) finding a way to become calm and focused, (2) learning to maintain that calm in response to images, thoughts, sounds, or physical sensations that remind you of the past, (3) finding a way to be fully alive in the present and engaged with the people around you, (4) not having to keep secrets from yourself, including secrets about the ways that you have managed to survive.

These goals are not steps to be achieved, one by one, in some fixed sequence. They overlap, and some may be more difficult than others, depending on individual circumstances. In each of the chapters that follow, I'll talk about specific methods or approaches to accomplish them. I have tried to make these chapters useful both to trauma survivors and to the therapists who are treating them. People under temporary stress may also find them useful. I've used every one of these methods extensively to treat my patients, and I have also experienced them myself. Some people get better using just one of these methods, but most are helped by different approaches at different stages of their recovery.

I have done scientific studies of many of the treatments I describe here and have published the research findings in peer-reviewed scientific journals.<sup>2</sup> My aim in this chapter is to provide an overview of underlying principles, a preview of what's to come, and some brief comments on methods I don't cover in depth later on.

## A NEW FOCUS FOR RECOVERY

When we talk about trauma, we often start with a story or a question: "What happened during the war?" "Were you ever molested?" "Let me tell you about that accident or that rape," or "Was anybody in your family a problem drinker?" However, trauma is much more than a story about something that happened long ago. The emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disruptive physical reactions in the present.

In order to regain control over your self, you need to revisit the trauma: Sooner or later you need to confront what has happened to you, but only after you feel safe and will not be retraumatized by it. The first order of

business is to find ways to cope with feeling overwhelmed by the sensations and emotions associated with the past.

As the previous parts of this book have shown, the engines of posttraumatic reactions are located in the emotional brain. In contrast with the rational brain, which expresses itself in thoughts, the emotional brain manifests itself in physical reactions: gut-wrenching sensations, heart pounding, breathing becoming fast and shallow, feelings of heartbreak, speaking with an uptight and reedy voice, and the characteristic body movements that signify collapse, rigidity, rage, or defensiveness.

Why can't we just be reasonable? And can understanding help? The rational, executive brain is good at helping us understand where feelings come from (as in: "I get scared when I get close to a guy because my father molested me" or "I have trouble expressing my love toward my son because I feel guilty about having killed a child in Iraq"). However, the rational brain cannot *abolish* emotions, sensations, or thoughts (such as living with a low-level sense of threat or feeling that you are fundamentally a terrible person, even though you rationally know that you are not to blame for having been raped). Understanding *why* you feel a certain way does not change *how* you feel. But it can keep you from surrendering to intense reactions (for example, assaulting a boss who reminds you of a perpetrator, breaking up with a lover at your first disagreement, or jumping into the arms of a stranger). However, the more frazzled we are, the more our rational brains take a backseat to our emotions.<sup>3</sup>

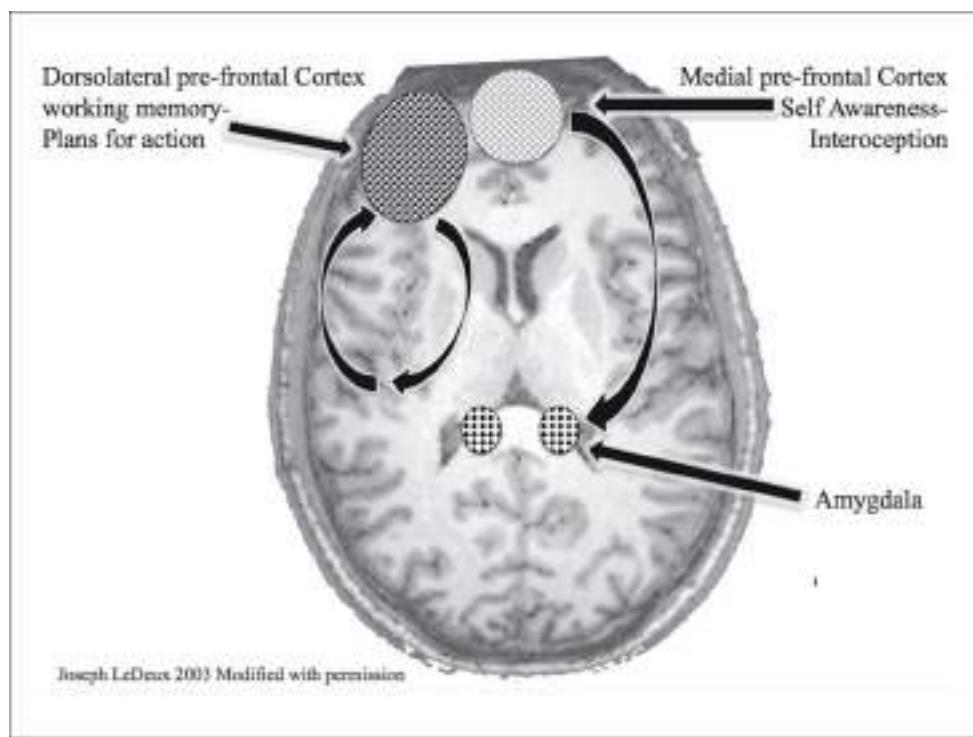
## LIMBIC SYSTEM THERAPY

The fundamental issue in resolving traumatic stress is to restore the proper balance between the rational and emotional brains, so that you can feel in charge of how you respond and how you conduct your life. When we're triggered into states of hyper- or hypoarousal, we are pushed outside our "window of tolerance"—the range of optimal functioning.<sup>4</sup> We become reactive and disorganized; our filters stop working—sounds and lights bother us, unwanted images from the past intrude on our minds, and we panic or fly into rages. If we're shut down, we feel numb in body and mind;

our thinking becomes sluggish and we have trouble getting out of our chairs.

As long as people are either hyperaroused or shut down, they cannot learn from experience. Even if they manage to stay in control, they become so uptight (Alcoholics Anonymous calls this “white-knuckle sobriety”) that they are inflexible, stubborn, and depressed. Recovery from trauma involves the restoration of executive functioning and, with it, self-confidence and the capacity for playfulness and creativity.

If we want to change posttraumatic reactions, we have to access the emotional brain and do “limbic system therapy”: repairing faulty alarm systems and restoring the emotional brain to its ordinary job of being a quiet background presence that takes care of the housekeeping of the body, ensuring that you eat, sleep, connect with intimate partners, protect your children, and defend against danger.



DRAWING BY LICIA SKY

**Accessing the emotional brain.** The rational, analyzing part of the brain, centered on the dorsolateral prefrontal cortex, has no direct connections with the emotional brain, where most imprints of trauma reside, but the medial prefrontal cortex, the center of self-awareness, does.

The neuroscientist Joseph LeDoux and his colleagues have shown that the only way we can consciously access the emotional brain is through self-awareness, i.e. by activating the medial prefrontal cortex, the part of the brain that notices what is going on inside us and thus allows us to feel what we're feeling.<sup>5</sup> (The technical term for this is “*interoception*”—Latin for “looking inside.”) Most of our conscious brain is dedicated to focusing on the outside world: getting along with others and making plans for the future. However, that does not help us manage ourselves. Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our *inner* experience and learning to befriend what is going inside ourselves.

## **BEFRIENDING THE EMOTIONAL BRAIN**

### **1. DEALING WITH HYPERAROUSAL**

Over the past few decades mainstream psychiatry has focused on using drugs to change the way we feel, and this has become the accepted way to deal with hyper- and hypoarousal. I will discuss drugs later in this chapter, but first I need to stress the fact that we have a host of inbuilt skills to keep us on an even keel. In chapter 5 we saw how emotions are registered in the body. Some 80 percent of the fibers of the vagus nerve (which connects the brain with many internal organs) are afferent; that is, they run from the body into the brain.<sup>6</sup> This means that we can directly train our arousal system by the way we breathe, chant, and move, a principle that has been utilized since time immemorial in places like China and India, and in every religious practice that I know of, but that is suspiciously eyed as “alternative” in mainstream culture.

In research supported by the National Institutes of Health, my colleagues and I have shown that ten weeks of yoga practice markedly reduced the PTSD symptoms of patients who had failed to respond to any medication or to any other treatment.<sup>7</sup> (I will discuss yoga in chapter 16.) Neurofeedback, the topic of chapter 19, also can be particularly effective for children and adults who are so hyperaroused or shut down that they have trouble focusing and prioritizing.<sup>8</sup>

Learning how to breathe calmly and remaining in a state of relative physical relaxation, even while accessing painful and horrifying memories, is an essential tool for recovery.<sup>9</sup> When you deliberately take a few slow, deep breaths, you will notice the effects of the parasympathetic brake on your arousal (as explained in chapter 5). The more you stay focused on your breathing, the more you will benefit, particularly if you pay attention until the very end of the out breath and then wait a moment before you inhale again. As you continue to breathe and notice the air moving in and out of your lungs you may think about the role that oxygen plays in nourishing your body and bathing your tissues with the energy you need to feel alive and engaged. Chapter 16 documents the full-body effects of this simple practice.

Since emotional regulation is the critical issue in managing the effects of trauma and neglect, it would make an enormous difference if teachers, army sergeants, foster parents, and mental health professionals were thoroughly schooled in emotional-regulation techniques. Right now this still is mainly the domain of preschool and kindergarten teachers, who deal with immature brains and impulsive behavior on a daily basis and who are often very adept at managing them.<sup>10</sup>

Mainstream Western psychiatric and psychological healing traditions have paid scant attention to self-management. In contrast to the Western reliance on drugs and verbal therapies, other traditions from around the world rely on mindfulness, movement, rhythms, and action. Yoga in India, tai chi and qigong in China, and rhythmical drumming throughout Africa are just a few examples. The cultures of Japan and the Korean peninsula have spawned martial arts, which focus on the cultivation of purposeful movement and being centered in the present, abilities that are damaged in traumatized individuals. Aikido, judo, tae kwon do, kendo, and jujitsu, as well as capoeira from Brazil, are examples. These techniques all involve physical movement, breathing, and meditation. Aside from yoga, few of these popular non-Western healing traditions have been systematically studied for the treatment of PTSD.

## 2. NO MIND WITHOUT MINDFULNESS

At the core of recovery is self-awareness. The most important phrases in trauma therapy are “Notice that” and “What happens next?” Traumatized people live with seemingly unbearable sensations: They feel heartbroken and suffer from intolerable sensations in the pit of their stomach or tightness in their chest. Yet avoiding feeling these sensations in our bodies increases our vulnerability to being overwhelmed by them.

Body awareness puts us in touch with our inner world, the landscape of our organism. Simply noticing our annoyance, nervousness, or anxiety immediately helps us shift our perspective and opens up new options other than our automatic, habitual reactions. Mindfulness puts us in touch with the transitory nature of our feelings and perceptions. When we pay focused attention to our bodily sensations, we can recognize the ebb and flow of our emotions and, with that, increase our control over them.

Traumatized people are often afraid of feeling. It is not so much the perpetrators (who, hopefully, are no longer around to hurt them) but their own physical sensations that now are the enemy. Apprehension about being hijacked by uncomfortable sensations keeps the body frozen and the mind shut. Even though the trauma is a thing of the past, the emotional brain keeps generating sensations that make the sufferer feel scared and helpless. It’s not surprising that so many trauma survivors are compulsive eaters and drinkers, fear making love, and avoid many social activities: Their sensory world is largely off limits.

In order to change you need to open yourself to your inner experience. The first step is to allow your mind to focus on your sensations and notice how, in contrast to the timeless, ever-present experience of trauma, physical sensations are transient and respond to slight shifts in body position, changes in breathing, and shifts in thinking. Once you pay attention to your physical sensations, the next step is to label them, as in “When I feel anxious, I feel a crushing sensation in my chest.” I may then say to a patient: “Focus on that sensation and see how it changes when you take a deep breath out, or when you tap your chest just below your collarbone, or when you allow yourself to cry.” Practicing mindfulness calms down the sympathetic nervous system, so that you are less likely to be thrown into fight-or-flight.<sup>11</sup> Learning to observe and tolerate your physical reactions is a prerequisite for safely revisiting the past. If you cannot tolerate what you

are feeling right now, opening up the past will only compound the misery and retraumatize you further.<sup>12</sup>

We can tolerate a great deal discomfort as long as we stay conscious of the fact that the body's commotions constantly shift. One moment your chest tightens, but after you take a deep breath and exhale, that feeling softens and you may observe something else, perhaps a tension in your shoulder. Now you can start exploring what happens when you take a deeper breath and notice how your rib cage expands.<sup>13</sup> Once you feel calmer and more curious, you can go back to that sensation in your shoulder. You should not be surprised if a memory spontaneously arises in which that shoulder was somehow involved.

A further step is to observe the interplay between your thoughts and your physical sensations. How are particular thoughts registered in your body? (Do thoughts like "My father loves me" or "my girlfriend dumped me" produce different sensations?) Becoming aware of how your body organizes particular emotions or memories opens up the possibility of releasing sensations and impulses you once blocked in order to survive.<sup>14</sup> In chapter 20, on the benefits of theater, I'll describe in more detail how this works.

Jon Kabat-Zinn, one of the pioneers in mind-body medicine, founded the Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts Medical Center in 1979, and his method has been thoroughly studied for more than three decades. As he describes mindfulness, "One way to think of this process of transformation is to think of mindfulness as a lens, taking the scattered and reactive energies of your mind and focusing them into a coherent source of energy for living, for problem solving, for healing."<sup>15</sup>

Mindfulness has been shown to have a positive effect on numerous psychiatric, psychosomatic, and stress-related symptoms, including depression and chronic pain.<sup>16</sup> It has broad effects on physical health, including improvements in immune response, blood pressure, and cortisol levels.<sup>17</sup> It has also been shown to activate the brain regions involved in emotional regulation<sup>18</sup> and to lead to changes in the regions related to body awareness and fear.<sup>19</sup> Research by my Harvard colleagues Britta Hölzel and Sara Lazar has shown that practicing mindfulness even decreases the

activity of the brain's smoke detector, the amygdala, and thus decreases reactivity to potential triggers.<sup>20</sup>

### 3. RELATIONSHIPS

Study after study shows that having a good support network constitutes the single most powerful protection against becoming traumatized. Safety and terror are incompatible. When we are terrified, nothing calms us down like the reassuring voice or the firm embrace of someone we trust. Frightened adults respond to the same comforts as terrified children: gentle holding and rocking and the assurance that somebody bigger and stronger is taking care of things, so you can safely go to sleep. In order to recover, mind, body, and brain need to be convinced that it is safe to let go. That happens only when you feel safe at a visceral level and allow yourself to connect that sense of safety with memories of past helplessness.

After an acute trauma, like an assault, accident, or natural disaster, survivors require the presence of familiar people, faces, and voices; physical contact; food; shelter and a safe place; and time to sleep. It is critical to communicate with loved ones close and far and to reunite as soon as possible with family and friends in a place that feels safe. Our attachment bonds are our greatest protection against threat. For example, children who are separated from their parents after a traumatic event are likely to suffer serious negative long-term effects. Studies conducted during World War II in England showed that children who lived in London during the Blitz and were sent away to the countryside for protection against German bombing raids fared much worse than children who remained with their parents and endured nights in bomb shelters and frightening images of destroyed buildings and dead people.<sup>21</sup>

Traumatized human beings recover in the context of relationships: with families, loved ones, AA meetings, veterans' organizations, religious communities, or professional therapists. The role of those relationships is to provide physical and emotional safety, including safety from feeling shamed, admonished, or judged, and to bolster the courage to tolerate, face, and process the reality of what has happened.

As we have seen, much the wiring of our brain circuits is devoted to being in tune with others. Recovery from trauma involves (re)connecting

with our fellow human beings. This is why trauma that has occurred within relationships is generally more difficult to treat than trauma resulting from traffic accidents or natural disasters. In our society the most common traumas in women and children occur at the hands of their parents or intimate partners. Child abuse, molestation, and domestic violence all are inflicted by people who are supposed to love you. That knocks out the most important protection against being traumatized: being sheltered by the people you love.

If the people whom you naturally turn to for care and protection terrify or reject you, you learn to shut down and to ignore what you feel.<sup>22</sup> As we saw in part 3, when your caregivers turn on you, you have to find alternative ways to deal with feeling scared, angry, or frustrated. Managing your terror all by yourself gives rise to another set of problems: dissociation, despair, addictions, a chronic sense of panic, and relationships that are marked by alienation, disconnection, and explosions. Patients with these histories rarely make the connection between what happened to them long ago and how they currently feel and behave. Everything just seems unmanageable.

Relief does not come until they are able to acknowledge what has happened and recognize the invisible demons they're struggling with. Recall, for example, the men I described in chapter 11 who had been abused by pedophile priests. They visited the gym regularly, took anabolic steroids, and were strong as oxen. However, in our interviews they often acted like scared kids; the hurt boys deep inside still felt helpless.

While human contact and attunement are the wellspring of physiological self-regulation, the promise of closeness often evokes fear of getting hurt, betrayed, and abandoned. Shame plays an important role in this: "You will find out how rotten and disgusting I am and dump me as soon as you really get to know me." Unresolved trauma can take a terrible toll on relationships. If your heart is still broken because you were assaulted by someone you loved, you are likely to be preoccupied with not getting hurt again and fear opening up to someone new. In fact, you may unwittingly try to hurt them before they have a chance to hurt you.

This poses a real challenge for recovery. Once you recognize that posttraumatic reactions started off as efforts to save your life, you may

gather the courage to face your inner music (or cacophony), but you will need help to do so. You have to find someone you can trust enough to accompany you, someone who can safely hold your feelings and help you listen to the painful messages from your emotional brain. You need a guide who is not afraid of your terror and who can contain your darkest rage, someone who can safeguard the wholeness of you while you explore the fragmented experiences that you had to keep secret from yourself for so long. Most traumatized individuals need an anchor and a great deal of coaching to do this work.

### **Choosing a Professional Therapist**

The training of competent trauma therapists involves learning about the impact of trauma, abuse, and neglect and mastering a variety of techniques that can help to (1) stabilize and calm patients down, (2) help to lay traumatic memories and reenactments to rest, and (3) reconnect patients with their fellow men and women. Ideally the therapist will also have been on the receiving end of whatever therapy he or she practices.

While it's inappropriate and unethical for therapists to tell you the details of their personal struggles, it is perfectly reasonable to ask what particular forms of therapy they have been trained in, where they learned their skills, and whether they've personally benefited from the therapy they propose for you.

There is no one "treatment of choice" for trauma, and any therapist who believes that his or her particular method is the only answer to your problems is suspect of being an ideologue rather than somebody who is interested in making sure that you get well. No therapist can possibly be familiar with every effective treatment, and he or she must be open to your exploring options other than the ones he or she offers. He or she also must be open to learning from you. Gender, race, and personal background are relevant only if they interfere with helping the patient feel safe and understood.

Do you feel basically comfortable with this therapist? Does he or she seem to feel comfortable in his or her own skin and with you as a fellow human being? Feeling safe is a necessary condition for you to confront your fears and anxieties. Someone who is stern, judgmental, agitated, or harsh is

likely to leave you feeling scared, abandoned, and humiliated, and that won't help you resolve your traumatic stress. There may be times as old feelings from the past are stirred up, when you become suspicious that the therapist resembles someone who once hurt or abused you. Hopefully, this is something you can work through together, because in my experience patients get better only if they develop deep positive feelings for their therapists. I also don't think that you can grow and change unless you feel that you have some impact on the person who is treating you.

The critical question is this: Do you feel that your therapist is curious to find out who *you* are and what *you*, not some generic "PTSD patient," need? Are you just a list of symptoms on some diagnostic questionnaire, or does your therapist take the time to find out why you do what you do and think what you think? Therapy is a collaborative process—a mutual exploration of your self.

Patients who have been brutalized by their caregivers as children often do not feel safe with anyone. I often ask my patients if they can think of any person they felt safe with while they were growing up. Many of them hold tight to the memory of that one teacher, neighbor, shopkeeper, coach, or minister who showed that he or she cared, and that memory is often the seed of learning to reengage. We are a hopeful species. Working with trauma is as much about remembering how we survived as it is about what is broken.

I also ask my patients to imagine what they were like as newborns—whether they were lovable and filled with spunk. All of them believe they were and have some image of what they must have been like before they were hurt.

Some people don't remember anybody they felt safe with. For them, engaging with horses or dogs may be much safer than dealing with human beings. This principle is currently being applied in many therapeutic settings to great effect, including in jails, residential treatment programs, and veterans' rehabilitation. Jennifer, a member of the first graduating class of the Van der Kolk Center,<sup>23</sup> who had come to the program as an out-of-control, mute fourteen-year-old, said during her graduation ceremony that having been entrusted with the responsibility of caring for a horse was the critical first step for her. Her growing bond with her horse helped her feel

safe enough to begin to relate to the staff of the center and then to focus on her classes, take her SATs, and be accepted to college.<sup>24</sup>

#### 4. COMMUNAL RHYTHMS AND SYNCHRONY

From the moment of our birth, our relationships are embodied in responsive faces, gestures, and touch. As we saw in chapter 7, these are the foundations of attachment. Trauma results in a breakdown of attuned physical synchrony: When you enter the waiting room of a PTSD clinic, you can immediately tell the patients from the staff by their frozen faces and collapsed (but simultaneously agitated) bodies. Unfortunately, many therapists ignore those physical communications and focus only on the words with which their patients communicate.

The healing power of community as expressed in music and rhythms was brought home for me in the spring of 1997, when I was following the work of the Truth and Reconciliation Commission in South Africa. In some places we visited, terrible violence continued. One day I attended a group for rape survivors in the courtyard of a clinic in a township outside Johannesburg. We could hear the sound of bullets being fired at a distance while smoke billowed over the walls of the compound and the smell of teargas hung in the air. Later we heard that forty people had been killed.

Yet, while the surroundings were foreign and terrifying, I recognized this group all too well: The women sat slumped over—sad and frozen—like so many rape therapy groups I had seen in Boston. I felt a familiar sense of helplessness, and, surrounded by collapsed people, I felt myself mentally collapse as well. Then one of the women started to hum, while gently swaying back and forth. Slowly a rhythm emerged; bit by bit other women joined in. Soon the whole group was singing, moving, and getting up to dance. It was an astounding transformation: people coming back to life, faces becoming attuned, vitality returning to bodies. I made a vow to apply what I was seeing there and to study how rhythm, chanting, and movement can help to heal trauma.

We will see more of this in chapter 20, on theater, where I show how groups of young people—among them juvenile offenders and at-risk foster kids—gradually learn to work together and to depend on one another, whether as partners in Shakespearean swordplay or as the writers and

performers of full-length musicals. Different patients have told me how much choral singing, aikido, tango dancing, and kickboxing have helped them, and I am delighted to pass their recommendations on to other people I treat.

I learned another powerful lesson about rhythm and healing when clinicians at the Trauma Center were asked to treat a five-year-old mute girl, Ying Mee, who had been adopted from an orphanage in China. After months of failed attempts to make contact with her, my colleagues Deborah Rozelle and Liz Warner realized that her rhythmical engagement system didn't work—she could not resonate with the voices and faces of the people around her. That led them to sensorimotor therapy.<sup>25</sup>

The sensory integration clinic in Watertown, Massachusetts, is a wondrous indoor playground filled with swings, tubs full of multicolored rubber balls so deep that you can make yourself disappear, balance beams, crawl spaces fashioned from plastic tubing, and ladders that lead to platforms from which you can dive onto foam-filled mats. The staff bathed Ying Mee in the tub with plastic balls; that helped her feel sensations on her skin. They helped her sway on swings and crawl under weighted blankets. After six weeks something shifted—and she started to talk.<sup>26</sup>

Ying Mee's dramatic improvement inspired us to start a sensory integration clinic at the Trauma Center, which we now also use in our residential treatment programs. We have not yet explored how well sensory integration works for traumatized adults, but I regularly incorporate sensory integration experiences and dance in my seminars.

Learning to become attuned provides parents (and their kids) with the visceral experience of reciprocity. Parent-child interaction therapy (PCIT) is an interactive therapy that fosters this, as is SMART (sensory motor arousal regulation treatment), developed by my colleagues at the Trauma Center.<sup>27</sup>

When we play together, we feel physically attuned and experience a sense of connection and joy. Improvisation exercises (such as those found at <http://learnimprov.com/>) also are a marvelous way to help people connect in joy and exploration. The moment you see a group of grim-faced people break out in a giggle, you know that the spell of misery has broken.

Mainstream trauma treatment has paid scant attention to helping terrified people to safely experience their sensations and emotions. Medications such as serotonin reuptake blockers, Respidol and Seroquel increasingly have taken the place of helping people to deal with their sensory world.<sup>28</sup> However, the most natural way that we humans calm down our distress is by being touched, hugged, and rocked. This helps with excessive arousal and makes us feel intact, safe, protected, and in charge.



**Rembrandt van Rijn: *Christ Healing the Sick*.** Gestures of comfort are universally recognizable and reflect the healing power of attuned touch.

Touch, the most elementary tool that we have to calm down, is proscribed from most therapeutic practices. Yet you can't fully recover if you don't feel safe in your skin. Therefore, I encourage all my patients to engage in some sort of bodywork, be it therapeutic massage, Feldenkrais, or craniosacral therapy.

I asked my favorite bodywork practitioner, Licia Sky, about her practice with traumatized individuals. Here is some of what she told me: “I never begin a bodywork session without establishing a personal connection. I’m not taking a history; I’m not finding out how traumatized a person is or what happened to them. I check in where they are in their body right now. I ask them if there is anything they want me to pay attention to. All the while, I’m assessing their posture; whether they look me in the eye; how tense or relaxed they seem; are they connecting with me or not.

“The first decision I make is if they will feel safer face up or face down. If I don’t know them, I usually start face up. I am very careful about draping; very careful to let them feel safe with whatever clothing they want to leave on. These are important boundaries to set up right at the beginning.

“Then, with my first touch, I make firm, safe contact. Nothing forced or sharp. Nothing too fast. The touch is slow, easy for the client to follow, gently rhythmic. It can be as strong as a handshake. The first place I might touch is their hand and forearm, because that’s the safest place to touch anybody, the place where they can touch you back.

“You have to meet their point of resistance—the place that has the most tension—and meet it with an equal amount of energy. That releases the frozen tension. You can’t hesitate; hesitation communicates a lack of trust in yourself. Slow movement, careful attuning to the client is different from hesitation. You have to meet them with tremendous confidence and empathy, let the pressure of your touch meet the tension they are holding in their bodies.”

What does bodywork do for people? Licia’s reply: “Just like you can thirst for water, you can thirst for touch. It is a comfort to be met confidently, deeply, firmly, gently, responsively. Mindful touch and movement grounds people and allows them to discover tensions that they may have held for so long that they are no longer even aware of them. When you are touched, you wake up to the part of your body that is being touched.

“The body is physically restricted when emotions are bound up inside. People’s shoulders tighten; their facial muscles tense. They spend enormous energy on holding back their tears—or any sound or movement that might betray their inner state. When the physical tension is released, the feelings can be released. Movement helps breathing to become deeper, and as the

tensions are released, expressive sounds can be discharged. The body becomes freer—breathing freer, being in flow. Touch makes it possible to live in a body that can move in response to being moved.

“People who are terrified need to get a sense of where their bodies are in space and of their boundaries. Firm and reassuring touch lets them know where those boundaries are: what’s outside them, where their bodies end. They discover that they don’t constantly have to wonder who and where they are. They discover that their body is solid and that they don’t have to be constantly on guard. Touch lets them know that they are safe.”

## 6. TAKING ACTION

The body responds to extreme experiences by secreting stress hormones. These are often blamed for subsequent illness and disease. However, stress hormones are meant to give us the strength and endurance to respond to extraordinary conditions. People who actively *do* something to deal with a disaster—rescuing loved ones or strangers, transporting people to a hospital, being part of a medical team, pitching tents or cooking meals—utilize their stress hormones for their proper purpose and therefore are at much lower risk of becoming traumatized. (Nonetheless, everyone has his or her breaking point, and even the best-prepared person may become overwhelmed by the magnitude of the challenge.)

Helplessness and immobilization keep people from utilizing their stress hormones to defend themselves. When that happens, their hormones still are being pumped out, but the actions they’re supposed to fuel are thwarted. Eventually, the activation patterns that were meant to promote coping are turned back against the organism and now keep fueling inappropriate fight/flight and freeze responses. In order to return to proper functioning, this persistent emergency response must come to an end. The body needs to be restored to a baseline state of safety and relaxation from which it can mobilize to take action in response to real danger.

My friends and teachers Pat Ogden and Peter Levine have each developed powerful body-based therapies, sensorimotor psychotherapy<sup>29</sup> and somatic experiencing<sup>30</sup> to deal with this issue. In these treatment approaches the story of what has happened takes a backseat to exploring physical sensations and discovering the location and shape of the imprints

of past trauma on the body. Before plunging into a full-fledged exploration of the trauma itself, patients are helped to build up internal resources that foster safe access sensations and emotions that overwhelmed them at the time of the trauma. Peter Levine calls this process *pendulation*—gently moving in and out of accessing internal sensations and traumatic memories. In this way patients are helped to gradually expand their window of tolerance.

Once patients can tolerate being aware of their trauma-based physical experiences, they are likely to discover powerful physical impulses—like hitting, pushing, or running—that arose during the trauma but were suppressed in order to survive. These impulses manifest themselves in subtle body movements such as twisting, turning, or backing away. Amplifying these movements and experimenting with ways to modify them begins the process of bringing the incomplete, trauma-related “action tendencies” to completion and can eventually lead to resolution of the trauma. Somatic therapies can help patients to relocate themselves in the present by experiencing that it is safe to move. Feeling the pleasure of taking effective action restores a sense of agency and a sense of being able to actively defend and protect themselves.

Back in 1893 Pierre Janet, the first great explorer of trauma, wrote about “the pleasure of completed action,” and I regularly observe that pleasure when I practice sensorimotor psychotherapy and somatic experiencing: When patients can physically experience what it would have felt like to fight back or run away, they relax, smile, and express a sense of completion.

When people are forced to submit to overwhelming power, as is true for most abused children, women trapped in domestic violence, and incarcerated men and women, they often survive with resigned compliance. The best way to overcome ingrained patterns of submission is to restore a physical capacity to engage and defend. One of my favorite body-oriented ways to build effective fight/flight responses is our local impact center’s model mugging program, in which women (and increasingly men) are taught to actively fight off a simulated attack.<sup>31</sup> The program started in Oakland, California, in 1971 after a woman with a fifth-degree black belt in karate was raped. Wondering how this could have happened to someone

who supposedly could kill with her bare hands, her friends concluded that she had become de-skilled by fear. In the terms of this book, her executive functions—her frontal lobes—went off-line, and she froze. The model mugging program teaches women to recondition the freeze response through many repetitions of being placed in the “zero hour” (a military term for the precise moment of an attack) and learning to transform fear into positive fighting energy.

One of my patients, a college student with a history of unrelenting child abuse, took the course. When I first met her, she was collapsed, depressed, and overly compliant. Three months later, during her graduation ceremony, she successfully fought off a gigantic male attacker who ended up lying cringing on the floor (shielded from her blows by a thick protective suit) while she faced him, arms raised in a karate stance, calmly and clearly yelling no.

Not long afterward, she was walking home from the library after midnight when three men jumped out of some bushes, yelling: “Bitch, give us your money.” She later told me that she took that same karate stance and yelled back: “Okay, guys, I’ve been looking forward to this moment. Who wants to take me on first?” They ran away. If you’re hunched over and too afraid to look around, you are easy prey to other people’s sadism, but when you walk around projecting the message “Don’t mess with me,” you’re not likely to be bothered.

## INTEGRATING TRAUMATIC MEMORIES

People cannot put traumatic events behind until they are able to acknowledge what has happened and start to recognize the invisible demons they’re struggling with. Traditional psychotherapy has focused mainly on constructing a narrative that explains why a person feels a particular way or, as Sigmund Freud put it back in 1914 in *Remembering, Repeating and Working Through*:<sup>32</sup> “While the patient lives [the trauma] through as something real and actual, we have to accomplish the therapeutic task, which consists chiefly of translating it back again in terms of the past.” Telling the story is important; without stories, memory becomes frozen; and without memory you cannot imagine how things can be different. But as we

saw in part 4, telling a story about the event does not guarantee that the traumatic memories will be laid to rest.

There is a reason for that. When people remember an ordinary event, they do not also relive the physical sensations, emotions, images, smells, or sounds associated with that event. In contrast, when people fully recall their traumas, they “have” the experience: They are engulfed by the sensory or emotional elements of the past. The brain scans of Stan and Ute Lawrence, the accident victims in chapter 4, show how this happens. When Stan was remembering his horrendous accident, two key areas in his brain went blank: the area that provides a sense of time and perspective, which makes it possible to know that “that was then, but I am safe now,” and another area that integrates the images, sounds, and sensations of trauma into a coherent story. When those parts of the brain are knocked out, you experience something not as an event with a beginning, a middle, and an end but in fragments of sensations, images, and emotions.

A trauma can be successfully processed only if all those brain structures are kept online. In Stan’s case, eye movement desensitization and reprocessing (EMDR) allowed him to access his memories of the accident without being overwhelmed by them. When the brain areas whose absence is responsible for flashbacks can be kept online while remembering what has happened, people can integrate their traumatic memories as belonging to the past.

Ute’s dissociation (as you recall, she shut down completely) complicated recovery in a different way. None of the brain structures necessary to engage in the present were online, so that dealing with the trauma was simply impossible. Without a brain that is alert and present there can be no integration and resolution. She needed to be helped to increase her window of tolerance before she could deal with her PTSD symptoms.

Hypnosis was the most widely practiced treatment for trauma from the late 1800s, the time of Pierre Janet and Sigmund Freud, until after World War II. On YouTube you can still watch the documentary *Let There Be Light*, by the great Hollywood director John Huston, which shows men undergoing hypnosis to treat “war neurosis.” Hypnosis fell out of favor in the early 1990s and there have been no recent studies of its effectiveness for treating PTSD. However, hypnosis can induce a state of relative calm from

which patients can observe their traumatic experiences without being overwhelmed by them. Since that capacity to quietly observe oneself is a critical factor in the integration of traumatic memories, it is likely that hypnosis, in some form, will make a comeback.

## **COGNITIVE BEHAVIORAL THERAPY (CBT)**

During their training most psychologists are taught cognitive behavioral therapy. CBT was first developed to treat phobias such as fear of spiders, airplanes, or heights, to help patients compare their irrational fears with harmless realities. Patients are gradually desensitized from their irrational fears by bringing to mind what they are most afraid of, using their narratives and images (“imaginal exposure”), or they are placed in actual (but actually safe) anxiety-provoking situations (“in vivo exposure”), or they are exposed to virtual-reality, computer-simulated scenes, for example, in the case of combat-related PTSD, fighting in the streets of Fallujah.

The idea behind cognitive behavioral treatment is that when patients are repeatedly exposed to the stimulus without bad things actually happening, they gradually will become less upset; the bad memories will have become associated with “corrective” information of being safe.<sup>33</sup> CBT also tries to help patients deal with their tendency to avoid, as in “I don’t want to talk about it.”<sup>34</sup> It sounds simple, but, as we have seen, reliving trauma reactivates the brain’s alarm system and knocks out critical brain areas necessary for integrating the past, making it likely that patients will relive rather than resolve the trauma.

Prolonged exposure or “flooding” has been studied more thoroughly than any other PTSD treatment. Patients are asked to “focus their attention on the traumatic material and . . . not distract themselves with other thoughts or activities.”<sup>35</sup> Research has shown that up to one hundred minutes of flooding (in which anxiety-provoking triggers are presented in an intense, sustained form) are required before decreases in anxiety are reported.<sup>36</sup> Exposure sometimes helps to deal with fear and anxiety, but it has not been proven to help with guilt or other complex emotions.<sup>37</sup>

In contrast to its effectiveness for irrational fears such as spiders, CBT has not done so well for traumatized individuals, particularly those with

histories of childhood abuse. Only about one in three participants with PTSD who finish research studies show some improvement.<sup>38</sup> Those who complete CBT treatment usually have fewer PTSD symptoms, but they rarely recover completely: Most continue to have substantial problems with their health, work, or mental well-being.<sup>39</sup>

In the largest published study of CBT for PTSD more than one-third of the patients dropped out; the rest had a significant number of adverse reactions. Most of the women in the study still suffered from full-blown PTSD after three months in the study, and only 15 percent no longer had major PTSD symptoms.<sup>40</sup> A thorough analysis of all the scientific studies of CBT show that it works about as well as being in a supportive therapy relationship.<sup>41</sup> The poorest outcome in exposure treatments occurs in patients who suffer from “mental defeat”—those who have given up.<sup>42</sup>

Being traumatized is not just an issue of being stuck in the past; it is just as much a problem of not being fully alive in the present. One form of exposure treatment is virtual-reality therapy in which veterans wear high-tech goggles that make it possible to refight the battle of Fallujah in lifelike detail. As far as I know, the US Marines performed very well in combat. The problem is that they cannot tolerate being home. Recent studies of Australian combat veterans show that their brains are rewired to be alert for emergencies, at the expense of being focused on the small details of everyday life.<sup>43</sup> (We’ll learn more about this in chapter 19, on neurofeedback.) More than virtual-reality therapy, traumatized patients need “real world” therapy, which helps them to feel as alive when walking through the local supermarket or playing with their kids as they did in the streets of Baghdad.

Patients can benefit from reliving their trauma only if they are not overwhelmed by it. A good example is a study of Vietnam veterans conducted in the early 1990s by my colleague Roger Pitman.<sup>44</sup> I visited Roger’s lab every week during that time, since we were conducting the study of brain opioids in PTSD that I discussed in chapter 2. Roger would show me the videotapes of his treatment sessions and we would discuss what we observed. He and his colleagues pushed the veterans to talk repeatedly about every detail of their experiences in Vietnam, but the investigators had to stop the study because many patients became panicked

by their flashbacks, and the dread often persisted after the sessions. Some never returned, while many of those who stayed with the study became more depressed, violent, and fearful; some coped with their increased symptoms by increasing their alcohol consumption, which led to further violence and humiliation, as some of their families called the police to take them to a hospital.

## DESENSITIZATION

Over the past two decades the prevailing treatment taught to psychology students has been some form of systematic desensitization: helping patients become less reactive to certain emotions and sensations. But is this the correct goal? Maybe the issue is not desensitization but integration: putting the traumatic event into its proper place in the overall arc of one's life.

Desensitization makes me think of the small boy—he must have been about five—I saw in front of my house recently. His hulking father was yelling at him at the top of his voice as the boy rode his tricycle down my street. The kid was unfazed, while my heart was racing and I felt an impulse to deck the guy. How much brutality had it taken to numb a child this young to his father's brutality? His indifference to his father's yelling must have been the result of prolonged exposure, but, I wondered, at what price? Yes, we can take drugs that blunt our emotions or we can learn to desensitize ourselves. As medical students we learned to stay analytical when we had to treat children with third-degree burns. But, as the neuroscientist Jean Decety at the University of Chicago has shown, desensitization to our own or to other people's pain tends to lead to an overall blunting of emotional sensitivity.<sup>45</sup>

A 2010 report on 49,425 veterans with newly diagnosed PTSD from the Iraq and Afghanistan wars who sought care from the VA showed that fewer than one out of ten actually completed the recommended treatment.<sup>46</sup> As in Pitman's Vietnam veterans, exposure treatment, as currently practiced, rarely works for them. We can only "process" horrendous experiences if they do not overwhelm us. And that means that other approaches are necessary.

## **DRUGS TO SAFELY ACCESS TRAUMA?**

When I was a medical student, I spent the summer of 1966 working for Jan Bastiaans, a professor at Leiden University in the Netherlands who was known for his work treating Holocaust survivors with LSD. He claimed to have achieved spectacular results, but when colleagues inspected his archives, they found few data to support his claims. The potential of mind-altering substances for trauma treatment was subsequently neglected until 2000, when Michael Mithoefer and his colleagues in South Carolina received FDA permission to conduct an experiment with MDMA (ecstasy). MDMA was classified as a controlled substance in 1985 after having been used for years as a recreational drug. As with Prozac and other psychotropic agents, we don't know exactly how MDMA works, but it is known to increase concentrations of a number of important hormones including oxytocin, vasopressin, cortisol, and prolactin.<sup>47</sup> Most relevant for trauma treatment, it increases people's awareness of themselves; they frequently report a heightened sense of compassionate energy, accompanied by curiosity, clarity, confidence, creativity, and connectedness. Mithoefer and his colleagues were looking for a medication that would enhance the effectiveness of psychotherapy, and they became interested in MDMA because it decreases fear, defensiveness, and numbing, as well as helping to access inner experience.<sup>48</sup> They thought MDMA might enable patients to stay within the window of tolerance so they could revisit their traumatic memories without suffering overwhelming physiological and emotional arousal.

The initial pilot studies have supported that expectation.<sup>49</sup> The first study, involving combat veterans, firefighters, and police officers with PTSD, had positive results. In the next study, of a group of twenty victims of assault who had been unresponsive to previous forms of therapy, twelve subjects received MDMA and eight received an inactive placebo. Sitting or lying in a comfortable room, they then all received two eight-hour psychotherapy sessions, mainly using internal family systems (IFS) therapy, the subject of chapter 17 of this book. Two months later 83 percent of the patients who received MDMA plus psychotherapy were considered completely cured, compared with 25 percent of the placebo group. None of the patients had adverse side effects. Perhaps most interesting, when the

participants were interviewed more than a year after the study was completed, they had maintained their gains.

By being able to observe the trauma from the calm, mindful state that IFS calls Self (a term I'll discuss further in chapter 17), mind and brain are in a position to integrate the trauma into the overall fabric of life. This is very different from traditional desensitization techniques, which are about blunting a person's response to past horrors. This is about association and integration—making a horrendous event that overwhelmed you in the past into a memory of something that happened a long time ago.

Nonetheless, psychedelic substances are powerful agents with a troubled history. They can easily be misused through careless administration and poor maintenance of therapeutic boundaries. It is to be hoped that MDMA will not be another magic cure released from Pandora's box.

## WHAT ABOUT MEDICATIONS?

People have always used drugs to deal with traumatic stress. Each culture and each generation has its preferences—gin, vodka, beer, or whiskey; hashish, marijuana, cannabis, or ganja; cocaine; opioids like oxycontin; tranquilizers such as Valium, Xanax, and Klonopin. When people are desperate, they will do just about anything to feel calmer and more in control.<sup>50</sup>

Mainstream psychiatry follows this tradition. Over the past decade the Departments of Defense and Veterans Affairs combined have spent over \$4.5 billion on antidepressants, antipsychotics, and antianxiety drugs. A June 2010 internal report from the Defense Department's Pharmacoeconomic Center at Fort Sam Houston in San Antonio showed that 213,972, or 20 percent of the 1.1 million active-duty troops surveyed, were taking some form of psychotropic drug: antidepressants, antipsychotics, sedative hypnotics, or other controlled substances.<sup>51</sup>

However, drugs cannot "cure" trauma; they can only dampen the expressions of a disturbed physiology. And they do not teach the lasting lessons of self-regulation. They can help to control feelings and behavior, but always at a price—because they work by blocking the chemical systems

that regulate engagement, motivation, pain, and pleasure. Some of my colleagues remain optimistic: I keep attending meetings where serious scientists discuss their quest for the elusive magic bullet that will miraculously reset the fear circuits of the brain (as if traumatic stress involved only one simple brain circuit). I also regularly prescribe medications.

Just about every group of psychotropic agents has been used to treat some aspect of PTSD.<sup>52</sup> The serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, Effexor, and Paxil have been most thoroughly studied, and they can make feelings less intense and life more manageable. Patients on SSRIs often feel calmer and more in control; feeling less overwhelmed often makes it easier to engage in therapy. Other patients feel blunted by SSRIs—they feel they’re “losing their edge.” I approach it as an empirical question: Let’s see what works, and only the patient can be the judge of that. On the other hand, if one SSRI does not work, it’s worth trying another, because they all have slightly different effects. It’s interesting that the SSRIs are widely used to treat depression, but in a study in which we compared Prozac with eye movement desensitization and reprocessing (EMDR) for patients with PTSD, many of whom were also depressed, EMDR proved to be a more effective antidepressant than Prozac.<sup>53</sup> I’ll return to that subject in chapter 15.<sup>54</sup>

Medicines that target the autonomic nervous system, like propranolol or clonidine, can help to decrease hyperarousal and reactivity to stress.<sup>55</sup> This family of drugs works by blocking the physical effects of adrenaline, the fuel of arousal, and thus reduces nightmares, insomnia, and reactivity to trauma triggers.<sup>56</sup> Blocking adrenaline can help to keep the rational brain online and make choices possible: “Is this really what I want to do?” Since I have started to integrate mindfulness and yoga into my practice, I use these medications less often, except occasionally to help patients sleep more restfully.

Traumatized patients tend to like tranquilizing drugs, benzodiazepines like Klonopin, Valium, Xanax, and Ativan. In many ways, they work like alcohol, in that they make people feel calm and keep them from worrying. (Casino owners love customers on benzodiazepines; they don’t get upset when they lose and keep gambling.) But also, like alcohol, benzos weaken

inhibitions against saying hurtful things to people we love. Most civilian doctors are reluctant to prescribe these drugs, because they have a high addiction potential and they may also interfere with trauma processing. Patients who stop taking them after prolonged use usually have withdrawal reactions that make them agitated and increase posttraumatic symptoms.

I sometimes give my patients low doses of benzodiazepines to use as needed, but not enough to take on a daily basis. They have to choose when to use up their precious supply, and I ask them to keep a diary of what was going on when they decided to take the pill. That gives us a chance to discuss the specific incidents that triggered them.

A few studies have shown that anticonvulsants and mood stabilizers, such as lithium or valproate, can have mildly positive effects, taking the edge off hyperarousal and panic.<sup>57</sup> The most controversial medications are the so-called second-generation antipsychotic agents, such as Risperdal and Seroquel, the largest-selling psychiatric drugs in the United States (\$14.6 billion in 2008). Low doses of these agents can be helpful in calming down combat veterans and women with PTSD related to childhood abuse.<sup>58</sup> Using these drugs is sometimes justified, for example when patients feel completely out of control and unable to sleep or where other methods have failed.<sup>59</sup> But it's important to keep in mind that these medications work by blocking the dopamine system, the brain's reward system, which also functions as the engine of pleasure and motivation.

Antipsychotic medications such as Risperdal, Abilify, or Seroquel can significantly dampen the emotional brain and thus make patients less skittish or enraged, but they also may interfere with being able to appreciate subtle signals of pleasure, danger, or satisfaction. They also cause weight gain, increase the chance of developing diabetes, and make patients physically inert, which is likely to further increase their sense of alienation. These drugs are widely used to treat abused children who are inappropriately diagnosed with bipolar disorder or mood dysregulation disorder. More than half a million children and adolescents in America are now taking antipsychotic drugs, which may calm them down but also interfere with learning age-appropriate skills and developing friendships with other children.<sup>60</sup> A Columbia University study recently found that prescriptions of antipsychotic drugs for privately insured two- to five-year-

olds had doubled between 2000 and 2007.<sup>61</sup> Only 40 percent of them had received a proper mental health assessment.

Until it lost its patent, the pharmaceutical company Johnson & Johnson doled out LEGO blocks stamped with the word “Risperdal” for the waiting rooms of child psychiatrists. Children from low-income families are four times as likely as the privately insured to receive antipsychotic medicines. In one year alone Texas Medicaid spent \$96 million on antipsychotic drugs for teenagers and children—including three unidentified infants who were given the drugs before their first birthdays.<sup>62</sup> There have been no studies on the effects of psychotropic medications on the developing brain. Dissociation, self-mutilation, fragmented memories, and amnesia generally do not respond to any of these medications.

The Prozac study that I discussed in chapter 2 was the first to discover that traumatized civilians tend to respond much better to medications than do combat veterans.<sup>63</sup> Since then other studies have found similar discrepancies. In this light it is worrisome that the Department of Defense and the VA prescribe enormous quantities of medications to combat soldiers and returning veterans, often without providing other forms of therapy. Between 2001 and 2011 the VA spent about \$1.5 billion on Seroquel and Risperdal, while Defense spent about \$90 million during the same period, even though a research paper published in 2001 showed that Risperdal was no more effective than a placebo in treating PTSD.<sup>64</sup> Similarly, between 2001 and 2012 the VA spent \$72.1 million and Defense spent \$44.1 million on benzodiazepines<sup>65</sup>—medications that clinicians generally avoid prescribing to civilians with PTSD because of their addiction potential and lack of significant effectiveness for PTSD symptoms.

## THE ROAD OF RECOVERY IS THE ROAD OF LIFE

In the first chapter of this book I introduced you to a patient named Bill whom I met over thirty years ago at the VA. Bill became one of my longtime patient-teachers, and our relationship is also the story of my evolution of trauma treatment.

Bill had served as a medic in Vietnam in 1967–71, and after he returned, he tried to use the skills he had learned in the army by working on

a burn unit in a local hospital. Nursing kept him frazzled, explosive, and on edge, but he had no idea that these problems had anything to do with what he had experienced in Vietnam. After all, the PTSD diagnosis did not yet exist, and Irish working-class guys in Boston didn't consult shrinks. His nightmares and insomnia subsided a bit after he left nursing and enrolled in a seminary to become a minister. He did not seek help until after his first son was born in 1978.

The baby's crying triggered unrelenting flashbacks, in which he saw, heard, and smelled burned and mutilated children in Vietnam. He was so out of control that some of my colleagues at the VA wanted to put him in the hospital to treat what they thought was a psychosis. However, as he and I started to work together and he began to feel safe with me, he gradually opened up about what he had witnessed in Vietnam, and he slowly started to tolerate his feelings without becoming overwhelmed. This helped him to refocus on taking care of his family and on finishing his training as a minister. After two years he was a pastor with his own parish, and we felt that our work was done.

I had no further contact with Bill until he called me up eighteen years to the day after I first met him. He was experiencing exactly the same symptoms—flashbacks, terrible nightmares, feelings that he was going crazy—that he'd had right after his baby was born. That son had just turned eighteen, and Bill had accompanied him to register for the draft—at the same armory from which Bill himself had been shipped off to Vietnam. By then I knew much more about treating traumatic stress, and Bill and I dealt with the specific memories of what he had seen, heard, and smelled back in Vietnam, details that he had been too scared to recall when we first met. We could now integrate these memories with EMDR, so that they became stories of what happened long ago instead of instant transports into the hell of Vietnam. Once he felt more settled, he wanted to deal with his childhood: his brutal upbringing and his guilt about having left behind his younger schizophrenic brother when he enlisted for Vietnam, unprotected against their father's violent outbursts.

Another important theme of our time together was the day-to-day pain Bill confronted as a minister—having to bury adolescents killed in car crashes only a few years after he'd baptized them or having couples he'd married come back in crisis over domestic violence. Bill went on to

organize a support group for fellow clergy faced with similar traumas, and he became an important force in his community.

Bill's third treatment started five years later, when he developed a serious neurological illness at age fifty-three. He had suddenly started to experience episodic paralysis in several parts of his body, and he was beginning to accept that he would probably spend the rest of his life in a wheelchair. I thought his problems might be due to multiple sclerosis, but his neurologists could not find specific lesions, and they said there was no cure for his condition. He told me how grateful he was for his wife's support. She already had arranged to have a wheelchair ramp built to the kitchen entrance to their house.

Given his grim prognosis, I urged Bill to find a way to fully feel and befriend the distressing feelings in his body, just as he had learned to tolerate and live with his most painful memories of the war. I suggested that he consult a body worker who had introduced me to Feldenkrais, a gentle, hands-on approach to rearranging physical sensations and muscle movements. When Bill came back to report on how he was doing, he expressed delight with his increased sense of control. I mentioned that I'd recently started to do yoga myself and that we had just opened up a yoga program at the Trauma Center. I invited him to explore that as his next step.

Bill found a local Bikram yoga class, a hot and intense practice usually reserved for young and energetic people. Bill loved it, even though parts of his body occasionally gave way in class. Despite his physical disability, he gained a sense of bodily pleasure and mastery that he had never felt before.

Bill's psychological treatment had helped him put the horrendous experience of Vietnam in the past. Now befriending his body was keeping him from organizing his life around the loss of physical control. He decided to become certified as a yoga instructor, and he began teaching yoga at his local armory to the veterans who were returning from Iraq and Afghanistan.

Today, ten years later, Bill continues to be fully engaged in life—with his children and grandchildren, through his work with veterans, and in his church. He copes with his physical limitations as an inconvenience. To date he has taught yoga classes to more than 1,300 returning combat veterans. He still regularly suffers from the sudden weakness in his limbs that requires him to sit or lie down. But, like his memories of childhood and

Vietnam, these episodes do not dominate his existence. They are simply part of the ongoing, evolving story of his life.

# CHAPTER 14

## LANGUAGE: MIRACLE AND TYRANNY

Give sorrow words; the grief that does not speak knits up the o'er wrought heart and bids it break.

—William Shakespeare, *Macbeth*

We can hardly bear to look. The shadow may carry the best of the life we have not lived. Go into the basement, the attic, the refuse bin. Find gold there. Find an animal who has not been fed or watered. It is you!! This neglected, exiled animal, hungry for attention, is a part of your self.

—Marion Woodman (as quoted by Stephen Cope in *The Great Work of Your Life*)

In September 2001 several organizations, including the National Institutes of Health, Pfizer pharmaceuticals, and the New York Times Company Foundation, organized expert panels to recommend the best treatments for people traumatized by the attacks on the World Trade Center. Because many widely used trauma interventions had never been carefully evaluated in random communities (as opposed to patients who seek psychiatric help), I thought that this presented an extraordinary opportunity to compare how well a variety of different approaches would work. My colleagues were more conservative, and after lengthy deliberations the committees

recommended only two forms of treatment: psychoanalytically oriented therapy and cognitive behavioral therapy. Why analytic talk therapy? Since Manhattan is one of the last bastions of Freudian psychoanalysis, it would have been bad politics to exclude a substantial proportion of local mental health practitioners. Why CBT? Because behavioral treatment can be broken down into concrete steps and “manualized” into uniform protocols, it is the favorite treatment of academic researchers, another group that could not be ignored. After the recommendations were approved, we sat back and waited for New Yorkers to find their way to therapists’ offices. Almost nobody showed up.

Dr. Spencer Eth, who ran the psychiatry department at the now-defunct St. Vincent’s Hospital in Greenwich Village, was curious where survivors had turned for help, and early in 2002, together with some medical students, he conducted a survey of 225 people who had escaped from the Twin Towers. Asked what had been most helpful in overcoming the effects of their experience, the survivors credited acupuncture, massage, yoga, and EMDR, in that order.<sup>1</sup> Among rescue workers, massages were particularly popular. Eth’s survey suggests that the most helpful interventions focused on relieving the physical burdens generated by trauma. The disparity between the survivors’ experience and the experts’ recommendations is intriguing. Of course, we don’t know how many survivors eventually did seek out more traditional therapies. But the apparent lack of interest in talk therapy raises a basic question: What good is it to talk about your trauma?

## THE UNSPEAKABLE TRUTH

Therapists have an undying faith in the capacity of talk to resolve trauma. That confidence dates back to 1893, when Freud (and his mentor, Breuer) wrote that trauma “immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words.”<sup>2</sup>

Unfortunately, it’s not so simple: Traumatic events are almost impossible to put into words. This is true for all of us, not just for people

who suffer from PTSD. The initial imprints of the events of September 11 were not stories but images: frantic people running down the street, their faces covered with ash; an airplane smashing into Tower One of the World Trade Center; the distant specks that were people jumping hand in hand. Those images were replayed over and over, in our minds and on the TV screen, until Mayor Giuliani and the media helped us create a narrative we could share with one another.

In *Seven Pillars of Wisdom* T. E. Lawrence wrote of his war experiences: “We learned that there were pangs too sharp, griefs too deep, ecstasies too high for our finite selves to register. When emotion reached this pitch the mind choked; and memory went white till the circumstances were humdrum once more.”<sup>3</sup> While trauma keeps us dumbfounded, the path out of it is paved with words, carefully assembled, piece by piece, until the whole story can be revealed.

## BREAKING THE SILENCE

Activists in the early campaign for AIDS awareness created a powerful slogan: “Silence = Death.” Silence about trauma also leads to death—the death of the soul. Silence reinforces the godforsaken isolation of trauma. Being able to say aloud to another human being, “I was raped” or “I was battered by my husband” or “My parents called it discipline, but it was abuse” or “I’m not making it since I got back from Iraq,” is a sign that healing can begin.

We may think we can control our grief, our terror, or our shame by remaining silent, but naming offers the possibility of a different kind of control. When Adam was put in charge of the animal kingdom in the Book of Genesis, his first act was to give a name to every living creature.

If you’ve been hurt, you need to acknowledge and name what happened to you. I know that from personal experience: As long as I had no place where I could let myself know what it was like when my father locked me in the cellar of our house for various three-year-old offenses, I was chronically preoccupied with being exiled and abandoned. Only when I could talk about how that little boy felt, only when I could forgive him for having been as scared and submissive as he was, did I start to enjoy the

pleasure of my own company. Feeling listened to and understood changes our physiology; being able to articulate a complex feeling, and having our feelings recognized, lights up our limbic brain and creates an “aha moment.” In contrast, being met by silence and incomprehension kills the spirit. Or, as John Bowlby so memorably put it: “What can not be spoken to the [m]other cannot be told to the self.”

If you hide from yourself the fact that an uncle molested you when you were young, you are vulnerable to react to triggers like an animal in a thunderstorm: with a full-body response to the hormones that signal “danger.” Without language and context, your awareness may be limited to: “I’m scared.” Yet, determined to stay in control, you are likely to avoid anybody or anything that reminds you even vaguely of your trauma. You may also alternate between being inhibited and being uptight or reactive and explosive—all without knowing why.

As long as you keep secrets and suppress information, you are fundamentally at war with yourself. Hiding your core feelings takes an enormous amount of energy, it saps your motivation to pursue worthwhile goals, and it leaves you feeling bored and shut down. Meanwhile, stress hormones keep flooding your body, leading to headaches, muscle aches, problems with your bowels or sexual functions—and irrational behaviors that may embarrass you and hurt the people around you. Only after you identify the source of these responses can you start using your feelings as signals of problems that require your urgent attention.

Ignoring inner reality also eats away at your sense of self, identity, and purpose. Clinical psychologist Edna Foa and her colleagues developed the Posttraumatic Cognitions Inventory to assess how patients think about themselves.<sup>4</sup> Symptoms of PTSD often include statements like “I feel dead inside,” “I will never be able to feel normal emotions again,” “I have permanently changed for the worse,” “I feel like an object, not like a person,” “I have no future,” and “I feel like I don’t know myself anymore.”

The critical issue is allowing yourself to know what you know. That takes an enormous amount of courage. In *What It Is Like to Go to War*, Vietnam veteran Karl Marlantes grapples with his memories of belonging to a brilliantly effective Marine combat unit and confronts the terrible split he discovered inside himself:

For years I was unaware of the need to heal that split, and there was no one, after I returned, to point this out to me. . . . Why did I assume there was only one person inside me? . . . There's a part of me that just loves maiming, killing, and torturing. This part of me isn't all of me. I have other elements that indeed are just the opposite, of which I am proud. So am I a killer? No, but part of me is. Am I a torturer? No, but part of me is. Do I feel horror and sadness when I read in the newspapers of an abused child? Yes. But am I fascinated?<sup>5</sup>

Marlantes tells us that his road to recovery required learning to tell the truth, even if that truth was brutally painful.

Death, destruction, and sorrow need to be constantly justified in the absence of some overarching meaning for the suffering. Lack of this overarching meaning encourages making things up, lying, to fill the gap in meaning.<sup>6</sup>

I'd never been able to tell anyone what was going on inside. So I forced these images back, away, for years. I began to reintegrate that split-off part of my experience only after I actually began to imagine that kid as a kid, my kid perhaps. Then, out came this overwhelming sadness—and healing. Integrating the feelings of sadness, rage, or all of the above with the action should be standard operating procedure for all soldiers who have killed face-to-face. It requires no sophisticated psychological training. Just form groups under a fellow squad or platoon member who has had a few days of group leadership training and encourage people to talk.<sup>7</sup>

Getting perspective on your terror and sharing it with others can reestablish the feeling that you are a member of the human race. After the Vietnam veterans I treated joined a therapy group where they could share the atrocities they had witnessed and committed, they reported beginning to open their hearts to their girlfriends.

## THE MIRACLE OF SELF-DISCOVERY

Discovering your Self in language is always an epiphany, even if finding the words to describe your inner reality can be an agonizing process. That is why I find Helen Keller's account of how she was "born into language"<sup>8</sup> so inspiring.

When Helen was nineteen months old and just starting to talk, a viral infection robbed her of her sight and hearing. Now deaf, blind, and mute, this lovely, lively child turned into an untamed, isolated creature. After five desperate years her family invited a partially blind teacher, Anne Sullivan, to come from Boston to their home in rural Alabama as Helen's tutor. Anne began immediately to teach Helen the manual alphabet, spelling words into her hand letter by letter, but it took ten weeks of trying to connect with this wild child before the breakthrough occurred. It came as Anne spelled the word "water" into one of Helen's hands while she held the other under the water pump.

Helen later recalled that moment in *The Story of My Life*: "Water! That word startled my soul, and it awoke, full of the spirit of the morning. . . . Until that day my mind had been like a darkened chamber, waiting for words to enter and light the lamp, which is thought. I learned a great many words that day."

Learning the names of things enabled the child not only to create an inner representation of the invisible and inaudible physical reality around her but also to find herself: Six months later she started to use the first-person "I."

Helen's story reminds me of the abused, recalcitrant, uncommunicative kids we see in our residential treatment programs. Before she acquired language, she was bewildered and self-centered—looking back, she called that creature "Phantom." And indeed, our kids come across as phantoms until they can discover who they are and feel safe enough to communicate what is going on with them.

In a later book, *The World I Live In*, Keller again described her birth into selfhood: "Before my teacher came to me, I did not know that I am. I lived in a world that was a no-world. . . . I had neither will nor intellect. . . . I can remember all this, not because I knew that it was so, but because I

have factual memory. It enables me to remember that I never contracted my forehead in the act of thinking.”<sup>9</sup>

Helen’s “factual” memories—memories based only on touch—could not be shared. But language opened up the possibility of joining a community. At age eight, when Helen went with Anne to the Perkins Institution for the Blind in Boston (where Sullivan herself had trained), she became able to communicate with other children for the first time: “Oh, what happiness!” she wrote. “To talk freely with other children! To feel at home in the great world!”

Helen’s discovery of language with the help of Anne Sullivan captures the essence of a therapeutic relationship: finding words where words were absent before and, as a result, being able to share your deepest pain and deepest feelings with another human being. This is one of most profound experiences we can have, and such resonance, in which hitherto unspoken words can be discovered, uttered, and received, is fundamental to healing the isolation of trauma—especially if other people in our lives have ignored or silenced us. Communicating fully is the opposite of being traumatized.

## **KNOWING YOURSELF OR TELLING YOUR STORY? OUR DUAL AWARENESS SYSTEM**

Anyone who enters talk therapy, however, almost immediately confronts the limitations of language. This was true of my own psychoanalysis. While I talk easily and can tell interesting tales, I quickly realized how difficult it was to feel my feelings deeply and simultaneously report them to someone else. When I got in touch with the most intimate, painful, or confusing moments of my life, I often found myself faced with a choice: I could either focus on reliving old scenes in my mind’s eye and let myself feel what I had felt back then, or I could tell my analyst logically and coherently what had transpired. When I chose the latter, I would quickly lose touch with myself and start to focus on *his* opinion of what I was telling him. The slightest hint of doubt or judgment would shut me down, and I would shift my attention to regaining his approval.

Since then neuroscience research has shown that we possess two distinct forms of self-awareness: one that keeps track of the self across time

and one that registers the self in the present moment. The first, our autobiographical self, creates connections among experiences and assembles them into a coherent story. This system is rooted in language. Our narratives change with the telling, as our perspective changes and as we incorporate new input.

The other system, moment-to-moment self-awareness, is based primarily in physical sensations, but if we feel safe are not rushed, we can find words to communicate that experience as well. These two ways of knowing are localized in different parts of the brain that are largely disconnected from each other.<sup>10</sup> Only the system devoted to self-awareness, which is based in the medial prefrontal cortex, can change the emotional brain.

In the groups I used to lead for veterans, I could sometimes see these two systems working side by side. The soldiers told horrible tales of death and destruction, but I noticed that their bodies often simultaneously radiated a sense of pride and belonging. Similarly, many patients tell me about the happy families they grew up in while their bodies are slumped over and their voices sound anxious and uptight. One system creates a story for public consumption, and if we tell that story often enough, we are likely to start believing that it contains the whole truth. But the other system registers a different truth: how we experience the situation deep inside. It is this second system that needs to be accessed, befriended, and reconciled.

Just recently at my teaching hospital, a group of psychiatric residents and I interviewed a young woman with temporal lobe epilepsy who was being evaluated following a suicide attempt. The residents asked her standard questions about her symptoms, the medications she was taking, how old she was when the diagnosis was made, what had made her try to kill herself. She responded in a flat, matter-of-fact voice: She'd been five when she was diagnosed. She'd lost her job; she knew she'd been faking it; she felt worthless. For some reason one of the residents asked whether she had been sexually abused. That question surprised me: She had given us no indication that she had had problems with intimacy or sexuality, and I wondered if the doctor was pursuing a private agenda.

Yet the story our patient told did not explain why she had fallen apart after losing her job. So I asked her what it had been like for that five-year-

old girl to be told that something was wrong with her brain. That forced her to check in with herself, as she had no ready-made script for that question. In a subdued tone of voice she told us that the worst part of her diagnosis was that afterward her father wanted nothing more to do with her: “He just saw me as a defective child.” Nobody had supported her, she said, so she basically had to manage by herself.

I then asked her how she felt now about that little girl with newly diagnosed epilepsy who was left on her own. Instead of crying for her loneliness or being angry about the lack of support, she said fiercely: “She was stupid, whiny, and dependent. She should have stepped up to the plate and sucked it up.” That passion obviously came from the part of her that had valiantly tried to cope with her distress, and I acknowledged that it probably had helped her survive back then. I asked her to allow that frightened, abandoned girl to tell her what it had been like to be all alone, her illness compounded by family rejection. She started to sob and kept quiet for a long time until finally she said: “No, she did not deserve that. She should have been supported; somebody should have looked after her.” Then she shifted again and proudly told me about her accomplishments—how much she’d achieved despite that lack of support. Public story and inner experience finally met.

## THE BODY IS THE BRIDGE

Trauma stories lessen the isolation of trauma, and they provide an *explanation* for why people suffer the way they do. They allow doctors to make diagnoses, so that they can address problems like insomnia, rage, nightmares, or numbing. Stories can also provide people with a target to blame. Blaming is a universal human trait that helps people feel good while feeling bad, or, as my old teacher Elvin Semrad used to say: “Hate makes the world go round.” But stories also obscure a more important issue, namely, that trauma radically changes people: that in fact they no longer are “themselves.”

It is excruciatingly difficult to put that feeling of no longer being yourself into words. Language evolved primarily to share “things out there,” not to communicate our inner feelings, our interiority. (Again, the

language center of the brain is about as far removed from the center for experiencing one's self as is geographically possible.) Most of us are better at describing someone else than we are at describing ourselves. As I once heard Harvard psychologist Jerome Kagan say: "The task of describing most private experiences can be likened to reaching down to a deep well to pick up small fragile crystal figures while you are wearing thick leather mittens."<sup>11</sup>

We can get past the slipperiness of words by engaging the self-observing, body-based self system, which speaks through sensations, tone of voice, and body tensions. Being able to perceive visceral sensations is the very foundation of emotional awareness.<sup>12</sup> If a patient tells me that he was eight when his father deserted the family, I am likely to stop and ask him to check in with himself: What happens inside when he tells me about that boy who never saw his father again? Where is it registered in his body? When you activate your gut feelings and listen to your heartbreak—when you follow the interoceptive pathways to your innermost recesses—things begin to change.

## WRITING TO YOURSELF

There are other ways to access your inner world of feelings. One of the most effective is through writing. Most of us have poured out our hearts in angry, accusatory, plaintive, or sad letters after people have betrayed or abandoned us. Doing so almost always makes us feel better, even if we never send them. When you write to yourself, you don't have to worry about other people's judgment—you just listen to your own thoughts and let their flow take over. Later, when you reread what you wrote, you often discover surprising truths.

As functioning members of society, we're supposed to be "cool" in our day-to-day interactions and subordinate our feelings to the task at hand. When we talk with someone with whom we don't feel completely safe, our social editor jumps in on full alert and our guard is up. Writing is different. If you ask your editor to leave you alone for a while, things will come out that you had no idea were there. You are free to go into a sort of a trance state in which your pen (or keyboard) seems to channel whatever bubbles

up from inside. You can connect those self-observing and narrative parts of your brain without worrying about the reception you'll get.

In the practice called free writing, you can use any object as your own personal Rorschach test for entering a stream of associations. Simply write the first thing that comes to your mind as you look at the object in front of you and then keep going without stopping, rereading, or crossing out. A wooden spoon on the counter may trigger memories of making tomato sauce with your grandmother—or of being beaten as a child. The teapot that's been passed down for generations may take you meandering to the furthest reaches of your mind to the loved ones you've lost or family holidays that were a mix of love and conflict. Soon an image will emerge, then a memory, and then a paragraph to record it. Whatever shows up on the paper will be a manifestation of associations that are uniquely yours.

My patients often bring in fragments of writing and drawings about memories that they may not yet be ready to discuss. Reading the content out loud would probably overwhelm them, but they want me to be aware of what they are wrestling with. I tell them how much I appreciate their courage in allowing themselves to explore hitherto hidden parts of themselves and in entrusting me with them. These tentative communications guide my treatment plan—for example, by helping me to decide whether to add somatic processing, neurofeedback, or EMDR to our current work.

As far as I'm aware, the first systematic test of the power of language to relieve trauma was done in 1986, when James Pennebaker at the University of Texas in Austin turned his introductory psychology class into an experimental laboratory. Pennebaker started off with a healthy respect for the importance of inhibition, of keeping things to yourself, which he viewed as the glue of civilization.<sup>13</sup> But he also assumed that people pay a price for trying to suppress being aware of the elephant in the room.

He began by asking each student to identify a deeply personal experience that they'd found very stressful or traumatic. He then divided the class into three groups: One would write about what was currently going on in their lives; the second would write about the details of the traumatic or stressful event; and the third would recount the facts of the experience, their feelings and emotions about it, and what impact they

thought this event had had on their lives. All of the students wrote continuously for fifteen minutes on four consecutive days while sitting alone in a small cubicle in the psychology building.

The students took the study very seriously; many revealed secrets that they had never told anyone. They often cried as they wrote, and many confided in the course assistants that they'd become preoccupied with these experiences. Of the two hundred participants, sixty-five wrote about a childhood trauma. Although the death of a family member was the most frequent topic, 22 percent of the women and 10 percent of the men reported sexual trauma prior to the age of seventeen.

The researchers asked the students about their health and were surprised how often the students spontaneously reported histories of major and minor health problems: cancer, high blood pressure, ulcers, flu, headaches, and earaches.<sup>14</sup> Those who reported a traumatic sexual experience in childhood had been hospitalized an average of 1.7 days in the previous year—almost twice the rate of the others.

The team then compared the number of visits to the student health center participants had made during the month prior to the study to the number in the month following it. The group that had written about both the facts and the emotions related to their trauma clearly benefited the most: They had a 50 percent drop in doctor visits compared with the other two groups. Writing about their deepest thoughts and feelings about traumas had improved their mood and resulted in a more optimistic attitude and better physical health.

When the students themselves were asked to assess the study, they focused on how it had increased their self-understanding: “It helped me think about what I felt during those times. I never realized how it affected me before.” “I had to think and resolve past experiences. One result of the experiment was peace of mind. To have to write about emotions and feelings helped me understand how I felt and why.”<sup>15</sup>

In a subsequent study Pennebaker asked half of a group of seventy-two students to talk into a tape recorder about the most traumatic experience of their lives; the other half discussed their plans for the rest of the day. As they spoke, researchers monitored their physiological reactions: blood pleasure, heart rate, muscle tension, and hand temperature.<sup>16</sup> This study had

similar results: Those who allowed themselves to feel their emotions showed significant physiological changes, both immediate and long term. During their confessions blood pressure, heart rate, and other autonomic functions increased, but afterward their arousal fell to levels below where they had been at the start of the study. The drop in blood pressure could still be measured six weeks after the experiment ended.

It is now widely accepted that stressful experiences—whether divorce or final exams or loneliness—have a negative effect on immune function, but this was a highly controversial notion at the time of Pennebaker’s study. Building on his protocols, a team of researchers at the Ohio State University College of Medicine compared two groups of students who wrote either about a personal trauma or about a superficial topic.<sup>17</sup> Again, those who wrote about personal traumas had fewer visits to the student health center, and their improved health correlated with improved immune function, as measured by the action of T lymphocytes (natural killer cells) and other immune markers in the blood. This effect was most obvious directly after the experiment, but it could still be detected six weeks later. Writing experiments from around the world, with grade school students, nursing home residents, medical students, maximum-security prisoners, arthritis sufferers, new mothers, and rape victims, consistently show that writing about upsetting events improves physical and mental health.

Another aspect of Pennebaker’s studies caught my attention: When his subjects talked about intimate or difficult issues, they often changed their tone of voice and speaking style. The differences were so striking that Pennebaker wondered if he had mixed up his tapes. For example, one woman described her plans for the day in a childlike, high-pitched voice, but a few minutes later, when she described stealing one hundred dollars from an open cash register, both the volume and pitch of her voice became so much lower that she sounded like an entirely different person. Alterations in emotional states were also reflected in the subjects’ handwriting. As participants changed topics, they might move from cursive to block letters and back to cursive; there were also variations in the slant of the letters and in the pressure of their pens.

So many times I find parts of myself fighting each other. It (the abuse) happened, it didn't happen - if it did happen how can I live with a truth that is so horrific.

with my left hand

Listen to me. I want to

tell you and I want

you to listen to you

I think you're too good to

hear it. I hear what

Such changes are called “switching” in clinical practice, and we see them often in individuals with trauma histories. Patients activate distinctly different emotional and physiological states as they move from one topic to another. Switching manifests not only as remarkably different vocal patterns but also in different facial expressions and body movements. Some patients even appear to change their personal identity, from timid to forceful and aggressive or from anxiously compliant to starkly seductive. When they write about their deepest fears, their handwriting often becomes more childlike and primitive.

I want to hurt myself because I  
feel like I'm bad. My mother call  
and leave me sad messages and  
I don't call her back. When I think about  
being little & remember never wanting  
her to find me and I feel like  
she's looking for me now. She  
knows things about me no  
one else knows.

If patients who present in such dramatically different states are treated as fakes, or if they are told to stop showing their unpredictably annoying parts, they are likely to become mute. They probably will continue to seek help, but after they have been silenced they will transmit their cries for help not by talking but by acting: with suicide attempts, depression, and rage attacks. As we will see in chapter 17, they will improve only if both patient and therapist appreciate the roles that these different states have played in their survival.

## ART, MUSIC, AND DANCE

There are thousands of art, music, and dance therapists who do beautiful work with abused children, soldiers suffering from PTSD, incest victims, refugees, and torture survivors, and numerous accounts attest to the effectiveness of expressive therapies.<sup>18</sup> However, at this point we know very little about how they work or about the specific aspects of traumatic stress they address, and it would present an enormous logistical and

financial challenge to do the research necessary to establish their value scientifically.

The capacity of art, music, and dance to circumvent the speechlessness that comes with terror may be one reason they are used as trauma treatments in cultures around the world. One of the few systematic studies to compare nonverbal artistic expression with writing was done by James Pennebaker and Anne Krantz, a San Francisco dance and movement therapist.<sup>19</sup> One-third of a group of sixty-four students was asked to disclose a personal traumatic experience through expressive body movements for at least ten minutes a day for three consecutive days and then to write about it for another ten minutes. A second group danced but did not write about their trauma, and a third group engaged in a routine exercise program. Over the three following months members of all groups reported that they felt happier and healthier. However, only the expressive movement group that also wrote showed objective evidence: better physical health and an improved grade-point average. (The study did not evaluate specific PTSD symptoms.) Pennebaker and Krantz concluded: “The mere expression of the trauma is not sufficient. Health does appear to require translating experiences into language.”

However, we still do not know whether this conclusion—that language is essential to healing—is, in fact, always true. Writing studies that have focused on PTSD symptoms (as opposed to general health) have been disappointing. When I discussed this with Pennebaker, he cautioned me that most writing studies of PTSD patients have been done in group settings where participants were expected to share their stories. He reiterated the point I’ve made above—that the object of writing is to write to yourself, to let your self know what you have been trying to avoid.

## THE LIMITS OF LANGUAGE

Trauma overwhelms listeners as well as speakers. In *The Great War in Modern Memory*, his masterful study of World War I, Paul Fussell comments brilliantly on the zone of silence that trauma creates:

One of the cruxes of war . . . is the collision between events and the language available—or thought appropriate—to describe them. . . . Logically there is no reason why the English language could not perfectly well render the actuality of . . . warfare: it is rich in terms like *blood, terror, agony, madness, shit, cruelty, murder, sell-out, pain* and *hoax*, as well as phrases like *legs blown off, intestines gushing out over his hands, screaming all night, bleeding to death from the rectum*, and the like. . . . The problem was less one of “language” than of gentility and optimism. . . . The real reason [that soldiers fall silent] is that soldiers have discovered that no one is very interested in the bad news they have to report. What listener wants to be torn and shaken when he doesn’t have to be? We have made *unspeakable* mean indescribable: it really means *nasty*.<sup>20</sup>

Talking about painful events doesn’t necessarily establish community—often quite the contrary. Families and organizations may reject members who air the dirty laundry; friends and family can lose patience with people who get stuck in their grief or hurt. This is one reason why trauma victims often withdraw and why their stories become rote narratives, edited into a form least likely to provoke rejection.

It is an enormous challenge to find safe places to express the pain of trauma, which is why survivor groups like Alcoholics Anonymous, Adult Children of Alcoholics, Narcotics Anonymous, and other support groups can be so critical. Finding a responsive community in which to tell your truth makes recovery possible. That is also why survivors need professional therapists who are trained to listen to the agonizing details of their lives. I recall the first time a veteran told me about killing a child in Vietnam. I had a vivid flashback to when I was about seven years old and my father told me that a child next door had been beaten to death by Nazi soldiers in front of our house for showing a lack of respect. My reaction to the veteran’s confession was too much to bear, and I had to end the session. That is why therapists need to have done their own intensive therapy, so they can take care of themselves and remain emotionally available to their patients, even when their patients’ stories arouse feelings of rage or revulsion.

A different problem arises when trauma victims themselves become literally speechless—when the language area of the brain shuts down.<sup>21</sup> I have seen this shutdown in the courtroom in many immigration cases and also in a case brought against a perpetrator of mass slaughter in Rwanda. When asked to testify about their experiences, victims often become so overwhelmed that they are barely able to speak or are hijacked into such panic that they can't clearly articulate what happened to them. Their testimony is often dismissed as being too chaotic, confused, and fragmented to be credible.

Others try to recount their history in a way that keeps them from being triggered. This can make them come across as evasive and unreliable witnesses. I have seen dozens of legal cases dismissed because asylum seekers were unable to give coherent accounts of their reasons for fleeing. I've also known numerous veterans whose claims were denied by the Veterans Administration because they could not tell precisely what had happened to them.

Confusion and mutism are routine in therapy offices: We fully expect that our patients will become overwhelmed if we keep pressing them for the details of their story. For that reason we've learned to "pendulate" our approach to trauma, to use a term coined by my friend Peter Levine. We don't avoid confronting the details, but we teach our patients how to safely dip one toe in the water and then take it out again, thus approaching the truth gradually.

We start by establishing inner "islands of safety" within the body.<sup>22</sup> This means helping patients identify parts of the body, postures, or movements where they can ground themselves whenever they feel stuck, terrified, or enraged. These parts usually lie outside the reach of the vagus nerve, which carries the messages of panic to the chest, abdomen, and throat, and they can serve as allies in integrating the trauma. I might ask a patient if her hands feel okay, and if she says yes, I'll ask her to move them, exploring their lightness and warmth and flexibility. Later, if I see her chest tighten and her breath almost disappear, I can stop her and ask her to focus on her hands and move them, so that she can feel herself as separate from the trauma. Or I might ask her to focus on her out breath and notice how she

can change it, or ask her to lift her arms up and down with each breath—a qigong movement.

For some patients tapping acupressure points is a good anchor.<sup>23</sup> I ask others to feel the weight of their body in the chair or to plant their feet on the floor. I might ask a patient who is collapsing into silence to see what happens when he sits up straight. Some patients discover their own islands of safety—they begin to “get” that they can create body sensations to counterbalance feeling out of control. This sets the stage for trauma resolution: pendulating between states of exploration and safety, between language and body, between remembering the past and feeling alive in the present.

## DEALING WITH REALITY

Dealing with traumatic memories is, however, just the beginning of treatment. Numerous studies have found that people with PTSD have more general problems with focused attention and with learning new information.<sup>24</sup> Alexander McFarlane did a simple test: He asked a group of people to name as many words beginning with the letter *B* as they could in one minute. Normal subjects averaged fifteen words; those with PTSD averaged three or four. Normal subjects hesitated when they saw threatening words like “blood,” “wound,” or “rape”; McFarlane’s PTSD subjects reacted just as hesitantly to ordinary words like “wool,” “ice cream,” and “bicycle.”<sup>25</sup>

After a while most people with PTSD don’t spend a great deal of time or effort on dealing with the past—their problem is simply making it through the day. Even traumatized patients who are making real contributions in teaching, business, medicine, or the arts and who are successfully raising their children expend a lot more energy on the everyday tasks of living than do ordinary mortals.

Yet another pitfall of language is the illusion that our thinking can easily be corrected if it doesn’t “make sense.” The “cognitive” part of cognitive behavioral therapy focuses on changing such “dysfunctional thinking.” This is a top-down approach to change in which the therapist challenges or “reframes” negative cognitions, as in “Let’s compare your

feelings that you are to blame for your rape with the actual facts of the matter” or “Let’s compare your terror of driving with the statistics about road safety today.”

I’m reminded of the distraught woman who once came to our clinic asking for help with her two-month-old because the baby was “so selfish.” Would she have benefited from a fact sheet on child development or an explanation of the concept of altruism? Such information would be unlikely to help her until she gained access to the frightened, abandoned parts of herself—the parts expressed by her terror of dependence.

There is no question traumatized people have irrational thoughts: “I was to blame for being so sexy.” “The other guys weren’t afraid—they’re real men.” “I should have known better than to walk down that street.” It’s best to treat those thoughts as cognitive flashbacks—you don’t argue with them any more than you would argue with someone who keeps having visual flashbacks of a terrible accident. They are residues of traumatic incidents: thoughts they were thinking when, or shortly after, the traumas occurred that are reactivated under stressful conditions. A better way to treat them is with EMDR, the subject of the following chapter.

## BECOMING SOME BODY

The reason people become overwhelmed by telling their stories, and the reason they have cognitive flashbacks, is that their brains have changed. As Freud and Breuer observed, trauma does not simply act as a releasing agent for symptoms. Rather, “the psychical trauma—or more precisely the memory of the trauma—acts like a foreign body which long after its entry must continue to be regarded as an agent that still is at work.”<sup>26</sup> Like a splinter that causes an infection, it is the body’s response to the foreign object that becomes the problem more than the object itself.

Modern neuroscience solidly supports Freud’s notion that many of our conscious thoughts are complex rationalizations for the flood of instincts, reflexes, motives, and deep-seated memories that emanate from the unconscious. As we have seen, trauma interferes with the proper functioning of brain areas that manage and interpret experience. A robust sense of self—one that allows a person to state confidently, “This is what I

think and feel” and “This is what is going on with me”—depends on a healthy and dynamic interplay among these areas.

Almost every brain-imaging study of trauma patients finds abnormal activation of the insula. This part of the brain integrates and interprets the input from the internal organs—including our muscles, joints, and balance (proprioceptive) system—to generate the sense of being embodied. The insula can transmit signals to the amygdala that trigger fight/fight responses. This does not require any cognitive input or any conscious recognition that something has gone awry—you just feel on edge and unable to focus or, at worst, have a sense of imminent doom. These powerful feelings are generated deep inside the brain and cannot be eliminated by reason or understanding.

Being constantly assaulted by, but consciously cut off from, the origin of bodily sensations produces alexithymia: not being able to sense and communicate what is going on with you. Only by getting in touch with your body, by connecting viscerally with your self, can you regain a sense of who you are, your priorities and values. Alexithymia, dissociation, and shutdown all involve the brain structures that enable us to focus, know what we feel, and take action to protect ourselves. When these essential structures are subjected to inescapable shock, the result may be confusion and agitation, or it may be emotional detachment, often accompanied by out-of-body experiences—the feeling you’re watching yourself from far away. In other words trauma makes people feel like either *some body else*, or like *no body*. In order to overcome trauma, you need help to get back in touch with *your body*, with *your Self*.

There is no question that language is essential: Our sense of Self depends on being able to organize our memories into a coherent whole.<sup>27</sup> This requires well-functioning connections between the conscious brain and the self system of the body—connections that often are damaged by trauma. The full story can be told only after those structures are repaired and after the groundwork has been laid: after no body becomes some body.

## CHAPTER 15

### LETTING GO OF THE PAST: EMDR

Was it a vision, or a waking dream?  
Fled is that music;—Do I wake or sleep?

—John Keats

**D**avid, a middle-aged contractor, came to see me because his violent rage attacks were making his home a living hell. During our first session he told me a story about something that had happened to him the summer he was twenty-three. He was working as a lifeguard, and one afternoon a group of kids were roughhousing in the pool and drinking beer. David told them alcohol was not allowed. In response the boys attacked him, and one of them took out his left eye with a broken beer bottle. Thirty years later he still had nightmares and flashbacks about the stabbing.

He was merciless in his criticisms of his own teenage son and often yelled at him for the slightest infraction, and he simply could not bring himself to show any affection toward his wife. On some level he felt that the tragic loss of his eye gave him permission to abuse other people, but he also hated the angry, vengeful person he had become. He had noticed that his efforts to manage his rage made him chronically tense, and he wondered if his fear of losing control had made love and friendship impossible.

During his second visit I introduced a procedure called eye movement desensitization and reprocessing (EMDR). I asked David to go back to the details of his assault and bring to mind his images of the attack, the sounds

he had heard, and the thoughts that had gone through his mind. “Just let those moments come back,” I told him.

I then asked him to follow my index finger as I moved it slowly back and forth about twelve inches from his right eye. Within seconds a cascade of rage and terror came to the surface, accompanied by vivid sensations of pain, blood running down his cheek, and the realization that he couldn’t see. As he reported these sensations, I made an occasional encouraging sound and kept moving my finger back and forth. Every few minutes I stopped and asked him to take a deep breath. Then I asked him to pay attention to what was now on his mind, which was a fight he had had in school. I told him to notice that and to stay with that memory. Other memories emerged, seemingly at random: looking for his assailants everywhere, wanting to hurt them, getting into barroom brawls. Each time he reported a new memory or sensation, I urged him to notice what was coming to mind and resumed the finger movements.

At the end of that visit he looked calmer and visibly relieved. He told me that the memory of the stabbing had lost its intensity—it was now something unpleasant that had happened a long time ago. “It really sucked,” he said thoughtfully, “and it kept me off-kilter for years, but I’m surprised what a good life I eventually was able to carve out for myself.”

Our third session, the following week, dealt with the aftermath of the trauma: how he had used drugs and alcohol for years to cope with his rage. As we repeated the EMDR sequences, still more memories arose. David remembered talking with a prison guard he knew about having his incarcerated assailant killed and then changing his mind. Recalling this decision was profoundly liberating: He had come to see himself as a monster who was barely in control, but realizing that he’d turned away from revenge put him back in touch with a mindful, generous side of himself.

Next he spontaneously realized he was treating his son the way he had felt toward his teenaged attackers. As our session ended, he asked if I could meet with him and his family so he could tell his son what had happened and ask for his forgiveness. At our fifth and final session he reported that he was sleeping better and said that for the first time in his life he felt a sense of inner peace. A year later he called to report not only that his he and wife had grown closer and had started to practice yoga together but also that he laughed more and took real pleasure in his gardening and woodworking.

## **LEARNING ABOUT EMDR**

My experience with David is one of many I have had over the past two decades in which EMDR helped to make painful re-creations of the trauma a thing of the past. My introduction to this method came through Maggie, a spunky young psychologist who ran a halfway house for sexually abused girls. Maggie got into one confrontation after another, clashing with nearly everybody—except the thirteen- and fourteen-year-old girls she cared for. She did drugs, had dangerous and often violent boyfriends, had frequent altercations with her bosses, and moved from place to place because she could not tolerate her roommates (nor they her). I never understood how she had mobilized enough stability and concentration to earn a PhD in psychology from a reputable graduate school.

Maggie had been referred to a therapy group I was running for women with similar problems. During her second meeting she told us that her father had raped her twice, once when she was five years old and once when she was seven. She was convinced it had been her fault. She loved her daddy, she explained, and she must have been so seductive that he could not control himself. Listening to her I thought, “She might not blame her father, but she sure is blaming just about everybody else”—including her previous therapists for not helping her get better. Like many trauma survivors, she told one story with words and another in her actions, in which she kept replaying various aspects of her trauma.

Then one day Maggie came to the group eager to discuss a remarkable experience she’d had the previous weekend at an EMDR training for professionals. At that time I’d heard only that EMDR was a new fad in which therapists wiggled their fingers in front of patients’ eyes. To me and my academic colleagues, it sounded like yet another of the crazes that have always plagued psychiatry, and I was convinced that this would turn out to be another of Maggie’s misadventures.

Maggie told us that during her EMDR session she had vividly remembered her father’s rape when she was seven—remembered it from inside her child’s body. She could feel physically how small she was; she could feel her father’s huge body on top of her and could smell the alcohol on his breath. And yet, she told us, even as she relived the incident she was able to observe it from the point of view of her twenty-nine-year-old self.

She burst into tears: “I was such a little girl. How could a huge man do this to a little girl?” She cried for a while and then said: “It’s over now. I now know what happened. It wasn’t my fault. I was a little girl and there was nothing I could do to keep him from molesting me.”

I was astounded. I had been looking for a long time for a way to help people revisit their traumatic past without becoming retraumatized. It seemed that Maggie had had an experience as lifelike as a flashback and yet had not been hijacked by it. Could EMDR make it safe for people to access the imprints of trauma? Could it then transform them into memories of events that had happened far in the past?

Maggie had a few more EMDR sessions and remained in our group long enough for us to see how she changed. She was much less angry, but she kept that sardonic sense of humor that I enjoyed so much. A few months later she got involved with a very different kind of man than she’d ever been attracted to before. She left the group, announcing that she’d resolved her trauma, and I decided it was time for me to get trained in EMDR.

## **EMDR: FIRST EXPOSURES**

Like many scientific advances, EMDR originated with a chance observation. One day in 1987 psychologist Francine Shapiro was walking through a park, preoccupied with some painful memories, when she noticed that rapid eye movements produced a dramatic relief from her distress. How could a major treatment modality grow from such a brief experience? How is it possible that such a simple process had not been noted before? Initially skeptical about her observation she subjected her method to years of experimentation and research, gradually building it into a standardized procedure that could be taught and tested in controlled studies.<sup>1</sup>

I arrived for my first EMDR training in need of some trauma processing myself. A few weeks earlier the Jesuit priest who was chair of my department at Massachusetts General Hospital had suddenly shut down the Trauma Clinic, leaving us scrambling for a new site and new funds to treat our patients, train our students, and conduct our research. At around the same time, my friend Frank Putnam, who was doing the long-term study

of sexually abused girls that I discussed in chapter 10, was fired from the National Institutes of Health and Rick Kluft, the country's foremost expert on dissociation, lost his unit at the Institute of the Pennsylvania Hospital. It might have all been a coincidence, but it felt as if my whole world was under attack.

My distress about the Trauma Clinic seemed like a good test for my EMDR trial. While I was following my partner's fingers with my eyes, a rapid succession of fuzzy childhood scenes came to mind: intense family dinner-table conversations, confrontations with schoolmates during recess, throwing pebbles at a shed window with my older brother—all of them the sort of vivid, floating, “hypnopompic” images we experience when we slumber late on a Sunday morning, then forget the moment we fully awaken.

After about half an hour my fellow trainee and I revisited the scene in which my boss told me that he was closing my clinic. Now I felt resigned: “Okay, it happened, and now it’s time to move on.” I never looked back; the clinic later reconstituted itself and has thrived ever since. Was EMDR the sole reason I was able to let go of my anger and distress? Of course I’ll never know for certain, but my mental journey—through unrelated childhood scenes to putting the episode to rest—was unlike anything I had experienced in talk therapy.

What happened next, when it was my turn to administer EMDR, was even more intriguing. We rotated to a different group, and my new fellow student, whom I’d never met before, told me he wanted to address some painful childhood incidents involving his father, but he did not want to discuss them. I had never worked on anybody’s trauma without knowing “the story,” and I was annoyed and flustered by his refusal to share any details. While I was moving my fingers in front of his eyes, he looked intensely distressed—he began sobbing, and his breathing became rapid and shallow. But each time I asked him the questions that the protocol called for, he refused to tell me what came to his mind.

At the end of our forty-five-minute session, the first thing my colleague said was that he’d found dealing with me so unpleasant that he would never refer a patient to me. Otherwise, he remarked, the EMDR session had resolved the matter of his father’s abuse. While I was skeptical and suspected that his rudeness toward me was a carryover from unresolved

feelings toward his father, there was no question that he appeared much more relaxed.

I turned to my EMDR trainer, Gerald Puk, and told him how flummoxed I was. This man clearly did not like me, and had looked profoundly distressed during the EMDR session, but now he was telling me that his long-standing misery was gone. How could I possibly know what he had or had not resolved if he was unwilling to tell me what had happened during the session?

Gerry smiled and asked if by chance I had become a mental health professional in order to solve some of my own personal issues. I confirmed that most people who knew me thought that might be the case. Then he asked if I found it meaningful when people told me their trauma stories. Again, I had to agree with him. Then he said: “You know, Bessel, maybe you need to learn to put your voyeuristic tendencies on hold. If it’s important for you to hear trauma stories, why don’t you go to a bar, put a couple of dollars on the table, and say to your neighbor, ‘I’ll buy you a drink if you tell me your trauma story.’ But you really need to know the difference between your desire to hear stories and your patient’s internal process of healing.” I took Gerry’s admonition to heart and ever since have enjoyed repeating it to my students.

I left my EMDR training preoccupied with three issues that fascinate me to this day:

- EMDR loosens up something in the mind/brain that gives people rapid access to loosely associated memories and images from their past. This seems to help them put the traumatic experience into a larger context or perspective.
- People may be able to heal from trauma without talking about it. EMDR enables them to observe their experiences in a new way, without verbal give-and-take with another person.
- EMDR can help even if the patient and the therapist do not have a trusting relationship. This was particularly intriguing because trauma, understandably, rarely leaves people with an open, trusting heart.

In the years since, I have done EMDR with patients who spoke Swahili, Mandarin, and Breton, all languages in which I can say only, “Notice that,” the key EMDR instruction. (I always had a translator available, but primarily to explain the steps of the process.) Because EMDR doesn’t require patients to speak about the intolerable or explain to a therapist why they feel so upset, it allows them to stay fully focused on their internal experience, with sometimes extraordinary results.

## STUDYING EMDR

The Trauma Clinic was saved by a manager at the Massachusetts Department of Mental Health who had followed our work with children and now asked us to take on the task of organizing the community trauma response team for the Boston area. That was enough to cover our basic operations, and the rest was supplied by an energetic staff who loved what we were doing—including the newly discovered power of EMDR to cure some of the patients whom we’d been unable to help before.

My colleagues and I began to show one another videotapes of our EMDR sessions with PTSD patients, which enabled us to observe dramatic week-by-week improvements. We then started to formally measure their progress on a standard PTSD rating scale. We also arranged with Elizabeth Matthew, a young neuroimaging specialist at the New England Deaconess Hospital, to have twelve patients’ brains scanned before and after their treatment. After only three EMDR sessions eight of the twelve had shown a significant decrease in their PTSD scores. On their scans we could see a sharp increase in prefrontal lobe activation after treatment, as well as much more activity in the anterior cingulate and the basal ganglia. This shift could account for the difference in how they now experienced their trauma.

One man reported: “I remember it as though it was a real memory, but it was more distant. Typically, I drowned in it, but this time I was floating on top. I had the feeling that I was in control.” A woman told us: “Before, I felt each and every step of it. Now it is like a whole, instead of fragments, so it is more manageable.” The trauma had lost its immediacy and become a story about something that happened a long time ago.

We subsequently secured funding from the National Institutes of Mental Health to compare the effects of EMDR with standard doses of Prozac or a placebo.<sup>2</sup> Of our eighty-eight subjects thirty received EMDR, twenty-eight Prozac, and the rest the sugar pill. As often happens, the people on placebo did well. After eight weeks their 42 percent improvement was greater than that for many other treatments that are promoted as “evidence based.”

The group on Prozac did slightly better than the placebo group, but barely so. This is typical of most studies of drugs for PTSD: Simply showing up brings about a 30 percent to 42 percent improvement; when drugs work, they add an additional 5 percent to 15 percent. However, the patients on EMDR did substantially better than those on either Prozac or the placebo: After eight EMDR sessions one in four were completely cured (their PTSD scores had dropped to negligible levels), compared with one in ten of the Prozac group. But the real difference occurred over time: When we interviewed our subjects eight months later, 60 percent of those who had received EMDR scored as being completely cured. As the great psychiatrist Milton Erickson said, once you kick the log, the river will start flowing. Once people started to integrate their traumatic memories, they spontaneously continued to improve. In contrast, all those who had taken Prozac relapsed when they went off the drug.

This study was significant because it demonstrated that a focused, trauma-specific therapy for PTSD like EMDR could be much more effective than medication. Other studies have confirmed that if patients take Prozac or related drugs like Celexa, Paxil, and Zoloft, their PTSD symptoms often improve, but only as long as they keep taking them. This makes drug treatment much more expensive in the long run. (Interestingly, despite Prozac’s status as a major antidepressant, in our study EMDR also produced a greater reduction in depression scores than taking the antidepressant.)

Another key finding of our study: Adults with histories of childhood trauma responded very differently to EMDR from those who were traumatized as adults. At the end of eight weeks, almost half of the adult-onset group that received EMDR scored as completely cured, while only 9 percent of the child-abuse group showed such pronounced improvement.

Eight months later the cure rate was 73 percent for the adult-onset group, compared with 25 percent for those with histories of child abuse. The child-abuse group had small but consistently positive responses to Prozac.

These results reinforce the findings that I reported in chapter 9: Chronic childhood abuse causes very different mental and biological adaptations than discrete traumatic events in adulthood. EMDR is a powerful treatment for stuck traumatic memories, but it doesn't necessarily resolve the effects of the betrayal and abandonment that accompany physical or sexual abuse in childhood. Eight weeks of therapy of any kind is rarely sufficient to resolve the legacy of long-standing trauma.

As of 2014 our EMDR study had the most positive outcome of any published study of people who developed their PTSD in reaction to a traumatic event as an adult. But despite these results, and those of dozens of other studies, many of my colleagues continue to be skeptical about EMDR—perhaps because it seems too good to be true, too simple to be so powerful. I surely can understand that sort of skepticism—EMDR is an unusual procedure. Interestingly, in the first solid scientific study using EMDR in combat veterans with PTSD, EMDR was expected to do so poorly that it was included as the control condition for comparison with biofeedback-assisted relaxation therapy. To the researchers' surprise, twelve sessions of EMDR turned out to be the more effective treatment.<sup>3</sup> EMDR has since become one of the treatments for PTSD sanctioned by the Department of Veterans Affairs.

## IS EMDR A FORM OF EXPOSURE THERAPY?

Some psychologists have hypothesized that EMDR actually desensitizes people to the traumatic material and thus is related to exposure therapy. A more accurate description would be that it *integrates* the traumatic material. As our research showed, after EMDR people thought of the trauma as a coherent event in the past, instead of experiencing sensations and images divorced from any context.

Memories evolve and change. Immediately after a memory is laid down, it undergoes a lengthy process of integration and reinterpretation—a process that automatically happens in the mind/brain without any input

from the conscious self. When the process is complete, the experience is integrated with other life events and stops having a life of its own.<sup>4</sup> As we have seen, in PTSD this process fails and the memory remains stuck—undigested and raw.

Unfortunately, few psychologists are taught during their training how the memory-processing system in the brain works. This omission can lead to misguided approaches to treatment. In contrast to phobias (such as a spider phobia, which is based on a specific irrational fear), posttraumatic stress is the result of a fundamental reorganization of the central nervous system based on having experienced an actual threat of annihilation, (or seeing someone else being annihilated), which reorganizes self experience (as helpless) and the interpretation of reality (the entire world is a dangerous place).

During exposure patients initially become extremely upset. As they revisit the traumatic experience, they show sharp increases in their heart rate, blood pressure, and stress hormones. But if they manage to stay with the treatment and keep reliving their trauma, they slowly become less reactive and less prone to disintegrate when they recall the event. As a result, they get lower scores on their PTSD ratings. However, as far as we know, simply exposing someone to the old trauma does not integrate the memory into the overall context of their lives, and it rarely restores them to the level of joyful engagement with people and pursuits they had prior to the trauma.

In contrast, EMDR, as well as the treatments discussed in subsequent chapters—internal family systems, yoga, neurofeedback, psychomotor therapy, and theater—focus not only on regulating the intense memories activated by trauma but also on restoring a sense of agency, engagement, and commitment through ownership of body and mind.

## PROCESSING TRAUMA WITH EMDR

Kathy was a twenty-one-year-old student at a local university. When I first met her, she looked terrified. She had been in psychotherapy for three years with a therapist whom she trusted and felt understood by but with whom she was not making any progress. After her third suicide attempt her

university health service referred her to me, hoping that the new technique I'd told them about could help her.

Like several of my other traumatized patients, Kathy was able to become completely absorbed in her studies: When she read a book or wrote a research paper, she could block out everything else about her life. This enabled her to be a competent student, even when she had no idea how to establish a loving relationship with herself, let alone with an intimate partner.

Kathy told me that her father had used her for many years for child prostitution, which would normally have made me think of using EMDR only as an adjunctive therapy. However, she turned out to be an EMDR virtuoso and recovered completely after eight sessions, the shortest time thus far in my experience for someone with a history of severe childhood abuse. Those sessions took place fifteen years ago, and I recently met with her to discuss the pros and cons of her adopting a third child. She was a delight: smart, funny, and joyfully engaged with her family and her work as an assistant professor of child development.

I'd like to share my notes on Kathy's fourth EMDR treatment, not only to demonstrate what typically happens in such a session but also to reveal the human mind in action as it integrates a traumatic experience. No brain scan, blood test, or rating scale can measure this, and even a video recording can convey only a shadow of how EMDR can unleash the imaginative powers of the mind.

Kathy sat with her chair at a forty-five-degree angle to mine, so that we were about four feet apart. I asked her to bring a particularly painful memory to mind and encouraged her to recall what she had heard, saw, thought, and felt in her body as it took place. (My records do not show whether she told me what the particular memory was; my guess is probably not, since I did not write it down.)

I asked her whether she was now "in the memory," and when she said yes, I asked her how real it felt on a scale of one to ten. About a nine, she said. Then I asked her to follow my moving finger with her eyes. From time to time, after completing a set of about twenty-five eye movements, I might say: "Take a deep breath," followed by: "What do you get now?" or "What comes to mind now?" Kathy would then tell me what she was thinking. Whenever her tone of voice, facial expression, body movements, or

breathing patterns indicated that this was an emotionally significant theme, I would say, "Notice that," and start another set of eye movements, during which she did not speak. Other than uttering those few words, I remained silent for the next forty-five minutes.

Here is the association Kathy reported after the first eye-movement sequence: "I realize that I have scars—from when he tied my hands behind my back. The other scar is when he marked me to claim me as his, and there [she points] are bite marks." She looked stunned but surprisingly calm as she recalled, "I remember being doused in gasoline—he took Polaroid pictures of me—and then I was submerged in water. I was gang raped by my father and two of his friends; I was tied to a table; I remember them raping me with Budweiser bottles."

My stomach was clenching, but I didn't comment beyond asking Kathy to keep those memories in mind. After about thirty more back-and-forth movements I stopped when I saw that she was smiling. When I asked what she was thinking, she said, "I was in a karate class; it was great! I really kicked butt! I saw them backing off. I yelled, 'Don't you see you are hurting me? I am not your girlfriend.'" I said, "Stay there," and began the next sequence. When it ended, Kathy said: "I have an image of two me's—this smart, pretty little girl . . . and that little slut. All these women who could not take care of themselves or me or their men—leaving it up to me to service all these men." She started to sob during the next sequence, and when we stopped, she said: "I saw how little I was—the brutalization of the little girl. It was not my fault." I nodded and said, "That's right—stay there." The next round ended with Kathy reporting: "I'm picturing my life now—my big me holding my little me—saying, 'You are safe now.'" I nodded encouragingly and continued.

The images kept coming: "I have pictures of a bulldozer flattening the house I grew up in. It's over!" Then Kathy started on a different track: "I am thinking about how much I like Jeffrey [a boy in one of her classes]. Thinking that he might not want to hang out with me. Thinking I can't handle it. I have never been someone's girlfriend before and I don't know how." I asked her what she thought she needed to know and began the next sequence. "Now, there is a person who just wants to be with me—it is too simple. I don't know how to just be myself around men. I am petrified."

As she tracked my finger, Kathy started to sob. When I stopped, she told me: “I had an image of Jeffrey and me sitting in the coffeehouse. My father comes in the door. He starts screaming at the top of his lungs and he is wielding an ax; he says, ‘I told you that you belong to me.’ He puts me on top of the table—then he rapes me, and then he rapes Jeffrey.” She was crying hard now. “How can you be open with somebody when you have visions of your dad raping you and then raping us both?” I wanted to comfort her, but I knew it was more important to keep her associations moving. I asked her to focus on what she felt in her body: “I feel it in my forearms, in my shoulders, and my right chest. I just want to be held.” We continued the EMDR and when we stopped, Kathy looked relaxed. “I heard Jeffrey say it’s okay, that he was sent here to take care of me. And that it was not anything that I did and that he just wants to be with me for my sake.” Again I asked what she felt in her body. “I feel really peaceful. A little bit shaky—like when you’re using new muscles. Some relief. Jeffrey knows all this already. I feel like I’m alive and that it is all over. But I am afraid that my father has another little girl, and that makes me very, very sad. I want to save her.”

But as we continued the trauma returned, together with other thoughts and images: “I need to throw up. . . . I have intrusions of lots of smells—bad cologne, alcohol, vomit.” A few minutes later Kathy was crying profusely: “I really feel my mom here now. It feels like she wants me to forgive her. I have the sense that the same thing happened to her—she is apologizing to me over and over. She’s telling me that this happened to her—that it was my grandfather. She’s also telling me that my grandmother is really sorry for not being there to protect me.” I kept asking her to take deep breaths and stay with whatever was coming up.

At the end of the next sequence Kathy said: “I feel like it’s over. I felt my grandmother holding me at my current age—telling me that she is so sorry she married my grandfather. That she and my mom are making sure that it stops here.” After one final EMDR sequence Kathy was smiling: “I have an image of pushing my father out of the coffeehouse and Jeffrey locking the door behind him. He stands outside. You can see him through the glass—everybody’s making fun of him.”

With the help of EMDR Kathy was able to integrate the memories of her trauma and call on her imagination to help her lay them to rest, arriving

at a sense of completion and control. She did so with minimal input from me and without any discussion of the particulars of her experiences. (I never felt a reason to question their accuracy; her experiences were real to her, and my job was to help her deal with them in the present.) The process freed something in her mind/brain to activate new images, feelings, and thoughts; it was as if her life force emerged to create new possibilities for her future.<sup>5</sup>

As we've seen, traumatic memories persist as split-off, unmodified images, sensations, and feelings. To my mind the most remarkable feature of EMDR is its apparent capacity to activate a series of unsought and seemingly unrelated sensations, emotions, images, and thoughts in conjunction with the original memory. This way of reassembling old information into new packages may be just the way we integrate ordinary, nontraumatic day-to-day experiences.

## EXPLORING THE SLEEP CONNECTION

Shortly after learning about EMDR I was asked to speak about my work at the sleep laboratory headed by Allan Hobson at the Massachusetts Mental Health Center. Hobson (together with his teacher, Michel Jouvet)<sup>6</sup> was famous for discovering where dreams are generated in the brain, and one of his research assistants, Robert Stickgold, was just then beginning to explore the function of dreams. I showed the group a videotape of a patient who had suffered from severe PTSD for thirteen years after a terrible car accident and who, in only two sessions of EMDR, had transformed from a helpless panicked victim into a confident, assertive woman. Bob was fascinated.

A few weeks later a friend of Stickgold's family became so depressed after the death of her cat that she had to be hospitalized. The attending psychiatrist concluded that the cat's death had triggered unresolved memories of the death of the woman's mother when she was twelve, and he connected her with Roger Solomon, a well-known EMDR trainer, who treated her successfully. Afterward she called Stickgold and said, "Bob, you have to study this. It's really strange—it has to do with your brain, not your mind."

Soon afterward an article appeared in the journal *Dreaming* suggesting that EMDR was related to rapid eye movement (REM) sleep—the phase of sleep in which dreaming occurs.<sup>7</sup> Research had already shown that sleep, and dream sleep in particular, plays a major role in mood regulation. As the article in *Dreaming* pointed out, the eyes move rapidly back and forth in REM sleep, just as they do in EMDR. Increasing our time in REM sleep reduces depression, while the less REM sleep we get, the more likely we are to become depressed.<sup>8</sup>

Of course, PTSD is notoriously associated with disturbed sleep, and self-medication with alcohol or drugs further disrupts REM sleep. During my time at the VA my colleagues and I had found that the veterans with PTSD frequently woke themselves up soon after going into REM sleep<sup>9</sup>—probably because they had activated a trauma fragment during a dream.<sup>10</sup> Other researchers have also noticed this phenomenon, but thought that it was irrelevant to understanding PTSD.<sup>11</sup>

Today we know that both deep sleep and REM sleep play important roles in how memories change over time. The sleeping brain reshapes memory by increasing the imprint of emotionally relevant information while helping irrelevant material fade away.<sup>12</sup> In a series of elegant studies Stickgold and his colleagues showed that the sleeping brain can even make sense out of information whose relevance is unclear while we are awake and integrate it into the larger memory system.<sup>13</sup>

Dreams keep replaying, recombining, and reintegrating pieces of old memories for months and even years.<sup>14</sup> They constantly update the subterranean realities that determine what our waking minds pay attention to. And perhaps most relevant to EMDR, in REM sleep we activate more distant associations than in either non-REM sleep or the normal waking state. For example, when subjects are wakened from non-REM sleep and given a word-association test, they give standard responses: hot/cold, hard/soft, etc. Wakened from REM sleep, they make less conventional connections, such as thief/wrong.<sup>15</sup> They also solve simple anagrams more easily after REM sleep. This shift toward activation of distant associations could explain why dreams are so bizarre.<sup>16</sup>

Stickgold, Hobson, and their colleagues thus discovered that dreams help to forge new relationships between apparently unrelated memories.<sup>17</sup>

Seeing novel connections is the cardinal feature of creativity; as we've seen, it's also essential to healing. The inability to recombine experiences is also one of the striking features of PTSD. While Noam in chapter 4 could imagine a trampoline to save future victims of terrorism, traumatized people are trapped in frozen associations: Anybody who wears a turban will try to kill me; any man who finds me attractive wants to rape me.

Finally, Stickgold suggests a clear link between EMDR and memory processing in dreams: "If the bilateral stimulation of EMDR can alter brain states in a manner similar to that seen during REM sleep then there is now good evidence that EMDR should be able to take advantage of sleep-dependent processes, which may be blocked or ineffective in PTSD sufferers, to allow effective memory processing and trauma resolution."<sup>18</sup> The basic EMDR instruction, "Hold that image in your mind and just watch my fingers moving back and forth," may very well reproduce what happens in the dreaming brain. As this book is going to press Ruth Lanius and I are studying how the brain reacts, both while remembering a traumatic event and an ordinary experience, to saccadic eye movements as subjects lie in an fMRI scanner. Stay tuned.

## ASSOCIATION AND INTEGRATION

Unlike conventional exposure treatment, EMDR spends very little time revisiting the original trauma. The trauma itself is certainly the starting point, but the focus is on stimulating and opening up the associative process. As our Prozac/EMDR study showed, drugs can blunt the images and sensations of terror, but they remain embedded in the mind and body. In contrast with the subjects who improved on Prozac—whose memories were merely blunted, not integrated as an event that happened in the past, and still caused considerable anxiety—those who received EMDR no longer experienced the distinct imprints of the trauma: It had become a story of a terrible event that had happened a long time ago. As one of my patients said, making a dismissive hand gesture: "It's over."

While we don't yet know precisely how EMDR works, the same is true of Prozac. Prozac has an effect on serotonin, but whether its levels go up or down, and in which brain cells, and why that makes people feel less afraid,

is still unclear. We likewise don't know precisely why talking to a trusted friend gives such profound relief, and I am surprised how few people seem eager to explore that question.<sup>[19](#)</sup>

Clinicians have only one obligation: to do whatever they can to help their patients get better. Because of this, clinical practice has always been a hotbed for experimentation. Some experiments fail, some succeed, and some, like EMDR, dialectical behavior therapy, and internal family systems therapy, go on to change the way therapy is practiced. Validating all these treatments takes decades and is hampered by the fact that research support generally goes to methods that have already been proven to work. I am much comforted by considering the history of penicillin: Almost four decades passed between the discovery of its antibiotic properties by Alexander Fleming in 1928 and the final elucidation of its mechanisms in 1965.

## CHAPTER 16

### **LEARNING TO INHABIT YOUR BODY: YOGA**

As we begin to re-experience a visceral reconnection with the needs of our bodies, there is a brand new capacity to warmly love the self. We experience a new quality of authenticity in our caring, which redirects our attention to our health, our diets, our energy, our time management. This enhanced care for the self arises spontaneously and naturally, not as a response to a “should.” We are able to experience an immediate and intrinsic pleasure in self-care.

—Stephen Cope, *Yoga and the Quest for the True Self*

The first time I saw Annie she was slumped over in a chair in my waiting room, wearing faded jeans and a purple Jimmy Cliff T-shirt. Her legs were visibly shaking, and she kept staring at the floor even after I invited her in. I had very little information about her, other than that she was forty-seven years old and taught special-needs children. Her body communicated clearly that she was too terrified to engage in conversation—or even to provide routine information about her address or insurance plan. People who are this scared can’t think straight, and any demand to perform will only make them shut down further. If you insist, they’ll run away and you’ll never see them again.

Annie shuffled into my office and remained standing, barely breathing, looking like a frozen bird. I knew we couldn't do anything until I could help her quiet down. Moving to within six feet of her and making sure she had unobstructed access to the door, I encouraged her to take slightly deeper breaths. I breathed with her and asked her to follow my example, gently raising my arms from my sides as she inhaled and lowering them as I exhaled, a qigong technique that one of my Chinese students had taught me. She stealthily followed my movements, her eyes still fixed on the floor. We spent about half an hour this way. From time to time I quietly asked her to notice how her feet felt against the floor and how her chest expanded and contracted with each breath. Her breath gradually became slower and deeper, her face softened, her spine straightened a bit, and her eyes lifted to about the level of my Adam's apple. I began to sense the person behind that overwhelming terror. Finally she looked more relaxed and showed me the glimmer of a smile, a recognition that we both were in the room. I suggested that we stop there for now—I'd made enough demands on her—and asked whether she would like to come back a week later. She nodded and muttered, "You sure are weird."

As I got to know Annie, I inferred from the notes she wrote and the drawings she gave me that she had been dreadfully abused by both her father and her mother as a very young child. The full story was only gradually revealed, as she slowly learned to call up some of the things that had happened to her without her body being hijacked into uncontrollable anxiety.

I learned that Annie was extraordinarily skilled and caring in her work with special-needs kids. (I tried out quite a few of the techniques she told me about with the children in our own clinic and found them extremely helpful). She would talk freely about the children she taught but would clam up immediately if we verged on her relationships with adults. I knew she was married, but she barely mentioned her husband. She often coped with disagreements and confrontations by making her mind disappear. When she felt overwhelmed she'd cut her arms and breasts with a razor blade. She had spent years in various forms of therapy and had tried many different medications, which had done little to help her deal with the imprints of her horrendous past. She had also been admitted to several psychiatric hospitals

to manage her self-destructive behaviors, again without much apparent benefit.

In our early therapy sessions, because Annie could only hint at what she was feeling and thinking before she would shut down and freeze, we focused on calming the physiological chaos within. We used every technique that I had learned over the years, like breathing with a focus on the out breath, which activates the relaxing parasympathetic nervous system. I also taught her to use her fingers to tap a sequence of acupressure points on various parts of her body, a practice often taught under the name EFT (Emotional Freedom Technique), which has been shown to help patients stay within the window of tolerance and often has positive effects on PTSD symptoms.<sup>1</sup>

## THE LEGACY OF INESCAPABLE SHOCK

Because we can now identify the brain circuits involved in the alarm system, we know, more or less, what was happening in Annie’s brain as she sat that first day in my waiting room: Her smoke detector, her amygdala, had been rewired to interpret certain situations as harbingers of life-threatening danger, and it was sending urgent signals to her survival brain to fight, freeze, or flee. Annie had all these reactions simultaneously—she was visibly agitated and mentally shut down.

As we’ve seen, broken alarm systems can manifest in various ways, and if your smoke detector malfunctions, you cannot trust the accuracy of your perceptions. For example, when Annie started to like me she began to look forward to our meetings, but she would arrive at my office in an intense panic. One day she had a flashback of feeling excited that her father was coming home soon—but later that evening he molested her. For the first time, she realized that her mind automatically associated excitement about seeing someone she loved with the terror of being molested.

Small children are particularly adept at compartmentalizing experience, so that Annie’s natural love for her father and her dread of his assaults were held in separate states of consciousness. As an adult Annie blamed herself for her abuse, because she believed that the loving, excited little girl she once was had led her father on—that she had brought the molestation upon

herself. Her rational mind told her this was nonsense, but this belief emanated from deep within her emotional, survival brain, from the basic wiring of her limbic system. It would not change until she felt safe enough within her body to mindfully go back into that experience and truly know how that little girl had felt and acted during the abuse.

## THE NUMBING WITHIN

One of the ways the memory of helplessness is stored is as muscle tension or feelings of disintegration in the affected body areas: head, back, and limbs in accident victims, vagina and rectum in victims of sexual abuse. The lives of many trauma survivors come to revolve around bracing against and neutralizing unwanted sensory experiences, and most people I see in my practice have become experts in such self-numbing. They may become serially obese or anorexic or addicted to exercise or work. At least half of all traumatized people try to dull their intolerable inner world with drugs or alcohol. The flip side of numbing is sensation seeking. Many people cut themselves to make the numbing go away, while others try bungee jumping or high-risk activities like prostitution and gambling. Any of these methods can give them a false and paradoxical feeling of control.

When people are chronically angry or scared, constant muscle tension ultimately leads to spasms, back pain, migraine headaches, fibromyalgia, and other forms of chronic pain. They may visit multiple specialists, undergo extensive diagnostic tests, and be prescribed multiple medications, some of which may provide temporary relief but all of which fail to address the underlying issues. Their diagnosis will come to define their reality without ever being identified as a symptom of their attempt to cope with trauma.

The first two years of my therapy with Annie focused on helping her learn to tolerate her physical sensations for what they were—just sensations in the present, with a beginning, a middle, and an end. We worked on helping her stay calm enough to notice what she felt without judgment, so she could observe these unbidden images and feelings as residues of a terrible past and not as unending threats to her life today.

Patients like Annie continuously challenge us to find new ways of helping people regulate their arousal and control their own physiology. That is how my Trauma Center colleagues and I stumbled upon yoga.

## **FINDING OUR WAY TO YOGA: BOTTOM-UP REGULATION**

Our involvement with yoga started in 1998 when Jim Hopper and I first heard about a new biological marker, heart rate variability (HRV), that had recently been discovered to be a good measure of how well the autonomic nervous system is working. As you'll recall from chapter 5, the autonomic nervous system is our brain's most elementary survival system, its two branches regulating arousal throughout the body. Roughly speaking, the sympathetic nervous system (SNS) uses chemicals like adrenaline to fuel the body and brain to take action, while the parasympathetic nervous system (PNS) uses acetylcholine to help regulate basic body functions like digestion, wound healing, and sleep and dream cycles. When we're at our best, these two systems work closely together to keep us in an optimal state of engagement with our environment and with ourselves.

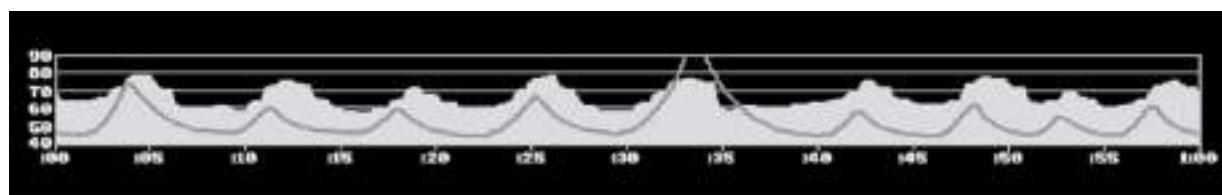
Heart rate variability measures the relative balance between the sympathetic and the parasympathetic systems. When we inhale, we stimulate the SNS, which results in an increase in heart rate. Exhalations stimulate the PNS, which decreases how fast the heart beats. In healthy individuals inhalations and exhalations produce steady, rhythmical fluctuations in heart rate: Good heart rate variability is a measure of basic well-being.

Why is HRV important? When our autonomic nervous system is well balanced, we have a reasonable degree of control over our response to minor frustrations and disappointments, enabling us to calmly assess what is going on when we feel insulted or left out. Effective arousal modulation gives us control over our impulses and emotions: As long as we manage to stay calm, we can choose how we want to respond. Individuals with poorly modulated autonomic nervous systems are easily thrown off balance, both mentally and physically. Since the autonomic nervous system organizes arousal in both body and brain, poor HRV—that is, a lack of fluctuation in

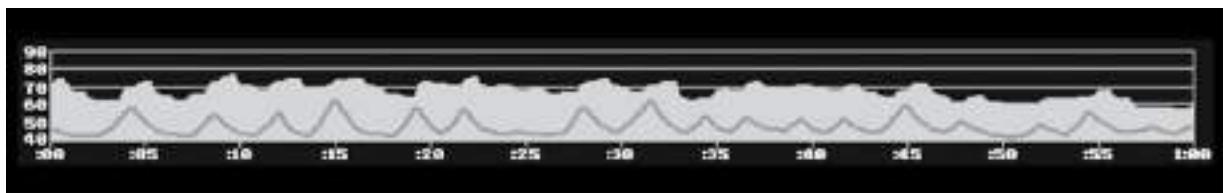
heart rate in response to breathing—not only has negative effects on thinking and feeling but also on how the body responds to stress. Lack of coherence between breathing and heart rate makes people vulnerable to a variety of physical illnesses, such as heart disease and cancer, in addition to mental problems such as depression and PTSD.<sup>2</sup>

In order to study this issue further, we acquired a machine to measure HRV and started to put bands around the chests of research subjects with and without PTSD to record the depth and rhythm of their breathing while little monitors attached to their earlobes picked up their pulse. After we'd tested about sixty subjects, it became clear that people with PTSD have unusually low HRV. In other words, in PTSD the sympathetic and parasympathetic nervous systems are out of sync.<sup>3</sup> This added a new twist to the complicated trauma story: We confirmed that yet another brain regulatory system was not functioning as it should.<sup>4</sup> Failure to keep this system in balance is one explanation why traumatized people like Annie are so vulnerable to overrespond to relatively minor stresses: The biological systems that are meant to help us cope with the vagaries of life fail to meet the challenge.

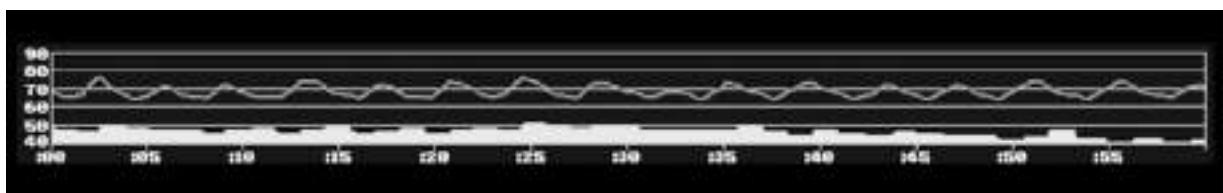
Our next scientific question was: Is there a way for people to improve their HRV? I had a personal incentive to explore this question, as I had discovered that my own HRV was not nearly robust enough to guarantee long-term physical health. An Internet search turned up studies showing that marathon running markedly increased HRV. Sadly, that was of little use, since neither I nor our patients were good candidates for the Boston Marathon. Google also listed seventeen thousand yoga sites claiming that that yoga improved HRV, but we were unable to find any supporting studies. Yogis may have developed a wonderful method to help people find internal balance and health, but back in 1998 not much work had been done on evaluating their claims with the tools of the Western medical tradition.



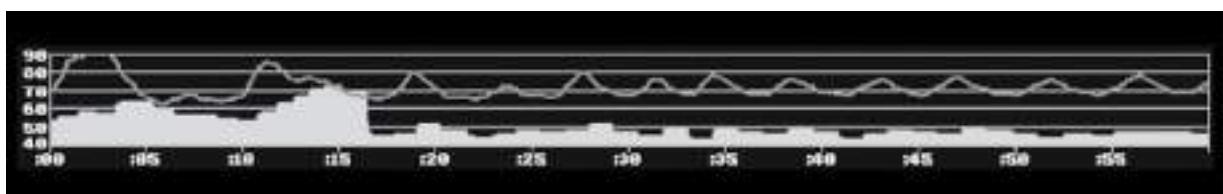
**Heart rate variability (HRV) in a well-regulated person.** The rising and falling black lines represent breathing, in this case slow and regular inhalations and exhalations. The gray area shows fluctuations in heart rate. Whenever this individual inhales, his heart rate goes up; during exhalations the heart slows down. This pattern of heart rate variability reflects excellent physiological health.



**Responding to upset.** When someone remembers an upsetting experience, breathing speeds up and becomes irregular, as does heart rate. Heart and breath no longer stay perfectly in sync. This is a normal response.



**HRV in PTSD.** Breathing is rapid and shallow. Heart rate is slow and out of sync with the breath. This is a typical pattern of a shut-down person with chronic PTSD.



**A person with chronic PTSD reliving a trauma memory.** Breathing initially is labored and deep, typical of a panic reaction. The heart races out of sync with the breath. This is followed by rapid, shallow breathing and slow heart rate, signs that the person is shutting down.

Since then, however, scientific methods have confirmed that changing the way one breathes can improve problems with anger, depression, and anxiety<sup>5</sup> and that yoga can positively affect such wide-ranging medical problems as high blood pressure, elevated stress hormone secretion,<sup>6</sup> asthma, and low-back pain.<sup>7</sup> However, no psychiatric journal had published a scientific study of yoga for PTSD until our own work appeared in 2014.<sup>8</sup>

As it happened, a few days after our Internet search a lanky yoga teacher named David Emerson walked through the front door of the Trauma Center. He told us that he'd developed a modified form of hatha yoga to deal with PTSD and that he'd been holding classes for veterans at a local vet center and for women in the Boston Area Rape Crisis Center. Would we be interested in working with him? Dave's visit eventually grew into a very active yoga program, and in due course we received the first grant from the National Institutes of Health to study the effects of yoga on PTSD. Dave's work also contributed to my developing my own regular yoga practice and becoming a frequent teacher at Kripalu, a yoga center in the Berkshire Mountains in western Massachusetts. (Along the way, my own HRV pattern improved as well.)

In choosing to explore yoga to improve HRV we were taking an expansive approach to the problem. We could simply have used any of a number of reasonably priced handheld devices that train people to slow their breathing and synchronize it with their heart rate, resulting in a state of "cardiac coherence" like the pattern shown in the first illustration above.<sup>9</sup> Today there are a variety of apps that can help improve HRV with the aid of a smartphone.<sup>10</sup> In our clinic we have workstations where patients can train their HRV, and I urge all my patients who, for one reason or another, cannot practice yoga, martial arts, or qigong to train themselves at home. (See Resources for more information.)

## EXPLORING YOGA

Our decision to study yoga led us deeper into trauma's impact on the body. Our first experimental yoga classes met in a room generously donated by a nearby studio. David Emerson and his colleagues Dana Moore and Jodi Carey volunteered as instructors, and my research team figured out how we could best measure yoga's effects on psychological functioning. We put flyers in neighborhood supermarkets and laundromats to advertise our classes and interviewed dozens of people who called in response. Ultimately we selected thirty-seven women who had severe trauma histories and who had already received many years of therapy without much benefit. Half the volunteers were selected at random for the yoga group, while the

others would receive a well-established mental health treatment, dialectical behavior therapy (DBT), which teaches people how to apply mindfulness to stay calm and in control. Finally, we commissioned an engineer at MIT to build us a complicated computer that could measure HRV simultaneously in eight different people. (In each study group there were multiple classes, each with no more than eight participants.) While yoga significantly improved arousal problems in PTSD and dramatically improved our subjects' relationships to their bodies ("I now take care of my body"; "I listen to what my body needs"), eight weeks of DBT did not affect their arousal levels or PTSD symptoms. Thus, our interest in yoga gradually evolved from a focus on learning whether yoga can change HRV (which it can)<sup>11</sup> to helping traumatized people learn to comfortably inhabit their tortured bodies.

Over time we also started a yoga program for marines at Camp Lejeune and have worked successfully with various other programs to implement yoga programs for veterans with PTSD. Even though we have no formal research data on the veterans, it looks as if yoga is at least as effective for them as it has been for the women in our studies.

All yoga programs consist of a combination of breath practices (*pranayama*), stretches or postures (*asanas*), and meditation. Different schools of yoga emphasize variations in intensity and focus within these core components. For example, variations in the speed and depth of breathing and use of the mouth, nostrils, and throat all produce different results, and some techniques have powerful effects on energy.<sup>12</sup> In our classes we keep the approach simple. Many of our patients are barely aware of their breath, so learning to focus on the in and out breath, to notice whether the breath was fast or slow, and to count breaths in some poses can be a significant accomplishment.<sup>13</sup>

We gradually introduce a limited number of classic postures. The emphasis is not on getting the poses "right" but on helping the participants notice which muscles are active at different times. The sequences are designed to create a rhythm between tension and relaxation—something we hope they will begin to perceive in their day-to-day lives.

We do not teach meditation as such, but we do foster mindfulness by encouraging students to observe what is happening in different parts of the

body from pose to pose. In our studies we keep seeing how difficult it is for traumatized people to feel completely relaxed and physically safe in their bodies. We measure our subjects' HRV by placing tiny monitors on their arms during *shavasana*, the pose at the end of most classes during which practitioners lie face up, palms up, arms and legs relaxed. Instead of relaxation we picked up too much muscle activity to get a clear signal. Rather than going into a state of quiet repose, our students' muscles often continue to prepare them to fight unseen enemies. A major challenge in recovering from trauma remains being able to achieve a state of total relaxation and safe surrender.

## LEARNING SELF-REGULATION

After seeing the success of our pilot studies, we established a therapeutic yoga program at the Trauma Center. I thought that this might be an opportunity for Annie to develop a more caring relationship with her body, and I urged her to try it. The first class was difficult. Merely being given an adjustment by the instructor was so terrifying that she went home and slashed herself—her malfunctioning alarm system interpreted even a gentle touch on her back as an assault. At the same time Annie realized that yoga might offer her a way to liberate herself from the constant sense of danger that she felt in her body. With my encouragement she returned the following week.

Annie had always found it easier to write about her experiences than to talk about them. After her second yoga class she wrote to me: "I don't know all of the reasons that yoga terrifies me so much, but I do know that it will be an incredible source of healing for me and that is why I am working on myself to try it. Yoga is about looking inward instead of outward and listening to my body, and a lot of my survival has been geared around never doing those things. Going to the class today my heart was racing and part of me really wanted to turn around, but then I just kept putting one foot in front of the other until I got to the door and went in. After the class I came home and slept for four hours. This week I tried doing yoga at home and the words came to me 'Your body has things to say.' I said back to myself, 'I will try and listen.'"

A few days later Annie wrote: “Some thoughts during and after yoga today. It occurred to me how disconnected I must be from my body when I cut it. When I was doing the poses I noticed that my jaw and the whole area from where my legs end to my bellybutton is where I am tight, tense and holding the pain and memories. Sometimes you have asked me where I feel things and I can’t even begin to locate them, but today I felt those places very clearly and it made me want to cry in a gentle kind of way.”

The following month both of us went on vacation and, invited to stay in touch, Annie wrote to me again: “I’ve been doing yoga on my own in a room that overlooks the lake. I’m continuing to read the book you lent me [Stephen Cope’s wonderful *Yoga and the Quest for the True Self*]. It’s really interesting to think about how much I have been refusing to listen to my body, which is such an important part of who I am. Yesterday when I did yoga I thought about letting my body tell me the story it wants to tell and in the hip opening poses there was a lot of pain and sadness. I don’t think my mind is going to let really vivid images come up as long as I am away from home, which is good. I think now about how unbalanced I have been and about how hard I have tried to deny the past, which is a part of my true self. There is so much I can learn if I am open to it and then I won’t have to fight myself every minute of every day.”

One of the hardest yoga positions for Annie to tolerate was one that’s often called Happy Baby, in which you lie on your back with your knees deeply bent and the soles of your feet pointing to the ceiling, while holding your toes with your hands. This rotates the pelvis into a wide-open position. It’s easy to understand why this would make a rape victim feel extremely vulnerable. Yet, as long as Happy Baby (or any posture that resembles it) precipitates intense panic, it is difficult to be intimate. Learning how to comfortably assume Happy Baby is a challenge for many patients in our yoga classes.

## **GETTING TO KNOW ME: CULTIVATING INTEROCEPTION**

One of the clearest lessons from contemporary neuroscience is that our sense of ourselves is anchored in a vital connection with our bodies.<sup>14</sup> We

do not truly know ourselves unless we can feel and interpret our physical sensations; we need to register and act on these sensations to navigate safely through life.<sup>15</sup> While numbing (or compensatory sensation seeking) may make life tolerable, the price you pay is that you lose awareness of what is going on inside your body and, with that, the sense of being fully, sensually alive.

In chapter 6 I discussed alexithymia, the technical term for not being able to identify what is going on inside oneself.<sup>16</sup> People who suffer from alexithymia tend to feel physically uncomfortable but cannot describe exactly what the problem is. As a result they often have multiple vague and distressing physical complaints that doctors can't diagnose. In addition, they can't figure out for themselves what they're really feeling about any given situation or what makes them feel better or worse. This is the result of numbing, which keeps them from anticipating and responding to the ordinary demands of their bodies in quiet, mindful ways. At the same time, it muffles the everyday sensory delights of experiences like music, touch, and light, which imbue life with value. Yoga turned out to be a terrific way to (re)gain a relationship with the interior world and with it a caring, loving, sensual relationship to the self.

If you are not aware of what your body needs, you can't take care of it. If you don't feel hunger, you can't nourish yourself. If you mistake anxiety for hunger, you may eat too much. And if you can't feel when you're satiated, you'll keep eating. This is why cultivating sensory awareness is such a critical aspect of trauma recovery. Most traditional therapies downplay or ignore the moment-to-moment shifts in our inner sensory world. But these shifts carry the essence of the organism's responses: the emotional states that are imprinted in the body's chemical profile, in the viscera, in the contraction of the striated muscles of the face, throat, trunk, and limbs.<sup>17</sup> Traumatized people need to learn that they can tolerate their sensations, befriend their inner experiences, and cultivate new action patterns.

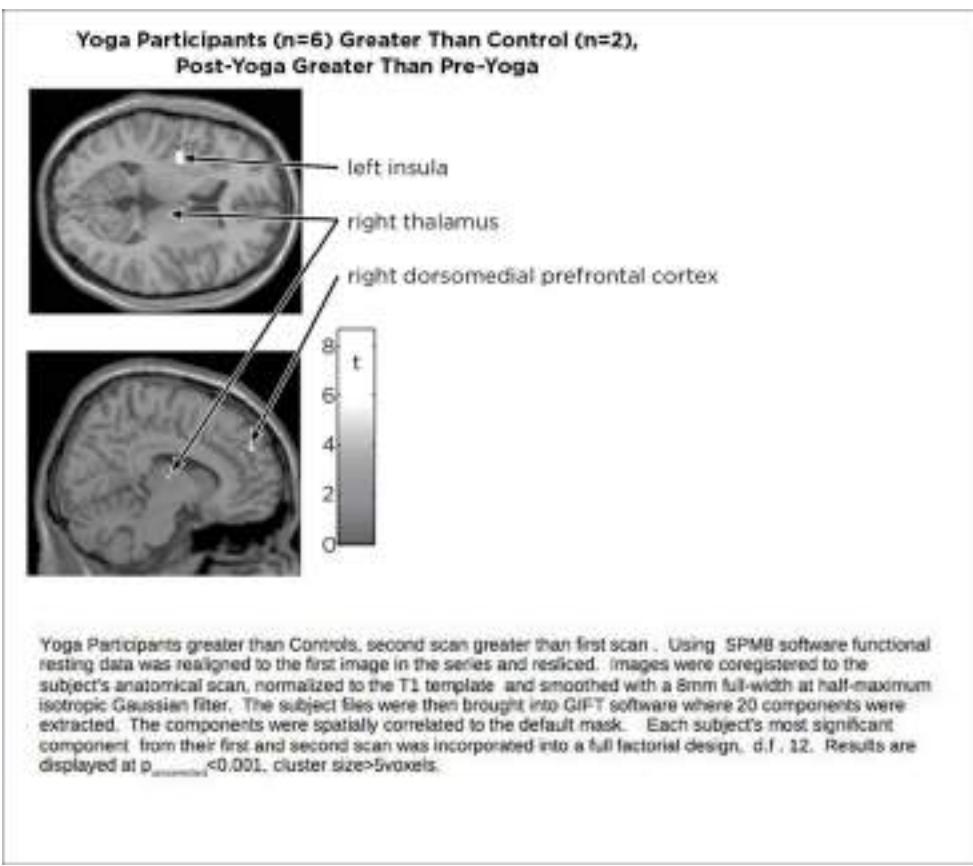
In yoga you focus your attention on your breathing and on your sensations moment to moment. You begin to notice the connection between your emotions and your body—perhaps how anxiety about doing a pose actually throws you off balance. You begin to experiment with changing the

way you feel. Will taking a deep breath relieve that tension in your shoulder? Will focusing on your exhalations produce a sense of calm?<sup>18</sup>

Simply noticing what you feel fosters emotional regulation, and it helps you to stop trying to ignore what is going on inside you. As I often tell my students, the two most important phrases in therapy, as in yoga, are “Notice that” and “What happens next?” Once you start approaching your body with curiosity rather than with fear, everything shifts.

Body awareness also changes your sense of time. Trauma makes you feel as if you are stuck forever in a helpless state of horror. In yoga you learn that sensations rise to a peak and then fall. For example, if an instructor invites you to enter a particularly challenging position, you may at first feel a sense of defeat or resistance, anticipating that you won’t be able to tolerate the feelings brought up by this particular position. A good yoga teacher will encourage you to just notice any tension while timing what you feel with the flow of your breath: “We’ll be holding this position for ten breaths.” This helps you anticipate the end of discomfort and strengthens your capacity to deal with physical and emotional distress. Awareness that all experience is transitory changes your perspective on yourself.

This is not to say that regaining interoception isn’t potentially upsetting. What happens when a newly accessed feeling in your chest is experienced as rage, or fear, or anxiety? In our first yoga study we had a 50 percent dropout rate, the highest of any study we’d ever done. When we interviewed the patients who’d left, we learned that they had found the program too intense: Any posture that involved the pelvis could precipitate intense panic or even flashbacks to sexual assaults. Intense physical sensations unleashed the demons from the past that had been so carefully kept in check by numbing and inattention. This taught us to go slow, often at a snail’s pace. That approach paid off: In our most recent study only one out of thirty-four participants did not finish.



**Effects of a weekly yoga class.** After twenty weeks, chronically traumatized women developed increased activation of critical brain structures involved in self-regulation: the insula and the medial prefrontal cortex.

## YOGA AND THE NEUROSCIENCE OF SELF-AWARENESS

During the past few years brain researchers such as my colleagues Sara Lazar and Britta Hölzel at Harvard have shown that intensive meditation has a positive effect on exactly those brain areas that are critical for physiological self-regulation.<sup>19</sup> In our latest yoga study, with six women with histories of profound early trauma, we also found the first indications that twenty weeks of yoga practice increased activation of the basic self-system, the insula and the medial prefrontal cortex (see chapter 6). This research needs much more work, but it opens up new perspectives on how actions that involve noticing and befriending the sensations in our bodies can produce profound changes in both mind and brain that can lead to healing from trauma.

After each of our yoga studies, we asked the participants what effect the classes had had on them. We never mentioned the insula or interoception; in fact, we kept the discussion and explanation to a minimum so that they could focus inward.

Here is a sample of their responses:

- “My emotions feel more powerful. Maybe it’s just that I can recognize them now.”
- “I can express my feelings more because I can recognize them more. I feel them in my body, recognize them, and address them.”
- “I now see choices, multiple paths. I can decide and I can choose my life, it doesn’t have to be repeated or be experienced like a child.”
- “I was able to move my body and be in my body in a safe place and without hurting myself/getting hurt.”

## LEARNING TO COMMUNICATE

People who feel safe in their bodies can begin to translate the memories that previously overwhelmed them into language. After Annie had been practicing yoga three times a week for about a year, she noticed that she was able to talk much more freely to me about what had happened to her. She thought this almost miraculous. One day, when she knocked over a glass of water, I got up from my chair and approached her with a Kleenex box, saying, “Let me clean that up.” This precipitated a brief, intense panic reaction. She was quickly able to contain herself, though, and explained why those particular words were so upsetting to her—they were what her father would say after he’d raped her. Annie wrote to me after that session: “Did you notice that I have been able to say the words out loud? I didn’t have to write them down to tell you what was happening. I didn’t lose trust in you because you said words that triggered me. I understood that the words were a trigger and not terrible words that no one should say.”

Annie continues to practice yoga and to write to me about her experiences: “Today I went to a morning yoga class at my new yoga studio.

The teacher talked about breathing to the edge of where we can and then noticing that edge. She said that if we notice our breath we are in the present because we can't breathe in the future or the past. It felt so amazing to me to be practicing breathing in that way after we had just talked about it, like I had been given a gift. Some of the poses can be triggering for me. Two of them were today, one where your legs are up frog like and one where you are doing really deep breathing into your pelvis. I felt the beginning of panic, especially in the breathing pose, like oh no that's not a part of my body I want to feel. But then I was able to stop myself and just say, notice that this part of your body is holding experiences and then just let it go. You don't have to stay there but you don't have to leave either, just use it as information. I don't know that I have ever been able to do that in such a conscious way before. It made me think that if I notice without being so afraid, it will be easier for me to believe myself."

In another message, Annie reflected on the changes in her life: "I slowly learned to just have my feelings, without being hijacked by them. Life is more manageable: I am more attuned to my day and more present in the moment. I am more tolerant of physical touch. My husband and I are enjoying watching movies cuddled together in bed . . . a huge step. All this helped me finally feel intimate with my husband."

## CHAPTER 17

### PUTTING THE PIECES TOGETHER: SELF-LEADERSHIP

This being human is a guest house. Every morning is a new arrival. A joy, a depression, a meanness, some momentary awareness comes as an unexpected visitor. . . . Welcome and entertain them all. Treat each guest honorably. The dark thought, the shame, the malice, meet them at the door laughing, and invite them in. Be grateful for whoever comes, because each has been sent as a guide from beyond.

—Rumi

A man has as many social selves as there are individuals who recognize him.

—William James, *The Principles of Psychology*

It was early in my career, and I had been seeing Mary, a shy, lonely, and physically collapsed young woman, for about three months in weekly psychotherapy, dealing with the ravages of her terrible history of early abuse. One day I opened the door to my waiting room and saw her standing there provocatively, dressed in a miniskirt, her hair dyed flaming red, with a cup of coffee in one hand and a snarl on her face. “You must be Dr. van der Kolk,” she said. “My name is Jane, and I came to warn you not to believe

any the lies that Mary has been telling you. Can I come in and tell you about her?" I was stunned but fortunately kept myself from confronting "Jane" and instead heard her out. Over the course of our session I met not only Jane but also a hurt little girl and an angry male adolescent. That was the beginning of a long and productive treatment.

Mary was my first encounter with dissociative identity disorder (DID), which at that time was called multiple personality disorder. As dramatic as its symptoms are, the internal splitting and emergence of distinct identities experienced in DID represent only the extreme end of the spectrum of mental life. The sense of being inhabited by warring impulses or parts is common to all of us but particularly to traumatized people who had to resort to extreme measures in order to survive. Exploring—even befriending—those parts is an important component of healing.

## **DESPERATE TIMES REQUIRE DESPERATE MEASURES**

We all know what happens when we feel humiliated: We put all our energy into protecting ourselves, developing whatever survival strategies we can. We may repress our feelings; we may get furious and plot revenge. We may decide to become so powerful and successful that nobody can ever hurt us again. Many behaviors that are classified as psychiatric problems, including some obsessions, compulsions, and panic attacks, as well as most self-destructive behaviors, started out as strategies for self-protection. These adaptations to trauma can so interfere with the capacity to function that health-care providers and patients themselves often believe that full recovery is beyond reach. Viewing these symptoms as permanent disabilities narrows the focus of treatment to finding the proper drug regimen, which can lead to lifelong dependence—as though trauma survivors were like kidney patients on dialysis.<sup>1</sup>

It is much more productive to see aggression or depression, arrogance or passivity as learned behaviors: Somewhere along the line, the patient came to believe that he or she could survive only if he or she was tough, invisible, or absent, or that it was safer to give up. Like traumatic memories that keep intruding until they are laid to rest, traumatic adaptations continue

until the human organism feels safe and integrates all the parts of itself that are stuck in fighting or warding off the trauma.

Every trauma survivor I've met is resilient in his or her own way, and every one of their stories inspires awe at how people cope. Knowing how much energy the sheer act of survival requires keeps me from being surprised at the price they often pay: the absence of a loving relationship with their own bodies, minds, and souls.

Coping takes its toll. For many children it is safer to hate themselves than to risk their relationship with their caregivers by expressing anger or by running away. As a result, abused children are likely to grow up believing that they are fundamentally unlovable; that was the only way their young minds could explain why they were treated so badly. They survive by denying, ignoring, and splitting off large chunks of reality: They forget the abuse; they suppress their rage or despair; they numb their physical sensations. If you were abused as a child, you are likely to have a childlike part living inside you that is frozen in time, still holding fast to this kind of self-loathing and denial. Many adults who survive terrible experiences are caught in the same trap. Pushing away intense feelings can be highly adaptive in the short run. It may help you preserve your dignity and independence; it may help you maintain focus on critical tasks like saving a comrade, taking care of your kids, or rebuilding your house.

The problems come later. After seeing a friend blown up, a soldier may return to civilian life and try to put the experience out of his mind. A protective part of him knows how to be competent at his job and how to get along with colleagues. But he may habitually erupt in rage at his girlfriend or become numb and frozen when the pleasure of surrendering to her touch makes him feel he is losing control. He probably will not be aware that his mind automatically associates passive surrender with the paralysis he felt when his friend was killed. So another protective part steps in to create a diversion: He gets angry and, having no idea what set him off, he thinks he's mad about something his girlfriend did. Of course, if he keeps blowing up at her (and subsequent girlfriends), he will become more and more isolated. But he may never realize that a traumatized part is triggered by passivity and that another part, an angry manager, is stepping in to protect that vulnerable part. Helping these parts to give up their extreme beliefs is how therapy can save people's lives.

As we saw in chapter 13, a central task for recovery from trauma is to learn to live with the memories of the past without being overwhelmed by them in the present. But most survivors, including those who are functioning well—even brilliantly—in some aspects of their lives, face another, even greater challenge: reconfiguring a brain/mind system that was constructed to cope with the worst. Just as we need to revisit traumatic memories in order to integrate them, we need to revisit the parts of ourselves that developed the defensive habits that helped us to survive.

## THE MIND IS A MOSAIC

We all have parts. Right now a part of me feels like taking a nap; another part wants to keep writing. Still feeling injured by an offensive e-mail message, a part of me wants to hit “reply” on a stinging put-down, while a different part wants to shrug it off. Most people who know me have seen my intense, sincere, and irritable parts; some have met the little snarling dog that lives inside me. My children reminisce about going on family vacations with my playful and adventurous parts.

When you walk into the office in the morning and see the storm clouds over your boss’s head, you know precisely what is coming. That angry part has a characteristic tone of voice, vocabulary, and body posture—so different from yesterday, when you shared pictures of your kids. Parts are not just feelings but distinct ways of being, with their own beliefs, agendas, and roles in the overall ecology of our lives.

How well we get along with ourselves depends largely on our internal leadership skills—how well we listen to our different parts, make sure they feel taken care of, and keep them from sabotaging one another. Parts often come across as absolutes when in fact they represent only one element in a complex constellation of thoughts, emotions, and sensations. If Margaret shouts, “I hate you!” in the middle of an argument, Joe probably thinks she despises him—and in that moment Margaret might agree. But in fact only a part of her is angry, and that part temporarily obscures her generous and affectionate feelings, which may well return when she sees the devastation on Joe’s face.

Every major school of psychology recognizes that people have subpersonalities and gives them different names.<sup>2</sup> In 1890 William James wrote: “[I]t must be admitted that . . . the total possible consciousness may be split into parts which coexist, but mutually ignore each other, and share the objects of knowledge between them.”<sup>3</sup> Carl Jung wrote: “The psyche is a self-regulating system that maintains its equilibrium just as the body does,”<sup>4</sup> “The natural state of the human psyche consists in a jostling together of its components and in their contradictory behavior,”<sup>5</sup> and “The reconciliation of these opposites is a major problem. Thus, the adversary is none other than ‘the other in me.’”<sup>6</sup>

Modern neuroscience has confirmed this notion of the mind as a kind of society. Michael Gazzaniga, who conducted pioneering split-brain research, concluded that the mind is composed of semiautonomous functioning modules, each of which has a special role.<sup>7</sup> In his book *The Social Brain* (1985) he writes, “But what of the idea that the self is not a unified being, and there may exist within us several realms of consciousness? . . . From our [split-brain] studies the new idea emerges that there are literally several selves, and they do not necessarily ‘converse’ with each other internally.”<sup>8</sup> MIT scientist Marvin Minsky, a pioneer of artificial intelligence, declared: “The legend of the single Self can only divert us from the target of that inquiry.<sup>9</sup> . . . [I]t can make sense to think there exists, inside your brain, a society of different minds. Like members of a family, the different minds can work together to help each other, each still having its own mental experiences that the others never know about.”<sup>10</sup>

Therapists who are trained to see people as complex human beings with multiple characteristics and potentialities can help them explore their system of inner parts and take care of the wounded facets of themselves. There are several such treatment approaches, including the structural dissociation model developed by my Dutch colleagues Onno van der Hart and Ellert Nijenhuis and Atlanta-based Kathy Steel, that is widely practiced in Europe and Richard Kluft’s work in the United States.<sup>11</sup>

Twenty years after working with Mary, I met Richard Schwartz, the developer of internal family systems therapy (IFS). It was through his work that Minsky’s “family” metaphor truly came to life for me and offered a systematic way to work with the split-off parts that result from trauma. At

the core of IFS is the notion that the mind of each of us is like a family in which the members have different levels of maturity, excitability, wisdom, and pain. The parts form a network or system in which change in any one part will affect all the others.

The IFS model helped me realize that dissociation occurs on a continuum. In trauma the self-system breaks down, and parts of the self become polarized and go to war with one another. Self-loathing coexists (and fights) with grandiosity; loving care with hatred; numbing and passivity with rage and aggression. These extreme parts bear the burden of the trauma.

In IFS a part is considered not just a passing emotional state or customary thought pattern but a distinct mental system with its own history, abilities, needs, and worldview.<sup>12</sup> Trauma injects parts with beliefs and emotions that hijack them out of their naturally valuable state. For example, we all have parts that are childlike and fun. When we are abused, these are the parts that are hurt the most, and they become frozen, carrying the pain, terror, and betrayal of abuse. This burden makes them toxic—parts of ourselves that we need to deny at all costs. Because they are locked away inside, IFS calls them the *exiles*.

At this point other parts organize to protect the internal family from the exiles. These protectors keep the toxic parts away, but in so doing they take on some of the energy of the abuser. Critical and perfectionistic *managers* can make sure we never get close to anyone or drive us to be relentlessly productive. Another group of protectors, which IFS calls *firefighters*, are emergency responders, acting impulsively whenever an experience triggers an exiled emotion.

Each split-off part holds different memories, beliefs, and physical sensations; some hold the shame, others the rage, some the pleasure and excitement, another the intense loneliness or the abject compliance. These are all aspects of the abuse experience. The critical insight is that all these parts have a function: to protect the self from feeling the full terror of annihilation.

Children who act out their pain rather than locking it down are often diagnosed with “oppositional defiant behavior,” “attachment disorder,” or “conduct disorder.” But these labels ignore the fact that rage and

withdrawal are only facets of a whole range of desperate attempts at survival. Trying to control a child's behavior while failing to address the underlying issue—the abuse—leads to treatments that are ineffective at best and harmful at worst. As they grow up, their parts do not spontaneously integrate into a coherent personality but continue to lead a relatively autonomous existence.

Parts that are “out” may be entirely unaware of the other parts of the system.<sup>13</sup> Most of the men I evaluated with regard to their childhood molestation by Catholic priests took anabolic steroids and spent an inordinate amount of time in the gym pumping iron. These compulsive bodybuilders lived in a masculine culture of sweat, football, and beer, where weakness and fear were carefully concealed. Only after they felt safe with me did I meet the terrified kids inside.

Patients may also dislike the parts that are out: the parts that are angry, destructive, or critical. But IFS offers a framework for understanding them—and, also important, talking about them in a nonpathologizing way. Recognizing that each part is stuck with burdens from the past and respecting its function in the overall system makes it feel less threatening or overwhelming.

As Schwartz states: “If one accepts the basic idea that people have an innate drive toward nurturing their own health, this implies that, when people have chronic problems, something gets in the way of accessing inner resources. Recognizing this, the role of therapists is to collaborate rather than to teach, confront, or fill holes in your psyche.”<sup>14</sup> The first step in this collaboration is to assure the internal system that all parts are welcome and that all of them—even those that are suicidal or destructive—were formed in an attempt to protect the self-system, no matter how much they now seem to threaten it.

## **SELF-LEADERSHIP**

IFS recognizes that the cultivation of mindful self-leadership is the foundation for healing from trauma. Mindfulness not only makes it possible to survey our internal landscape with compassion and curiosity but can also actively steer us in the right direction for self-care. All systems—families,

organizations, or nations—can operate effectively only if they have clearly defined and competent leadership. The internal family is no different: All facets of our selves need to be attended to. The internal leader must wisely distribute the available resources and supply a vision for the whole that takes all the parts into account.

As Richard Schwartz explains:

*The internal system of an abuse victim differs from the non-abuse system with regard to the consistent absence of effective leadership, the extreme rules under which the parts function, and the absence of any consistent balance or harmony. Typically, the parts operate around outdated assumptions and beliefs derived from the childhood abuse, believing, for example, that it is still extremely dangerous to reveal secrets about childhood experiences which were endured.*<sup>15</sup>

What happens when the self is no longer in charge? IFS calls this “blending”: a condition in which the Self identifies with a part, as in “I want to kill myself” or “I hate you.” Notice the difference from “A part of me wishes that I were dead” or “A part of me gets triggered when you do that and makes me want to kill you.”

Schwartz makes two assertions that extend the concept of mindfulness into the realm of active leadership. The first is that this Self does not need to be cultivated or developed. Beneath the surface of the protective parts of trauma survivors there exists an undamaged essence, a Self that is confident, curious, and calm, a Self that has been sheltered from destruction by the various protectors that have emerged in their efforts to ensure survival. Once those protectors trust that it is safe to separate, the Self will spontaneously emerge, and the parts can be enlisted in the healing process.

The second assumption is that, rather than being a passive observer, this mindful Self can help reorganize the inner system and communicate with the parts in ways that help those parts trust that there is someone inside who can handle things. Again neuroscience research shows that this is not just a metaphor. Mindfulness increases activation of the medial prefrontal cortex and decreases activation of structures like the amygdala that trigger

our emotional responses. This increases our control over the emotional brain.

Even more than encouraging a relationship between a therapist and a helpless patient, IFS focuses on cultivating an inner relationship between the Self and the various protective parts. In this model of treatment the Self doesn't only witness or passively observe, as in some meditation traditions; it has an active leadership role. The Self is like an orchestra conductor who helps all the parts to function harmoniously as a symphony rather than a cacophony.

## **GETTING TO KNOW THE INTERNAL LANDSCAPE**

The task of the therapist is to help patients separate this confusing blend into separate entities, so that they are able to say: "This part of me is like a little child, and that part of me is more mature but feels like a victim." They might not like many of these parts, but identifying them makes them less intimidating or overwhelming. The next step is to encourage patients to simply ask each protective part as it emerges to "stand back" temporarily so that we can see what it is protecting. When this is done again and again, the parts begin to unblend from the Self and make space for mindful self-observation. Patients learn to put their fear, rage, or disgust on hold and open up into states of curiosity and self-reflection. From the stable perspective of Self they can begin constructive inner dialogues with their parts.

Patients are asked to identify the part involved in the current problem, like feeling worthless, abandoned, or obsessed with vengeful thoughts. As they ask themselves, "What inside me feels that way?" an image may come to mind.<sup>16</sup> Maybe the depressed part looks like an abandoned child, or an aging man, or an overwhelmed nurse taking care of the wounded; a vengeful part might appear as a combat marine or a member of a street gang.

Next the therapist asks, "How do you feel toward that (sad, vengeful, terrified) part of you?" This sets the stage for mindful self-observation by separating the "you" from the part in question. If the patient has an extreme response like "I hate it," the therapist knows that there is another protective

part blended with Self. He or she might then ask, “See if the part that hates it would step back.” Then the protective part is often thanked for its vigilance and assured that it can return anytime that it is needed. If the protective part is willing, the follow-up question is: “How do you feel toward the (previously rejected) part now?” The patient is likely to say something like “I wonder why it is so (sad, vengeful etc.).” This sets the stage for getting to know the part better—for example, by inquiring how old it is and how it came to feel the way it does.

Once a patient manifests a critical mass of Self, this kind of dialogue begins to take place spontaneously. At this point it’s important for the therapist to step aside and just keep an eye out for other parts that might interfere, or make occasional empathic comments, or ask questions like “What do you say to the part about that?” or “Where do you want to go now?” or “What feels like the right next step?” as well as the ubiquitous Self-detecting question, “How do you feel toward the part now?”

## A LIFE IN PARTS

Joan came to see me to help her manage her uncontrollable temper tantrums and to deal with her guilt about her numerous affairs, most recently with her tennis coach. As she put it in our first session: “I go from being a kick-ass professional woman to a whimpering child, to a furious bitch, to a pitiless eating machine in the course of ten minutes. I have no idea which of these I really am.”

By this point in the session, Joan had already critiqued the prints on my wall, my rickety furniture, and my messy desk. Offense was her best defense. She was preparing to get hurt again—I’d probably let her down, as so many people had before. She knew that for therapy to work, she’d have to make herself vulnerable, so she had to find out if I could tolerate her anger, fear, and sorrow. I realized that the only way to counter her defensiveness was by showing a high level of interest in the details of her life, demonstrating unwavering support for the risk she took in talking with me, and accepting the parts she was most ashamed of.

I asked Joan if she had noticed the part of herself that was critical. She acknowledged that she had, and I asked her how she felt toward that critic.

This key question allowed her to begin to separate from that part and to access her Self. Joan responded that she hated the critic, because it reminded her of her mother. When I asked her what that critical part might be protecting, her anger subsided, and she became more curious and thoughtful: “I wonder why she finds it necessary to call me some of the same names that my mother used to call me, and worse.” She talked about how scared she had been of her mom growing up and how she felt that she never could do anything right. The critic was obviously a manager: Not only was it protecting Joan from me, but it was trying to preempt her mother’s criticism.

Over the next few weeks Joan told me that she had been sexually molested by her mother’s boyfriend, probably around the time she was in the first or second grade. She thought she’d been “ruined” for intimate relationships. While she was demanding and critical of her husband, for whom she lacked any sexual desire, she was passionate and reckless in her love affairs. But the affairs always ended in a similar way: In the middle of a lovemaking session, she would suddenly become terrified and curl up into a ball, whimpering like a little girl. These scenes left her confused and disgusted, and afterward she could not bear to have anything more to do with her lover.

Like Marilyn in chapter 8, Joan told me that she had learned to make herself disappear when she was being molested, floating above the scene as if it were happening to some other girl. Pushing the molestation out of her mind had enabled Joan to have a normal school life of sleepovers, girlfriends, and team sports. The trouble began in adolescence, when she developed her pattern of frigid contempt for boys who treated her well and having casual sex that left her humiliated and ashamed. She told me that bulimia for her was what orgasms must be for other people, and having sex with her husband for her was what vomiting must be for others. While specific memories of her abuse were split off (dissociated), she unwittingly kept reenacting it.

I did not try to explain to her why she felt so angry, guilty, or shut down —she already thought of herself as damaged goods. In therapy, as in memory processing, pendulation—the gradual approach that I discussed in chapter 13—is central. For Joan to be able to deal with her misery and hurt,

we would have to recruit her own strength and self-love, enabling her to heal herself.

This meant focusing on her many inner resources and reminding myself that I could not provide her with the love and caring she had missed as a child. If, as a therapist, teacher, or mentor, you try to fill the holes of early deprivation, you come up against the fact that you are the wrong person, at the wrong time, in the wrong place. The therapy would focus on Joan's relationship with her parts rather than with me.

## MEETING THE MANAGERS

As Joan's treatment progressed, we identified many different parts that were in charge at different times: an aggressive childlike part that threw tantrums, a promiscuous adolescent part, a suicidal part, an obsessive manager, a prissy moralist, and so on. As usual, we met the managers first. Their job was to prevent humiliation and abandonment and to keep her organized and safe. Some managers may be aggressive, like Joan's critic, while others are perfectionistic or reserved, careful not to draw too much attention to themselves. They may tell us to turn a blind eye to what is going on and keep us passive to avoid risk. Internal managers also control how much access we have to emotions, so that the self-system doesn't get overwhelmed.

It requires an enormous amount of energy to keep the system under control. A single flirtatious comment may trigger several parts simultaneously: one that becomes intensely sexually aroused, another filled with self-loathing, a third that tries to calm things down by self-cutting. Other managers create obsessions and distractions or deny reality altogether. But each part should be approached as an internal protector who maintains an important defensive position. Managers carry huge burdens of responsibility and usually are in over their heads.

Some managers are extremely competent. Many of my patients hold responsible positions, do outstanding professional jobs, and can be superbly attentive parents. Joan's critical manager undoubtedly contributed to her success as an ophthalmologist. I have had numerous patients who were highly skilled teachers or nurses. While their colleagues may have

experienced them as a bit distant or reserved, they would probably have been astonished to discover that their exemplary coworkers engaged in self-mutilation, eating disorders, or bizarre sexual practices.

Gradually Joan started to realize that it is normal to simultaneously experience conflicting feelings or thoughts, which gave her more confidence to face the task ahead. Instead of believing that hate consumed her entire being, she learned that only a part of her felt paralyzed by it. However, after a negative evaluation at work Joan went into a tailspin, berating herself for not protecting herself, then feeling clingy, weak, and powerless. When I asked her to see where that powerless part was located in her body and how she felt toward it, she resisted. She told me she couldn't stand that whiny, incompetent girl who made her feel embarrassed and contemptuous of herself. I suspected that this part held much of the memory of her abuse, and I decided not to pressure her at this point. She left my office withdrawn and upset.

The next day she raided the refrigerator and then spent hours vomiting up her food. When she returned to my office, she told me she wanted to kill herself and was surprised that I seemed genuinely curious and nonjudgmental and that I did not condemn her for either her bulimia or her suicidality. When I asked her what parts were involved, the critic came back and blurted out, "She is disgusting." When she asked that part to step back, the next part said: "Nobody will ever love me," followed again by the critic, who told me that the best way to help her would be to ignore all that noise and to increase her medications.

Clearly, in their desire to protect her injured parts, these managers were unintentionally doing her harm. So I kept asking them what they thought would happen if they stepped back. Joan answered: "People will hate me" and "I will be all alone and out in the street." This was followed by a memory: Her mother had told her that if she disobeyed, she would be put up for adoption and never see her sisters or her dog again. When I asked her how she felt about that scared girl inside, she cried and said that she felt bad for her. Now her Self was back, and I was confident that we had calmed the system down, but this session turned out to be too much too soon.

## PUTTING OUT THE FLAMES

The following week Joan missed her appointment. We had triggered her exiles, and her firefighters went on a rampage. As she told me later, the evening after we talked about her terror of being put into foster care, she felt as if she were going to blast out of herself. She went to a bar and picked up a guy. Coming home late, drunk, and disheveled, she refused to talk to her husband and fell asleep in the den. The next morning she acted as if nothing had happened.

Firefighters will do anything to make emotional pain go away. Aside from sharing the task of keeping the exiles locked up, they are the opposite of managers: Managers are all about staying in control, while firefighters will destroy the house in order to extinguish the fire. The struggle between uptight managers and out-of-control firefighters will continue until the exiles, which carry the burden of the trauma, are allowed to come home and be cared for.

Anyone who deals with survivors will encounter those firefighters. I've met firefighters who shop, drink, play computer games addictively, have impulsive affairs, or exercise compulsively. A sordid encounter can blunt the abused child's horror and shame, if only for a couple of hours.

It is critical to remember that, at their core, firefighters are also desperately trying to protect the system. Unlike managers, who are usually superficially cooperative during therapy, firefighters don't hold back: They hurl insults and storm out of the room. Firefighters are frantic, and if you ask them what would happen if they stopped doing their job, you discover that they believe the exiled feelings would crash the entire self-system. They are also oblivious to the idea that there are better ways to guarantee physical and emotional safety, and even if behaviors like bingeing or cutting stop, firefighters often find other methods of self-harm. These cycles will come to an end only when the Self is able to take charge and the system feels safe.

## THE BURDEN OF TOXICITY

Exiles are the toxic waste dump of the system. Because they hold the memories, sensations, beliefs, and emotions associated with trauma, it is hazardous to release them. They contain the "Oh, my God, I'm done for"

experience—the essence of inescapable shock—and with it, terror, collapse, and accommodation. Exiles may reveal themselves in the form of crushing physical sensations or extreme numbing, and they offend both the reasonableness of the managers and the bravado of the firefighters.

Like most incest survivors, Joan hated her exiles, particularly the little girl who had responded to her abuser's sexual demands and the terrified child who whimpered alone in her bed. When exiles overwhelm managers, they take us over—we are nothing but that rejected, weak, unloved, and abandoned child. The Self becomes “blended” with the exiles, and every possible alternative for our life is eclipsed. Then, as Schwartz points out, “We see ourselves, and the world, through their eyes and believe it is ‘the’ world. In this state it won’t occur to us that we have been hijacked.”<sup>17</sup>

Keeping the exiles locked up, however, stamps out not only memories and emotions but also the parts that hold them—the parts that were hurt the most by the trauma. In Schwartz’s words: “Usually those are your most sensitive, creative, intimacy-loving, lively, playful and innocent parts. By exiling them when they get hurt, they suffer a double whammy—the insult of your rejection is added to their original injury.”<sup>18</sup> As Joan discovered, keeping the exiles hidden and despised was condemning her to a life without intimacy or genuine joy.

## UNLOCKING THE PAST

Several months into Joan’s treatment we again accessed the exiled girl who carried the humiliation, confusion, and shame of Joan’s molestation. By then she had come to trust me enough and had developed enough sense of Self to be able to tolerate observing herself as a child, with all her long-buried feelings of terror, excitement, surrender, and complicity. She did not say very much during this process, and my main job was to keep her in a state of calm self-observation. She often had the impulse to pull away in disgust and horror, leaving this unacceptable child alone in her misery. At these points I asked her protectors to step back so that she could keep listening to what her little girl wanted her to know.

Finally, with my encouragement, she was able to rush into the scene and take the girl away with her to a safe place. She firmly told her abuser

that she would never let him get close to her again. Instead of denying the child, she played an active role in liberating her. As in EMDR the resolution of the trauma was the result of her ability to access her imagination and rework the scenes in which she had become frozen so long ago. Helpless passivity was replaced by determined Self-led action.

Once Joan started to own her impulses and behaviors, she recognized the emptiness of her relationship with her husband, Brian, and began to insist on change. I invited her to ask Brian to meet with us, and she was present for eight sessions before he began to see me individually.

Schwartz observes that IFS can help family members “mentor” each other as they learn to observe how one person’s parts interact with another’s. I witnessed this firsthand with Joan and Brian. Brian was initially quite proud of having put up with Joan’s behavior for so long; feeling that she really needed him had kept him from even considering divorce. But now that she wanted more intimacy, he felt pressured and inadequate—revealing a panicked part that blanked out and put up a wall against feeling.

Gradually Brian began to talk about growing up in an alcoholic family where behaviors like Joan’s were common and largely ignored, punctuated by his father’s stays in detox centers and his mother’s long hospitalizations for depression and suicide attempts. When I asked his panicked part what would happen if it allowed Brian to feel anything, he revealed his fear of being overwhelmed by pain—the pain of his childhood added to the pain of his relationship with Joan.

Over the next few weeks other parts emerged. First came a protector that was frightened of women and determined never to let Brian become vulnerable to their manipulations. Then we discovered a strong caretaker part that had looked after his mother and his younger siblings. This part gave Brian a feeling of self-worth and purpose and a way of dealing with his own terror. Finally, Brian was ready to meet his exile, the scared, essentially motherless child who’d had no one to care for him.

This is a very short version of a long exploration, which involved many diversions, as when Joan’s critic reemerged from time to time. But from the beginning IFS helped Joan and Brian hear themselves and each other from the perspective of an objective, curious, and compassionate Self. They were no longer locked in the past, and a whole range of new possibilities opened up for them.

## **THE POWER OF SELF-COMPASSION: IFS IN THE TREATMENT OF RHEUMATOID ARTHRITIS**

Nancy Shadick is a rheumatologist at Boston's Brigham and Women's Hospital who combines medical research on rheumatoid arthritis (RA) with a strong interest in her patients' personal experience of their illness. When she discovered IFS at a workshop with Richard Schwartz, she decided to incorporate the therapy into a study of psychosocial intervention with RA patients.

RA is an autoimmune disease that causes inflammatory disorders throughout the body, causing chronic pain and disability. Medication can delay its progress and relieve some of the pain, but there is no cure, and living with RA can lead to depression, anxiety, isolation, and overall impaired quality of life. I followed this study with particular interest because of the link I'd observed between trauma and autoimmune disease.

Working with senior IFS therapist Nancy Sowell, Dr. Shadick created a nine-month randomized study in which one group of RA patients would receive both group and individual instruction in IFS while a control group received regular mailings and phone calls regarding disease symptoms and management. Both groups continued with their regular medications, and they were assessed periodically by rheumatologists who were not informed which group they belonged to.

The goal of the IFS group was to teach patients how to accept and understand their inevitable fear, hopelessness, and anger and to treat those feelings as members of their own "internal family." They would learn the inner dialogue skills that would enable them to recognize their pain, identify the accompanying thoughts and emotions, and then approach these internal states with interest and compassion.

A basic problem emerged early. Like so many trauma survivors, the RA patients were alexithymic. As Nancy Sowell later told me, they never complained about their pain or disability unless they were totally overwhelmed. Asked how they were feeling, they almost always replied, "I'm fine." Their stoic parts clearly helped them cope, but these managers also kept them in a state of denial. Some shut out their bodily sensations and emotions to the extent that they could not collaborate effectively with their doctors.

To get things moving, the leaders introduced the IFS parts dramatically, rearranging furniture and props to represent managers, exiles, and firefighters. Over the course of several weeks, group members began to talk about the managers who told them to “grin and bear it” because no one wanted to hear about their pain anyway. Then, as they asked the stoic parts to step back, they started to acknowledge the angry part that wanted to yell and wreak havoc, the part that wanted stay in bed all the time, and the exile who felt worthless because she wasn’t allowed to talk. It emerged that, as children, nearly all of them were supposed to be seen and not heard—safety meant keeping their needs under wraps.

Individual IFS therapy helped patients apply the language of parts to daily issues. For example, one woman felt trapped by conflicts at her job, where a manager part insisted the only way out was to overwork until her RA flared up. With the therapist’s help she realized that she could care for her needs without making herself sick.

The two groups, IFS and controls, were evaluated three times during the nine-month study period and then again one year later. At the end of nine months, the IFS group showed measurable improvements in self-assessed joint pain, physical function, self-compassion, and overall pain relative to the education group. They also showed significant improvements in depression and self-efficacy. The IFS group’s gains in pain perception and depressive symptoms were sustained one year later, although objective medical tests could no longer detect measurable improvements in pain or function. In other words, what had changed most was the patients’ ability to live with their disease. In their conclusions, Shadick and Sowell emphasized IFS’s focus on self-compassion as a key factor.

This was not the first study to show that psychological interventions can help RA patients. Cognitive behavioral therapies and mindfulness-based practices have also been shown to have a positive impact on pain, joint inflammation, physical disability, and depression.<sup>19</sup> However, none of these studies has asked a crucial question: Are increased psychological safety and comfort reflected in a better-functioning immune system?

## **LIBERATING THE EXILED CHILD**

Peter ran an oncology service at a prestigious academic medical center that was consistently rated as one of the best in the country. As he sat in my office, in perfect physical shape because of his regular squash practice, his confidence had crossed the line into arrogance. This man certainly did not seem to suffer from PTSD. He told me he just wanted to know how he could help his wife to be less “touchy.” She had threatened to leave him unless he did something about what she termed his callous behavior. Peter assured me that her perception was warped, because he obviously had no problem being empathic with sick people.

He loved talking about his work, proud of the fact that residents and fellows competed fiercely to be on his service and also of scuttlebutt he’d heard about his staff being terrified of him. He described himself as brutally honest, a real scientist, someone who just looked at the facts and—with a meaningful glance in my direction—did not suffer fools gladly. He had high standards, but no higher than he had for himself, and he assured me that he didn’t need anybody’s love, just their respect.

Peter also told me that his psychiatry rotation in med school had convinced him that psychiatrists still practiced witchcraft, and his one stint in couples’ therapy had further confirmed that opinion. He expressed contempt for people who blamed their parents or society for their problems. Even though he had had his own share of misery as a child, he was determined never to think of himself as a victim.

While Peter’s toughness and his love for precision appealed to me, I could not help but wonder if we would discover something I’d seen all too often: that internal managers who are obsessed with power are usually created as a bulwark against feeling helpless.

When I asked him about his family, Peter told me that his father ran a manufacturing business. He was a Holocaust survivor who could be brutal and exacting, but he also had a tender and sentimental side that had kept Peter connected with him and that had inspired Peter to become a physician. As he told me about his mother, he realized for the first time that she had substituted rigorous housekeeping for genuine care, but Peter denied that this bothered him. He went to school and got straight As. He had vowed to build a life free of rejection and humiliation, but, ironically, he lived with death and rejection every day—death on the oncology ward and the constant struggle to get his research funded and published.

Peter's wife joined us for the next meeting. She described how he criticized her incessantly—her taste in clothes, her child-rearing practices, her reading habits, her intelligence, her friends. He was rarely at home and never emotionally available. Because he had so many important obligations, and because he was so explosive, his family always tiptoed around him. She was determined to leave him and start a new life unless he made some radical changes. At that point, for the first time, I saw Peter become obviously distressed. He assured me and his wife that he wanted to work things out.

At our next session I asked him to let his body relax, close his eyes, focus his attention inside, and ask that critical part—the one his wife had identified—what it was afraid would happen if he stopped his ruthless judging. After about thirty seconds he said he felt stupid talking to himself. He didn't want to try some new age gimmick—he'd come to me looking for "empirically verified therapy." I assured him that, like him, I was at the forefront of empirically based therapies and that this was one of them. He was silent for perhaps a minute before he whispered: "I would get hurt." I urged him to ask the critic what that meant. Still with his eyes closed, Peter replied: "If you criticize others, they don't dare to hurt you." Then: "If you are perfect, nobody can criticize you." I asked him to thank his critic for protecting him against hurt and humiliation, and as he became silent again, I could see his shoulders relax and his breathing become slower and deeper.

He next told me that he was aware that his pomposity was affecting his relationships with his colleagues and students; he felt lonely and despised during staff meetings and uncomfortable at hospital parties. When I asked him if he wanted to change the way that angry part threatened people, he replied that he did. I then asked him where it was located in his body, and he found it in the middle of his chest. Keeping his focus inside, I asked him how he felt toward it. He said it made him scared.

Next I asked him to stay focused on it and see how he felt toward it now. He said he was curious to know more about it. I asked him how old it was. He said about seven. I asked him to have his critic show him what he protected. After a lengthy silence, still with his eyes closed, he told me that he was witnessing a scene from his childhood. His father was beating a little boy, him, and he was standing to one side thinking how stupid that kid was to provoke his dad. When I asked him how he felt about the boy who

was getting hurt, he told me that he despised him. He was a weakling and a whiner; after showing even the least bit of defiance to his dad's high-handed ways, he inevitably capitulated and whimpered that he would be a good little boy. He had no guts, no fire in his belly. I asked the critic if he would be willing to step aside so we could see what was going on with that boy. In response the critic appeared in full force and called him names like "wimp" and "sissy." I asked Peter again if the critic would be willing to step aside and give the boy a chance to speak. He shut down completely and left the session saying that he was unlikely ever to set foot in my office again.

But the following week he was back: As she had threatened, his wife had gone to a lawyer and filed for divorce. He was devastated and no longer looked anything like the perfectly put-together doctor whom I'd come to know and, in many ways, dread. Faced with the loss of his family, he became unhinged and felt comforted by the idea that if things got too bad he could take his life in his own hands.

We went inside again and identified the part that was terrified of abandonment. Once he was in his mindful Self-state, I urged him to ask that terrified boy to show him the burdens he was carrying. Again, his first reaction was disgust at the boy's weakness, but after I asked him to get that part to step back, he saw an image of himself as a young boy in his parents' house, alone in his room, screaming in terror. Peter watched this scene for several minutes, weeping silently through much of it. I asked him if the boy had told him everything he wanted him to know. No, there were other scenes, like running to embrace his father at the door and getting slapped for having disobeyed his mother.

From time to time he would interrupt the process by explaining why his parents couldn't have done any better than they had, their being Holocaust survivors and all that implied. Again I suggested he find the protective parts that were interrupting the witnessing of the boy's pain and request that they move temporarily to another room. And each time he was able to return to his grief.

I asked Peter to tell the boy that he now understood how bad the experience had been. He sat in a long, sad silence. Then I asked him to show the boy that he cared about him. After some coaxing he put his arms around the boy. I was surprised that this seemingly harsh and callous man knew exactly how to take care of him.

Then, after some time, I urged Peter to go back into the scene and take the boy away with him. Peter imagined himself confronting his dad as a grown man, telling him: “If you ever mess with that boy again, I’ll come and kill you.” He then, in his imagination, took the child to a beautiful campground he knew, where the boy could play and frolic with ponies while he watched over him.

Our work was not done. After his wife rescinded her threat of divorce, some of his old habits returned, and we had to revisit that isolated boy from time to time to make sure that Peter’s wounded parts were taken care of, especially when he felt hurt by something that happened at home or on the job. This is the stage IFS calls “unburdening,” and it corresponds to nursing those exiled parts back to health. With each new unburdening Peter’s once-scathing inner critic relaxed, as little by little it became more like a mentor than a judge, and he began to repair his relationships with his family and colleagues. He also stopped suffering from tension headaches.

One day he told me that he’d spent his adulthood trying to let go of his past, and he remarked how ironic it was that he had to get closer to it in order to let it go.

## CHAPTER 18

### FILLING IN THE HOLES: CREATING STRUCTURES

The greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind.

—William James

It is not that something different is seen, but that one sees differently. It is as though the spatial act of seeing were changed by a new dimension.

—Carl Jung

It is one thing to process memories of trauma, but it is an entirely different matter to confront the inner void—the holes in the soul that result from not having been wanted, not having been seen, and not having been allowed to speak the truth. If your parents' faces never lit up when they looked at you, it's hard to know what it feels like to be loved and cherished. If you come from an incomprehensible world filled with secrecy and fear, it's almost impossible to find the words to express what you have endured. If you grew up unwanted and ignored, it is a major challenge to develop a visceral sense of agency and self-worth.

The research that Judy Herman, Chris Perry, and I had done (see chapter 9) showed that people who felt unwanted as children, and those

who did not remember feeling safe with anyone while growing up, did not fully benefit from conventional psychotherapy, presumably because they could not activate old traces of feeling cared for.

I could see this even in some of my most committed and articulate patients. Despite their hard work in therapy and their share of personal and professional accomplishments, they could not erase the devastating imprints of a mother who was too depressed to notice them or a father who treated them like he wished they'd never been born. It was clear that their lives would change fundamentally only if they could reconstruct those implicit maps. But how? How can we help people become viscerally acquainted with feelings that were lacking early in their lives?

I glimpsed a possible answer when I attended the founding conference of the United States Association for Body Psychotherapy in June 1994 at a small college in Beverley on the rocky Massachusetts coast. Ironically, I had been asked to represent mainstream psychiatry at the meeting and to speak on using brain scans to visualize mental states. But as soon as I walked into the lobby where attendees had gathered for morning coffee, I realized this was a different crowd from my usual psychopharmacology or psychotherapy gatherings. The way they talked to one another, their postures and gestures, radiated vitality and engagement—the sort of physical reciprocity that is the essence of attunement.

I soon struck up a conversation with Albert Pesso, a stocky former dancer with the Martha Graham Dance Company who was then in his early seventies. Underneath his bushy eyebrows he exuded kindness and confidence. He told me that he had found a way of fundamentally changing people's relationship to their core, somatic selves. His enthusiasm was infectious, but I was skeptical and asked him if he was certain he could change the settings of the amygdala. Unfazed by the fact that nobody had ever tested his method scientifically, he confidently assured me that he could.

Pesso was about to conduct a workshop in "PBSP psychomotor therapy,"<sup>1</sup> and he invited me to attend. It was unlike any group work I had ever seen. He took a low chair opposite a woman named Nancy, whom he called a "protagonist," with the other participants seated on pillows around them. He then invited Nancy to talk about what was troubling her,

occasionally using her pauses to “witness” what he was observing—as in “A witness can see how crestfallen you are when you talk about your father deserting the family.” I was impressed by how carefully he tracked subtle shifts in body posture, facial expression, tone of voice, and eye gaze, the nonverbal expressions of emotion. (This is called “microtracking” in psychomotor therapy).

Each time Pesso made a “witness statement,” Nancy’s face and body relaxed a bit, as if she felt comforted by being seen and validated. His quiet comments seemed to bolster her courage to continue and go deeper. When Nancy started to cry, he observed that nobody should have to bear so much pain all by herself, and he asked if she would like to choose someone to sit next to her. (He called this a “contact person.”) Nancy nodded and, after carefully scanning the room, pointed to a kind-looking middle-aged woman. Pesso asked Nancy where she would like her contact person to sit. “Right here,” Nancy said decisively, indicating a pillow immediately to her right.

I was fascinated. People process spatial relations with the right hemisphere of the brain, and our neuroimaging research had shown that the imprint of trauma is principally on the right hemisphere as well (see chapter 3). Caring, disapproval, and indifference all are primarily conveyed by facial expression, tone of voice, and physical movements. According to recent research, up to 90 percent of human communication occurs in the nonverbal, right-hemisphere realm.<sup>2</sup> and this was where Pesso’s work seemed primarily to be directed. As the workshop went on, I was also struck by how the contact person’s presence seemed to help Nancy tolerate the painful experiences she was dredging up.<sup>3</sup>

But what was most unusual was how Pesso created tableaus—or as he called them, “structures”—of the protagonists’ past. As the narratives unfolded, group participants were asked to play the roles of significant people in the protagonists’ lives, such as parents and other family members, so that their inner world began to take form in three-dimensional space. Group members were also enlisted to play the ideal, wished-for parents who would provide the support, love, and protection that had been lacking at critical moments. Protagonists became the directors of their own plays, creating around them the past they never had, and they clearly experienced profound physical and mental relief after these imaginary scenarios. Could

this technique instill imprints of safety and comfort alongside those of terror and abandonment, decades after the original shaping of mind and brain?

Intrigued with the promise of Pesso's work, I eagerly accepted his invitation to visit his hilltop farmhouse in southern New Hampshire. After lunch beneath an ancient oak tree, Al asked me to join him in his red clapboard barn, now a studio, to do a structure. I'd spent several years in psychoanalysis, so I did not expect any major revelations. I was a settled professional man in my forties with my own family, and I thought of my parents as two elderly people who were trying to create a decent old age for themselves. I certainly did not think they still had a major influence on me.

Since there were no other people available for role-play, Al began by asking me to select an object or a piece of furniture to represent my father. I chose a gigantic black leather couch and asked Al to put it upright about eight feet in front of me, slightly to the left. Then he asked if I'd like to bring my mother into the room as well, and I chose a heavy lamp, approximately the same height as the upright couch. As the session continued, the space became populated with the important people in my life: my best friend, a tiny Kleenex box to my right; my wife, a small pillow next to him; my two children, two more tiny pillows.

After a while I surveyed the projection of my internal landscape: two hulking, dark, and threatening objects representing my parents and an array of minuscule objects representing my wife, children, and friends. I was astounded; I had re-created my inner image of my stern Calvinistic parents from the time I was a little boy. My chest felt tight, and I'm sure that my voice sounded even tighter. I could not deny what my spatial brain was revealing: The structure had allowed me to visualize my implicit map of the world.

When I told Al what I had just uncovered, he nodded and asked if I would allow him to change my perspective. I felt my skepticism return, but I liked Al and was curious about his method, so I hesitantly agreed. He then interposed his body directly between me and the couch and lamp, making them disappear from my line of sight. Instantaneously I felt a deep release in my body—the constriction in my chest eased and my breathing became relaxed. That was the moment I decided to become Pesso's student.<sup>4</sup>

## **RESTRUCTURING INNER MAPS**

Projecting your inner world into the three-dimensional space of a structure enables you to see what's happening in the theater of your mind and gives you a much clearer perspective on your reactions to people and events in the past. As you position placeholders for the important people in your life, you may be surprised by the unexpected memories, thoughts, and emotions that come up. You then can experiment with moving the pieces around on the external chessboard that you've created and see what effect it has on you.

Although the structures involve dialogue, psychomotor therapy does not explain or interpret the past. Instead, it allows you to feel what you felt back then, to visualize what you saw, and to say what you could not say when it actually happened. It's as if you could go back into the movie of your life and rewrite the crucial scenes. You can direct the role-players to do things they failed to do in the past, such as keeping your father from beating up your mom. These tableaus can stimulate powerful emotions. For example, as you place your "real mother" in the corner, cowering in terror, you may feel a deep longing to protect her and realize how powerless you felt as a child. But if you then create an ideal mother, who stands up to your father and who knows how to avoid getting trapped in abusive relationships, you may experience a visceral sense of relief and an unburdening of that old guilt and helplessness. Or you might confront the brother who brutalized you as a child and then create an ideal brother who protects you and becomes your role model.

The job of the director/therapist and other group members is to provide protagonists with the support they need to delve into whatever they have been too afraid to explore on their own. The safety of the group allows you to notice things that you have hidden from yourself—usually the things you are most ashamed of. When you no longer have to hide, the structure allows you to place the shame where it belongs—on the figures right in front of you who represent those who hurt you and made you feel helpless as a child.

Feeling safe means you can say things to your father (or, rather, the placeholder who represents him) that you wish you could have said as a five-year-old. You can tell the placeholder for your depressed and

frightened mother how terrible you felt about not being able to take care of her. You can experiment with distance and proximity and explore what happens as you move placeholders around. As an active participant, you can lose yourself in a scene in a way you cannot when you simply tell a story. And as you take charge of representing the reality of your experience, the witness keeps you company, reflecting the changes in your posture, facial expression, and tone of voice.

In my experience, physically reexperiencing the past in the present and then reworking it in a safe and supportive “container” can be powerful enough to create new, supplemental memories: simulated experiences of growing up in an attuned, affectionate setting where you are protected from harm. Structures do not erase bad memories, or even neutralize them the way EMDR does. Instead, a structure offers fresh options—an alternative memory in which your basic human needs are met and your longings for love and protection are fulfilled.

## **REVISING THE PAST**

Let me give an example from a workshop I led not long ago at the Esalen Institute in Big Sur, California.

Maria was a slender, athletic Filipina in her midforties who had been pleasant and accommodating during our first two days, which had been devoted to exploring the long-term impact of trauma and teaching self-regulation techniques. But now, seated on her pillow about six feet away from me, she looked scared and collapsed. I wondered to myself if she had volunteered as a protagonist mainly to please the girlfriend who had accompanied her to the workshop.

I began by encouraging her to notice what was going on inside her and to share whatever came to mind. After a long silence she said: “I can’t really feel anything in my body, and my mind is blank.” Mirroring her inner tension, I replied: “A witness can see how worried you are that your mind is blank and you don’t feel anything after volunteering to do a structure. Is that right?” “Yes!” she answered, sounding slightly relieved.

The “witness figure” enters the structure at the very beginning and takes the role of an accepting, nonjudgmental observer who joins the

protagonist by reflecting his or her emotional state and noting the context in which that state has emerged (as when I mentioned Maria’s “volunteering to do a structure”). Being validated by feeling heard and seen is a precondition for feeling safe, which is critical when we explore the dangerous territory of trauma and abandonment. A neuroimaging study has shown that when people hear a statement that mirrors their inner state, the right amygdala momentarily lights up, as if to underline the accuracy of the reflection.

I encouraged Maria to keep focusing on her breath, one of the exercises we had been practicing together, and to notice what she was feeling in her body. After another long silence she hesitantly began to speak: “There is always a sense of fear in everything I do. It doesn’t look like I am afraid, but I am always pushing myself. It is really difficult for me to be up here.” I reflected, “A witness can see how uncomfortable you feel pushing yourself to be here,” and she nodded, slightly straightening her spine, signaling that she felt understood. She continued: “I grew up thinking that my family was normal. But I always was terrified of my dad. I never felt cared for by him. He never hit me as hard as he did my siblings, but I have a pervasive sense of fear.” I noted that a witness could see how afraid she looked as she spoke of her father, and then I invited her to select a group member to represent him.

Maria scanned the room and chose Scott, a gentle video producer who had been a lively and supportive member of the group. I gave Scott his script: “I enroll as your real father, who terrified you when you were a little girl,” which he repeated. (Note that this work is not about improvisation but about accurately enacting the dialogue and directions provided by the witness and protagonist.) I then asked Maria where she would like her real father to be positioned, and she instructed Scott to stand about twelve feet away, slightly to her right and facing away from her. We were beginning to create the tableau, and every time I conduct a structure I’m impressed by how precise the outward projections of the right hemisphere are. Protagonists always know exactly where the various characters in their structures should be located.

It also surprises me, again and again, how the placeholders representing the significant people in the protagonist’s past almost immediately assume a virtual reality: The people who enroll seem to *become* the people he or she had to deal with back then—not only to the protagonist but often to the

other participants as well. I encouraged Maria to take a good, long look at her real father, and as she gazed at him standing there, we could witness how her emotions shifted between terror and a deep sense of compassion for him. She tearfully reflected on how difficult his life had been—how, as a child during World War II, he had seen people beheaded; how he had been forced to eat rotten fish infested with maggots. Structures promote one of the essential conditions for deep therapeutic change: a trancelike state in which multiple realities can live side by side—past and present, knowing that you’re an adult while feeling the way you did as a child, expressing your rage or terror to someone who feels like your abuser while being fully aware that you are talking to Scott, who is nothing like your real father, and experiencing simultaneously the complex emotions of loyalty, tenderness, rage, and longing that kids feel with their parents.

As Maria began to speak about their relationship when she was a little girl, I continued to mirror her expressions. Her father had brutalized her mother, she said. He was relentlessly critical of her diet, her body, her housekeeping, and she was always afraid for her mother when he berated her. Maria described her mother as loving and warm; she could not have survived without her. She would always be there to comfort Maria after her father lashed out at her, but she didn’t do anything to protect her children from their father’s rage. “I think my mom had a lot of fear herself. I have a sense that she didn’t protect us because she felt trapped.”

At this point I suggested that it was time to call Maria’s real mother into the room. Maria scanned the group and smiled brightly as she asked Kristin, a blonde, Scandinavian-looking artist, to play the part of her real mother. Kristin accepted in the formal words of the structure: “I enroll as your real mother, who was warm and loving and without whom you would not have survived but who failed to protect you from your abusive father.” Maria had her sit on a pillow to her right, much closer than her real father.

I encouraged Maria to look at Kristin and then I asked, “So what happens when you look at her?” Maria angrily said, “Nothing.” “A witness would see how you stiffen as you look at your real mom and angrily say that you feel nothing,” I noted. After a long silence I asked again, “So what happens now?” Maria looked slightly more collapsed and repeated, “Nothing.” I asked her, “Is there something you want to say to your mom?” Finally Maria said, “I know you did the best you could,” and then, moments

later: “I wanted you to protect me.” When she began to cry softly, I asked her, “What is happening inside?” “Holding my chest, my heart feels like it is pounding really hard,” Maria said. “My sadness goes out to my mom; how incapable she was of standing up to my father and protecting us. She just shuts down, pretending everything’s okay, and in her mind it probably is, and that makes me mad today. I want to say to her: ‘Mom, when I see you react to dad when he is being mean . . . when I see your face, you look disgusted and I don’t know why you don’t say, “Fuck off.” You don’t know how to fight—you are such a pushover—there is a part of you that is not good and not alive. I don’t even know what I want you to say. I just want you to be different—nothing you do is right, like you accept everything when it is totally not okay.’” I noted, “A witness would see how fierce you are as you want your mother to stand up to your dad.” Maria then talked about how she wanted her mother to run off with the kids and take them away from her terrifying father.

I then suggested enrolling another group member to represent her ideal mother. Maria scanned the room again and chose Ellen, a therapist and martial artist. Maria placed her on a pillow to her right between her real mother and herself and asked Ellen to put her arm around her. “What do you want your ideal mother to say to your dad?” I asked. “I want her to say, ‘If you are going to talk like that, I am going to leave you and take the kids,’” she answered. “‘We are not going to sit here and listen to this shit.’” Ellen repeated Maria’s words. Then I asked: “What happens now?” Maria responded: “I like it. I have a little pressure in my head. My breath is free. I have a subtle energetic dance in my body now. Sweet.” “A witness can see how delighted you are when you hear your mother saying that she is not taking this shit from your dad anymore and that she will take you away from him,” I told her. Maria began to sob and said, “I would have been able to be a safe, happy little girl.” Out of the corner of my eye I could see several group members weeping silently—the possibility of growing up safe and happy clearly resonated with their own longings.

After a while I suggested that it was time to summon Maria’s ideal father. I could clearly see the delight in Maria’s eyes as she scanned the group, imagining her ideal father. She finally chose Danny. I gave him his script, and he gently told her: “I enroll as your ideal father, who would have loved you and cared for you and who would not have terrified you.” Maria

instructed him to take a seat near her on her left and beamed. “My healthy mom and dad!” she exclaimed. I responded: “Allow yourself to feel that joy as you look at an ideal dad who would have cared for you.” Maria cried, “It’s beautiful,” and threw her arms around Danny, smiling at him through her tears. “I am remembering a really tender moment with my dad, and that is what this feels like. I would love to have my mom next to me too.” Both ideal parents tenderly responded and cradled her. I left them there for a while so that they could fully internalize the experience.

We finished with Danny saying: “If I had been your ideal dad back then, I would have loved you just like this and not have inflicted my cruelty,” while Ellen added, “If I had been your ideal mom, I would have stood up for you and me and protected you and not let any harm come to you.” All the characters then made final statements, deenrolling from the roles they had played, and formally resumed being themselves.

## **RESCRIPTING YOUR LIFE**

Nobody grows up under ideal circumstances—as if we even know what ideal circumstances are. As my late friend David Servan-Schreiber once said: every life is difficult in its own way. But we do know that, in order to become self-confident and capable adults, it helps enormously to have grown up with steady and predictable parents; parents who delighted in you, in your discoveries and explorations; parents who helped you organize your comings and goings; and who served as role models for self-care and getting along with other people.

Defects in any of these areas are likely to manifest themselves later in life. A child who has been ignored or chronically humiliated is likely to lack self-respect. Children who have not been allowed to assert themselves will probably have difficulty standing up for themselves as adults, and most grown-ups who were brutalized as children carry a smoldering rage that will take a great deal of energy to contain.

Our relationships will suffer as well. The more early pain and deprivation we have experienced, the more likely we are to interpret other people’s actions as being directed against us and the less understanding we will be of their struggles, insecurities, and concerns. If we cannot appreciate

the complexity of their lives, we may see anything they do as a confirmation that we are going to get hurt and disappointed.

In the chapters on the biology of trauma we saw how trauma and abandonment disconnect people from their body as a source of pleasure and comfort, or even as a part of themselves that needs care and nurturance. When we cannot rely on our body to signal safety or warning and instead feel chronically overwhelmed by physical stirrings, we lose the capacity to feel at home in our own skin and, by extension, in the world. As long as their map of the world is based on trauma, abuse, and neglect, people are likely to seek shortcuts to oblivion. Anticipating rejection, ridicule, and deprivation, they are reluctant to try out new options, certain that these will lead to failure. This lack of experimentation traps people in a matrix of fear, isolation, and scarcity where it is impossible to welcome the very experiences that might change their basic worldview.

This is one reason the highly structured experiences of psychomotor therapy are so valuable. Participants can safely project their inner reality into a space filled with real people, where they can explore the cacophony and confusion of the past. This leads to concrete aha moments: “Yes, that is what it was like. That is what I had to deal with. And that is what it would have felt like back then if I had been cherished and cradled.” Acquiring a sensory experience of feeling treasured and protected as a three-year-old in the trancelike container of a structure allows people to rescript their inner experience, as in “I can spontaneously interact with other people without having to be afraid of being rejected or getting hurt.”

Structures harness the extraordinary power of the imagination to transform the inner narratives that drive and confine our functioning in the world. With the proper support the secrets that once were too dangerous to be revealed can be disclosed not just to a therapist, a latter-day father confessor, but, in our imagination, to the people who actually hurt and betrayed us.

The three-dimensional nature of the structure transforms the hidden, the forbidden, and the feared into visible, concrete reality. In this it is somewhat similar to IFS, which we explored in the previous chapter. IFS calls forth the split-off parts that you created in order to survive and enables you to identify and talk with them, so that your undamaged Self can emerge. In

contrast, a structure creates a three-dimensional image of whom and what you had to deal with and gives you a chance to create a different outcome.

Most people are hesitant to go into past pain and disappointment—it only promises to bring back the intolerable. But as they are mirrored and witnessed, a new reality begins to take shape. Accurate mirroring feels completely different from being ignored, criticized, and put down. It gives you permission to feel what you feel and know what you know—one of the essential foundations of recovery.

Trauma causes people to remain stuck in interpreting the present in light of an unchanging past. The scene you re-create in a structure may or may not be precisely what happened, but it represents the structure of your inner world: your internal map and the hidden rules that you have been living by.

## DARING TO TELL THE TRUTH

I recently led another group structure with a twenty-six-year-old man named Mark, who at age thirteen had accidentally overheard his father having phone sex with his aunt, his mother's sister. Mark felt confused, embarrassed, hurt, betrayed, and paralyzed by this knowledge, but when he tried to talk with his father about it, he was met with rage and denial: he was told that he had a filthy imagination and accused of trying to break up the family. Mark never dared to tell his mom, but henceforth the family secrets and hypocrisy contaminated every aspect of his home life and gave him a pervasive sense that nobody could be trusted. After school, he spent his isolated adolescence hanging around neighborhood basketball courts or in his room watching TV. When he was twenty-one his mother died—of a broken heart, Mark says—and his father married the aunt. Mark was not invited to either the funeral or the wedding.

Secrets like these become inner toxins—realities that you are not allowed to acknowledge to yourself or to others but that nevertheless become the template of your life. I knew none of this history when Mark joined the group, but he stood out by his emotional distance, and during check-ins he acknowledged that he felt separated from everyone by a dense

fog. I was quite worried about what would be revealed once we started to look behind his frozen, expressionless exterior.

When I invited Mark to talk about his family, he said a few words and then seemed to shut down even more. So I encouraged him to ask for a “contact figure” to support him. He chose a white-haired group member, Richard, and placed Richard on a pillow next to him, touching his shoulder. Then, as he began to tell his story, Mark placed Joe, as his real father, ten feet in front of him, and directed Carolyn, representing his mother, to crouch in a corner with her face hidden. Mark next asked Amanda to play his aunt, telling her to stand defiantly to one side, arms crossed over her chest—representing all the calculating, ruthless, and devious women who are after men.

Surveying the tableau he had created, Mark sat up straight, eyes wide open; clearly the fog had lifted. I said: “A witness can see how startled you are seeing what you had to deal with.” Mark nodded appreciatively and remained silent and somber for some time. Then, looking at his “father,” he burst out: “You asshole, you hypocrite, you ruined my life.” I invited Mark to tell his “father” all the things that he had wanted to tell him but never could. A long list of accusations followed. I directed the “father” to respond physically as if he had been punched, so that Mark could see that that his blows had landed. It did not surprise me when Mark spontaneously said that he’d always worried that his rage would get out of control and that this fear had kept him from standing up for himself in school, at work, and in other relationships.

After Mark had confronted his “father,” I asked if he would like Richard to assume a new role: that of his ideal father. I instructed Richard to look Mark directly in the eye and to say: “If I had been your ideal father back then, I would have listened to you and not accused you of having a filthy imagination.” When Richard repeated this, Mark started to tremble. “Oh my God, life would have been so different if I could have trusted my father and talked about what was going on. I could have *had* a father.” I then told Richard to say: “If I had been your ideal father back then, I would have welcomed your anger and you would have had a father you could have trusted.” Mark visibly relaxed and said that would have made all the difference in the world.

Then Mark addressed the stand-in for his aunt. The group was visibly stunned as he unleashed a torrent of abuse on her: “You conniving whore, you backstabber. You betrayed your sister and ruined her life. You ruined our family.” After he was done, Mark started to sob. He then said he’d always been deeply suspicious of any woman who showed an interest in him. The remainder of the structure took another half hour, in which we slowly set up conditions for him to create two new women: the ideal aunt, who did not betray her sister but who helped support their isolated immigrant family, and the ideal mother, who kept her husband’s interest and devotion and so did not die of heartbreak. Mark ended the structure quietly surveying the scene he had created with a contented smile on his face.

For the remainder of the workshop Mark was an open and valuable member of the group, and three months later he sent me an e-mail saying that this experience had changed his life. He had recently moved in with his first girlfriend, and although they’d had some heated discussions about their new arrangement, he’d been able to take in her point of view without clamping up defensively, going back to his fear or rage, or feeling that she was trying to pull a fast one. He was amazed that he felt okay disagreeing with her and that he was able to stand up for himself. He then asked for the name of a therapist in his community to help with the huge changes he was making in his life, and I fortunately had a colleague I could refer him to.

## ANTIDOTES TO PAINFUL MEMORIES

Like the model mugging classes that I discussed in chapter 13, the structures in psychomotor therapy hold out the possibility of forming virtual memories that live side by side with the painful realities of the past and provide sensory experiences of feeling seen, cradled, and supported that can serve as antidotes to memories of hurt and betrayal. In order to change, people need to become viscerally familiar with realities that directly contradict the static feelings of the frozen or panicked self of trauma, replacing them with sensations rooted in safety, mastery, delight, and connection. As we saw in the chapter on EMDR, one of the functions of dreaming is to create associations in which the frustrating events of the day are interwoven with the rest of one’s life. Unlike our dreams, psychomotor

structures are still subject to the laws of physics, but they too can reweave the past.

Of course we can never undo what happened, but we can create new emotional scenarios intense and real enough to defuse and counter some of those old ones. The healing tableaus of structures offer an experience that many participants have never believed was possible for them: to be welcomed into a world where people delight in them, protect them, meet their needs, and make you feel at home.

## CHAPTER 19

### **REWIRING THE BRAIN: NEUROFEEDBACK**

Is it a fact—or have I dreamt it—that by means of electricity, the world of matter has become a great nerve, vibrating thousands of miles in a breathless point of time?

—Nathaniel Hawthorne

The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of the judgment, character, and will.

—William James

The summer after my first year of medical school, I worked as a part-time research assistant in Ernest Hartmann's sleep laboratory at Boston State Hospital. My job was to prepare and monitor the study participants and to analyze their EEG—electroencephalogram, or brain wave—tracings. Subjects would show up in the evening; I would paste an array of wires onto their scalps and another set of electrodes around their eyes to register the rapid eye movements that occur during dreaming. Then I would walk them to their bedrooms, bid them good night, and start the polygraph, a bulky machine with thirty-two pens that transmitted their brain activity onto a continuous spool of paper.

Even though our subjects were fast asleep, the neurons in their brains kept up their frenzied internal communication, which was transmitted to the polygraph throughout the night. I'd settle down to pore over the previous night's EEGs, stopping from time to time to pick up baseball scores on my radio, and use the intercom to wake subjects whenever the polygraph showed a REM sleep cycle. I would ask what they had dreamed about and write down what they reported and then in the morning help them fill out a questionnaire about sleep quality and send them on their way.

Those quiet nights at Hartmann's lab documented a great deal about REM sleep and contributed to building the basic understanding of sleep processes, which paved the way for the crucial discoveries that I discussed in chapter 15. However, until recently, the long-standing hope that the EEG would help us better understand how electrical brain activity contributes to psychiatric problems remained largely unrealized.

## MAPPING THE ELECTRICAL CIRCUITS OF THE BRAIN

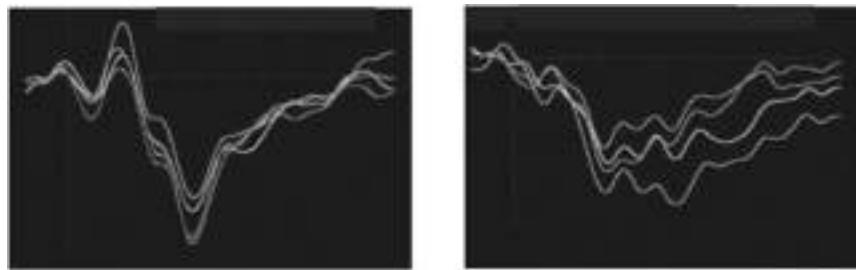
Before the advent of the pharmacological revolution, it was widely understood that brain activity depends on both chemical and electrical signals. The subsequent dominance of pharmacology almost obliterated interest in the electrophysiology of the brain for several decades.

The first recording of the brain's electrical activity was made in 1924 by the German psychiatrist Hans Berger. This new technology was initially met with skepticism and ridicule by the medical establishment, but electroencephalography gradually became an indispensable tool for diagnosing seizure activity in patients with epilepsy. Berger discovered that different brain-wave patterns reflected different mental activities. (For example, trying to solve a math problem resulted in bursts at a moderately fast frequency band known as beta.) He hoped that eventually science would be able to correlate different psychiatric problems with specific EEG irregularities. This expectation was fueled by the first reports on EEG patterns in "behavior problem children" in 1938.<sup>1</sup> Most of these hyperactive and impulsive children had slower-than-normal waves in their frontal lobes. This finding has been reproduced innumerable times since then, and in 2013 slow-wave prefrontal activity was certified by the Food and Drug

Administration as a biomarker for ADHD. Slow frontal lobe electrical activity explains why these kids have poor executive functioning: Their rational brains lack proper control over their emotional brains, which also occurs when abuse and trauma have made the emotional centers hyperalert to danger and organized for fight or flight.

Early in my career I also hoped that the EEG might help us to make better diagnoses, and between 1980 and 1990 I sent many of my patients to get EEGs to determine if their emotional instability was rooted in neurological abnormalities. The reports usually came back with the phrase: “nonspecific temporal lobe abnormalities.”<sup>2</sup> This told me very little, and because at that time the only way we could change these ambiguous patterns was with drugs that had more side effects than benefits, I gave up doing routine EEGs on my patients.

Then, in 2000, a study by my friend Alexander McFarlane and his associates (researchers in Adelaide, Australia) rekindled my interest, as it documented clear differences in information processing between traumatized subjects and a group of “normal” Australians. The researchers used a standardized test called “the oddball paradigm” in which subjects are asked to detect the item that doesn’t fit in a series of otherwise related images (like a trumpet in a group of tables and chairs). None of the images was related to trauma.



**Normal versus PTSD.** Patterns of attention. Milliseconds after the brain is presented with input it starts organizing the meaning of the incoming information. Normally, all regions of the brain collaborate in a synchronized pattern (left), while the brainwaves in PTSD are less well coordinated; the brain has trouble filtering out irrelevant information, and has problems attending to the stimulus at hand.

In the “normal” group key parts of the brain worked together to produce a coherent pattern of filtering, focus, and analysis. (See left image

below.) In contrast, the brain waves of traumatized subjects were more loosely coordinated and failed to come together into a coherent pattern. Specifically, they did not generate the brain-wave pattern that helps people pay attention on the task at hand by filtering out irrelevant information (the upward curve, labeled N200). In addition, the core information-processing configuration of the brain (the downward peak, P300) was poorly defined; the depth of the wave determines how well we are able to take in and analyze new data. This was important new information about how traumatized people process nontraumatic information that has profound implications for understanding day-to-day information processing. These brain-wave patterns could explain why so many traumatized people have trouble learning from experience and fully engaging in their daily lives. Their brains are not organized to pay careful attention to what is going on in the present moment.

Sandy McFarlane's study reminded me of what Pierre Janet had said back in 1889: "Traumatic stress is an illness of not being able to be fully alive in the present." Years later, when I saw the movie *The Hurt Locker*, which dealt with the experiences of soldiers in Iraq, I immediately recalled Sandy's study: As long as they were coping with extreme stress, these men performed with pinpoint focus; but back in civilian life they were overwhelmed having to make simple choices in a supermarket. We are now seeing alarming statistics about the number of returning combat veterans who enroll in college on the GI Bill but do not complete their degrees. (Some estimates are over 80 percent.) Their well-documented problems with focusing and attention are surely contributing to these poor results.

McFarlane's study clarified a possible mechanism for the lack of focus and attention in PTSD, but it also presented a whole new challenge: Was there any way to change these dysfunctional brain-wave patterns? It was seven years before I learned that there might be ways to do that.

In 2007 I met Sebern Fisher at a conference on attachment-disordered children. Sebern was the former clinical director of a residential treatment center for severely disturbed adolescents, and she told me that she'd been using neurofeedback in her private practice for about ten years. She showed me before-and-after drawings made by a ten-year-old. This boy had had

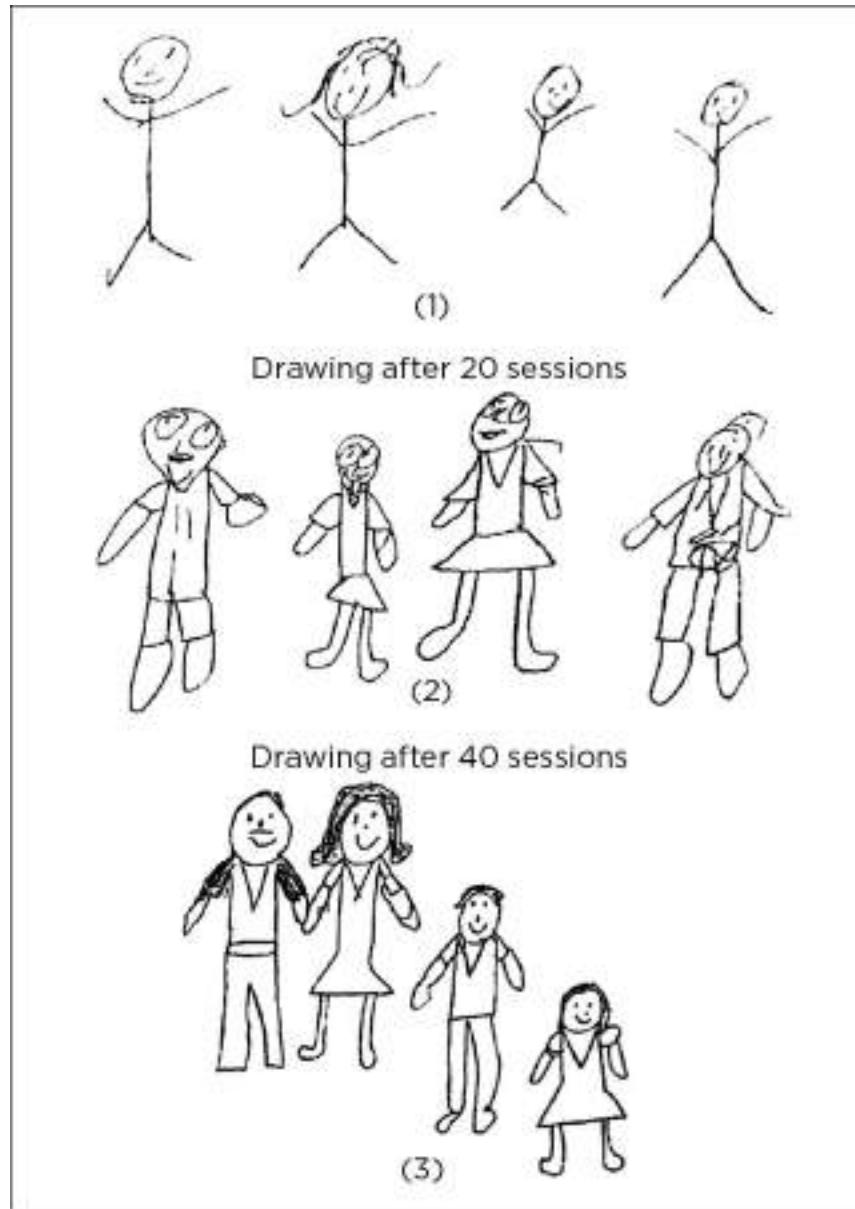
such severe temper tantrums, learning disabilities, and overall difficulties with self-organization that he could not be handled in school.<sup>3</sup>

His first family portrait (on the left opposite), drawn before treatment started, was at the developmental level of a three-year-old. Less than five weeks later, after twenty sessions of neurofeedback, his tantrums had decreased and his drawing showed a marked improvement in complexity. Ten weeks and another twenty sessions later, his drawing took another leap in complexity and his behavior normalized.

I had never come across a treatment that could produce such a dramatic change in mental functioning in so brief a period of time. So when Sebern offered to give me a neurofeedback demonstration, I eagerly accepted.

## **SEEING THE SYMPHONY OF THE BRAIN**

At Sebern's office in Northampton, Massachusetts, she showed me her neurofeedback equipment—two desktop computers and a small amplifier—and some of the data she had collected. She then pasted one electrode on each side of my skull and another on my right ear. Soon the computer in front of me was displaying rows of brain waves like the ones I'd seen on the sleep-lab polygraph three decades earlier. Sebern's tiny laptop could detect, record, and display the electrical symphony of my brain faster and more precisely than what had probably been a million dollars' worth of equipment in Hartmann's lab.



**From stick figures to clearly defined human beings.** After four months of neurofeedback, a ten-year-old boy's family drawings show the equivalent of six years of mental development.

As Sebern explained, feedback provides the brain with a mirror of its own function: the oscillations and rhythms that underpin the currents and crosscurrents of the mind. Neurofeedback nudges the brain to make more of some frequencies and less of others, creating new patterns that enhance its natural complexity and its bias toward self-regulation.<sup>4</sup> “In effect,” she told me, “we may be freeing up innate but stuck oscillatory properties in the brain and allowing new ones to develop.”

Sebern adjusted some settings, “to set the reward and inhibit frequencies,” as she explained, so that the feedback would reinforce selected brain-wave patterns while discouraging others. Now I was looking at something like a video game featuring three spaceships of different colors. The computer was emitting irregular tones, and the spaceships were moving quite randomly. I discovered that when I blinked my eyes they stopped, and when I calmly stared at the screen they moved in tandem, accompanied by regular beeps. Sebern then encouraged me to make the green spaceship move ahead of the others. I leaned forward to concentrate, but the harder I tried, the more the green spaceship fell behind. She smiled and told me that I’d do much better if I’d just relax and let my brain take in the feedback that the computer was generating. So I sat back, and after a while the tones grew steadier and the green spaceship started pulling ahead of the others. I felt calm and focused—and my spaceship was winning.

In some ways neurofeedback is similar to watching someone’s face during a conversation. If you see smiles or slight nods, you’re rewarded, and you go on telling your story or making your point. But the moment your conversation partner looks bored or shifts her gaze, you’ll start to wrap up or change the topic. In neurofeedback the reward is a tone or movement on the screen instead of a smile, and the inhibition is far more neutral than a frown—it’s simply an undesired pattern.

Next Sebern introduced another feature of neurofeedback: its ability to track circuitry in specific parts of the brain. She moved the electrodes from my temples to my left brow, and I started to feel sharp and focused. She told me she was rewarding beta waves in my frontal cortex, which accounted for my alertness. When she moved the electrodes to the crown of my head, I felt more detached from the computer images and more aware of the sensations in my body. Afterward she showed me a summary graph that recorded how my brain waves had changed as I experienced subtle shifts in my mental state and physical sensations.

How could neurofeedback be used to help to treat trauma? As Sebern explained: “With neurofeedback we hope to intervene in the circuitry that promotes and sustains states of fear and traits of fearfulness, shame, and rage. It is the repetitive firing of these circuits that defines trauma.” Patients need help to change the habitual brain patterns created by trauma and its aftermath. When the fear patterns relax, the brain becomes less susceptible

to automatic stress reactions and better able to focus on ordinary events. After all, stress is not an inherent property of events themselves—it is a function of how we label and react to them. Neurofeedback simply stabilizes the brain and increases resiliency, allowing us to develop more choices in how to respond.

## THE BIRTH OF NEUROFEEDBACK

Neurofeedback was not a new technology in 2007. As early as the late 1950s University of Chicago psychology professor Joe Kamiya, who was studying the phenomenon of internal perception, had discovered that people could learn through feedback to tell when they were producing alpha waves, which are associated with relaxation. (It took some subjects only four days to reach 100 percent accuracy.) He then demonstrated that they could also enter voluntarily into an alpha state in response to a simple sound cue.

In 1968 an article about Kamiya's work was published in the popular magazine *Psychology Today*, and the idea that alpha training could relieve stress and stress-related conditions became widely known.<sup>5</sup> The first scientific work showing that neurofeedback could have an effect on pathological conditions was done by Barry Sterman at UCLA. The National Aeronautics and Space Administration had asked Sterman to study the toxicity of a rocket fuel, monomethylhydrazine (MMH), which was known to cause hallucinations, nausea, and seizures. Sterman had previously trained some cats to produce a specific EEG frequency known as the sensorimotor rhythm. (In cats this alert, focused state is associated with waiting to be fed.) He discovered that while his ordinary lab cats developed seizures after exposure to MMH, the cats that had received neurofeedback did not. The training had somehow stabilized their brains.

In 1971 Sterman attached his first human subject, twenty-three-year-old Mary Fairbanks, to a neurofeedback device. She had suffered from epilepsy since the age of eight, with grand mal seizures two or more times a month. She trained for an hour a day twice a week. At the end of three months she was virtually seizure free. Sterman subsequently received a grant from the

National Institutes of Health to conduct a more systematic study, and the impressive results were published in the journal *Epilepsia* in 1978.<sup>6</sup>

This period of experimentation and huge optimism about the potential of the human mind came to an end in the middle 1970s with newly discovered psychiatric drugs. Psychiatry and brain science adopted a chemical model of mind and brain, and other treatment approaches were relegated to the back burner.

Since then the field of neurofeedback has grown by fits and starts, with much of the scientific groundwork being done in Europe, Russia, and Australia. Even though there are about ten thousand neurofeedback practitioners in the United States, the practice has not been able to garner the research funding necessary to gain widespread acceptance. One reason may be that there are multiple competing neurofeedback systems; another is that the commercial potential is limited. Only a few applications are covered by insurance, which makes neurofeedback expensive for consumers and prevents practitioners from amassing the resources necessary to do large-scale studies.

## **FROM A HOMELESS SHELTER TO THE NURSING STATION**

Sebern had arranged for me to speak with three of her patients. All told remarkable stories, but as I listened to twenty-seven-year-old Lisa, who was studying nursing at a nearby college, I felt myself truly awakening to the stunning potential of this treatment. Lisa possessed the greatest single resilience factor humans can have: She was an appealing person—engaging, curious, and obviously intelligent. She made great eye contact, and she was eager to share what she had learned about herself. Best of all, like so many survivors I've known, she had a wry sense of humor and a delicious take on human folly.

Based on what I knew about her background, it was a miracle that she was so calm and self-possessed. She had spent years in group homes and mental hospitals, and she was a familiar presence in the emergency rooms of western Massachusetts—the girl who regularly arrived by ambulance,

half dead from prescription drug overdoses or bloody from self-inflicted wounds.

Here is how she began her story: “I used to envy the kids who knew what would happen when their parents got drunk. At least they could predict the havoc. In my home there was no pattern. Anything could set my mother off—eating dinner, watching TV, coming home from school, getting dressed—and I never knew what she was going to do or how she would hurt me. It was so random.”

Her father had abandoned the family when Lisa was three years old, leaving her at the mercy of her psychotic mother. “Torture” is not too strong a word to describe the abuse she endured. “I lived up in the attic room,” she told me, “and there was another room up there where I would go and piss on the carpet because I was too scared to go downstairs to the bathroom. I would take all the clothes off my dolls and drive pencils into them and put them up in my window.”

When she was twelve years old, Lisa ran away from home and was picked up by the police and returned. After she ran away again, child protective services stepped in, and she spent the next six years in mental hospitals, shelters, group homes, foster families, and on the street. No placement lasted, because Lisa was so dissociated and self-destructive that she terrified her caretakers. She would attack herself or destroy furniture and afterward she would not remember what she had done, which earned her a reputation as a manipulative liar. In retrospect, Lisa told me, she simply lacked the language to communicate what was going on with her.

When she turned eighteen, she “matured out” of child protective services and started an independent life, one without family, education, money, or skills. But shortly after discharge she ran into Sebern, who had just acquired her first neurofeedback equipment and remembered Lisa from the residential treatment center where she had once worked. She’d always had a soft spot for this lost girl, and she invited Lisa to try out her new gizmo.

As Sebern recalled: “When Lisa first came to see me, it was fall. She walked around with a vacant stare, carrying a pumpkin wherever she went. There just wasn’t a there there. I wasn’t ever sure that I had gotten to any organizing self.” Any form of talk therapy was impossible for Lisa. Whenever Sebern asked her about anything stressful, she would shut down

or go into a panic. In Lisa's words: "Every time we tried to talk about what had happened to me growing up, I would have a breakdown. I would wake up with cuts and burns and I wouldn't be able to eat. I wouldn't be able to sleep."

Her sense of terror was omnipresent: "I was afraid all the time. I didn't like to be touched. I was always jumpy and nervous. I couldn't close my eyes if another person was around. There was no convincing me that someone wasn't going to kick me the second I closed my eyes. That makes you feel crazy. You know you're in a room with someone you trust, you know intellectually that nothing's going to happen to you, but then there's the rest of your body and you can't ever relax. If someone put their arm around me, I would just check out." She was stuck in a state of inescapable shock.

Lisa recalled dissociating when she was a little girl, but things got worse after puberty: "I started waking up with cuts, and people at school would know me by different names. I couldn't have a steady boyfriend because I would date other guys when I was dissociated and then not remember. I was blacking out a lot and opening my eyes into some pretty strange situations." Like many severely traumatized people, Lisa could not recognize herself in a mirror.<sup>7</sup> I had never heard anyone describe so articulately what it was like to lack a continuous sense of self.

There was no one to confirm her reality. "When I was seventeen and living in the group home for severely disturbed adolescents, I cut myself up really badly with the lid of a tin can. They took me to the emergency room, but I couldn't tell the doctor what I had done to cut myself—I didn't have any memory of it. The ER doctor was convinced that dissociative identity disorder didn't exist. . . . A lot of people involved in mental health tell you it doesn't exist. Not that you don't have it, but that it doesn't exist."

The first thing Lisa did after she aged out of her residential treatment program was to go off her medications: "This doesn't work for everybody," she acknowledged, "but it turned out to be personally the right choice. I know people who need meds, but that was not the case for me. After going off them and starting neurofeedback, I became much clearer."

When she invited Lisa to do neurofeedback, Sebern had little idea what to expect, as Lisa would be the first dissociative patient she tried it on. They

met twice a week and started by rewarding more coherent brain patterns in the right temporal lobe, the fear center of the brain. After a few weeks Lisa noticed she was wasn't as uptight around people, and she no longer dreaded the basement laundry room in her building. Then came a bigger breakthrough: She stopped dissociating. "I'd always had a constant hum of low-level conversations in my head," she recalled. "I was scared I was schizophrenic. After half a year of neurofeedback I stopped hearing those noises. I integrated, I guess. Everything just came together."

As Lisa developed a more continuous sense of self, she became able to talk about her experiences: "I now can actually talk about things like my childhood. For the first time I started being able to *do* therapy. Up till then I didn't have enough distance and I couldn't calm down enough. If you're still in it, it's hard to talk about it. I wasn't able to attach in the way that you need to attach and open up in the way that you need to open up in order to have any type of relationship with a therapist." This was a stunning revelation: So many patients are in and out of treatment, unable to meaningfully connect because they are still "in it." Of course, when people don't know who they are, they can't possibly see the reality of the people around them.

Lisa went on: "There was so much anxiety around attachment. I would go into a room and try to memorize every possible way to get out, every detail about a person. I was trying desperately to keep track of everything that could hurt me. Now I know people in a different way. It's not based on memorizing them out of fear. When you're not afraid of being hurt, you can know people differently."

This articulate young woman had emerged from the depths of despair and confusion with a degree of clarity and focus I had never seen before. It was clear that we had to explore the potential of neurofeedback at the Trauma Center.

## **GETTING STARTED IN NEUROFEEDBACK**

First we had to decide which of five different existing neurofeedback systems to adopt, and then find a long weekend to learn the principles and practice on one another.<sup>8</sup> Eight staff members and three trainers volunteered

their time to explore the complexities of EEGs, electrodes, and computer-generated feedback. On the second morning of the training, when I was partnered with my colleague Michael, I placed an electrode on the right side of his head, directly over the sensorimotor strip of his brain, and rewarded the frequency of eleven to fourteen hertz. Shortly after the session ended, Michael asked for the attention of the group. He'd just had a remarkable experience, he told us. He had always felt somewhat on edge and unsafe in the presence of other people, even colleagues like us. Although nobody seemed to notice—he was, after all, a well-respected therapist—he lived with a chronic, gnawing sense of danger. That feeling was now gone, and he felt safe, relaxed, and open. Over the next three years Michael emerged from his habitual low profile to challenge the group with his insights and opinions, and he became one of the most valuable contributors to our neurofeedback program.

With the help of the ANS Foundation we started our first study with a group of seventeen patients who had not responded to previous treatments. We targeted the right temporal area of the brain, the location that our early brain-scan studies (described in chapter 3)<sup>9</sup> had shown to be excessively activated during traumatic stress, and gave them twenty neurofeedback sessions over ten weeks.

Because most of these patients suffered from alexithymia, it was not easy for them to report their response to the treatments. But their actions spoke for them: They consistently showed up on time for their appointments, even if they had to drive through snowstorms. None of them dropped out, and at the end of the full twenty sessions, we could document significant improvements not only in their PTSD scores,<sup>10</sup> but also in their interpersonal comfort, emotional balance, and self-awareness.<sup>11</sup> They were less frantic, they slept better, and they felt calmer and more focused.

In any case, self-reports can be unreliable; objective changes in behavior are much better indicators of how well treatment works. The first patient I treated with neurofeedback was a good example. He was a professional man in his early fifties who defined himself as heterosexual, but he compulsively sought homosexual contact with strangers whenever he felt abandoned and misunderstood. His marriage had broken up around this issue, and he had become HIV positive; he was desperate to gain control

over his behavior. During a previous therapy he had talked extensively about his sexual abuse by an uncle at around the age of eight. We assumed that his compulsion was related to that abuse, but making that connection had made no difference in his behavior. After more than a year of regular psychotherapy with a competent therapist, nothing had changed.

A week after I started to train his brain to produce slower waves in his right temporal lobe, he had a distressing argument with a new girlfriend, and instead of going to his habitual cruising spot to find sex he decided to go fishing. I attributed that response to chance. However, over the next ten weeks, in the midst of his tumultuous relationship, he continued to find solace in fishing and began to renovate a lakeside cabin. When we skipped three weeks of neurofeedback because of our vacations schedules, his compulsion suddenly returned, suggesting that his brain had not yet stabilized its new pattern. We trained for six more months, and now, four years later, I see him about every six months for a checkup. He has felt no further impulse to engage in his dangerous sexual activities.

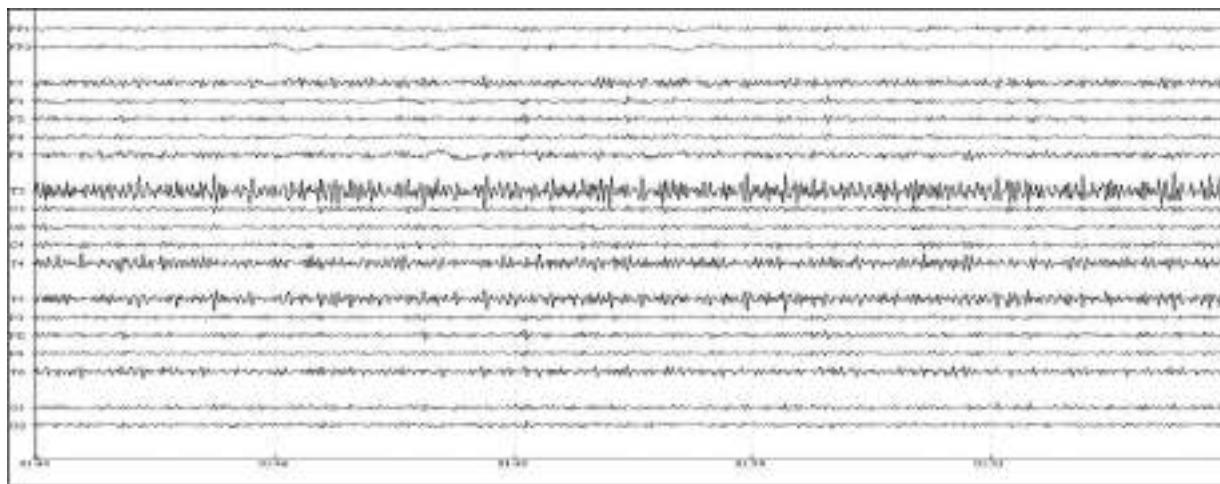
How did his brain come to derive comfort from fishing rather than from compulsive sexual behavior? At this point we simply don't know. Neurofeedback changes brain connectivity patterns; the mind follows by creating new patterns of engagement.

## BRAIN-WAVE BASICS FROM SLOW TO FAST

Each line on an EEG charts the activity in a different part of the brain: a mixture of different rhythms, ranged on a scale from slow to fast.<sup>12</sup> The EEG consists of measurements of varying heights (amplitude) and wavelengths (frequency). Frequency refers to the number of times a waveform rises and falls in one second, and it is measured in hertz (Hz), or cycles per second (cps). Every frequency on the EEG is relevant to understanding and treating trauma, and the basics are relatively easy to grasp.

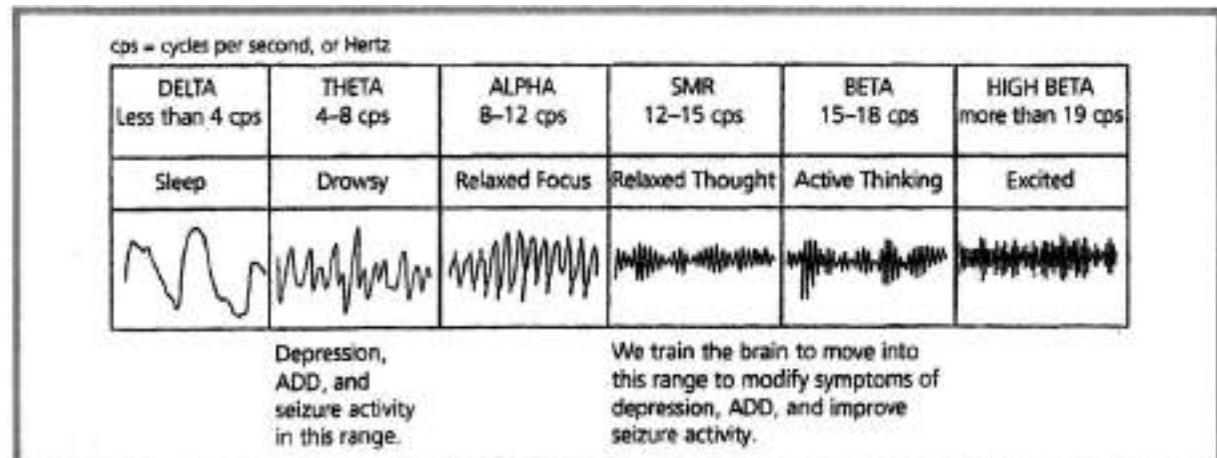
Delta waves, the slowest frequencies (2–5 Hz) are seen most often during sleep. The brain is in an idling state, and the mind is turned inward. If people have too much slow-wave activity while they're awake, their thinking is foggy and they exhibit poor judgment and poor impulse control.

Eighty percent of children with ADHD and many individuals diagnosed with PTSD have excessive slow waves in their frontal lobes.



**The Electroencephalogram (EEG).** While there is no typical signature for PTSD, many traumatized people have sharply increased activity in the temporal lobes, as this patient does (T<sub>3</sub>, T<sub>4</sub>, T<sub>5</sub>). Neurofeedback can normalize these abnormal brain patterns and thereby increase emotional stability.

## THE RATE OF BRAINWAVE FIRING IS RELATED TO OUR STATE OF AROUSAL



Dreaming speeds up brain waves. Theta frequencies (5–8 Hz) predominate at the edge of sleep, as in the floating “hypnopompic” state I described in

chapter 15 on EMDR; they are also characteristic of hypnotic trance states. Theta waves create a frame of mind unconstrained by logic or by the ordinary demands of life and thus open the potential for making novel connections and associations. One of the most promising EEG neurofeedback treatments for PTSD, alpha/theta training, makes use of that quality to loosen frozen associations and facilitate new learning. On the downside, theta frequencies also occur when we're "out of it" or depressed.

Alpha waves (8–12 Hz) are accompanied by a sense of peace and calm.<sup>13</sup> They are familiar to anyone who has learned mindfulness meditation. (A patient once told me that neurofeedback worked for him "like meditation on steroids.") I use alpha training most often in my practice to help people who are either too numb or too agitated to achieve a state of focused relaxation. Walter Reed National Military Medical Center recently introduced alpha-training instruments to treat soldiers with PTSD, but at the time of this writing the results are not yet available.

Beta waves are the fastest frequencies (13–20 Hz). When they dominate, the brain is oriented to the outside world. Beta enables us to engage in focused attention while performing a task. However, high beta (over 20 Hz) is associated with agitation, anxiety, and body tenseness—in effect, we are constantly scanning the environment for danger.

## HELPING THE BRAIN TO FOCUS

Neurofeedback training can improve creativity, athletic control, and inner awareness, even in people who already are highly accomplished.<sup>14</sup> When we started to study neurofeedback, we discovered that sports medicine was the only department in Boston University that had any familiarity with the subject. One of my earliest teachers in brain physiology was the sports psychologist Len Zaichkowsky, who soon left Boston to train the Vancouver Canucks with neurofeedback.<sup>15</sup>

Neurofeedback has probably been studied more thoroughly for performance enhancement than for psychiatric problems. In Italy the trainer for the soccer club AC Milan used it to help players remain relaxed and focused as they watched videos of their errors. Their increased mental and physiological control paid off when several players joined the Italian team

that won the 2006 World Cup—and when AC Milan won the European championship the following year.<sup>16</sup> Neurofeedback was also included in the science and technology component of Own the Podium, a \$117 million, five-year plan engineered to help Canada dominate the 2010 Winter Olympics in Vancouver. The Canadians won the most gold medals and came in third overall.

Musical performance has been shown to benefit as well. A panel of judges from Britain's Royal College of Music found that students who were trained with ten sessions of neurofeedback by John Gruzelier of the University of London had a 10 percent improvement in the performance of a piece of music, compared with students who had not received neurofeedback. This represents a huge difference in such a competitive field.<sup>17</sup>

Given its enhancement of focus, attention, and concentration, it's not surprising that neurofeedback drew the attention of specialists in attention-deficit/hyperactivity disorder (ADHD). At least thirty-six studies have shown that neurofeedback can be an effective and time-limited treatment for ADHD—one that's about as effective as conventional drugs.<sup>18</sup> Once the brain has been trained to produce different patterns of electrical communication, no further treatment is necessary, in contrast to drugs, which do not change fundamental brain activity and work only as long as the patient keeps taking them.

## WHERE IS THE PROBLEM IN MY BRAIN?

Sophisticated computerized EEG analysis, known as the quantitative EEG (qEEG), can trace brain-wave activity millisecond by millisecond, and its software can convert that activity into a color map that shows which frequencies are highest or lowest in key areas of the brain.<sup>19</sup> The qEEG can also show how well brain regions are communicating or working together. Several large qEEG databases of both normal and abnormal patterns are available, which allows us to compare a patient's qEEG with those of thousands of other people with similar issues. Last but not least, in contrast to fMRIs and related scans, the qEEG is both relatively inexpensive and portable.

The qEEG provides compelling evidence of the arbitrary boundaries of current DSM diagnostic categories. DSM labels for mental illness are not aligned with specific patterns of brain activation. Mental states that are common to many diagnoses, such as confusion, agitation, or feeling disembodied, are associated with specific patterns on the qEEG. In general, the more problems a patient has, the more abnormalities show up in the qEEG.<sup>20</sup>

Our patients find it very helpful to be able to see the patterns of localized electrical activity in their brains. We can show them the patterns that seem to be responsible for their difficulty focusing or for their lack of emotional control. They can see why different brain areas need to be trained to generate different frequencies and communication patterns. These explanations help them shift from self-blaming attempts to control their behavior to learning to process information differently.

As Ed Hamlin, who trained us in interpreting the qEEG, recently wrote to me: “Many people respond to the training, but the ones that respond best and quickest are those that can see how the feedback is related to something they are doing. For example, if I’m attempting to help someone increase their ability to be present, we can see how they’re doing with it. Then the benefit really begins to accumulate. There is something very empowering about having the experience of changing your brain’s activity with your mind.”

## HOW DOES TRAUMA CHANGE BRAIN WAVES?

In our neurofeedback lab we see individuals with long histories of traumatic stress who have only partially responded to existing treatments. Their qEEGs show a variety of different patterns. Often there is excessive activity in the right temporal lobe, the fear center of the brain, combined with too much frontal slow-wave activity. This means that their hyperaroused emotional brains dominate their mental life. Our research showed that calming the fear center decreases trauma-based problems and improves executive functioning. This is reflected not only in a significant decrease in patients’ PTSD scores but also in improved mental clarity and an increased

ability to regulate how upset they become in response to relatively minor provocations.<sup>21</sup>

Other traumatized patients show patterns of hyperactivity the moment they close their eyes: Not seeing what is going on around them makes them panic and their brain waves go wild. We train them to produce more relaxed brain patterns. Yet another group overreacts to sounds and light, a sign that the thalamus has difficulty filtering out irrelevant information. In those patients we focus on changing communication patterns at the back of the brain.

While our center is focused on finding optimal treatments for long-standing traumatic stress, Alexander McFarlane is studying how exposure to combat changes previously normal brains. The Australian Department of Defence asked his research group to measure the effects of deployment to combat duty in Iraq and Afghanistan on mental and biological functioning, including brain-wave patterns. In the initial phase McFarlane and his colleagues measured the qEEG in 179 combat troops four months prior to and four months after each successive deployment to the Middle East.

They found that the total number of months in combat over a three-year period was associated with progressive decreases in alpha power at the back of the brain. This area, which monitors the state of the body and regulates such elementary processes as sleep and hunger, ordinarily has the highest level of alpha waves of any region in the brain, particularly when people close their eyes. As we have seen, alpha is associated with relaxation. The decrease in alpha power in these soldiers reflects a state of persistent agitation. At the same time the brain waves at the front of the brain, which normally have high levels of beta, show a progressive slowing with each deployment. The soldiers gradually develop frontal-lobe activity that resembles that of children with ADHD, which interferes with their executive functioning and capacity for focused attention.

The net effect is that arousal, which is supposed to provide us with the energy needed to engage in day-to-day tasks, no longer helps these soldiers to focus on ordinary tasks. It simply makes them agitated and restless. At this stage of McFarlane's study, it is too early to know if any of these soldiers will develop PTSD, and only time will tell to what degree these brains will readjust to the pace of civilian life.

## NEUROFEEDBACK AND LEARNING DISABILITIES

Chronic abuse and neglect in childhood interfere with the proper wiring of sensory-integration systems. In some cases this results in learning disabilities, which include faulty connections between the auditory and word-processing systems, and poor hand-eye coordination. As long as they are frozen or explosive, it is difficult to see how much trouble the adolescents in our residential treatment programs have processing day-to-day information, but once their behavioral problems have been successfully treated, their learning disabilities often become manifest. Even if these traumatized kids could sit still and pay attention, many of them would still be handicapped by their poor learning skills.<sup>22</sup>

Lisa described how trauma had interfered with the proper wiring of basic processing functions. She told me she “always got lost” going places, and she recalled having a marked auditory delay that kept her from being able to follow the instructions from her teachers. “Imagine being in a classroom,” she said, “and the teacher comes in and says, ‘Good morning. Turn to page two-seventy-two. Do problems one to five.’ If you’re even a fraction of a second off, it’s just a jumble. It was impossible to concentrate.”

Neurofeedback helped her to reverse these learning disabilities. “I learned to keep track of things; for example, to read maps. Right after we started therapy, there was this memorable time when I was going from Amherst to Northampton [less than ten miles] to meet Sebern. I was supposed to take a couple of buses, but I ended up walking along the highway for a couple miles. I was that disorganized—I couldn’t read the schedule; I couldn’t keep track of the time. I was too jacked up and nervous, which made me tired all the time. I couldn’t pay attention and keep it together. I just couldn’t organize my brain around it.”

That statement defines the challenge for brain and mind science: How can we help people learn to organize time and space, distance and relationships, capacities that are laid down in the brain during the first few years of life, if early trauma has interfered with their development? Neither drugs nor conventional therapy have been shown to activate the neuroplasticity necessary to bring those capacities online after the critical periods have passed. Now is the time to study whether neurofeedback can succeed where other interventions have failed.

## **ALPHA-THETA TRAINING**

Alpha-theta training is a particularly fascinating neurofeedback procedure, because it can induce the sorts of hypnagogic states—the essence of hypnotic trance—that are discussed in chapter 15.<sup>23</sup> When theta waves predominate in the brain, the mind’s focus is on the internal world, a world of free-floating imagery. Alpha brain waves may act as a bridge from the external world to the internal, and vice versa. In alpha-theta training these frequencies are alternately rewarded.

The challenge in PTSD is to open the mind to new possibilities, so that the present is no longer interpreted as a continuous reliving of the past. Trance states, during which theta activity dominates, can help to loosen the conditioned connections between particular stimuli and responses, such as loud cracks signaling gunfire, a harbinger of death. A new association can be created in which that same crack can come to be linked to Fourth of July fireworks at the end of a day at the beach with loved ones.

In the twilight states fostered by alpha/theta training, traumatic events may be safely reexperienced and new associations fostered. Some patients report unusual imagery and/or deep insights about their life; others simply become more relaxed and less rigid. Any state in which people can safely experience images, feelings, and emotions that are associated with dread and helplessness is likely to create fresh potential and a wider perspective.

Can alpha-theta reverse hyperarousal patterns? The accumulated evidence is promising. Eugene Peniston and Paul Kulkosky, researchers at the VA Medical Center in Fort Lyon, Colorado, used neurofeedback to treat twenty-nine Vietnam veterans with a twelve- to- fifteen-year history of chronic combat-related PTSD. Fifteen of the men were randomly assigned to the EEG alpha-theta training and fourteen to a control group that received standard medical care, including psychotropic drugs and individual and group therapy. On average, participants in both groups had been hospitalized more than five times for their PTSD. The neurofeedback facilitated twilight states of learning by rewarding both alpha and theta waves. As the men lay back in a recliner with their eyes closed, they were coached to allow the neurofeedback sounds to guide them into deep relaxation. They were also asked to use positive mental imagery (for

example, being sober, living confidently and happily) as they moved toward the trancelike alpha-theta state.

This study, published in 1991, had one of the best outcomes ever recorded for PTSD. The neurofeedback group had a significant decrease in their PTSD symptoms, as well as in physical complaints, depression, anxiety, and paranoia. After the treatment phase the veterans and their family members were contacted monthly for a period of thirty months. Only three of the fifteen neurofeedback-treated veterans reported disturbing flashbacks and nightmares. All three chose to undergo ten booster sessions; only one needed to return to the hospital for further treatment. Fourteen out of fifteen were using significantly less medication.

In contrast, every vet in the comparison group experienced an increase in PTSD symptoms during the follow-up period, and all of them required at least two further hospitalizations. Ten of the comparison group also increased their medication use.<sup>24</sup> This study has been replicated by other researchers, but it has received surprisingly little attention outside the neurofeedback community.<sup>25</sup>

## **NEUROFEEDBACK, PTSD, AND ADDICTION**

Approximately one-third to one-half of severely traumatized people develop substance abuse problems.<sup>26</sup> Since the time of Homer, soldiers have used alcohol to numb their pain, irritability, and depression. In one recent study half of motor vehicle accident victims developed problems with drugs or alcohol. Alcohol abuse makes people careless and thus increases their chances of being traumatized again (although being drunk during an assault actually decreases the likelihood of developing PTSD).

There is a circular relationship between PTSD and substance abuse: While drugs and alcohol may provide temporary relief from trauma symptoms, withdrawing from them increases hyperarousal, thereby intensifying nightmares, flashbacks, and irritability. There are only two ways to end this vicious cycle: by resolving the symptoms of PTSD with methods such as EMDR or by treating the hyperarousal that is part of both PTSD and withdrawal from drugs or alcohol. Drugs such as naltrexone are

sometimes prescribed to reduce hyperarousal, but this treatment helps in only some cases.

One of the first women I trained with neurofeedback had a long-standing cocaine addiction, in addition to a horrendous childhood history of sexual abuse and abandonment. Much to my surprise, her cocaine habit cleared after the first two sessions and on follow-up five years later had not returned. I had never seen anyone recover this quickly from severe drug abuse, so I turned to the existing scientific literature for guidance.<sup>27</sup> Most of the studies on this subject were done more than two decades ago; in recent years, very few neurofeedback studies for the treatment of addiction have been published, at least in the United States.

Between 75 percent and 80 percent of patients who are admitted for detox and alcohol and drug abuse treatment will relapse. Another study by Peniston and Kulkosky—on the effects of neurofeedback training with veterans who had dual diagnoses of alcoholism and PTSD<sup>28</sup>—focused on this problem. Fifteen veterans received alpha-theta training, while the control group received standard treatment without neurofeedback. The subjects were followed up regularly for three years, during which eight members of neurofeedback group stopped drinking completely and one got drunk once but became sick and didn't drink again. Most of them were markedly less depressed. As Peniston put it, the changes reported corresponded to being “more warmhearted, more intelligent, more emotionally stable, more socially bold, more relaxed and more satisfied.”<sup>29</sup> In contrast, all of those given standard treatment were readmitted to the hospital within eighteen months.<sup>30</sup> Since that time a number of studies on neurofeedback for addictions have been published,<sup>31</sup> but this important application needs much more research to establish its potential and limitations.

## THE FUTURE OF NEUROFEEDBACK

In my practice I use neurofeedback primarily to help with the hyperarousal, confusion, and concentration problems of people who suffer from developmental trauma. However, it has also shown good results for numerous issues and conditions that go beyond the scope of this book,

including relieving tension headaches, improving cognitive functioning following a traumatic brain injury, reducing anxiety and panic attacks, learning to deepen meditation states, treating autism, improving seizure control, self-regulation in mood disorders, and more. As of 2013 neurofeedback is being used in seventeen military and VA facilities to treat PTSD,<sup>32</sup> and scientific documentation of its efficacy in recent combat vets is just beginning to be assessed. Frank Duffy, the director of the clinical neurophysiology and developmental neurophysiology laboratories of Boston Children's Hospital, has commented: "The literature, which lacks any negative study, suggests that neurofeedback plays a major therapeutic role in many different areas. In my opinion, if any medication had demonstrated such a wide spectrum of efficacy it would be universally accepted and widely used."<sup>33</sup>

Many questions remain to be answered about treatment protocols for neurofeedback, but the scientific paradigm is gradually shifting in a direction that invites a deeper exploration of these questions. In 2010 Thomas Insel, director of the National Institute of Mental Health, published an article in *Scientific American* entitled "Faulty Circuits," in which he called for a return to understanding mind and brain in terms of the rhythms and patterns of electrical communication: "Brain regions that function together to carry out normal (and abnormal) mental operations can be thought of as analogous to electrical circuits—the latest research shows that the malfunctioning of entire circuits may underlie many mental disorders."<sup>34</sup> Three years later Insel announced that NIMH was "re-orienting its research away from DSM categories"<sup>35</sup> and focusing instead on "disorders of the human connectome."<sup>36</sup>

As explained by Francis Collins, director of the National Institutes of Health (of which NIMH is a part), "The connectome refers to the exquisitely interconnected network of neurons (nerve cells) in your brain. Like the genome, the microbiome, and other exciting 'ome' fields, the effort to map the connectome and decipher the electrical signals that zap through it to generate your thoughts, feelings, and behaviors has become possible through development of powerful new tools and technologies."<sup>37</sup> The connectome is now being mapped in detail under the auspices of NIMH.

As we await the results of this research, I'd like to give the last word to Lisa, the survivor who introduced me to the enormous potential of neurofeedback. When I asked her to summarize what the treatment had done for her, she said: "It calmed me down. It stopped the dissociation. I can use my feelings; I'm not running away from them. I'm not held hostage by them. I can't turn them off and on, but I can put them away. I may be sad about the abuse I went through, but I can put it away. I can call a friend and not talk about it if I don't want to talk about it, or I can do homework or clean my apartment. Emotions mean something now. I'm not anxious all the time, and when I am anxious, I can reflect on it. If the anxiety's coming from the past, I can find it there, or I can look at how it relates to my life now. And it's not just negative emotions, like anger and anxiety—I can reflect on love and intimacy or sexual attraction. I'm not in fight-or-flight all the time. My blood pressure is down. I'm not physically prepared to take off at any moment or defend myself against an attack. Neurofeedback made it possible for me to have a relationship. Neurofeedback freed me up to live my life the way I want to, because I'm not always in the thrall of how I was hurt and what it did to me."

Four years after I met her and recorded our conversations, Lisa graduated near the top of her nursing school class, and she now works full time as a nurse at a local hospital.

## CHAPTER 20

### FINDING YOUR VOICE: COMMUNAL RHYTHMS AND THEATER

Acting is not about putting on a character but discovering the character within you: you are the character, you just have to find it within yourself—albeit a very expanded version of yourself.

—Tina Packer

Many scientists I know were inspired by their children's health problems to find new ways of understanding mind, brain, and therapy. My own son's recovery from a mysterious illness that, for lack of a better name, we call chronic fatigue syndrome, convinced me of the therapeutic possibilities of theater.

Nick spent most of seventh and eighth grade in bed, bloated by allergies and medications that left him too exhausted to go to school. His mother and I saw him becoming entrenched in his identity as a self-hating and isolated kid, and we were desperate to help him. When his mother realized that he picked up a little energy round 5:00 p.m., we signed him up for an evening class in improvisational theater where he would at least have a chance to interact with other boys and girls his age. He took to the group and to the acting exercises and soon landed his first role, as Action in *West Side Story*, a tough kid who's always ready to fight and has the lead in singing "Gee, Officer Krupke." One day at home I caught him walking with a swagger, practicing what it was like to be somebody with clout. Was he

developing a physical sense of pleasure, imagining himself as a strong guy who commands respect?

Then he was cast as the Fonz in *Happy Days*. Being adored by girls and keeping an audience spellbound became the real tipping point in his recovery. Unlike his experience with the numerous therapists who had talked with him about how bad he felt, theater gave him a chance to deeply and physically experience what it was like to be someone other than the learning-disabled, oversensitive boy that he had gradually become. Being a valued contributor to a group gave him a visceral experience of power and competence. I believe that this new embodied version of himself set him on the road to becoming the creative, loving adult he is today.

Our sense of agency, how much we feel in control, is defined by our relationship with our bodies and its rhythms: Our waking and sleeping and how we eat, sit, and walk define the contours of our days. In order to find our voice, we have to be *in* our bodies—able to breathe fully and able to access our inner sensations. This is the opposite of dissociation, of being “out of body” and making yourself disappear. It’s also the opposite of depression, lying slumped in front of a screen that provides passive entertainment. Acting is an experience of using your body to take your place in life.

## THE THEATER OF WAR

Nick’s transformation was not the first time I’d witnessed the benefits of theater. In 1988 I was still treating three veterans with PTSD whom I’d met at the VA, and when they showed a sudden improvement in their vitality, optimism, and family relationships, I attributed it to my growing therapeutic skills. Then I discovered that all three were involved in a theatrical production.

Wanting to dramatize the plight of homeless veterans, they had persuaded playwright David Mamet, who was living nearby, to meet weekly with their group to develop a script around their experiences. Mamet then recruited Al Pacino, Donald Sutherland, and Michael J. Fox to come to Boston for an evening called *Sketches of War*, which raised money to convert the VA clinic where I’d met my patients into a shelter for

homeless veterans.<sup>1</sup> Standing on a stage with professional actors, speaking about their memories of the war, and reading their poetry was clearly a more transformative experience than any therapy could have offered them.

Since time immemorial human beings have used communal rituals to cope with their most powerful and terrifying feelings. Ancient Greek theater, the oldest of which we have written records, seems to have grown out of religious rites that involved dancing, singing, and reenacting mythical stories. By the fifth century BCE, theater played a central role in civic life, with the audience seated in a horseshoe around the stage, which enabled them to see one another's emotions and reactions.

Greek drama may have served as a ritual reintegration for combat veterans. At the time Aeschylus wrote the *Oresteia* trilogy, Athens was at war on six fronts; the cycle of tragedy is set in motion when the returning warrior king Agamemnon is murdered by his wife, Clytemnestra, for having sacrificed their daughter before sailing to the Trojan War. Military service was required of every adult citizen of Athens, so audiences were undoubtedly composed of combat veterans and active-duty soldiers on leave. The performers themselves must have been citizen-soldiers.

Sophocles was a general officer in Athens's wars against the Persians, and his play *Ajax*, which ends with the suicide of one of the Trojan War's greatest heroes, reads like a textbook description of traumatic stress. In 2008 writer and director Bryan Doerries arranged a reading of *Ajax* for five hundred marines in San Diego and was stunned by the reception it received. (Like many of us who work with trauma, Doerries's inspiration was personal; he had studied classics in college and turned to the Greek texts for comfort when he lost a girlfriend to cystic fibrosis.) His project "The Theater of War" evolved from that first event, and with funding from the U.S. Department of Defense, this 2,500-year-old play has since been performed more than two hundred times here and abroad to give voice to the plight of combat veterans and foster dialogue and understanding in their families and friends.<sup>2</sup>

Theater of War performances are followed by a town hall-style discussion. I attended a reading of *Ajax* in Cambridge, Massachusetts, shortly after the news media had publicized a 27 percent increase in suicides among combat veterans over the previous three years. Some forty

people—Vietnam veterans, military wives, recently discharged men and women who had served in Iraq and Afghanistan—lined up behind the microphone. Many of them quoted lines from the play as they spoke about their sleepless nights, drug addiction, and alienation from their families. The atmosphere was electric, and afterward the audience huddled in the foyer, some holding each other and crying, others in deep conversation.

As Doerries later said: “Anyone who has come into contact with extreme pain, suffering or death has no trouble understanding Greek drama. It’s all about bearing witness to the stories of veterans.”<sup>3</sup>

## KEEPING TOGETHER IN TIME

Collective movement and music create a larger context for our lives, a meaning beyond our individual fate. Religious rituals universally involve rhythmic movements, from davening at the Wailing Wall in Jerusalem to the sung liturgy and gestures of the Catholic Mass to moving meditation in Buddhist ceremonies and the rhythmic prayer rituals performed five times a day by devout Muslims.

Music was a backbone of the civil rights movement in the United States. Anyone alive at that time will not forget the lines of marchers, arms linked, singing “We Shall Overcome” as they walked steadily toward the police who were massed to stop them. Music binds together people who might individually be terrified but who collectively become powerful advocates for themselves and others. Along with language, dancing, marching, and singing are uniquely human ways to install a sense of hope and courage.

I observed the force of communal rhythms in action when I watched Archbishop Desmond Tutu conduct public hearings for the Truth and Reconciliation Commission in South Africa in 1996. These events were framed by collective singing and dancing. Witnesses recounted the unspeakable atrocities that had been inflicted on them and their families. When they became overwhelmed, Tutu would interrupt their testimony and lead the entire audience in prayer, song, and dance until the witnesses could contain their sobbing and halt their physical collapse. This enabled participants to pendulate in and out of reliving their horror and eventually to

find words to describe what had happened to them. I fully credit Tutu and the other member of the commission with averting what might have been an orgy of revenge, as is so common when victims are finally set free.

A few years ago I discovered *Keeping Together in Time*,<sup>4</sup> written by the great historian William H. McNeill near the end of his career. This short book examines the historical role of dance and military drill in creating what McNeill calls “muscular bonding” and sheds a new light on the importance of theater, communal dance, and movement. It also solved a long-standing puzzle in my own mind. Having been raised in the Netherlands, I had always wondered how a group of simple Dutch peasants and fishermen had won their liberation from the mighty Spanish empire. The Eighty Years’ War, which lasted from the late sixteenth to the midseventeenth century, began as a series of guerrilla actions, and it seemed destined to remain that way, since the ill-disciplined, ill-paid soldiers regularly fled under volleys of musket fire.

This changed when Prince Maurice of Orange became the leader of the Dutch rebels. Still in his early twenties, he had recently completed his schooling in Latin, which enabled him to read 1,500-year-old Roman manuals on military tactics. He learned that the Roman general Lycurgus had introduced marching in step to the Roman legions and that the historian Plutarch had attributed their invincibility to this practice: “It was at once a magnificent and terrible sight, to see them march on to the tune of their flutes, without any disorder in their ranks, any discomposure in their minds or change in their countenances, calmly and cheerfully moving with music to the deadly fight.”<sup>5</sup>

Prince Maurice instituted close-order drill, accompanied by drums, flutes, and trumpets, in his ragtag army. This collective ritual not only provided his men with a sense of purpose and solidarity, but also made it possible for them to execute complicated maneuvers. Close-order drill subsequently spread across Europe, and to this day the major services of the U.S. military spend liberally on their marching bands, even though fifes and drums no longer accompany troops into battle.

Neuroscientist Jaak Panksepp, who was born in the tiny Baltic country of Estonia, told me the remarkable story of Estonia’s “Singing Revolution.” In June 1987, on one of those endless sub-Arctic summer evenings, more

than ten thousand concertgoers at the Tallinn Song Festival Grounds linked hands and began to sing patriotic songs that had been forbidden during half a century of Soviet occupation. These songfests and protests continued, and on September 11, 1988, three hundred thousand people, about a quarter of the population of Estonia, gathered to sing and make a public demand for independence. By August 1991 the Congress of Estonia had proclaimed the restoration of the Estonian state, and when Soviet tanks attempted to intervene, people acted as human shields to protect Tallinn's radio and TV stations. As a columnist noted in the *New York Times*: "Imagine the scene in *Casablanca* in which the French patrons sing "La Marseillaise" in defiance of the Germans, then multiply its power by a factor of thousands, and you've only begun to imagine the force of the Singing Revolution."<sup>6</sup>

## TREATING TRAUMA THROUGH THEATER

It is surprising how little research exists on how collective ceremonies affect the mind and brain and how they might prevent or alleviate trauma. Over the past decade, however, I have had a chance to observe and study three different programs for treating trauma through theater: Urban Improv in Boston<sup>7</sup> and the Trauma Drama program it inspired in the Boston public schools and in our residential centers;<sup>8</sup> the Possibility Project, directed by Paul Griffin in New York City;<sup>9</sup> and Shakespeare & Company, in Lenox, Massachusetts, which runs a program for juvenile offenders called Shakespeare in the Courts.<sup>10</sup> In this chapter, I'll focus on these three groups, but there are many excellent therapeutic drama programs in the United States and abroad, making theater a widely available resource for recovery.

Despite their differences, all of these programs share a common foundation: confrontation of the painful realities of life and symbolic transformation through communal action. Love and hate, aggression and surrender, loyalty and betrayal are the stuff of theater and the stuff of trauma. As a culture we are trained to cut ourselves off from the truth of what we're feeling. In the words of Tina Packer, the charismatic founder of Shakespeare & Company: "Training actors involves training people to go against that tendency—not only to feel deeply, but to convey that feeling at

every moment to the audience, so the audience will get it—and not close off against it.”

Traumatized people are terrified to feel deeply. They are afraid to experience their emotions, because emotions lead to loss of control. In contrast, theater is about embodying emotions, giving voice to them, becoming rhythmically engaged, taking on and embodying different roles.

As we’ve seen, the essence of trauma is feeling godforsaken, cut off from the human race. Theater involves a collective confrontation with the realities of the human condition. As Paul Griffin, discussing his theater program for foster-care children, told me: “The stuff of tragedy in theater revolves around coping with betrayal, assault, and destruction. These kids have no trouble understanding what Lear, Othello, Macbeth, or Hamlet are all about.” In Tina Packer’s words: “Everything is about using the whole body and having other bodies resonate with your feelings, emotions and thoughts.” Theater gives trauma survivors a chance to connect with one another by deeply experiencing their common humanity.

Traumatized people are afraid of conflict. They fear losing control and ending up on the losing side once again. Conflict is central to theater—inner conflicts, interpersonal conflicts, family conflicts, social conflicts, and their consequences. Trauma is about trying to forget, hiding how scared, enraged, or helpless you are. Theater is about finding ways of telling the truth and conveying deep truths to your audience. This requires pushing through blockages to discover your own truth, exploring and examining your own internal experience so that it can emerge in your voice and body on stage.

## MAKING IT SAFE TO ENGAGE

These theater programs are not for aspiring actors but for angry, frightened, and obstreperous teenagers or withdrawn, alcoholic, burned-out veterans. When they come to rehearsal, they slump into their chairs, fearful that others will immediately see what failures they are. Traumatized adolescents are a jumble: inhibited, out of tune, inarticulate, uncoordinated, and purposeless. They are too hyperaroused to notice what is going on around them. They are easily triggered and rely on action rather than words to discharge their feelings.

All the directors I've worked with agree that the secret is to go slow and engage them bit by bit. The initial challenge is simply to get participants to be more present in the room. Here's Kevin Coleman, director of Shakespeare in the Courts, describing his work with teens when I interviewed him: "First we get them up and walking around the room. Then we start to create a balance in the space, so they're not walking aimlessly, but become aware of other people. Gradually, with little prompts, it becomes more complex: Just walk on your toes, or on your heels, or walk backwards. Then, when you bump into someone, scream and fall down. After maybe thirty prompts, they're out there waving their arms in the air, and we get to a full-body warm up, but it's incremental. If you take too big a jump, you'll see them hit the wall."

"You have to make it safe for them to notice each other. Once their bodies are a little more free, I might use the prompt: 'Don't make eye contact with anyone—just look at the floor.' Most of them are thinking: 'Great, I'm doing that already,' but then I say 'Now begin to notice people as you go by, but don't let them see you looking.' And next: 'Just make eye contact for a second.' Then: 'Now, no eye contact . . . now, contact . . . now, no contact. Now, make eye contact and *hold* it . . . too long. You'll know when it's too long because you'll either want to start dating that person or to have a fight with them. That's when it's too long.'

"They don't make that kind of extended eye contact in their normal lives, not even with a person they're talking to. They don't know if that person is safe or not. So what you're doing is making it safe for them not to disappear when they make eye contact, or when someone looks at them. Bit by bit, by bit, by bit . . ."

Traumatized adolescents are noticeably out of sync. In the Trauma Center's Trauma Drama program, we use mirroring exercises to help them to get in tune with one another. They move their right arm up, and their partner mirrors it; they twirl, and their partner twirls in response. They begin to observe how body movements and facial expressions change, how their own natural movements differ from those of others, and how unaccustomed movements and expressions make them feel. Mirroring loosens their preoccupation with what other people think of them and helps them attune viscerally, not cognitively, to someone else's experience. When

mirroring ends in giggles, it's a sure indication that our participants feel safe.

In order to become real partners, they also need to learn to trust one another. An exercise in which one person is blindfolded while his partner leads him by the hand is especially tough for our kids. It's often as terrifying for them to be the leader, to be trusted by someone vulnerable, as it is to be blindfolded and led. At first they may last for only ten or twenty seconds, but we gradually work them up to five minutes. Afterward some of them have to go off by themselves for a while, because it is so emotionally overwhelming to feel these connections.

The traumatized kids and veterans we work with are embarrassed to be seen, afraid to be in touch with what they are feeling, and they keep one another at arm's length. The job of any director, like that of any therapist, is to slow things down so the actors can establish a relationship with themselves, with their bodies. Theater offers a unique way to access a full range of emotions and physical sensations that not only put them in touch with the habitual "set" of their bodies, but also let them explore alternative ways of engaging with life.

## URBAN IMPROV

My son loved his theater group, which was run by Urban Improv (UI), a long-standing Boston arts institution. He stayed with them through high school and then volunteered to work with them the summer after his freshman year in college. It was then that he learned that UI's violence prevention program, which has run hundreds of workshops in local schools since 1992, had received a research grant to assess its efficacy—and that they were looking for someone to head the study. Nick suggested to the directors, Kippy Dewey and Cissa Campion, that his dad would be the ideal person for the job. Luckily for me, they agreed.

I began to visit schools with UI's multicultural ensemble, which included a director, four professional actor-educators, and a musician. Urban Improv creates scripted skits depicting the kinds of problems that students face every day: exclusion from peer groups, jealousy, rivalry and anger, and family strife. Skits for older students also address issues like

dating, STDs, homophobia, and peer violence. In a typical presentation the professional actors might portray a group of kids excluding a newcomer from a lunch table in the cafeteria. As the scene approaches a choice point—for example, the new student responds to their put-downs—the director freezes the action. A member of the class is then invited to replace one of the actors and show how he or she would feel and behave in this situation. These scenarios enable the students to observe day-to-day problems with some emotional distance while experimenting with various solutions: Will they confront the tormenters, talk to a friend, call the homeroom teacher, tell their parents what happened?

Another volunteer is then asked to try a different approach, so that students can see how other choices might play out. Props and costumes help the participants take risks in new roles, as do the playful atmosphere and the support from the actors. In the discussion groups afterward students respond to questions like “How was this scene similar or different from what happens in your school?” “How do you get the respect that you need?” and “How do you settle your differences?” These discussions become lively exchanges as many students volunteer their thoughts and ideas.

Our Trauma Center team evaluated this program at two grade levels in seventeen participating schools. Classrooms that participated in the UI program were compared with similar nonparticipating classrooms. At the fourth-grade level, we found a significant positive response. On standardized rating scales for aggression, cooperation, and self-control, students in the UI group showed substantially fewer fights and angry outbursts, more cooperation and self-assertion with peers, and more attentiveness and engagement in the classroom.<sup>11</sup>

Much to our surprise, these results were not matched by the eighth graders. What had happened in the interim that affected their responses? At first we had only our personal impressions to go on. When I’d visited the fourth-grade classes, I’d been struck by their wide-eyed innocence and their eagerness to participate. The eighth graders, in contrast, were often sullen and defensive and as a group seemed to have lost their spontaneity and enthusiasm. Onset of puberty was one obvious factor for the change, but might there be others?

When we delved further, we found that the older children had experienced more than twice as much trauma as the younger ones: Every single eighth grader in these typical American inner-city schools had witnessed serious violence. Two-thirds had observed five or more incidents, including stabbings, gunfights, killings, and domestic assaults. Our data showed that eighth graders with such high levels of exposure to violence were significantly more aggressive than students without these histories and that the program made no significant difference in their behavior.

The Trauma Center team decided to see if we could turn this situation around with a longer and more intensive program that focused on team building and emotion-regulation exercises, using scripts that dealt directly with the kinds of violence these kids experienced. For several months members of our staff, led by Joseph Spinazzola, met weekly with the UI actors to work on script development. The actors taught our psychologists improvisation, mirroring, and precise physical attunement so they could credibly portray melting down, confronting, cowering, or collapsing. We taught the actors about trauma triggers and how to recognize and deal with trauma reenactments.<sup>12</sup>

During the winter and spring of 2005, we tested the resulting program at a specialized day school run jointly by the Boston Public Schools and the Massachusetts Department of Correction. This was a chaotic environment in which students often shuttled back and forth between school and jail. All of them came from high-crime neighborhoods and had been exposed to horrendous violence; I had never seen such an aggressive and sullen group of kids. We got a glimpse into the lives of the innumerable middle school and high school teachers who deal daily with students whose first response to new challenges is to lash out or go into defiant withdrawal.

We were shocked to discover that, in scenes where someone was in physical danger, the students always sided with the aggressors. Because they could not tolerate any sign of weakness in themselves, they could not accept it in others. They showed nothing but contempt for potential victims, yelling things like, “Kill the bitch, she deserves it,” during a skit about dating violence.

At first some of the professional actors wanted to give up—it was simply too painful to see how mean these kids were—but they stuck it out,

and I was amazed to see how they gradually got the students to experiment, however reluctantly, with new roles. Toward the end of the program, a few students were even volunteering for parts that involved showing vulnerability or fear. When they received their certificate of completion, several shyly gave the actors drawings to express their appreciation. I detected a few tears, possibly even in myself.

Our attempt to make Trauma Drama a regular part of the eighth-grade curriculum in the Boston public schools unfortunately ran into a wall of bureaucratic resistance. Nonetheless, it lives on as an integral part of the residential treatment programs at the Justice Resource Institute, while music, theater, art, and sports—timeless ways of fostering competence and collective bonding—continue to disappear from our schools.

## THE POSSIBILITY PROJECT

In Paul Griffin's New York City Possibility Project the actors are not presented with prepared scripts. Instead, over a nine-month period they meet for three hours a week, write their own full-length musical, and perform it for several hundred people. During its twenty-year history the Possibility Project has accrued a stable staff and strong traditions. Each production team is made up of recent graduates who, with the help of professional actors, dancers, and musicians, organize scriptwriting, scenic design, choreography, and rehearsals for the incoming class. These recent grads are powerful role models. As Paul told me: "When they come into the program, students believe they cannot make a difference; putting a program like this together is a transforming experience for their future."

In 2010 Paul started a new program specifically for foster-care youth. This is a troubled population: Five years after maturing out of care, some 60 percent will have been convicted of a crime, 75 percent will be on public assistance, and only 6 percent will have completed even a community college degree.

The Trauma Center treats many foster care kids, but Griffin gave me a new way to see their lives: "Understanding foster care is like learning about a foreign country. If you're not from there, you don't speak the language. Life is upside down for foster-care youth." The security and love that other

children take for granted they have to create for themselves. When Griffin says, “Life is upside down,” he means that if you treat kids in foster care with love or generosity, they often don’t know what to make of it or how to respond. Rudeness feels more familiar; cynicism they understand.

As Griffin points out, “Abandonment makes it impossible to trust, and kids who have gone through foster care understand abandonment. You can have no impact until they trust you.” Foster-care children often answer to multiple people in charge. If they want to switch schools, for example, they have to deal with foster parents, school officials, the foster-care agency, and sometimes a judge. This tends to make them politically savvy, and they learn all too well how to play people.

In the foster-care world, “permanency” is a big buzzword. The motto is “One caring adult—that’s all you need.” However, it is natural for teenagers to pull away from adults, and Griffin remarks that the best form of permanency for teens is a steady group of friends—which the program is designed to provide. Another foster-care buzzword is “independence,” which Paul counters with “*interdependence*.” “We’re all interdependent,” he points out. “The idea that we’re asking our young people to go out in the world completely alone and call themselves independent is crazy. We need to teach them how to be interdependent, which means teaching them how to have relationships.”

Paul found that foster-care youth are natural actors. Playing tragic characters, you have to express emotions and create a reality that comes from a place of depth and sorrow and hurt. Young people in foster care? That’s all they know. It’s life and death every day for them. Over time, collaboration helps the kids become important people in one another’s lives. Phase one of the program is group building. The first rehearsal establishes basic agreements: responsibility, accountability, respect; yes to expressions of affection, no to sexual contact in the group. They then begin singing and moving together, which gets them in sync.

Now comes phase two: sharing life stories. They are now listening to one another, discovering shared experiences, breaking through the loneliness and isolation of trauma. Paul gave me a film that shows how this happened in one group. When the kids are first asked to say or do something to introduce themselves, they freeze, their faces expressionless, their eyes cast down, doing anything they can to become invisible.

As they begin to talk, as they discover a voice in which they themselves are central, they also begin to create their own show. Paul makes it clear the production depends on their input: “If you could write a musical or play, what would you put in it? Punishment? Revenge? Betrayal? Loss? This is your show to write.” Everything they say is written down, and some of them start to put their own words on paper. As a script emerges, the production team incorporates the students’ precise words into the songs and dialogue. The group will learn that if they can embody their experiences well enough, other people will listen. They will learn to feel what they feel and know what they know.

The focus changes naturally as rehearsals begin. The foster kids’ history of pain, alienation, and fear is no longer central, and the emphasis shifts to “How can I become the best actor, singer, dancer, choreographer, or lighting and set designer I can possibly be?” Being able to perform becomes the critical issue: Competence is the best defense against the helplessness of trauma.

This is, of course, true for all of us. When the job goes bad, when a cherished project fails, when someone you count on leaves you or dies, there are few things as helpful as moving your muscles and doing something that demands focused attention. Inner-city schools and psychiatric programs often lose sight of this. They want the kids to behave “normally”—without building the competencies that will make them feel normal.

Theater programs also teach cause and effect. A foster kid’s life is completely unpredictable. Anything can happen without notice: being triggered and having a meltdown; seeing a parent arrested or killed; being moved from one home to another; getting yelled at for things that got you approval in your last placement. In a theatrical production they see the consequences of their decisions and actions laid out directly before their eyes. “If you want to give them a sense of control, you have to give them power over their destiny rather than intervene on their behalf,” Paul explains. “You cannot help, fix, or save the young people you are working with. What you can do is work side by side with them, help them to understand their vision, and realize it with them. By doing that you give them back control. We’re healing trauma without anyone ever mentioning the word.”

## SENTENCED TO SHAKESPEARE

For the teenagers attending sessions of Shakespeare in the Courts, there is no improvisation, no building scripts around their own lives. They are all “adjudicated offenders” found guilty of fighting, drinking, stealing, and property crimes, and a Berkshire County Juvenile Court judge has sentenced them to six weeks, four afternoons a week, of intensive acting study. Shakespeare is a foreign country for these actors. As Kevin Coleman told me, when they first turn up—angry, suspicious, and in shock—they’re convinced that they’d rather go to jail. Instead they’re going to learn the lines of Hamlet, or Mark Antony, or Henry V and then go onstage in a condensed performance of an entire Shakespeare play before an audience of family, friends, and representatives of the juvenile justice system.

With no words to express the effects of their capricious upbringing, these adolescents act out their emotions with violence. Shakespeare calls for sword fighting, which, like other martial arts, gives them an opportunity to practice contained aggression and expressions of physical power. The emphasis is on keeping everyone safe. The kids love swordplay, but to keep one another safe they have to negotiate and use language.

Shakespeare was writing at a time of transition, when the world was moving from primarily oral to written communication—when most people were still signing their name with an X. These kids are facing their own period of transition; many are barely articulate, and some struggle to read at all. If they rely on four-letter words, it’s not only to show they’re tough but because they have no other language to communicate who they are or what they feel. When they discover the richness and the potential of language, they often have a visceral experience of joy.

The actors first investigate what, exactly, Shakespeare is saying, line by line. The director feeds the words one by one into the actors’ ears, and they are instructed to say the line on the outgoing breath. At the beginning of the process, many of these kids can barely get a line out. Progress is slow, as each actor slowly internalizes the words. The words gain depth and resonance as the voice changes in response to their associations. The idea is to inspire the actors to sense their reactions to the words—and so to discover the character. Rather than “I have to remember my lines,” the

emphasis is on “What do these words mean to *me*? What effect do *I* have on my fellow actors? And what happens to me when I hear their lines?”<sup>13</sup>

This can be a life-changing process, as I witnessed in a workshop run by actors trained by Shakespeare & Company at the VA Medical Center in Bath, New York. Larry, a fifty-nine-year-old Vietnam veteran with twenty-seven detox hospitalizations during the previous year, had volunteered to play the role of Brutus in a scene from *Julius Caesar*. As the rehearsal began, he mumbled and hurried through his lines; he seemed to be terrified of what people were thinking of him.

*Remember March, the ides of March remember:  
Did not great Julius bleed for justice' sake?  
What villain touch'd his body, that did stab,  
And not for justice?*

It seemed to take hours to rehearse the speech that begins with these lines. At first he was just standing there, shoulders slumped, repeating the words that the director whispered in his ear: “*Remember*—what do you remember? Do you remember too much? Or not enough? *Remember*. What don’t you want to remember? What is it like to remember?” Larry’s voice cracked, eyes to the floor, sweat beading on his forehead.

After a short break and a sip of water, back to work. “*Justice*—did you receive justice? Did you ever bleed for justice’s sake? What does justice mean to you? *Struck*. Have you ever struck someone? Have you ever been struck? What was it like? What do you wish you had done? *Stab*. Have you ever stabbed someone? Have you ever felt stabbed in the back? Have you stabbed someone in the back?” At this point Larry bolted from the room.

The next day he returned and we began again—Larry standing there, perspiring, heart racing, having a million associations going through his mind, gradually allowing himself to feel every word and learning to own the lines that he uttered.

At the end of the program Larry started his first job in seven years, and he was still working the last I heard, six months later. Learning to experience and tolerate deep emotions is essential for recovery from trauma.

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In *Shakespeare in the Courts*, the specificity of the language that is used in rehearsal extends to the students' offstage speech. Kevin Coleman notes that their talk is riddled with the expression "I feel like . . ." He goes on: "If you are confusing your emotional experiences with your judgments, your work becomes vague. If you ask them, 'How did that feel?' they'll immediately say: 'It felt good' or 'That felt bad.' Both of those are judgments. So we never say, 'How did that feel?' at the end of a scene, because it invites them to go to the judgment part of their brain."

Instead Coleman asks, "Did you notice any specific feelings that came up for you doing that scene?" That way they learn to name emotional experiences: "I felt angry when he said that." "I felt scared when he looked at me." Becoming embodied and, for lack of a better word, "en-languaged," helps the actors realize that they have many different emotions. The more they notice, the more curious they get.

When rehearsals begin, the kids have to learn to stand up straight and walk across a stage unselfconsciously. They have to learn to speak so that they can be heard in all parts of the theater, which in itself presents a huge challenge. The final performance means facing the community. The kids step out onto the stage, experiencing another level of vulnerability, danger, or safety, and they find out how much they can trust themselves. Gradually the eagerness to succeed, to show that they can do it, takes over. Kevin told me the story of a girl who played Ophelia in *Hamlet*. On the day of the performance he saw her waiting backstage, ready to go on, with a wastebasket clutched to her belly. (She explained that she was so nervous she was scared she'd throw up). She had been a chronic runaway from her foster homes and also from *Shakespeare in the Courts*. Because the program is committed to not throwing kids out if at all possible, the police and truant officers had repeatedly brought her back. There must have come a point when she began to realize that her role was essential to the group, or perhaps she sensed the intrinsic value of the experience for herself. At least for that day, she was choosing not to run.

## **THERAPY AND THEATER**

I once heard Tina Packer declare to a roomful of trauma specialists: “Therapy and theater are intuition at work. They are the opposite of research, where one strives to step outside of one’s own personal experience, even outside your patients’ experience, to test the objective validity of assumptions. What makes therapy effective is deep, subjective resonance and that deep sense of truth and veracity that lives in the body.” I am still hoping that someday we will prove Tina wrong and combine the rigor of scientific methods with the power of embodied intuition.

Edward, one of the Shakespeare & Company teachers, told me about an experience he’d had as a young actor in Packer’s advanced training workshop. The group had spent the morning doing exercises aimed at getting the muscles of the torso to release, so that the breath could drop in naturally and fully. Edward noticed that every time he rolled through one section of his ribs, he’d feel a wave of sadness. The coach asked if he’d ever been injured there, and he said no.

For Packer’s afternoon class he’d prepared a speech from *Richard II* where the king is summoned to give up his crown to the lord who has usurped him. During the discussion afterward, he recalled that his mother had broken her ribs when she was pregnant with him and that he’d always associated this with his premature birth.

As he recalled:

When I told Tina this, she started asking me questions about my first few months. I said I didn’t remember being in an incubator but that I remembered times later when I stopped breathing, and being in the hospital in an oxygen tent. I remembered being in my uncle’s car and him driving through red lights to get me to the emergency room. It was like having sudden infant death syndrome at the age of three.

Tina kept asking me questions, and I started to get really frustrated and angry at her poking away at whatever shield I had around that pain. Then she said, “Was it painful when the doctors stuck all those needles in you?”

At that moment, I just started screaming. I tried to leave the room, but two of the other actors—really big guys—held me

down. They finally got me to sit in a chair, and I was trembling and shaking. Then Tina said, “You’re your mother and you’re going to do this speech. You’re your mother and you’re giving birth to yourself. And you’re telling yourself that you’re going to make it. You’re not going to die. You must convince yourself. You must convince that little newborn that you’re not going to die.”

This became my intention with Richard’s speech. When I first brought the speech to class, I told myself that I wanted to get the role right, not that something welling deep inside me needed to say these words. When finally it did, it became so clear that my baby was like Richard; I was not ready to give up my throne. It was like megatons of energy and tension just left my body. Pathways opened up for expression that had been blocked by this baby holding his breath and being so afraid that it was going to die.

The genius of Tina was in having me become my mother telling me I’d be okay. It was almost like going back and changing the story. Being reassured that someday I would feel safe enough to express my pain made it a precious part of my life.

That night I had the first orgasm I’d ever had in the presence of another person. And I know it’s because I released something—some tension in my body—that allowed me to be more in the world.

## EPILOGUE

### CHOICES TO BE MADE

We are on the verge of becoming a trauma-conscious society. Almost every day one of my colleagues publishes another report on how trauma disrupts the workings of mind, brain, and body. The ACE study showed how early abuse devastates health and social functioning, while James Heckman won a Nobel Prize for demonstrating the vast savings produced by early intervention in the lives of children from poor and troubled families: more high school graduations, less criminality, increased employment, and decreased family and community violence. All over the world I meet people who take these data seriously and who work tirelessly to develop and apply more effective interventions, whether devoted teachers, social workers, doctors, therapists, nurses, philanthropists, theater directors, prison guards, police officers, or meditation coaches. If you have come this far with me in *The Body Keeps the Score*, you have also become part of this community.

Advances in neuroscience have given us a better understanding of how trauma changes brain development, self-regulation, and the capacity to stay focused and in tune with others. Sophisticated imaging techniques have identified the origins of PTSD in the brain, so that we now understand why traumatized people become disengaged, why they are bothered by sounds and lights, and why they may blow up or withdraw in response to the slightest provocation. We have learned how, throughout life, experiences change the structure and function of the brain—and even affect the genes we pass on to our children. Understanding many of the fundamental processes that underlie traumatic stress opens the door to an array of

interventions that can bring the brain areas related to self-regulation, self-perception, and attention back online. We know not only how to treat trauma but also, increasingly, how to prevent it.

And yet, after attending another wake for a teenager who was killed in a drive-by shooting in the Blue Hill Avenue section of Boston or after reading about the latest school budget cuts in impoverished cities and towns, I find myself close to despair. In many ways we seem to be regressing, with measures like the callous congressional elimination of food stamps for kids whose parents are unemployed or in jail; with the stubborn opposition to universal health care in some quarters; with psychiatry's obtuse refusal to make connection between psychic suffering and social conditions; with the refusal to prohibit the sale or possession of weapons whose only purpose is to kill large numbers of human beings; and with our tolerance for incarcerating a huge segment of our population, wasting their lives as well as our resources.

Discussions of PTSD still tend to focus on recently returned soldiers, victims of terrorist bombings, or survivors of terrible accidents. But trauma remains a much larger public health issue, arguably the greatest threat to our national well-being. Since 2001 far more Americans have died at the hands of their partners or other family members than in the wars in Iraq and Afghanistan. American women are twice as likely to suffer domestic violence as breast cancer. The American Academy of Pediatrics estimates that firearms kill twice as many children as cancer does. All around Boston I see signs advertising the Jimmy Fund, which fights children's cancer, and for marches to fund research on breast cancer and leukemia, but we seem too embarrassed or discouraged to mount a massive effort to help children and adults learn to deal with the fear, rage, and collapse, the predictable consequences of having been traumatized.

When I give presentations on trauma and trauma treatment, participants sometimes ask me to leave out the politics and confine myself to talking about neuroscience and therapy. I wish I could separate trauma from politics, but as long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail. In today's world your ZIP code, even more than your genetic code, determines whether you will lead a safe and healthy life. People's income, family structure, housing, employment, and educational opportunities affect not only their risk of

developing traumatic stress but also their access to effective help to address it. Poverty, unemployment, inferior schools, social isolation, widespread availability of guns, and substandard housing all are breeding grounds for trauma. Trauma breeds further trauma; hurt people hurt other people.

My most profound experience with healing from collective trauma was witnessing the work of the South African Truth and Reconciliation Commission, which was based on the central guiding principle of *Ubuntu*, a Xhosa word that denotes sharing what you have, as in “My humanity is inextricably bound up in yours.” Ubuntu recognizes that true healing is impossible without recognition of our common humanity and our common destiny.

We are fundamentally social creatures—our brains are wired to foster working and playing together. Trauma devastates the social-engagement system and interferes with cooperation, nurturing, and the ability to function as a productive member of the clan. In this book we have seen how many mental health problems, from drug addiction to self-injurious behavior, start off as attempts to cope with emotions that became unbearable because of a lack of adequate human contact and support. Yet institutions that deal with traumatized children and adults all too often bypass the emotional-engagement system that is the foundation of who we are and instead focus narrowly on correcting “faulty thinking” and on suppressing unpleasant emotions and troublesome behaviors.

People can learn to control and change their behavior, but only if they feel safe enough to experiment with new solutions. The body keeps the score: If trauma is encoded in heartbreak and gut-wrenching sensations, then our first priority is to help people move out of fight-or-flight states, reorganize their perception of danger, and manage relationships. Where traumatized children are concerned, the last things we should be cutting from school schedules are the activities that can do precisely that: chorus, physical education, recess, and anything else that involves movement, play, and other forms of joyful engagement.

As we’ve seen, my own profession often compounds, rather than alleviates, the problem. Many psychiatrists today work in assembly-line offices where they see patients they hardly know for fifteen minutes and then dole out pills to relieve pain, anxiety, or depression. Their message seems to be “Leave it to us to fix you; just be compliant and take these

drugs and come back in three months—but be sure not to use alcohol or (illegal) drugs to relieve your problems.” Such shortcuts in treatment make it impossible to develop self-care and self-leadership. One tragic example of this orientation is the rampant prescription of painkillers, which now kill more people each year in the United States than guns or car accidents.

Our increasing use of drugs to treat these conditions doesn’t address the real issues: What are these patients trying to cope with? What are their internal or external resources? How do they calm themselves down? Do they have caring relationships with their bodies, and what do they do to cultivate a physical sense of power, vitality, and relaxation? Do they have dynamic interactions with other people? Who really knows them, loves them, and cares about them? Whom can they count on when they’re scared, when their babies are ill, or when they are sick themselves? Are they members of a community, and do they play vital roles in the lives of the people around them? What specific skills do they need to focus, pay attention, and make choices? Do they have a sense of purpose? What are they good at? How can we help them feel in charge of their lives?

I like to believe that once our society truly focuses on the needs of children, all forms of social support for families—a policy that remains so controversial in this country—will gradually come to seem not only desirable but also doable. What difference would it make if all American children had access to high-quality day care where parents could safely leave their children as they went off to work or school? What would our school systems look like if all children could attend well-staffed preschools that cultivated cooperation, self-regulation, perseverance, and concentration (as opposed to focusing on passing tests, which will likely happen once children are allowed to follow their natural curiosity and desire to excel, and are not shut down by hopelessness, fear, and hyperarousal)?

I have a family photograph of myself as a five-year-old, perched between my older (obviously wiser) and younger (obviously more dependent) siblings. In the picture I proudly hold up a wooden toy boat, grinning from ear to ear: “See what a wonderful kid I am and see what an incredible boat I have! Wouldn’t you love to come and play with me?” All of us, but especially children, need such confidence—confidence that others will know, affirm, and cherish us. Without that we can’t develop a sense of agency that will enable us to assert: “This is what I believe in; this is what I

stand for; this is what I will devote myself to.” As long as we feel safely held in the hearts and minds of the people who love us, we will climb mountains and cross deserts and stay up all night to finish projects. Children and adults will do anything for people they trust and whose opinion they value.

But if we feel abandoned, worthless, or invisible, nothing seems to matter. Fear destroys curiosity and playfulness. In order to have a healthy society we must raise children who can safely play and learn. There can be no growth without curiosity and no adaptability without being able to explore, through trial and error, who you are and what matters to you. Currently more than 50 percent of the children served by Head Start have had three or more adverse childhood experiences like those included in the ACE study: incarcerated family members, depression, violence, abuse, or drug use in the home, or periods of homelessness.

People who feel safe and meaningfully connected with others have little reason to squander their lives doing drugs or staring numbly at television; they don’t feel compelled to stuff themselves with carbohydrates or assault their fellow human beings. However, if nothing they do seems to make a difference, they feel trapped and become susceptible to the lure of pills, gang leaders, extremist religions, or violent political movements—anybody and anything that promises relief. As the ACE study has shown, child abuse and neglect is the single most preventable cause of mental illness, the single most common cause of drug and alcohol abuse, and a significant contributor to leading causes of death such as diabetes, heart disease, cancer, stroke, and suicide.

My colleagues and I focus much of our work where trauma has its greatest impact: on children and adolescents. Since we came together to establish the National Child Traumatic Stress Network in 2001, it has grown into a collaborative network of more than 150 centers nationwide, each of which has created programs in schools, juvenile justice systems, child welfare agencies, homeless shelters, military facilities, and residential group homes.

The Trauma Center is one of NCTSN’s Treatment Development and Evaluation sites. My colleagues Joe Spinazzola, Margaret Blaustein, and I have developed comprehensive programs for children and adolescents that we, with the help of trauma-savvy colleagues in Hartford, Chicago,

Houston, San Francisco, Anchorage, Los Angeles, and New York, are now implementing. Our team selects a particular area of the country to work in every two years, relying on local contacts to identify organizations that are energetic, open, and well respected; these will eventually serve as new nodes for treatment dissemination. For example, I collaborated for one two-year period with colleagues in Missoula, Montana, to help develop a culturally sensitive trauma program on Blackfoot Indian reservations.

The greatest hope for traumatized, abused, and neglected children is to receive a good education in schools where they are seen and known, where they learn to regulate themselves, and where they can develop a sense of agency. At their best, schools can function as islands of safety in a chaotic world. They can teach children how their bodies and brains work and how they can understand and deal with their emotions. Schools can play a significant role in instilling the resilience necessary to deal with the traumas of neighborhoods or families. If parents are forced to work two jobs to eke out a living, or if they are too impaired, overwhelmed, or depressed to be attuned to the needs of their kids, schools by default have to be the places where children are taught self-leadership and an internal locus of control.

When our team arrives at a school, the teachers' initial response is often some version of "If I'd wanted to be a social worker, I would have gone to social work school. But I came here to be a teacher." Many of them have already learned the hard way, however, that they cannot teach if they have a classroom filled with students whose alarm bells are constantly going off. Even the most committed teachers and school systems often come to feel frustrated and ineffective because so many of their kids are too traumatized to learn. Focusing only on improving test scores won't make any difference if teachers can't effectively address the behavior problems of these students. The good news is that the basic principles of trauma-focused interventions can be translated into practical day-to-day routines and approaches that can transform the entire culture of a school.

Most teachers we work with are intrigued to learn that abused and neglected students are likely to interpret any deviation from routine as danger and that their extreme reactions usually are expressions of traumatic stress. Children who defy the rules are unlikely to be brought to reason by verbal reprimands or even suspension—a practice that has become epidemic in American schools. Teachers' perspectives begin to change

when they realize that these kids' disturbing behaviors started out as frustrated attempts to communicate distress and as misguided attempts to survive.

More than anything else, being able to feel safe with other people defines mental health; safe connections are fundamental to meaningful and satisfying lives. The critical challenge in a classroom setting is to foster reciprocity: truly hearing and being heard; really seeing and being seen by other people. We try to teach everyone in a school community—office staff, principals, bus drivers, teachers, and cafeteria workers—to recognize and understand the effects of trauma on children and to focus on the importance of fostering safety, predictability, and being known and seen. We make certain that the children are greeted by name every morning and that teachers make face-to-face contact with each and every one of them. Just as in our workshops, group work, and theater programs, we always start the day with check-ins: taking the time to share what's on everybody's mind.

Many of the children we work with have never been able to communicate successfully with language, as they are accustomed to adults who yell, command, sulk, or put earbuds in their ears. One of our first steps is to help their teachers model new ways of talking about feelings, stating expectations, and asking for help. Instead of yelling, "Stop!" when a child is throwing a tantrum or making her sit alone in the corner, teachers are encouraged to notice and name the child's experience, as in "I can see how upset you are"; to give her choices, as in "Would you like to go to the safe spot or sit on my lap?"; and to help her find words to describe her feelings and begin to find her voice, as in: "What will happen when you get home after class?" It may take many months for a child to know when it is safe to speak the truth (because it will never be universally safe), but for children, as for adults, identifying the truth of an experience is essential to healing from trauma.

It is standard practice in many schools to punish children for tantrums, spacing out, or aggressive outbursts—all of which are often symptoms of traumatic stress. When that happens, the school, instead of offering a safe haven, becomes yet another traumatic trigger. Angry confrontations and punishment can at best temporarily halt unacceptable behaviors, but since the underlying alarm system and stress hormones are not laid to rest, they are certain to erupt again at the next provocation.

In such situations the first step is acknowledging that a child is upset; then the teacher should calm him, then explore the cause and discuss possible solutions. For example, when a first-grader melts down, hitting his teacher and throwing objects around, we encourage his teacher to set clear limits while gently talking to him: “Would you like to wrap that blanket around you to help you calm down?” (The kid is likely to scream, “No!” but then curl up under the blanket and settle down.) Predictability and clarity of expectations are critical; consistency is essential. Children from chaotic backgrounds often have no idea how people can effectively work together, and inconsistency only promotes further confusion. Trauma-sensitive teachers soon realize that calling a parent about an obstreperous kid is likely to result in a beating and further traumatization.

Our goal in all these efforts is to translate brain science into everyday practice. For example, calming down enough to take charge of ourselves requires activating the brain areas that notice our inner sensations, the self-observing watchtower discussed in chapter 4. So a teacher might say: “Shall we take some deep breaths or use the breathing star?” (This is a colorful breathing aid made out of file folders.) Another option might be having the child sit in a corner wrapped in a heavy blanket while listening to some soothing music through headphones. Safe areas can help kids calm down by providing stimulating sensory awareness: the texture of burlap or velvet; shoe boxes filled with soft brushes and flexible toys. When the child is ready to talk again, he is encouraged to tell someone what is going on before he rejoins the group.

Kids as young as three can blow soap bubbles and learn that when they slow down their breathing to six breaths per minute and focus on the out breath as it flows over their upper lip, they will feel more calm and focused. Our team of yoga teachers works with children nearing adolescence specifically to help them “befriend” their bodies and deal with disruptive physical sensations. We know that one of the prime reasons for habitual drug use in teens is that they cannot stand the physical sensations that signal fear, rage, and helplessness.

Self-regulation can be taught to many kids who cycle between frantic activity and immobility. In addition to reading, writing, and arithmetic, all kids need to learn self-awareness, self-regulation, and communication as part of their core curriculum. Just as we teach history and geography, we

need to teach children how their brains and bodies work. For adults and children alike, being in control of ourselves requires becoming familiar with our inner world and accurately identifying what scares, upsets, or delights us.

Emotional intelligence starts with labeling your own feelings and attuning to the emotions of the people around you. We begin very simply: with mirrors. Looking into a mirror helps kids to be aware of what they look like when they are sad, angry, bored, or disappointed. Then we ask them, “How do you feel when you see a face like that?” We teach them how their brains are built, what emotions are for, and where they are registered in their bodies, and how they can communicate their feelings to the people around them. They learn that their facial muscles give clues about what they are feeling and then experiment with how their facial expressions affect other people.

We also strengthen the brain’s watchtower by teaching them to recognize and name their physical sensations. For example, when their chest tightens, that probably means that they are nervous; their breathing becomes shallow and they feel uptight. What does anger feel like, and what can they do to change that sensation in their body? What happens if they take a deep breath or take time out to jump rope or hit a punching bag? Does tapping acupressure points help? We try to provide children, teachers, and other care providers with a toolbox of ways to take charge of their emotional reactions.

To promote reciprocity, we use other mirroring exercises, which are the foundation of safe interpersonal communication. Kids practice imitating one another’s facial expressions. They proceed to imitating gestures and sounds and then get up and move in sync. To play well, they have to pay attention to really seeing and hearing one another. Games like Simon Says lead to lots of sniggering and giggling—signs of safety and relaxation. When teenagers balk at these “stupid games,” we nod understandingly and enlist their cooperation by asking them to demonstrate games to the little kids, who “need their help.”

Teachers and leaders learn that an activity as simple as trying to keep a beach ball in the air as long as possible helps groups become more focused, cohesive, and fun. These are inexpensive interventions. For older children some schools have installed workstations costing less than two hundred

dollars where students can play computer games to help them focus and to improve their heart rate variability (HRV) (discussed in chapter 16), just as we do in our own clinic.

Children and adults alike need to experience how rewarding it is to work at the edge of their abilities. Resilience is the product of agency: knowing that what you do can make a difference. Many of us remember what playing team sports, singing in the school choir, or playing in the marching band meant to us, especially if we had coaches or directors who believed in us, pushed us to excel, and taught us we could be better than we thought was possible. The children we reach need this experience.

Athletics, playing music, dancing, and theatrical performances all promote agency and community. They also engage kids in novel challenges and unaccustomed roles. In a devastated postindustrial New England town, my friends Carolyn and Eli Newberger are teaching El Sistema, an orchestral music program that originated in Venezuela. Several of my students run an after-school program in Brazilian *capoeira* in a high-crime area of Boston, and my colleagues at the Trauma Center continue the Trauma Drama program. Last year I spent three weeks helping two boys prepare a scene from *Julius Caesar*. An effeminate, shy boy was playing Brutus and had to summon up his full force to put down Cassius, played by the class bully, who had to be coached to play a corrupt general begging for mercy. The scene came to life only after the bully talked about his father's violence and his own vow never to show weakness to anyone. (Most bullies have themselves been bullied, and they despise kids who remind them of their own vulnerability.) Brutus's powerful voice, on the other hand, emerged after he realized that he'd made himself invisible to deal with his own family violence.

These intense communal efforts force kids to collaborate, compromise, and stay focused on the task at hand. Tensions often run high, but the kids stick with it because they want to earn the respect of their coaches or directors and don't want to let down the team—all feelings that are opposite to the vulnerability of being subjected to arbitrary abuse, the invisibility of neglect, and the godforsaken isolation of trauma.

Our NCTSN programs are working: Kids become less anxious and emotionally reactive and are less aggressive or withdrawn; they get along better and their school performance improves; their attention deficit,

hyperactivity, and “oppositional defiant” problems decrease; and parents report that their children are sleeping better. Terrible things still happen to them and around them, but they are now able to talk about these events; they have built up the trust and resources to seek the help they need. Interventions are successful if they draw on our natural wellsprings of cooperation and on our inborn responses to safety, reciprocity, and imagination.

Trauma constantly confronts us with our fragility and with man’s inhumanity to man but also with our extraordinary resilience. I have been able to do this work for so long because it drew me to explore our sources of joy, creativity, meaning, and connection—all the things that make life worth living. I can’t begin to imagine how I would have coped with what many of my patients have endured, and I see their symptoms as part of their strength—the ways they learned to survive. And despite all their suffering many have gone on to become loving partners and parents, exemplary teachers, nurses, scientists, and artists.

Most great instigators of social change have intimate personal knowledge of trauma. Oprah Winfrey comes to mind, as do Maya Angelou, Nelson Mandela, and Elie Wiesel. Read the life history of any visionary, and you will find insights and passions that came from having dealt with devastation.

The same is true of societies. Many of our most profound advances grew out of experiencing trauma: the abolition of slavery from the Civil War, Social Security in response to the Great Depression, and the GI Bill, which produced our once vast and prosperous middle class, from World War II. Trauma is now our most urgent public health issue, and we have the knowledge necessary to respond effectively. The choice is ours to act on what we know.

## ACKNOWLEDGMENTS

This book is the fruit of thirty years of trying to understand how people deal with, survive, and heal from traumatic experiences. Thirty years of clinical work with traumatized men, women and children; innumerable discussions with colleagues and students, and participation in the evolving science about how mind, brain, and body deal with, and recover from, overwhelming experiences.

Let me start with the people who helped me organize, and eventually publish, this book. Toni Burbank, my editor, with whom I communicated many times each week over a two-year period about the scope, organization, and specific contents of the book. Toni truly understood what this book is about, and that understanding has been critical in defining its form and substance. My agent, Brettne Bloom, understood the importance of this work, found a home for it with Viking, and provided critical support at critical moments. Rick Kot, my editor at Viking, supplied invaluable feedback and editorial guidance.

My colleagues and students at the Trauma Center have provided the feeding ground, laboratory, and support system for this work. They also have been constant reminders of the sober reality of our work for these three decades. I cannot name them all, but Joseph Spinazzola, Margaret Blaustein, Roslin Moore, Richard Jacobs, Liz Warner, Wendy D'Andrea, Jim Hopper, Fran Grossman, Alex Cook, Marla Zucker, Kevin Becker, David Emerson, Steve Gross, Dana Moore, Robert Macy, Liz Rice-Smith, Patty Levin, Nina Murray, Mark Gapen, Carrie Pekor, Debbie Korn, and Betta de Boer van der Kolk all have been critical collaborators. And of course Andy Pond and Susan Wayne of the Justice Resource Institute.

My most important companions and guides in understanding and researching traumatic stress have been Alexander McFarlane, Onno van der Hart, Ruth Lanius and Paul Frewen, Rachel Yehuda, Stephen Porges, Glenn Saxe, Jaak Panksepp, Janet Osterman, Julian Ford, Brad Stolback, Frank Putnam, Bruce Perry, Judith Herman, Robert Pynoos, Berthold Gersons, Ellert Nijenhuis, Annette Streeck-Fisher, Marylene Cloitre, Dan Siegel, Eli Newberger, Vincent Felitti, Robert Anda, and Martin Teicher; as well as my colleagues who taught me about attachment: Edward Tronick, Karlen Lyons-Ruth, and Beatrice Beebe.

Peter Levine, Pat Ogden, and Al Pesso read my paper on the importance of the body in traumatic stress back in 1994 and then offered to teach me about the body. I am still learning from them, and that learning has since then been expanded by yoga and meditation teachers Stephen Cope, Jon Kabat-Zinn, and Jack Kornfield.

Sebern Fisher first taught me about neurofeedback. Ed Hamlin and Larry Hirshberg later expanded that understanding. Richard Schwartz taught me internal family systems (IFS) therapy and assisted in helping to write the chapter on IFS. Kippy Dewey and Cissa Campion introduced me to theater, Tina Packer tried to teach me how to do it, and Andrew Borthwick- Leslie provided critical details.

Adam Cummings, Amy Sullivan, and Susan Miller provided indispensable support, without which many projects in this book could never have been accomplished.

Licia Sky created the environment that allowed me to concentrate on writing this book; she provided invaluable feedback on each one of the chapters; she donated her artistic gifts to many illustrations; and she contributed to sections on body awareness and clinical case material. My trusty secretary, Angela Lin, took care of multiple crises and kept the ship running at full speed. Ed and Edith Schonberg often provided a shelter from the storm; Barry and Lorrie Goldensohn served as literary critics and inspiration; and my children, Hana and Nicholas, showed me that every new generation lives in a world that is radically different from the previous one, and that each life is unique—a creative act by its owner that defies explanation by genetics, environment, or culture alone.

Finally, my patients, to whom I dedicate this book—I wish I could mention you all by name—who taught me almost everything I know—

because you were my true textbook—and the affirmation of the life force, which drives us human beings to create a meaningful life, regardless of the obstacles we encounter.

## **APPENDIX**

### **CONSENSUS PROPOSED CRITERIA FOR DEVELOPMENTAL TRAUMA DISORDER**

The goal of introducing the diagnosis of Developmental Trauma Disorder is to capture the reality of the clinical presentations of children and adolescents exposed to chronic interpersonal trauma and thereby guide clinicians to develop and utilize effective interventions and for researchers to study the neurobiology and transmission of chronic interpersonal violence. Whether or not they exhibit symptoms of PTSD, children who have developed in the context of ongoing danger, maltreatment, and inadequate caregiving systems are ill-served by the current diagnostic system, as it frequently leads to no diagnosis, multiple unrelated diagnoses, an emphasis on behavioral control without recognition of interpersonal trauma and lack of safety in the etiology of symptoms, and a lack of attention to ameliorating the developmental disruptions that underlie the symptoms.

The Consensus Proposed Criteria for Developmental Trauma Disorder were devised and put forward in February 2009 by a National Child Traumatic Stress Network (NCTSN)-affiliated Task Force led by Bessel A. van der Kolk, MD and Robert S. Pynoos, MD, with the participation of Dante Cicchetti, PhD, Marylene Cloitre, PhD, Wendy D'Andrea, PhD, Julian D. Ford, PhD, Alicia F. Lieberman, PhD, Frank W. Putnam, MD, Glenn Saxe, MD, Joseph Spinazzola, PhD, Bradley C. Stolbach, PhD, and Martin Teicher, MD, PhD. The consensus proposed criteria are based on

extensive review of empirical literature, expert clinical wisdom, surveys of NCTSN clinicians, and preliminary analysis of data from thousands of children in numerous clinical and child service system settings, including NCTSN treatment centers, state child welfare systems, inpatient psychiatric settings, and juvenile detention centers. Because their validity, prevalence, symptom thresholds, or clinical utility have yet to be examined through prospective data collection or analysis, these proposed criteria should not be viewed as a formal diagnostic category to be incorporated into the DSM as written here. Rather, they are intended to describe the most clinically significant symptoms exhibited by many children and adolescents following complex trauma. These proposed criteria have guided the Developmental Trauma Disorder field trials that began in 2009 and continue to this day.

#### **CONSENSUS PROPOSED CRITERIA FOR DEVELOPMENTAL TRAUMA DISORDER**

- A. Exposure. The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including:
  - A. 1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and
  - A. 2. Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse
- B. Affective and Physiological Dysregulation. The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following:
  - B. 1. Inability to modulate, tolerate, or recover from extreme affect states (e.g., fear, anger, shame), including prolonged and extreme tantrums, or immobilization
  - B. 2. Disturbances in regulation in bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions)

- B. 3. Diminished awareness/dissociation of sensations, emotions and bodily states
  - B. 4. Impaired capacity to describe emotions or bodily states
- C. Attentional and Behavioral Dysregulation: The child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following:
- C. 1. Preoccupation with threat, or impaired capacity to perceive threat, including misreading of safety and danger cues
  - C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking
  - C. 3. Maladaptive attempts at self-soothing (e.g., rocking and other rhythmical movements, compulsive masturbation)
  - C. 4. Habitual (intentional or automatic) or reactive self-harm
  - C. 5. Inability to initiate or sustain goal-directed behavior
- D. Self and Relational Dysregulation. The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships, including at least three of the following:
- D. 1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious caregiving) or difficulty tolerating reunion with them after separation
  - D. 2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness
  - D. 3. Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers
  - D. 4. Reactive physical or verbal aggression toward peers, caregivers, or other adults
  - D. 5. Inappropriate (excessive or promiscuous) attempts to get intimate contact (including but not limited to sexual or physical intimacy) or excessive reliance on peers or adults for safety and reassurance

- D. 6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others
- E. Posttraumatic Spectrum Symptoms. The child exhibits at least one symptom in at least two of the three PTSD symptom clusters B, C, & D.
- F. Duration of disturbance (symptoms in DTD Criteria B, C, D, and E) at least 6 months.
- G. Functional Impairment. The disturbance causes clinically significant distress or impairment in at least two of the following areas of functioning:
- Scholastic
  - Familial
  - Peer Group
  - Legal
  - Health
  - Vocational (for youth involved in, seeking or referred for employment, volunteer work or job training)

B. A. van der Kolk, "Developmental Trauma Disorder: Toward A Rational Diagnosis For ChildrenWith Complex Trauma Histories," *Psychiatric Annals*, 35, no. 5 (2005): 401-408.

# RESOURCES

## GENERAL INFORMATION ABOUT TRAUMA AND ITS TREATMENT

- The Trauma Center at JRI. This is the website of the Trauma Center of which I am the medical director, which has numerous resources for special populations, various treatment approaches, lectures and courses: [www.traumacenter.org](http://www.traumacenter.org).
- David Baldwin's Trauma Information Pages provide information for clinicians and researchers in the traumatic-stress field: [http://www.trauma -pages.com/](http://www.trauma-pages.com/).
- National Child Traumatic Stress Network (NCTSN). Effective treatments for youth, trauma training, and education measures; reviews of measures examining trauma for parents, educators, judges, child welfare agencies, military personnel, and therapists: <http://www.nctsnet.org/>.
- American Psychological Association. Resource guide for traumatized people and their loved ones: <http://www.apa.org/topics/trauma/>.
- Averse Childhood Experiences. Several websites are devoted to the ACE study and its consequences:  
<http://acestoohigh.com/got-your-ace-score/>;  
<http://www.cdc.gov/violenceprevention/acesstudy/>;  
<http://acesstudy.org/>.
- Gift from Within PTSD Resources for Survivors and Caregivers: [giftfromwithin.org](http://giftfromwithin.org).
- There & Back Again is a nonprofit organization that supports the well-being of service-members. Its mission is to provide

reintegration support services to combat veterans of all conflicts: <http://thereandbackagain.org/>.

- HelpPRO Therapist Finder. Comprehensive listings of local therapists specializing in trauma and other concerns, serving specific age groups, accepting payment options and more: <http://www.helppro.com/>.
- Sidran Foundation includes traumatic memories and general information about dealing with trauma: [www.sidran.org](http://www.sidran.org).
- Traumatology. Green Cross Academy of Traumatology electronic journal, edited by Charles Figley: [www.greencross.org/](http://www.greencross.org/).
- PILOTS database at Dartmouth is a searchable database of the world's literature on post-traumatic stress disorder, produced by the National Center for PTSD: <http://search.proquest.com/pilots/?accountid=28179>.

## **GOVERNMENT RESOURCES**

- National Center for PTSD includes links to the *PTSD Research Quarterly* and National Center divisions, including behavioral science division, clinical neuroscience division, and women's health sciences division: [http://www.ptsd.va.gov/](http://www.ptsd.va.gov).
- Office for Victims of Crime in the Department of Justice. Provides a variety of resources for victims of crime in the United States and internationally, including the National Directory of Victim Assistance Funding Opportunities which lists, by state and territory, the contact names, mailing addresses, telephone numbers, and e-mail addresses for the federal grant programs that provide assistance to crime victims: <http://ojp.gov/ovc/>.
- National Institutes of Mental Health: <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

## **WEBSITES SPECIFICALLY DEALING WITH TRAUMA AND MEMORY**

- Jim Hopper.com. Info on the stages of recovery, recovered memories, and comprehensive literature review on remembering trauma.
- The Recovered Memory Project. Archive compiled by Ross Cheit at Brown University:  
<http://www.brown.edu/academics/taubman-center/>.

## MEDICATIONS

- About Medications for Combat PTSD. Jonathan Shay, MD, PhD, staff psychiatrist, Boston VA Outpatient Clinic:  
<http://www.dr-bob.org/tips/ptsd.html>. webMD  
<http://www.webmd.com/drugs/condition=1020-post+traumatic+stress+disorderaspx?diseaseid=10200diseasename=post+traumatic+stress+disorder>

## PROFESSIONAL ORGANIZATIONS FOCUSED ON GENERAL TRAUMA RESEARCH AND DISSEMINATION

- International Society for Traumatic Stress Studies:  
[www.istss.com](http://www.istss.com).
- European Society for Traumatic Stress Studies: [www.estss.org](http://www.estss.org).
- International Society for the Study of Trauma and Dissociation (ISSTD): <http://www.isst-d.org/>.

## PROFESSIONAL ORGANIZATIONS DEALING WITH PARTICULAR TREATMENT METHODS

- The EMDR International Association (EMDRIA):  
<http://www.emdria.org/>.
- Sensorimotor Institute (founded by Pat Ogden):  
<http://www.sensorimotorpsychotherapy.org/home/index.html>.
- Somatic experiencing (founded by Peter Levine):  
<http://www.traumahealing.com/somatic-experiencing/index.html>.
- Internal family systems therapy: <http://www.selfleadership.org>.
- Pesso Boyden system psychomotor therapy: PBSP.com.

#### **(THEATER PROGRAMS (A SAMPLE OF PROGRAMS FOR TRAUMATIZED YOUTH))**

- Urban Improv uses improvisational theater workshops to teach violence prevention, conflict resolution, and decision making: <http://www.urbanimprov.org/>.
- The Possibility Project. Based in NYC: <http://the-possibility-project.org/>.
- Shakespeare in the Courts:  
<http://www.shakespeare.org/education/for-youth/shakespeare-courts/>.

#### **YOGA AND MINDFULNESS**

- <http://givebackyoga.org/>.
- <http://www.kripalu.org/>.
- <http://www.mindandlife.org/>.

# FURTHER READING

## DEALING WITH TRAUMATIZED CHILDREN

- Blaustein, Margaret, and Kristine Kinniburgh. *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency*. New York: Guilford, 2012..
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- Davidson, Richard, and Sharon Begley. *The Emotional Life of Your Brain: How Its Unique Patterns Affect the Way You Think, Feel, and Live—and How You Can Change Them*. New York: Hachette, 2012.
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# NOTES

## PROLOGUE

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## CHAPTER 1: LESSONS FROM VIETNAM VETERANS

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3. B. A. van der Kolk, “Adolescent Vulnerability to Post Traumatic Stress Disorder,” *Psychiatry* 48 (1985): 365–70.
4. S. A. Haley, “When the Patient Reports Atrocities: Specific Treatment Considerations of the Vietnam Veteran,” *Archives of General Psychiatry* 30 (1974): 191–96.
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7. Unlike normal memories, traumatic memories are more like fragments of sensations, emotions, reactions, and images, that keep getting reexperienced in the present. The studies of Holocaust memories at Yale by Dori Laub and Nanette C. Auerhahn, as well as Lawrence L. Langer’s book *Holocaust Testimonies: The Ruins of Memory*, and, most of all, Pierre Janet’s 1889, 1893, and 1905 descriptions of the nature of traumatic memories helped us organize what we saw. That work will be discussed in the memory chapter.
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## CHAPTER 6: LOSING YOUR BODY, LOSING YOUR SELF

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## CHAPTER 7: GETTING ON THE SAME WAVELENGTH, ATTACHMENT AND ATTUNEMENT

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## CHAPTER 9: WHAT’S LOVE GOT TO DO WITH IT?

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## CHAPTER 10: DEVELOPMENTAL TRAUMA: THE HIDDEN EPIDEMIC

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- [8.](#) There now is voluminous evidence that life experiences of all sorts changes gene expression. Some examples are: D. Mehta et al., “Childhood Maltreatment Is Associated with Distinct Genomic and Epigenetic Profiles in Posttraumatic Stress Disorder,” *Proceedings of the National Academy of Sciences of the United States of America* 110, no. 20 (2013): 8302–7; P. O. McGowan, et al., “Epigenetic Regulation of the Glucocorticoid Receptor in Human Brain

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9. C. S. Barr, et al., “The Utility of the Non-human Primate Model for Studying Gene by Environment Interactions in Behavioral Research,” *Genes, Brain and Behavior* 2, no. 6 (2003): 336–40.
10. A. J. Bennett, et al., “Early Experience and Serotonin Transporter Gene Variation Interact to Influence Primate CNS Function,” *Molecular Psychiatry* 7, no. 1 (2002): 118–22. See also C. S. Barr, et al., “Interaction Between Serotonin Transporter Gene Variation and Rearing Condition in Alcohol Preference and Consumption in Female Primates,” *Archives of General Psychiatry* 61, no. 11 (2004): 1146; and C. S. Barr, et al., “Serotonin Transporter Gene Variation Is Associated with Alcohol Sensitivity in Rhesus Macaques Exposed to Early-Life Stress,” *Alcoholism: Clinical and Experimental Research* 27, no. 5 (2003): 812–17.
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14. R. C. Kessler, C. B. Nelson, and K. A. McGonagle, “The Epidemiology of Co-occurring Addictive and Mental Disorders,” *American Journal of Orthopsychiatry* 66, no. 1 (1996): 17–31. See also Institute of Medicine of the National Academies, *Treatment of Posttraumatic Stress Disorder* (Washington: National Academies Press, 2008); and C. S. North, et al., “Toward Validation of the Diagnosis of Posttraumatic Stress Disorder,” *American Journal of Psychiatry* 166, no. 1 (2009): 34–40.

15. Joseph Spinazzola, et al., “Survey Evaluates Complex Trauma Exposure, Outcome, and Intervention Among Children and Adolescents,” *Psychiatric Annals* (2005).
16. Our work group consisted of Drs. Bob Pynoos, Frank Putnam, Glenn Saxe, Julian Ford, Joseph Spinazzola, Marylene Cloitre, Bradley Stolbach, Alexander McFarlane, Alicia Lieberman, Wendy D’Andrea, Martin Teicher, and Dante Cicchetti.
17. The proposed criteria for Developmental Trauma Disorder can be found in the Appendix.
18. <http://www.traumacenter.org/products/instruments.php>.
19. Read more about Sroufe at [www.cehd.umn.edu/icd/people/faculty/cpsy/sroufe.html](http://www.cehd.umn.edu/icd/people/faculty/cpsy/sroufe.html) and more about the Minnesota Longitudinal Study of Risk and Adaptation and its publications at <http://www.cehd.umn.edu/icd/research/parent-child/> and <http://www.cehd.umn.edu/icd/research/parent-child/publications/>. See also L. A. Sroufe and W. A. Collins, *The Development of the Person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood* (New York: Guilford Press, 2009); and L. A. Sroufe, “Attachment and Development: A Prospective, Longitudinal Study from Birth to Adulthood,” *Attachment & Human Development* 7, no. 4 (2005): 349–67.
20. L. A. Sroufe, *The Development of the Person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood* (New York: Guilford Press, 2005). Harvard researcher Karlen Lyons-Ruth had similar findings in a sample of children she followed for about eighteen years: Disorganized attachment, role reversal, and lack of maternal communication at age three were the greatest predictors of children being part of the mental health or social service system at age eighteen.
21. D. Jacobvitz and L. A. Sroufe, “The Early Caregiver-Child Relationship and Attention-Deficit Disorder with Hyperactivity in Kindergarten: A Prospective Study,” *Child Development* 58, no. 6 (December 1987): 1496–504.
22. G. H. Elder Jr., T. Van Nguyen, and A. Caspi, “Linking Family Hardship to Children’s Lives,” *Child Development* 56, no. 2 (April 1985): 361–75.
23. For children who were physically abused, the chance of being diagnosed with conduct disorder or oppositional defiant disorder went up by a factor of three. Neglect or sexual abuse doubled the chance of developing an anxiety disorder. Parental psychological unavailability or sexual abuse doubled the chance of later developing PTSD. The chance of receiving multiple diagnoses was 54 percent for children who suffered neglect, 60 percent for physical abuse, and 73 percent for both sexual abuse.
24. This was a quote based on the work of Emmy Werner, who has studied 698 children born on the island of Kauai for forty years, starting in 1955. The study showed that most children who grew up in unstable households grew up to experience problems with delinquency, mental and physical health, and family stability. One-third of all high-risk children displayed resilience and developed into caring, competent, and confident adults. *Protective factors* were 1. being an appealing child, 2. a strong bond with a nonparent caretaker (such as an aunt, a babysitter, or a teacher) and strong involvement in church or community groups. E. E. Werner and R. S. Smith, *Overcoming the Odds: High Risk Children from Birth to Adulthood* (Ithaca and London: Cornell University Press, 1992).
25. P. K. Trickett, J. G. Noll, and F. W. Putnam, “The Impact of Sexual Abuse on Female Development: Lessons from a Multigenerational, Longitudinal Research Study,” *Development and Psychopathology* 23 (2011): 453–76. See also J. G. Noll, P. K. Trickett, and F. W. Putnam, “A Prospective Investigation of the Impact of Childhood Sexual Abuse on the Development of Sexuality,” *Journal of Consulting and Clinical Psychology* 71 (2003): 575–86; P. K. Trickett, C. McBride-Chang, and F. W. Putnam, “The Classroom Performance and Behavior of Sexually Abused Females,” *Development and Psychopathology* 6 (1994): 183–94; P. K. Trickett and F.

W. Putnam, *Sexual Abuse of Females: Effects in Childhood* (Washington: National Institute of Mental Health, 1990–1993); F. W. Putnam and P. K. Trickett, *The Psychobiological Effects of Child Sexual Abuse* (New York: W. T. Grant Foundation, 1987).

26. In the sixty-three studies on disruptive mood regulation disorder, nobody asked anything about attachment, PTSD, trauma, child abuse, or neglect. The word “maltreatment” is used in passing in just one of the sixty-three articles. There is nothing about parenting, family dynamics, or about family therapy.
27. In the appendix at the back of the DSM, you can find the so-called V-codes, diagnostic labels without official standing that are not eligible for insurance reimbursement. There you will see listings for childhood abuse, childhood neglect, childhood physical abuse, and childhood sexual abuse.
28. Ibid., p 121.
29. At the time of this writing, the DSM-5 is number seven on Amazon’s best-seller list. The APA earned \$100 million on the previous edition of the DSM. The publication of the DSM constitutes, with contributions from the pharmaceutical industry and membership dues, the APA’s major source of income.
30. Gary Greenberg, *The Book of Woe: The DSM and the Unmaking of Psychiatry* (New York: Penguin, 2013), 239.
31. In an open letter to the APA David Elkins, the chairman of one of the divisions of the American Psychological Association, complained that DSM-V was based on shaky evidence, carelessness with the public health, and the conceptualizations of mental disorder as primarily medical phenomena.” His letter attracted nearly five thousand signatures. The president of the American Counseling Association sent a letter on behalf of its 115,000 DSM-buying members to the president of the APA, also objecting to the quality of the science behind DSM-5—and “urge(d) the APA to make public the work of the scientific review committee it had appointed to review the proposed changes, as well as to allow an evaluation of “all evidence and data by external, independent groups of experts.”
32. Thomas Insel had formerly done research on the attachment hormone oxytocin in non-human primates.
33. National Institute of Mental Health, “NIMH Research Domain Criteria (RDoC),” <http://www.nimh.nih.gov/research-priorities/rdoc/nimh-research-domain-criteria-rdoc.shtml>.
34. *The Development of the Person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood* (New York: Guilford Press, 2005).
35. B. A. van der Kolk, “Developmental Trauma Disorder: Toward a Rational Diagnosis for Children with Complex Trauma Histories,” *Psychiatric Annals* 35, no. 5 (2005): 401–8; W. D’Andrea, et al., “Understanding Interpersonal Trauma in Children: Why We Need a Developmentally Appropriate Trauma Diagnosis,” *American Journal of Orthopsychiatry* 82 (2012): 187–200. J. D. Ford, et al., “Clinical Significance of a Proposed Developmental Trauma Disorder Diagnosis: Results of an International Survey of Clinicians,” *Journal of Clinical Psychiatry* 74, no. 8 (2013): 841–849. Up-to-date results from the Developmental Trauma Disorder field trial study are available on our Web site: [www.traumacenter.org](http://www.traumacenter.org).
36. J. J. Heckman, “Skill Formation and the Economics of Investing in Disadvantaged Children,” *Science* 312, no. 5782 (2006): 1900–2.
37. D. Olds, et al., “Long-Term Effects of Nurse Home Visitation on Children’s Criminal and Antisocial Behavior: 15-Year Follow-up of a Randomized Controlled Trial,” *JAMA* 280, no. 14 (1998): 1238–44. See also J. Eckenrode, et al., “Preventing Child Abuse and Neglect with a Program of Nurse Home Visitation: The Limiting Effects of Domestic Violence,” *JAMA* 284, no. 11 (2000): 1385–91; D. I. Lowell, et al., “A Randomized Controlled Trial of Child FIRST: A

Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice," *Child Development* 82, no. 1 (January/February 2011): 193–208; S. T. Harvey and J. E. Taylor, "A Meta-Analysis of the Effects of Psychotherapy with Sexually Abused Children and Adolescents, *Clinical Psychology Review* 30, no. 5 (July 2010): 517–35; J. E. Taylor and S. T. Harvey, "A Meta-Analysis of the Effects of Psychotherapy with Adults Sexually Abused in Childhood," *Clinical Psychology Review* 30, no. 6 (August 2010): 749–67; Olds, Henderson, Chamberlin, & Tatelbaum, 1986; B. C. Stolbach, et al., "Complex Trauma Exposure and Symptoms in Urban Traumatized Children: A Preliminary Test of Proposed Criteria for Developmental Trauma Disorder," *Journal of Traumatic Stress* 26, no. 4 (August 2013): 483–91.

## CHAPTER 11: UNCOVERING SECRETS: THE PROBLEM OF TRAUMATIC MEMORY

1. Unlike clinical consultations, in which doctor-patient confidentiality applies, forensic evaluations are public documents to be shared with lawyers, courts, and juries. Before doing a forensic evaluation I inform clients of that and warn them that nothing they tell me can be kept confidential.
2. K. A. Lee, et al., "A 50-Year Prospective Study of the Psychological Sequelae of World War II Combat," *American Journal of Psychiatry* 152, no. 4 (April 1995): 516–22.
3. J. L. McGaugh and M. L. Hertz, *Memory Consolidation* (San Francisco: Albion Press, 1972); L. Cahill and J. L. McGaugh, "Mechanisms of Emotional Arousal and Lasting Declarative Memory," *Trends in Neurosciences* 21, no. 7 (1998): 294–99.
4. A. F. Arnsten, et al., " $\alpha$ -1 Noradrenergic Receptor Stimulation Impairs Prefrontal Cortical Cognitive Function," *Biological Psychiatry* 45, no. 1 (1999): 26–31. See also A. F. Arnsten, "Enhanced: The Biology of Being Frazzled," *Science* 280, no. 5370 (1998): 1711–12; S. Birnbaum, et al., "A Role for Norepinephrine in Stress-Induced Cognitive Deficits:  $\alpha$ -1-adrenoceptor Mediation in the Prefrontal Cortex," *Biological Psychiatry* 46, no. 9 (1999): 1266–74.
5. Y. D. Van Der Werf, et al. "Special Issue: Contributions of Thalamic Nuclei to Declarative Memory Functioning," *Cortex* 39 (2003): 1047–62. See also B. M. Elzinga and J. D. Bremner, "Are the Neural Substrates of Memory the Final Common Pathway in Posttraumatic Stress Disorder (PTSD)?" *Journal of Affective Disorders* 70 (2002): 1–17; L. M. Shin et al., "A Functional Magnetic Resonance Imaging Study of Amygdala and Medial Prefrontal Cortex Responses to Overtly Presented Fearful Faces in Posttraumatic Stress Disorder," *Archives of General Psychiatry* 62 (2005): 273–81; L. M. Williams et al., "Trauma Modulates Amygdala and Medial Prefrontal Responses to Consciously Attended Fear," *Neuroimage* 29 (2006): 347–57; R. A. Lanius et al., "Brain Activation During Script-Driven Imagery Induced Dissociative Responses in PTSD: A Functional Magnetic Resonance Imaging Investigation," *Biological Psychiatry* 52 (2002): 305–311; H. D Critchley, C. J. Mathias, and R. J. Dolan, "Fear Conditioning in Humans: The Influence of Awareness and Autonomic Arousal on Functional Neuroanatomy," *Neuron* 33 (2002): 653–63; M. Beauregard, J. Levesque, and P. Bourgouin, "Neural Correlates of Conscious Self-Regulation of Emotion," *Journal of Neuroscience* 21 (2001): RC165; K. N. Ochsner et al., "For Better or for Worse: Neural Systems Supporting the Cognitive Down- and Up-Regulation of Negative Emotion," *NeuroImage* 23 (2004): 483–99; M. A. Morgan, L. M. Romanski, and J. E. LeDoux, et al., "Extinction of Emotional Learning: Contribution of Medial Prefrontal Cortex," *Neuroscience Letters* 163 (1993): 109–13; M. R. Milad and G. J. Quirk, "Neurons in Medial Prefrontal Cortex Signal Memory for Fear Extinction," *Nature* 420 (2002): 70–74; and J. Amat, et al., "Medial Prefrontal Cortex

- Determines How Stressor Controllability Affects Behavior and Dorsal Raphe Nucleus,” *Nature Neuroscience* 8 (2005): 365–71.
6. B. A. Van der Kolk and R. Fisler, “Dissociation and the Fragmentary Nature of Traumatic Memories: Overview and Exploratory Study,” *Journal of Traumatic Stress* 8, no. 4 (1995): 505–25.
7. Hysteria as defined by Free Dictionary, <http://www.thefreedictionary.com/hysteria>.
8. A. Young, *The Harmony of Illusions: Inventing Post-traumatic Stress Disorder* (Princeton University Press, 1997). See also H. F. Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (Basic Books, 2008).
9. T. Ribot, *Diseases of Memory* (Appleton, 1887), 108–9; Ellenberger, *Discovery of the Unconscious*.
10. J. Breuer and S. Freud, “The Physical Mechanisms of Hysterical Phenomena,” in *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (London: Hogarth Press, 1893).
11. A. Young, *Harmony of Illusions*.
12. J. L. Herman, *Trauma and Recovery* (New York: Basic Books, 1997), 15.
13. A. Young, *Harmony of Illusions*. See also J. M. Charcot, *Clinical Lectures on Certain Diseases of the Nervous System*, vol. 3 (London: New Sydenham Society, 1888).
14. [http://en.wikipedia.org/wiki/File:Jean-Martin\\_Charcot\\_chronophotography.jpg](http://en.wikipedia.org/wiki/File:Jean-Martin_Charcot_chronophotography.jpg)
15. P. Janet, *L'Automatisme psychologique* (Paris: Félix Alcan, 1889).
16. Onno van der Hart introduced me to the work of Janet and probably is the greatest living scholar of his work. I had the good fortune of closely collaborating with Onno on summarizing Janet’s fundamental ideas. B. A. van der Kolk and O. van der Hart, “Pierre Janet and the Breakdown of Adaptation in Psychological Trauma,” *American Journal of Psychiatry* 146 (1989): 1530–40; B. A. van der Kolk and O. van der Hart, “The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma,” *Imago* 48 (1991): 425–54.
17. P. Janet, “L’amnésie et la dissociation des souvenirs par l’émotion” [Amnesia and the dissociation of memories by emotions], *Journal de Psychologie* 1 (1904): 417–53.
18. P. Janet, *Psychological Healing* (New York: Macmillan, 1925); p 660.
19. P. Janet, *L’Etat mental des hystériques*, 2nd ed. (Paris: Félix Alcan, 1911; repr. Marseille, France: Lafitte Reprints, 1983). P. Janet, *The Major Symptoms of Hysteria* (London and New York: Macmillan, 1907; repr. New York: Hafner, 1965); P. Janet, *L’évolution de la mémoire et de la notion du temps* (Paris: A. Chahine, 1928).
20. J. L. Titchener, “Post-traumatic Decline: A Consequence of Unresolved Destructive Drives,” *Trauma and Its Wake* 2 (1986): 5–19.
21. J. Breuer, and S. Freud, “The Physical Mechanisms of Hysterical Phenomena.”
22. S. Freud and J. Breuer, “The Etiology of Hysteria,” in the *Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 3, ed. J. Strachy (London: Hogarth Press, 1962): 189–221.
23. S. Freud, “Three Essays on the Theory of Sexuality,” in the *Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 7 (London: Hogarth Press, 1962): 190: The reappearance of sexual activity is determined by internal causes and external contingencies . . . I shall have to speak presently of the internal causes; *great and lasting importance attaches at this period to the accidental external [Freud’s emphasis] contingencies. In the foreground we find the effects of seduction, which treats a child as a sexual object prematurely and teaches him, in highly emotional circumstances, how to obtain satisfaction from his genital zones, a satisfaction which he is then usually obliged to repeat again and again by masturbation. An influence of this kind may originate either from adults or from other children. I cannot admit that in my paper on ‘The Aetiology of Hysteria’ (1896c) I exaggerated the frequency or importance of that influence,*

though I did not then know that persons who remain normal may have had the same experiences in their childhood, and though I consequently overrated the importance of seduction in comparison with the factors of sexual constitution and development. Obviously seduction is not required in order to arouse a child's sexual life; that can also come about spontaneously from internal causes. S. Freud "Introductory Lectures in Psycho-analysis in Stand ard Edition (1916), 370: Phantasies of being seduced are of particular interest, because so often they are not phantasies but real memories.

24. S. Freud, *Inhibitions Symptoms and Anxiety* (1914), 150. See also Strachey, *Standard Edition of the Complete Psychological Works*.
25. B. A. van der Kolk, *Psychological Trauma* (Washington, D: American Psychiatric Press, 1986).
26. B. A. Van der Kolk, "The Compulsion to Repeat the Trauma," *Psychiatric Clinics of North America* 12, no. 2 (1989): 389–411.

## CHAPTER 12: THE UNBEARABLE HEAVINESS OF REMEMBERING

1. A. Young, *The Harmony of Illusions: Inventing Post-traumatic Stress Disorder* (Princeton, NJ: Princeton University Press, 1997), 84.
2. F. W. Mott, "Special Discussion on Shell Shock Without Visible Signs of Injury," *Proceedings of the Royal Society of Medicine* 9 (1916): i–xlv. See also C. S. Myers, "A Contribution to the Study of Shell Shock," *Lancet* 1 (1915): 316–20; T. W. Salmon, "The Care and Treatment of Mental Diseases and War Neuroses ("Shell Shock") in the British Army," *Mental Hygiene* 1 (1917): 509–47; and E. Jones and S. Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf* (Hove, UK: Psychology Press, 2005).
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4. A. D. Macleod, "Shell Shock, Gordon Holmes and the Great War." *Journal of the Royal Society of Medicine* 97, no. 2 (2004): 86–89; M. Eckstein, *Rites of Spring: The Great War and the Birth of the Modern Age* (Boston: Houghton Mifflin, 1989).
5. Lord Southborough, *Report of the War Office Committee of Enquiry into "Shell-Shock"* (London: His Majesty's Stationery Office, 1922).
6. Booker Prize winner Pat Barker has written a moving trilogy about the work of army psychiatrist W. H. R. Rivers: P. Barker, *Regeneration* (London: Penguin UK, 2008); P. Barker, *The Eye in the Door* (New York: Penguin, 1995); P. Barker, *The Ghost Road* (London: Penguin UK, 2008). Further discussions of the aftermath of World War I can be found in A. Young, *Harmony of Illusions*; and B. Shephard, *A War of Nerves, Soldiers and Psychiatrists 1914–1994* (London: Jonathan Cape, 2000).
7. J. H. Bartlett, *The Bonus March and the New Deal* (1937); R. Daniels, *The Bonus March: An Episode of the Great Depression* (1971).
8. E. M. Remarque, *All Quiet on the Western Front*, trans. A. W. Wheen (London: GP Putnam's Sons, 1929).
9. Ibid., pp. 192–93.
10. For an account, see <http://motlc.wiesenthal.com/site/pp.asp?c=gvKVLcMVIuG&b=395007>.
11. C. S. Myers, *Shell Shock in France 1914–1918* (Cambridge UK, Cambridge University Press, 1940).
12. A. Kardiner, *The Traumatic Neuroses of War* (New York: Hoeber, 1941).
13. [http://en.wikipedia.org/wiki/Let\\_There\\_Be\\_Light\\_\(film\)](http://en.wikipedia.org/wiki/Let_There_Be_Light_(film)).
14. G. Greer and J. Oxenbould, *Daddy, We Hardly Knew You* (London: Penguin, 1990).
15. A. Kardiner and H. Spiegel, *War Stress and Neurotic Illness* (Oxford, England: Hoeber, 1947).

16. D. J. Henderson, "Incest," in *Comprehensive Textbook of Psychiatry*, 2nd ed., eds. A. M. Freedman and H. I. Kaplan (Baltimore: Williams & Wilkins, 1974), p. 1536.
17. W. Sargent and E. Slater, "Acute War Neuroses," *The Lancet* 236, no. 6097 (1940): 1–2. See also G. Debenham, et al., "Treatment of War Neurosis," *The Lancet* 237, no. 6126 (1941): 107–9; and W. Sargent and E. Slater, "Amnesic Syndromes in War," *Proceedings of the Royal Society of Medicine* (Section of Psychiatry) 34, no. 12 (October 1941): 757–64.
18. Every single scientific study of memory of childhood sexual abuse, whether prospective or retrospective, whether studying clinical samples or general population samples, finds that a certain percentage of sexually abused individuals forget, and later remember, their abuse. See, e.g., B. A. van der Kolk and R. Fisler, "Dissociation and the Fragmentary Nature of Traumatic Memories: Overview and Exploratory Study," *Journal of Traumatic Stress* 8 (1995): 505–25; J. W. Hopper and B. A. van der Kolk, "Retrieving, Assessing, and Classifying Traumatic Memories: A Preliminary Report on Three Case Studies of a New Standardized Method," *Journal of Aggression, Maltreatment & Trauma* 4 (2001): 33–71; J. J. Freyd and A. P. DePrince, eds., *Trauma and Cognitive Science* (Binghamton, NY: Haworth Press, 2001), 33–71; A. P. DePrince and J. J. Freyd, "The Meeting of Trauma and Cognitive Science: Facing Challenges and Creating Opportunities at the Crossroads," *Journal of Aggression, Maltreatment & Trauma* 4, no. 2 (2001): 1–8; D. Brown, A. W. Scheflin, and D. Corydon Hammond, *Memory, Trauma Treatment and the Law* (New York: Norton, 1997); K. Pope and L. Brown, *Recovered Memories of Abuse: Assessment, Therapy, Forensics* (Washington: American Psychological Association, 1996); and L. Terr, *Unchained Memories: True Stories of Traumatic Memories, Lost and Found* (New York: Basic Books, 1994).
19. E. F. Loftus, S. Polonsky, and M. T. Fullilove, "Memories of Childhood Sexual Abuse: Remembering and Repressing," *Psychology of Women Quarterly* 18, no. 1 (1994): 67–84. L. M. Williams, "Recall of Childhood Trauma: A Prospective Study of Women's Memories of Child Sexual Abuse," *Journal of Consulting and Clinical Psychology* 62, no. 6 (1994): 1167–76.
20. L. M. Williams, "Recall of Childhood Trauma."
21. L. M. Williams, "Recovered Memories of Abuse in Women with Documented Child Sexual Victimization Histories," *Journal of Traumatic Stress* 8, no. 4 (1995): 649–73.
22. The prominent neuroscientist Jaak Panksepp states in his most recent book: "Abundant preclinical work with animal models has now shown that memories that are retrieved tend to return to their memory banks with modifications." J. Panksepp and L. Biven, *The Archaeology of Mind: Neuroevolutionary Origins of Human Emotions*, Norton Series on Interpersonal Neurobiology (New York: WW Norton, 2012).
23. E. F. Loftus, "The Reality of Repressed Memories," *American Psychologist* 48, no. 5 (1993): 518–37. See also E. F. Loftus and K. Ketcham, *The Myth of Repressed Memory: False Memories and Allegations of Sexual Abuse* (New York: Macmillan, 1996).
24. J. F. Kihlstrom, "The Cognitive Unconscious," *Science* 237, no. 4821 (1987): 1445–52.
25. E. F. Loftus, "Planting Misinformation in the Human Mind: A 30-Year Investigation of the Malleability of Memory," *Learning & Memory* 12, no. 4 (2005): 361–66.
26. B. A. Van der Kolk and R. Fisler, "Dissociation and the Fragmentary Nature of Traumatic Memories: Overview and Exploratory Study," *Journal of Traumatic Stress* 8, no. 4 (1995): 505–25.
27. We will explore this further in chapter 14.
28. L. L. Langer, *Holocaust Testimonies: The Ruins of Memory* (New Haven: Yale University Press, 1991).
29. Ibid., p.5.
30. L. L. Langer, op cit., p. 21.

31. L. L. Langer, op cit., p. 34.
32. J. Osterman and B. A. van der Kolk, “Awareness during Anaesthesia and Posttraumatic Stress Disorder,” *General Hospital Psychiatry* 20 (1998): 274–81. See also K. Kiviniemi, “Conscious Awareness and Memory During General Anesthesia,” *Journal of the American Association of Nurse Anesthetists* 62 (1994): 441–49; A. D. Macleod and E. Maycock, “Awareness During Anaesthesia and Post Traumatic Stress Disorder,” *Anaesthesia and Intensive Care* 20, no. 3 (1992) 378–82; F. Guerra, “Awareness and Recall: Neurological and Psychological Complications of Surgery and Anesthesia,” in *International Anesthesiology Clinics*, vol. 24. ed. B. T Hindman (Boston: Little Brown, 1986), 75–99; J. Eldor and D. Z. N. Frankel, “Intra-anesthetic Awareness,” *Resuscitation* 21 (1991): 113–19; J. L. Breckenridge and A. R. Aitkenhead, “Awareness During Anaesthesia: A Review,” *Annals of the Royal College of Surgeons of England* 65, no. 2 (1983), 93.

## CHAPTER 13: HEALING FROM TRAUMA: OWNING YOUR SELF

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## CHAPTER 14: LANGUAGE: MIRACLE AND TYRANNY

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23. A small body of evidence offers support for claims that exposure/acupoints stimulation yields stronger outcomes and exposures strategies that incorporate conventional relaxation techniques. ([www.vetcases.com](http://www.vetcases.com)). D. Church, et al., “Single-Session Reduction of the Intensity of Traumatic Memories in Abused Adolescents After EFT: A Randomized Controlled Pilot Study,” *Traumatology* 18, no. 3 (2012): 73–79; and D. Feinstein and D. Church, “Modulating Gene Expression Through Psychotherapy: The Contribution of Noninvasive Somatic Interventions,” *Review of General Psychology* 14, no. 4 (2010): 283–95.
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## CHAPTER 15: LETTING GO OF THE PAST: EMDR

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## CHAPTER 16: LEARNING TO INHABIT YOUR BODY: YOGA

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## CHAPTER 17: PUTTING THE PIECES TOGETHER: SELF-LEADERSHIP

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13. Ibid., p. 34.
14. Ibid., p. 19.
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17. Richard Schwartz, personal communication.
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## CHAPTER 18: FILLING IN THE HOLES: CREATING STRUCTURES

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## CHAPTER 19: REWIRING THE BRAIN: NEUROFEEDBACK

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21. In chapter 17, we saw how essential it is to cultivate a state of steady, calm self-observation, which IFS calls a state of "being in self." Dick Schwartz claims that with persistence anybody can achieve such a state, and indeed, I have seen him help very traumatized people do precisely that. I am not that skilled, and many of my most severely traumatized patients become frantic or spaced out when we approach upsetting subjects. Others feel so chronically out of control that it is difficult to find any abiding sense of "self." In most psychiatric settings people with these problems are given medications to stabilize them. Sometimes that works, but many patients lose their motivation and drive. In our randomized controlled study of neurofeedback, chronically traumatized patients had an approximately 30 percent reduction in PTSD symptoms and a significant improvement in measures of executive function and emotional control (van der Kolk et al., submitted 2014).

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# INDEX

The page numbers in this index refer to the printed version of this book. To find the corresponding locations in the text of this digital version, please use the “search” function on your e-reader. Note that not all terms may be searchable.

Page numbers in *italics* refer to illustrations.

- abandonment, 140, 141, 150, 179, 301, 304, 327, 340, 350
- Ability, 37, 101, 226
- ACE (Adverse Childhood Experiences) study, 85, 144–48, 156, 347, 350–51
- acetylcholine, 266
- acupressure, 264–65, 410*n*–11*n*
- acupuncture, 231, 410*n*–11*n*
- addiction, *see* substance abuse
- addictive behaviors, 288–89
  - see also specific behaviors*
- ADHD (attention deficit hyperactivity disorder), 107, 136, 150, 310, 322
- adolescent behavior problems, child-caregiver relationship as predictor of, 160–61
- adrenaline, 46, 61, 77, 176, 225
- Aeschylus, 332
- Afghanistan War:
  - deaths in, 348
  - veterans of, 222–23, 229, 332
- agency, sense of, 95–98, 331, 355
  - as lacking in childhood trauma survivors, 113
- Ainsworth, Mary, 115
- Ajax (Sophocles), 332
- alcoholism, 146
- alexithymia, 98–99, 247, 272–73, 291, 319
- All Quiet on the Western Front* (Remarque), 171, 186
- alpha-theta training, 321, 326
- alpha waves, 314–15, 321, 326, 417*n*
- American Academy of Pediatrics, 348
- American College of Neuropsychopharmacology (ACNP), 29, 33
- American Counseling Association, 165, 393*n*
- American Journal of Psychiatry*, 27, 140, 164

American Psychiatric Association (APA):  
developmental trauma disorder diagnosis rejected by, 149, 158–59, 166  
PTSD recognized by, 19  
*see also Diagnostic and Statistical Manual of Mental Disorders (DSM)*  
American Psychological Association, 165, 393n  
amnesia, 179, 183  
dissociative, 190  
*see also* repressed memory  
amygdala, 33, 35, 42, 68–69, 301  
balance between MPFC and, 62–64  
fight/flight response and, 60–61, 61, 247, 265, 408n  
mindfulness and, 209–10  
Anda, Robert, 144, 148  
androstenedione, 163  
anesthesia awareness, 196–99  
Angell, Marcia, 374n–75n  
Angelou, Maya, 356  
animals, in trauma therapy, 80, 150–51, 213  
anorexia nervosa, 98–99  
anterior cingulate, 91, 91, 254, 376n, 387n  
Anthony (trauma survivor), 150  
anticonvulsant drugs, 225  
antidepressants, 35, 37, 136, 146, 225  
*see also specific drugs*  
antipsychotic drugs, 27–29, 101, 136, 224, 225–27  
children and, 37–38, 226  
PTSD and, 226–27  
*see also specific drugs*  
anxiety, 150  
ARC (attachment, self-regulation, competency) model, 401n  
Archimedes, 92  
arousal, 56, 107, 153, 165  
flashbacks and, 42–43, 196–97  
in infants, 84, 113, 121, 161  
memory and, 175–76  
neurofeedback and, 326  
PTSD and, 157, 326  
regulation of, 77–79, 113, 160, 161, 205–8  
sexual, 94, 108  
SNS and, 77  
soothing and, 113  
yoga and, 270  
*see also* threat, hypersensitivity to  
art, trauma recovery and, 242–43  
*asanas*, 270, 272  
*Assault, The* (film), 375  
athletics, 349, 355  
Ativan, 225

attachment, 109–11, 113, 128–29, 210, 213, 318, 401n  
anxious (ambivalent), 116, 117  
avoidant, 116, 117  
as basic instinct, 115  
ongoing need for, 114–15  
resilience and, 161  
in rhesus monkeys, 153–54  
secure, 115–16, 117, 154–55  
attachment, disorganized, 117, 166, 381n  
long-term effects of, 119–21  
psychiatric and physiological problems from, 118  
socioeconomic stress and, 117–18  
trauma and, 118–19  
traumatized parents as contributors to, 118  
attachment disorder, 282  
attention deficit disorder (ADD), 151  
attention deficit hyperactivity disorder (ADHD), 107, 136, 150  
attractors, 32  
attunement, emotional, 111–14, 117, 118, 122, 161, 213, 215, 354  
lack of, dissociation and, 121–22  
in relationships, 210  
Auden, W. H., 125  
Auerhahn, Nanette C., 372n  
Auschwitz concentration camp, 195  
autobiographical self, 236  
autoimmune disease, 291–92  
*Automatisme psychologique, L'* (Janet), 178  
autonomic nervous system (ANS), 60, 63–64, 77, 80, 225, 266–67

balance (proprioceptive) system, 247  
Baltimore, Md., home-visitation program in, 167  
basal ganglia, 254  
Bastiaans, Jan, 223  
Beebe, Beatrice, 109, 118  
Beecher, Henry K., 32–33  
befriending one's body, 96, 100–101, 206–19, 206, 273, 274–75, 354  
benzodiazepines, 225, 227  
Berger, Hans, 310  
beta waves, 314, 322, 417n  
binge eating, 120  
Bion, Wilfred, 109  
bipolar disorder, 136, 151, 226  
Blaustein, Margaret, 351, 401n  
Bleuler, Eugen, 24–25  
blood pressure, 46, 61, 66  
body:  
befriending of, 96, 100–101, 206–19, 206, 273, 274–75, 354

islands of safety in, 245, 275  
self-awareness of, 87–102, 206, 206, 208–9, 236, 237–38, 247, 382n  
body-brain connections, 74–86, 381n  
body functions, brain stem regulation of, 56, 94–95, 266  
body therapies, 3, 26, 72, 86, 89, 207–8, 215–17, 228–29, 245  
*see also specific therapies*  
borderline personality disorder (BPD), childhood trauma and, 138–41  
Bowlby, John, 109–11, 114, 115, 121, 140–41, 232  
brain:  
    bodily needs and, 55  
    cognitive, *see* rational brain  
    default state network (DSN) in, 90  
    electrophysiology of, 310–12, 328–29  
    left vs. right sides of, 44–45, 298  
    midline (“Mohawk”) structures of, 90–91, 91, 376n  
    old, *see* emotional brain  
    sensory information organized by, 55, 60  
    survival as basic job of, 55, 94  
    trauma and changes to, 2–3, 21, 59, 347  
    triune model of, 59, 64  
    warning systems in, 55  
    *see also specific regions*  
brain scans, 21  
    of PTSD patients, 102, 347, 408n  
    of trauma survivors, 39–47, 42, 66, 68–70, 68, 71–72, 72, 82, 99–100, 319  
brain stem (reptilian brain), 55–56, 59, 60, 63, 176  
    basic body functions regulated by, 56, 94–95, 266  
    freeze response generated by, 83  
    self-awareness and, 93–94  
    *see also* emotional brain  
brain waves, 321  
    alpha, 315, 321, 326, 417n  
    beta, 314, 322, 417n  
    combat and, 324  
    delta, 320  
    dreaming and, 321  
    theta, 321, 326, 417n  
    of trauma survivors, 311–12, 311, 320  
breathing:  
    ANS regulation through, 64  
    in fight/flight response, 61  
    HRV and, 267  
    therapeutic, 72, 131, 207, 208, 245, 268–69  
    in yoga (*pranayama*), 86, 270  
Breuer, Josef, 181–82, 194, 231, 246  
British General Staff, shell-shock diagnosis rejected by, 185  
British Psychological Society, 165  
Broca’s area, 43, 44, 45, 408n

- Brodmann's area 19, 44  
Buchenwald concentration camp, 43  
bulimia, 34, 98–99, 286, 287
- calming and relaxation techniques, 131, 203–4  
*see also* breathing; mindfulness; yoga
- cancer, 267
- Cannon, Katie, 184
- caregivers:
- attunement of infants and, 111–13, 117, 118
  - children's loyalty to, 133, 386*n*
  - children's relationships with, as predictor of adolescent behavior, 160–61
  - infants' bonds with, 109–11, 113, 128–29
  - insecure attachments with, 115–16
  - as source of children's distress, 116–17
  - traumatized, and disorganized attachment in children, 118
- catatonia, 23
- Catholic Church, pedophile scandals in, 171–75, 183, 190, 191
- CBT, *see* cognitive behavioral therapy (CBT)
- CD45 cells, 127
- Celexa, 35, 254
- Centers for Disease Control and Prevention (CDC), 1, 144
- Chang, C.-C., 22
- Charcot, Jean-Martin, 177–78, 178, 182, 184
- Chemtob, Claude, 119
- childhood trauma survivors, 123–35, 351
  - agency, sense of, as lacking in, 113
  - arousal in, 161
  - attachment coping styles in, 114–20
  - attention and concentration problems in, 158, 166, 245–46, 328
  - borderline personality disorder and, 138–41
  - disorganized attachment in, 118–19, 166
  - dysregulation in, 158, 161, 166
  - high-risk behavior in, 120, 134, 147
  - home-visitation program for, 167
  - hypersensitivity to threat in, 158, 161, 310, 328
  - increased risk of rape and domestic abuse in, 85, 146–47
  - inhibition of curiosity in, 141, 350
  - internal world maps of, 127–30
  - loyalty to caregivers of, 133
  - misdiagnosis of, 136–48, 150, 151, 157, 226, 282
  - numbing in, 279
  - rage in, 304
  - relationship difficulties of, 158
  - safety, sense of, as lacking in, 141, 213, 301, 317
  - school problems of, 146, 158, 161
  - schools as resources for, 351–56

self-harming in, 141, 158  
self-hatred in, 158, 279  
sense of competence lacking in, 166, 350  
social engagement and, 161  
social support for, 167–68, 350  
substance abuse by, 146, 151  
suicidal behavior in, 141, 146  
temporal lobe abnormalities in, 416n  
trust as difficult for, 141, 158, 340  
*see also* developmental trauma disorder (DTS)

childhood trauma survivors, of emotional abuse and neglect:  
abandonment of, 141, 304, 327, 340  
depersonalization in, 72  
numbing in, 87–89  
prevalence of, 20–21  
psychotherapy of, 296–97  
Sandy as, 97  
self-harming in, 87, 88  
self-respect lacking in, 304  
sense of safety lacking in, 296–97  
submissiveness in, 97, 218  
substance abuse by, 327  
suicidal behavior in, 88, 290  
trust as difficult for, 150

childhood trauma survivors, of sexual abuse and family violence:  
dissociation in, 132–33, 162, 172, 265, 316, 329  
flashbacks of, 20, 131, 135, 172, 173  
“hallucinations” in, 25  
helplessness of, 131, 133–34, 211, 265, 289–90  
hypersensitivity to threat in, 17, 143  
of incest, *see* incest survivors  
incoherent sense of self in, 166  
intimacy as difficult for, 143  
isolation of, 131  
legal cases involving, 174–75, 183, 190  
Lisa as, 316–18, 325, 329  
loyalty to caregivers of, 386n  
Maggie as, 250–51  
Maria as, 300–304  
Marilyn as, 123–35, 289  
Mary as, 130, 277–78  
nightmares of, 20, 134–35  
numbing in, 124, 265–66  
obesity in, 144, 147, 266  
prevalence of, 1, 11, 20–21  
public acknowledgment of, 189  
rage in, 285  
repressed memories in, 190

- seizures in, 172, 174
  - self-blame in, 131
  - self-deceit in, 2, 23–24
  - self-harming in, 20, 25, 141, 172, 264, 316, 317
  - self-hatred in, 134, 143
  - shame in, 13–14, 67, 132, 174
  - substance abuse by, 327
  - suicidal behavior in, 141, 147, 150–51, 286, 287, 316
  - TAT test and, 106–7
  - trust as difficult for, 134
- children:
- abuse of, as most costly public health issue, 148, 149–50
  - antipsychotic drugs prescribed to, 37–38, 226
  - attachment in, *see* attachment
  - caregivers' relationships with, as predictor of adolescent behavior, 160–61
  - internal world maps of, 109, 127, 129
  - loyalty to caregivers of, 133
- see also* infants
- Children's Clinic (MMHC), 105–9, 111, 121
- Child Sexual Abuse Accommodation Syndrome, The* (Summit), 131, 136
- China, traditional medicine in, 207
- chlorpromazine (Thorazine), 22–23
- chronic fatigue syndrome, 330
- clonidine, 225
- Clozaril, 28
- cognitive behavioral therapy (CBT), 182, 230–31, 246, 292
  - in treatment of PTSD, 194, 220–21
- Coleman, Kevin, 336, 342, 344
- collapse, *see* freeze response (immobilization)
- combat:
- brain waves and, 324
  - see also* PTSD (posttraumatic stress disorder), of combat veterans
- community, mental health and, 38, 213–14, 244, 331–34, 355
- Community Mental Health Act (1963), 373n
- competence, sense of, 166, 341
- Comprehensive Textbook of Psychiatry* (Freedman and Kaplan), 20, 188–89
- conduct disorder, 282, 392n
- conflict:
- as central to theater, 335
  - trauma survivors' fear of, 335
- consciousness, *see* self
- Cope, Stephen, 123, 230, 263, 272
- cortical networks, local, 417n
- cortisol, 30, 61, 154, 162, 223
- Countway Library of Medicine, 11, 24
- creativity, *see* imagination
- Cummings, Adam, 155
- cummings, e. e., 122

Cymbalta, 35, 37

Dalai Lama, 79

Damasio, Antonio, 93, 94–95, 382n

dance:

in trauma recovery, 242–43, 355

*see also* rhythmic movement

Darwin, Charles, 74–76, 75, 77

Daubert hearings, 174–75

Decety, Jean, 222

default state network (DSN), 90

Defense Department, U.S., 156, 224, 226–27, 332

Pharmacoconomic Center of, 224

defense mechanisms, suspension of, in intimate relationships, 84–85

Delbo, Charlotte, 195

delta waves, 320

*Dementia Praecox* (Bleuler), 24–25

denial, 46, 291

*Denial: A Memoir* (Stern), 7

depersonalization, 71–73, 71, 99–100, 132–33, 286, 386n, 401n

depression, 136, 150, 162, 225

chemistry of, 26, 29

derealization, 401n

desensitization therapies, 46–47, 73, 220, 222–23

developmental psychopathology, 2

developmental trauma disorder (DTS; proposed), 166–68

APA's rejection of, 149, 158–59, 166

criteria for, 158, 359–62

*see also* childhood trauma survivors

Dewey, Kippy, 337

diagnosis, definition of, 137–38

diagnosis, psychiatric, childhood trauma as misunderstood in, 136–48

*Diagnostic and Statistical Manual of Mental Disorders* (DSM), 29, 137

arbitrariness of, 323

childhood trauma survivors ignored by, 143

DSM-III, 29, 137, 142, 156, 190

DSM-IV, 143

DSM-5, 159, 164–66, 329, 393n

reliability issues in, 164–65

social causation ignored in, 165

dialectical behavior therapy (DBT), 262, 270

Diamond, Adele, 418n

disruptive mood dysregulation disorder, 157, 393n

dissociation, 66–68, 95, 179, 180–81, 194, 211, 247, 281, 294, 317–18, 401n

maternal misattunement and, 121–22, 286

neurofeedback and, 318

in sexual abuse survivors, 132–33, 162, 172, 265, 316, 329

dissociative amnesia, 190  
dissociative identity disorder (DID), 277–78  
Doerries, Bryan, 332  
domestic violence, 1, 11, 23–24  
  deaths from, 348  
  increased incidence of, in survivors of childhood abuse, 85, 146–47  
  repressed memory and, 190  
  victims' loyalty to abusers in, 133  
  victims' submissiveness in, 218  
dopamine, 29, 226  
dorsal vagal complex (DVC), 82, 82, 83  
dorsolateral prefrontal cortex (DLPFC), 68–69, 376n  
dreaming, 260–61, 308, 309–10, 321  
drumming, 86, 208  
Duffy, Frank, 328  
Dunkirk evacuation, repressed memory and, 189–90  
dysfunctional thinking, 246

ecstasy (MDMA), 223–24  
education system:  
  cutting of social engagement programs in, 349  
  inattention to emotional brain in, 86  
  as resources for childhood trauma recovery, 351–56  
EEGs (electroencephalograms), 309–11, 320, 321  
Effexor, 225  
Ekman, Paul, 74  
Eli Lilly, 34–35  
El Sistema, 355  
EMDR, *see* eye movement desensitization and reprocessing (EMDR)  
Emerson, David, 269  
emotional brain, 54, 57, 62, 63, 176, 226, 265  
  balance between rational brain and, 64–65, 129–30, 205, 310  
  befriending of, 206–19, 206, 273, 274–75  
  education system's inattention to, 86  
  inner world map encoded in, 129  
  medial prefrontal cortex and, 206, 206, 236, 353  
  physical manifestations of trauma in, 204–5  
Emotional Freedom Technique (EFT), 264–65  
emotional intelligence, 354  
emotions:  
  articulation of, 232–34  
  calming effect of physical activity on, 88  
  fear of, in trauma survivors, 335  
  physical expression of, 74–76, 75, 78  
  regulation of, *see* self-regulation  
  in therapeutic theater, 335, 344–45  
  vagus nerve and, 76, 78, 80–82, 81

writing and, 238–42  
empathy, 58–60, 111–12, 161  
endocrine system, 56  
endorphins, 32  
epigenetics, 152  
epilepsy, 310, 315  
equine therapy, 150–51, 213  
Erichsen, John Eric, 189  
Erickson, Milton, 254  
Esalen Institute, 300  
Estonia, “Singing Revolution” in, 334  
Eth, Spencer, 231  
executive function, 62, 323  
exiles (in IFS therapy), 281–82, 289–90, 291–95  
exposure therapy, 194  
    EMDR vs., 255–56  
    PTSD and, 256  
*Expression of the Emotions in Man and Animals, The* (Darwin), 74–76  
eye contact, direct vs. averted, 102  
eye movement desensitization and reprocessing (EMDR), 47, 220, 225, 228, 231, 246, 248–62, 290, 308, 321  
    author’s training in, 251–53  
    clinical study of, 254–55  
    exposure therapy vs., 255–56  
    medication vs., 254, 261  
    origin of, 251  
    PTSD and, 248–49, 253–54, 260  
    sleep disorders and, 259–61  
eyewitness testimony, unreliability of, 192

Fairbairn, Ronald, 109  
false memories, 189, 190, 191–92  
*Father-Daughter Incest* (Herman), 138  
“Faulty Circuits” (Insel), 328  
*Feeling of What Happens, The* (Damasio), 93  
Feldenkrais, Moshe, 92  
Felitti, Vincent, 143–47, 156  
feminist movement, 189  
fight/flight response, 30, 42, 45–47, 54, 57, 60–61, 64, 77, 78, 80, 82, 85, 96, 97, 209, 217, 218, 247, 265, 329, 408n  
firefighters, in IFS therapy, 282, 288–89, 291–92  
Fisher, Sebern, 312–14, 316–18, 325  
Fish-Murray, Nina, 105–7  
Fisler, Rita, 40  
flashbacks, 8, 13, 16, 20, 40, 42, 44, 45, 66–67, 68, 68, 70, 72, 101, 135, 172, 173, 176, 193–94, 196–98, 219, 227  
fluoxetine, *see* Prozac (fluoxetine)

Foa, Edna, 233

focus:

- in trauma recovery, 203, 347–48, 355
- trauma survivors' difficulties with, 158, 166, 245–46, 311–12, 328

Fortunoff Video Archive, 195

Fosha, Diana, 105

foster-care youth, Possibility Project theater program for, 340–42

free writing, 238–39

freeze response (immobilization), 54, 54, 82–83, 82, 85, 95, 217, 218, 265

- of Ute Lawrence, 65–66, 68, 71–72, 80, 82, 99–100, 219–20

*see also* numbing

Freud, Sigmund, 15, 27, 177, 181–82, 183, 184, 194, 219, 220, 231, 246–47

Frewen, Paul, 99

Friedman, Matthew, 159

frontal cortex, 314

frontal lobes, 57–58, 62, 176

- ADHD and, 310, 320
- empathy and, 58–60
- imagination and, 58
- PTSD and, 320

*see also* medial prefrontal cortex (MPFC)

frontal midline theta rhythm, 417n

functional magnetic resonance imaging (fMRI), 39, 66

Fussell, Paul, 243–44

Galen, 77

Gazzaniga, Michael, 280–81

gene expression:

- attachment and, 154–55
- stress and, 152, 347

genetics:

- mental illness and, 151–52
- of rhesus monkeys, 153–54

Germany, treatment of shell-shock victims in, 185, 186–87

Glenhaven Academy, Van der Kolk Center at, 213, 401n

Gottman, John, 113

Grant Study of Adult Development, 175

Gray, Jeffrey, 33

Great Depression, 186

*Great War in Modern Memory, The* (Fussell), 243–44

*Great Work of Your Life, The* (Cope), 230

Greenberg, Mark, 31, 32, 33

Greenberg, Ramon, 409n

Greer, Germaine, 187

Griffin, Paul, 335, 340–42

Gross, Steve, 85

group therapy, limits of, 18

Gruzelier, John, 322  
gun control, 348  
Guntrip, Harry, 109  
gut feelings, 96–97

Haig, Douglas, 185  
Haley, Sarah, 13  
Hamlin, Ed, 323  
handwriting, switching in, 241–42  
Harris, Bill, 155  
Hartmann, Ernest, 309–10  
Harvard Medical School, 40  
    Countway Library of Medicine at, 11, 24  
    Laboratory of Human Development at, 112  
    *see also* Massachusetts Mental Health Center  
Hawthorne, Nathaniel, 309  
Head Start, 350  
heart disease, 267  
HeartMath, 413n  
heart rate, 46, 61, 66, 72, 116  
heart rate variability (HRV), 77, 266–69, 268, 271, 355, 413n  
Heckman, James, 167, 347  
Hedges, Chris, 31  
helplessness, of trauma survivors, 131, 133–34, 211, 265, 289–90, 341  
Herman, Judith, 138–41, 189, 296  
hippocampus, 60, 69, 176  
Hobson, Allan, 26, 259–60, 261  
Holocaust, 43  
Holocaust survivors, 99, 195, 223, 372n  
    children of, 118–19, 293–95  
*Holocaust Testimonies: The Ruins of Memory* (Langer), 195, 372n  
Hölzel, Britta, 209–10, 275  
homeostasis, 56  
Hopper, Jim, 266  
Hosseini, Khaled, 7  
human connectome, 329  
humans, as social animals, 110, 166, 349  
*Hurt Locker, The* (film), 312  
Huston, John, 187, 220  
hypnagogic (trance) states, 117, 187, 238, 302, 305, 326  
hypnosis, 187, 220  
hypothalamus, 56, 60  
hysteria, 177–78, 178  
    Freud and Breuer on, 181–82, 194  
hysterical blindness, 126

imagination:

dreams and, 261  
frontal lobes as seat of, 58  
loss of, 17, 350  
pathological, 25  
psychomotor therapy and, 305  
recovery of, 205  
imitation, 112  
immobilization, *see* freeze response (immobilization)  
immune system, 56  
    stress and, 240  
    of trauma survivors, 126–27, 291  
impulsivity, 120, 164  
incest survivors:  
    cognitive defects in, 162  
    depression in, 162  
    dissociation in, 132–33, 162  
    distorted perception of safety in, 164  
    father-daughter, 20, 188–89, 250, 265  
    high-risk behavior in, 164  
    hypersensitivity to threat in, 163  
    immune systems of, 126–27  
    longitudinal study of, 161–64  
    misguided views of, 20, 188–89  
    numbing in, 162–63  
    obesity in, 144, 162  
    self-harming in, 162  
    self-hatred in, 163  
    troubled sexual development in, 162, 163  
    trust as difficult for, 163  
India, traditional medicine in, 207  
inescapable shock, 29–31  
infants, 83–84  
    arousal in, 84, 113, 121, 161  
    attunement of caregivers and, 111–13, 117, 118  
    caregivers' bonds with, 109–11, 113, 128–29  
    internal locus of control in, 113  
    sense of self in, 113  
    sensory experiences of, 93–94  
    VVC development in, 83–84  
inferior medial prefrontal cortex, 376*n*  
Insel, Thomas, 328  
Institute of the Pennsylvania Hospital, 251  
insula, 91, 91, 247, 274, 274, 382  
integration, of traumatic memories, 181, 219–20, 222, 228, 237, 279, 308  
interdependence, 340–41  
intermittent explosive disorder, 151  
internal family systems (IFS) therapy, 223–24, 262, 281–95, 418*n*  
    exiles in, 281–82, 289–90, 291–95

- firefighters in, 282, 288–89, 291–92  
managers in, 282, 286–88, 291–92, 293  
mindfulness in, 283  
rheumatoid arthritis and, 291–92  
Self in, 224, 283–85, 288, 289, 305  
unburdening in, 295  
interoception, 95–96, 413n  
yoga and, 272–74  
*see also* sensory self-awareness  
interpersonal neurobiology, 2, 58–60  
intimacy:  
    suspension of defense mechanisms in, 84–85  
    trauma survivors' difficulty with, 99, 143  
Iraq War:  
    deaths in, 348  
    veterans of, 220, 221, 222–23, 229, 312, 332  
irritability, 10  
isolation, of childhood sexual abuse survivors, 131
- James, William, 89–90, 93, 184, 277, 280, 296, 309  
Janet, Pierre, 54, 177, 178–79, 181, 182, 184, 194, 218, 220, 312, 396n  
Jouvet, Michel, 259–60  
Jung, Carl, 27, 280, 296  
Justice Resource Institute, 339, 401n
- Kabat-Zinn, Jon, 209  
Kagan, Jerome, 79, 237–38  
Kaiser Permanente, 144  
Kamiya, Joe, 315  
Kandel, Eric, 26  
Kardiner, Abram, 11, 187, 189, 371n  
Katrina, Hurricane, 54  
Keats, John, 248  
Keegan, John, 185  
*Keeping Together in Time* (McNeill), 333  
Keller, Helen, 234–35  
Kennedy, John F., 373n  
Kinneburgh, Kristine, 401n  
*Kite Runner, The* (Hosseini), 7  
Klonopin, 225  
Kluft, Richard, 251, 281  
Koch, Robert, 164  
Kradin, Richard, 126  
Krantz, Anne, 243  
Krystal, Henry, 99  
Krystal, John, 30  
Kulkosky, Paul, 326, 327

- Lancet*, 189  
Langer, Lawrence, 195, 372n  
language:  
    failure of, in trauma survivors, 43–44, 243–45, 352–53  
    limitations of, 235–37, 243–45  
    mental health and, 38  
    self-discovery and, 234–35  
    in trauma recovery, 230–47, 275–76  
Lanius, Ruth, 66, 90, 92, 99, 102  
Laub, Dori, 372n  
Lawrence, T. E., 232  
Lazar, Sara, 209–10, 275  
learning disabilities, neurofeedback and, 325  
LeDoux, Joseph, 60, 206  
legal cases:  
    admissibility of evidence in, 174–75  
    involving pedophile priests, 183, 190, 191  
Lejune, Camp, 270  
*Letters to a Young Poet* (Rilke), 87  
*Let There Be Light* (film), 187, 220  
Levine, Peter, 26, 96, 217–18, 245, 408n  
Lifton, Robert J., 19  
limbic system, 42, 42, 56–57, 59, 60, 64  
    development of, 56–57  
    therapy for, 205–6  
    in trauma survivors, 59, 95, 176, 265  
        *see also* emotional brain  
lithium, 27–28, 136, 225  
loss, as basic human experience, 26–27  
love, as basic human experience, 26–27  
LSD, 223  
L-tryptophan, 34  
lupus erythematosus, 126  
Lyons-Ruth, Karlen, 119–22
- MacArthur, Douglas, 186  
*Macbeth* (Shakespeare), 43, 230  
McFarlane, Alexander, 89, 245–46, 311–12, 324–25  
McGaugh, James, 176  
MacLean, Paul, 64  
McNeill, William H., 333  
Maier, Steven, 29–30  
Main, Mary, 115–17, 381n  
Mamet, David, 331  
managers, in IFS therapy, 282, 286–88, 291–92, 293  
Mandela, Nelson, 356  
map of the world, internal:

- in childhood trauma survivors, 127–30
- of children, 109, 127, 129
- March of the Penguins* (film), 96
- Marlantes, Karl, 233–34
- martial arts, 86, 208, 355
- Massachusetts Department of Mental Health, 253
- Massachusetts General Hospital, 192, 251
  - Neuroimaging Laboratory of, 40
- Massachusetts Mental Health Center, 19–20, 22, 26, 28, 36, 142, 259–60
  - see also* Children’s Clinic (MMHC); Trauma Clinic
- massage therapy, 89, 92
- Matthew, Elizabeth, 253–54
- Maurice, Prince of Orange, 333–34
- MDMA (ecstasy), 223–24
- meaning-making, as human trait, 16–17
- medial prefrontal cortex (MPFC), 62, 63, 69, 91, 92, 96, 274, 274
  - accessing emotional brain through, 206, 206, 236, 353
  - balance between amygdala and, 62–64
  - sensory self-awareness and, 90–91, 206, 354, 376n, 408n, 417n
- Medicaid, 37
- medicine, non-Western, 76, 86, 207–8
- meditation, 208
  - mindfulness, 63, 321, 400n
  - in yoga, 270
- Meltzoff, Andrew, 112
- memory:
  - level of arousal and, 175–76
  - as narrative, 176, 179, 194, 219
  - rewriting of, 175, 191, 236, 255–56, 398n
- see also* repressed memory; traumatic memory
- mental health, safety as fundamental to, 351, 352
- mental hospitals, population of, 28
- mental illness:
  - disorder model of, 27
  - genetics and, 151–52
  - pharmacological revolution and, 36–38
  - as self-protective adaptations, 278–79
  - social engagement and, 78–79
- methylation, 152
- militarism, 186
- mindfulness, 62, 63, 96, 131, 207, 208–10, 224, 225, 269, 270, 283, 292, 321
  - meditation for, 63, 321, 400n
- Mindfulness-Based Stress Reduction (MBSR), 209
- Minnesota Longitudinal Study of Risk and Adaptation, 160–61
- Minsky, Marvin, 281
- mirror neurons, 58–59, 78, 102, 111–12
- misdiagnosis, of childhood trauma survivors, 136–48, 150, 151, 157, 226
- model mugging program, 218–19, 308

monomethylhydrazine (MMH), 315  
mood dysregulation disorder, 226  
mood stabilizing drugs, 225  
Moore, Dana, 269  
MPFC, *see* medial prefrontal cortex (MPFC)  
multiple personality disorder, 277–78  
Murray, Henry, 105–6  
Murrow, Ed, 43  
muscular bonding, 333–34  
music, in trauma recovery, 242–43, 349, 355  
Myers, Charles Samuel, 185, 187, 189  
Myers, Frederic, 189

naltrexone, 327  
Nathan Cummings Foundation, 155  
National Aeronautics and Space Administration (NASA), 315  
National Association of State Mental Health Program Directors, 159  
National Child Traumatic Stress Network (NCTSN), 155–56, 157, 351, 356  
National Institutes of Health, 28, 138, 207, 251, 254, 315, 329  
    DSM-5 diagnostic criteria rejected by, 165–66, 329  
nature vs. nurture debate, 153–55, 160  
Nazis, shell-shock victims as viewed by, 186–87  
neocortex, *see* rational brain  
nervous system, 76–77  
    autonomic (ANS), 60, 63–64, 77, 80, 225, 266–67  
    parasympathetic (PNS), 77, 83–84, 264, 266–67  
    sympathetic (SNS), 77, 82, 82, 209, 266–67  
neuroception, 80  
neurofeedback, 207, 312–29, 313, 418n  
    ADHD and, 322  
    alpha-theta training in, 321, 326  
    author’s experience of, 313–14  
    dissociation and, 318  
    epilepsy and, 315  
    history of, 315  
    learning disabilities and, 325  
    performance enhancement and, 322  
    PTSD and, 326–28  
    self-regulation in, 313  
    substance abuse and, 327–28  
    Trauma Center program for, 318–20  
neuroimaging, *see* brain scans  
neuroplasticity, 3, 56, 167  
neuroscience, 2, 29, 39, 275, 347  
neurotransmitters, 28–29  
    *see also specific neurotransmitters*  
Newberger, Carolyn and Eli, 355

*New England Journal of Medicine*, 374n–75n  
*New York Times*, 334, 375n  
nightmares, 8, 9, 14, 15, 20, 44, 134–35, 327  
Nijenhuis, Ellert, 281  
1984 (Orwell), 109  
non-Western medicine, 76, 86, 207–8  
norepinephrine, 29  
North American Association for the Study of Obesity, 144  
numbing, 14–15, 67, 71–73, 84, 87–89, 92, 99, 119, 124, 162–63, 198, 205, 247, 265–66, 273, 279, 304–5, 306  
*see also* freeze response (immobilization)

obesity, 144, 147, 162, 266  
Ogden, Pat, 26, 96, 217–18  
Olds, David, 167  
*On the Origin of Species* (Darwin), 74  
oppositional defiant disorder (ODD), 150, 151, 157, 282, 392n  
orbital prefrontal cortex, 91  
*Oresteia* (Aeschylus), 332  
Orr, Scott, 33  
Orwell, George, 109  
out-of-body experiences, 100, 132–33, 286, 386n  
oxytocin, 223

Packer, Tina, 330, 335, 345–46  
“Pain in Men Wounded in Battle” (Beecher), 32–33  
painkillers, 146, 349  
panic attacks, 97, 172  
Panksepp, Jaak, 334, 387n, 398n  
paralysis, episodic, 228–29  
paranoid schizophrenia, 15  
parasympathetic nervous system (PNS), 77, 83–84, 264, 266–67  
parent-child interactive therapy (PCIT), 215  
parietal lobes, 91  
Pascual-Leone, Alvaro, 417n  
Pasteur, Louis, 164  
Patton, George, 186  
Pavlov, Ivan, 39  
Paxil, 35, 225, 254  
PBSP psychomotor therapy, *see* psychomotor therapy  
Pearlman, Chester, 409n  
pendulation, 217–18, 245, 286, 333, 408n  
Peniston, Eugene, 326, 327  
Pennebaker, James, 239–41, 243  
performance enhancement, neurofeedback and, 322  
periaqueductal gray, 102  
Perry, Bruce, 56

Perry, Chris, 138, 141, 296  
Pesso, Albert, 297–99  
pharmaceutical industry, power of, 374n–75n  
pharmacological revolution, 27–29, 36–38, 310  
    profit motive in, 38  
phobias, 256  
physical actions, completion of, in trauma survivors, 96  
physical activity:  
    calming effect of, 88  
    in trauma therapy, 207–8  
physiology:  
    self-regulation of, 38  
    *see also* body; brain  
Piaget, Jean, 105  
Pilates, 199  
Pitman, Roger, 30, 33, 222  
placebo effect, 35  
plane crashes, survivors of, 80  
Plutarch, 334  
pneumogastric nerve, *see* vagus nerve  
Pollak, Seth, 114  
polyvagal theory, 77–78, 86  
Porges, Stephen, 77–78, 80, 83, 84–85, 86  
positron emission tomography (PET), 39  
Possibility Project, 335, 340–42  
posterior cingulate, 90–91, 91  
Posttraumatic Cognitions Inventory, 233  
*pranayama*, 86, 270  
prefrontal cortex, 59, 68–69, 102  
    executive function in, 62  
    *see also* medial prefrontal cortex (MPFC)  
prefrontal lobes, 254  
Prince, Morton, 184  
*Principles of Psychology, The* (James), 277  
prisons:  
    population of, 348  
    spending on, 168  
prolactin, 223  
propranolol, 225  
proprioceptive (balance) system, 247  
protagonists, in psychomotor therapy, 297, 300–302  
proto-self, 94  
Prozac (fluoxetine), 34–35, 37, 223, 262  
    PTSD and, 35–36, 225, 226, 254, 261  
psychiatry:  
    drug-based approach of, 315, 349  
    socioeconomic factors ignored in, 348  
psychoanalysis, 22, 184, 230–31

- see also* talk therapy (talking cure)
- psychodynamic psychotherapy, 199
- Psychology Today*, 315
- psychomotor therapy, 296–308
- author's experience in, 298–99
- feeling safe in, 300, 301
- protagonists in, 297, 300–302
- structures in, 298–308
- witnesses in, 297, 300, 301, 306
- psychopharmacology, 20, 206
- psychotherapy, of child neglect survivors, 296–97
- psychotropic drugs, 27–29, 37–38, 101, 136, 315, 349–50
- PTSD and, 254, 261, 405n
- in trauma recovery, 223–27
- see also specific drugs*
- PTSD (posttraumatic stress disorder):
- acupuncture and acupressure in treatment of, 410n–11n
- amygdala-MPFC imbalance in, 62–64
- attention and concentration problems in, 311–12
- brain scans of, 102, 347, 408n
- brain-wave patterns in, 311, 312
- CBT and, 194, 220–21
- children of parents with, 118–19
- diagnosis of, 136–37, 142, 150, 156–57, 188, 319
- dissociation in, 66–68
- EMDR in treatment of, 248–49, 253–54
- exposure therapy and, 256
- flashbacks in, 72, 327
- in Holocaust survivors, 118–19
- HRV in, 267, 268
- hypersensitivity to threat in, 102, 327, 408n
- language failure in, 244–45
- MDMA in treatment of, 223–24
- memory and, 175, 190
- numbing in, 72–73, 99
- psychotropic drugs and, 254, 261, 405n
- reliving in, 66–68, 180–81, 325
- and security of attachment to caregiver, 119
- sensory self-awareness in, 89–92
- social engagement and, 102
- substance abuse and, 327
- yoga therapy for, 207, 228–29, 268–69
- PTSD (posttraumatic stress disorder), of accident and disaster survivors, 41–43, 142–43, 348
- EMDR and, 260
- flashbacks in, 66–67, 68, 68, 196–98
- hypersensitivity to threat in, 45–47, 68
- irritability and rage in, 68, 248–49
- Lelog as, 177–78

- numbing in, 198
- PTSD (posttraumatic stress disorder), of combat veterans, 1–2, 106, 348, 371*n*
  - antipsychotic drugs and, 226–27
  - attention and concentration problems of, 312
  - CBT and, 194, 220–21
  - diagnosis of, 19–21
  - downside of medications for, 36–37
  - flashbacks in, 8, 13, 16, 227
  - hypersensitivity to threat in, 11, 327
  - hypnosis and, 187, 220
  - in-or-out construct in, 18
  - irritability and rage in, 10, 14
  - neurofeedback and, 326–28
  - nightmares in, 8, 9, 14, 15, 134–35
  - numbing in, 14–15
  - pain and, 33
  - prevalence of, 20
  - Prozac and, 35–36, 226
  - serotonin levels in, 33–34, 36
  - shame in, 13
  - shell-shock as, 11, 184–85
  - sleep disorders in, 409*n*
  - stress hormone levels in, 30
  - suicide and, 17, 332
  - theater as therapy for, 331–32, 343–44
  - traumatic event as sole source of meaning in, 18
  - VA and, 19, 187–88, 222–23
  - yoga therapy for, 270
- PTSD scores, 254, 319, 324
- Puk, Gerald, 252–53
- purpose, sense of, 14, 92, 233
- Putnam, Frank, 30, 161–64, 251
  
- qigong, 86, 208, 245, 264
- quantitative EEG (qEEG), 323
  
- rage, 83
  - displacement of, 133–34, 140
  - in PTSD, 10, 14, 68, 248–49
  - in trauma survivors, 46, 95, 99, 285, 304
- “railway spine,” 177
- rape, 1–2, 17, 88, 213–14
  - increased incidence of, in survivors of childhood abuse, 85, 146–47
  - prevalence of, 20–21
- rational brain, 55, 57–58
  - balance between emotional brain and, 64–65, 129–30, 205, 310
  - feelings and, 205

- Rauch, Scott, 40, 42
- reactive attachment disorder, 150, 151
- reciprocity, 79–80
- reckless behavior, 120
- reenacting, 31–33, 179, 180, 181, 182
- relationships:
- emotional brain and, 122
  - mental health and, 38, 55
  - in trauma recovery, 210–13
- see also* intimacy; social engagement
- reliving, 66–68, 180–81
- Relman, Arnold, 374n–75n
- Remarque, Erich Maria, 171, 186
- Rembrandt van Rijn, 215
- Remembering, Repeating and Working Through* (Freud), 219
- REM sleep, 260–61, 309–10, 409n
- repressed memory, 183, 184–99
  - of childhood sexual abuse survivors, 190, 397n
  - false memories and, 189, 190, 191–92
  - reliability of, 191

*see also* traumatic memory
- Research Domain Criteria (RDoC), 165–66
- resilience, 105, 109, 161, 278–79, 314, 316, 351, 355, 356
- Respiridol, 215
- rhesus monkeys:
  - peer-raised, 154
  - personality types in, 153
- rheumatoid arthritis (RA), IFS in treatment of, 291–92
- rhythmic movement, in trauma therapy, 85, 207, 208, 214, 242–43, 333–34, 349
- right temporal lobe, 319, 324
- Rilke, Rainer Maria, 87
- Risperdal, 37, 226, 227
- Ritalin, 107, 136
- ritual, trauma recovery and, 331–32
- Rivers, W. H. R., 189
- road rage, 83
- role-playing, in psychomotor therapy, 298–300
- Rorschach test, 15–17, 35
- Roy, Alec, 154
- Rozelle, Deborah, 214
- Rumi, 277
- Rwanda genocide, 244
- safety:
  - a fundamental to mental health, 351, 352
  - as lacking in childhood trauma survivors, 141, 213, 296, 301, 351
  - in trauma recovery, 204, 212, 270, 275, 300, 301, 349, 353

- trauma survivors' distorted perception of, 79–80, 85, 96–97, 164, 270
- Salpêtrière, La, 177–78, 178, 194
- Saul, Noam, 51–53, 52, 58, 261
- Saxe, Glenn, 119
- Scientific American*, 149
- Schacter, Dan, 93
- Schilder, Paul, 100
- schizophrenia, 15, 22–23, 27, 29  
genetics and, 151–52
- schools, *see* education system
- Schwartz, Richard, 281, 282, 283, 289, 290, 291, 418n
- Science*, 94–95
- selective serotonin reuptake inhibitors (SSRIs), 35, 36  
*see also* Prozac (fluoxetine)
- Self:  
disorganized attachment and, 120  
in IFS therapy, 224, 283–85, 288, 289, 305  
in infants, 113  
multiple aspects of, 280–95; *see also* internal family systems (IFS) therapy  
reestablishing ownership of, 203–4, 318  
in trauma survivors, 166, 233, 247
- self-awareness:  
autobiographical self in, 236  
sensory, 87–102, 206, 206, 208–9, 236, 237–38, 247, 273, 354, 376n, 382n, 408n, 418n
- self-blame, in childhood sexual abuse survivors, 131, 132
- self-compassion, 292
- self-confidence, 205, 350
- self-deceit, as source of suffering, 11, 26–27
- self-discovery, language and, 234–35
- self-harming, 20, 25, 87, 138, 141, 158, 162, 172, 264, 266, 288–89, 316, 317
- self-hatred, 134, 143, 158, 163, 279
- self-leadership, 203, 280–95
- self-nurture, 113
- self-recognition, absence of, 105
- self-regulation, 113, 158, 161, 207, 224, 300, 347–48, 354, 401  
neurofeedback and, 313  
yoga and, 271–72, 274, 275
- Seligman, Martin, 29–30
- Semrad, Elvin, 11, 26, 237
- sensation seeking, 266, 272
- sensorimotor therapy, 96, 214–15, 217–18
- sensory self-awareness, 87–102, 206, 206, 208–9, 236, 237–38, 247, 273, 347, 354, 376n, 382n, 408n, 418n
- September 11, 2001, terrorist attacks, 51–53, 52  
children as witnesses to, 119  
therapies for trauma from, 230–31
- Seroquel, 37, 101, 215, 226, 227
- serotonin, 33, 153, 154, 262

serotonin reuptake inhibitors (SSRIs), 215, 225  
Servan-Schreiber, David, 304  
*Seven Pillars of Wisdom* (Lawrence), 232  
sexual promiscuity, 120, 285, 286  
Shadick, Nancy, 291  
Shakespeare, William, 43, 230, 343–46, 355  
Shakespeare & Company, 335, 343–46  
Shakespeare in the Courts, 335, 336, 342–44  
Shalev, Arieh, 30  
shame, 13–14, 102, 132, 138, 174, 211, 300  
Shanley, Paul, 171–74, 183, 191  
Shapiro, Francine, 251  
Shatan, Chaim, 19  
*shavasana*, 271  
shell-shock, 11, 184–85  
*Shell Shock in France* (Myers), 187  
singing and chanting, in trauma recovery, 86, 214  
“Singing Revolution,” 334  
*Sketches of War*, 331  
Sky, Licia, 216–17  
sleep disorders, 46, 95  
    EMDR and, 259–61  
    in PTSD, 409n  
    REM sleep and, 260–61, 409n  
    *see also* nightmares  
SMART (sensory motor arousal regulation treatment), 215  
smoking, surgeon general’s report on, 148  
*Social Brain, The* (Gazzaniga), 280–81  
social engagement:  
    as basic human trait, 110, 166  
    PTSD and, 102  
    as response to threat, 80–81, 82, 88  
    in rhesus monkeys, 153–54  
    in trauma recovery, 204  
        trauma survivors and, 3, 62, 78–80, 84, 86, 161, 349  
social support, for childhood trauma survivors, 167–68, 350  
socioeconomic stress, disorganized attachment and, 117–18  
Solomon, Richard, 32  
Solomon, Roger, 260  
somatic experiencing, 217–18  
Somme, Battle of the (1916), 185  
soothing, arousal and, 113  
Sophocles, 332  
South Africa, 213–14, 333, 349  
Southborough Report, shell-shock diagnosis rejected by, 185  
Southwick, Steve, 30  
Sowell, Nancy, 291  
speech centers (brain), 42, 43

- Sperry, Roger, 51  
Spinazzola, Joseph, 156, 339, 351  
Spitzer, Robert, 142  
Sroufe, Alan, 160–61, 166  
Steel, Kathy, 281  
Sterman, Barry, 315  
Stern, Jessica, 7  
Stickgold, Robert, 260, 261  
stimuli:  
    adjustment to, 32  
    hypersensitivity to, *see threat, hypersensitivity to*  
*Story of My Life, The* (Keller), 234  
Strange Situation, 115  
stress:  
    gene expression and, 152  
    immune function and, 240  
    *see also trauma*  
stress hormones, 30, 42, 46, 60, 61, 66–67, 158, 162, 217, 233  
structural dissociation model, 281  
structures, in psychomotor therapy, 298–308  
subcortical brain structures, 95  
submissiveness, 97, 218  
subpersonalities, 280–95  
substance abuse, 70, 120, 146, 151, 225, 266  
    neurofeedback and, 327–28  
    withdrawal and, 32, 327  
suicidal behavior and thoughts, 24, 28, 88, 120, 138, 141, 146, 147, 150, 151, 154, 256, 287, 316, 332  
suicide by cop, 182  
Summit, Roland, 131, 136  
Suomi, Stephen, 153–54, 160  
superior temporal cortex, 386n  
sympathetic nervous system (SNS), 77, 82, 82, 209, 266–67  
Szyf, Moshe, 152
- tai chi, 207–8  
talk therapy (talking cure), 22, 27, 36, 72, 181–82, 230–37, 253  
    experience vs. telling in, 235–36  
TAQ, *see Traumatic Antecedents Questionnaire (TAQ)*  
Tavistock Clinic, 109  
Teicher, Martin, 140, 149, 416n  
temporal lobe abnormalities, 416n  
temporal parietal junction, 100  
tension, in trauma survivors, 100–101, 265–66  
terrorism:  
    PTSD from, 348  
    *see also September 11, 2001, terrorist attacks*

testosterone, 163  
thalamocortical networks, 417*n*  
thalamus, 60, 70–71, 176, 324  
theater, in trauma recovery, 214, 330–32, 334–46, 355  
    conflict and, 335  
    emotions and, 335, 344–45  
    feeling safe in, 336–37  
Theater of War, 332  
Thematic Apperception Test (TAT), 106–7  
therapists, in trauma recovery, 212–13, 244  
theta waves, 321, 326, 417*n*  
Thorazine (chlorpromazine), 22–23  
thoughts, physical sensations and, 209  
threat:  
    confusion of safety and, 85, 97, 119, 164  
    hypersensitivity to, 2, 11, 17, 33, 45–47, 68, 84, 95, 102, 143, 158, 161, 163, 196–97, 225, 265, 310, 327, 328, 408*n*  
    social engagement as response to, 80–81, 82, 88  
    whole-body response to, 53–55, 53, 60–62, 61  
    *see also* fight/flight response; freeze response (immobilization)  
time, sense of, 273  
Tourette, Gilles de la, 177  
trance (hypnagogic) states, 117, 187, 238, 302, 305, 326  
transcranial magnetic stimulation (TMS), 417*n*  
trauma:  
    articulation of, 232–34  
    brain changes from, 2–3, 21, 59, 347  
    growing awareness of, 347  
    as most urgent public health issue, 148, 149–50, 356  
    narratives of, 7, 43, 46, 70, 130, 135, 175, 176, 194, 219, 220, 231, 250, 252–53, 261–62; *see also*  
        traumatic memory  
    physiological changes from, 2–3, 21, 53, 53, 72  
    prevalence of, 1  
    reactivation of, 2  
    risk of, socioeconomic status and, 348  
trauma, healing from, 203–29  
    animal therapy in, 80, 150–51, 213  
    ARC model in, 401*n*  
    art and, 242–43  
    body therapies for, 3, 26, 72, 86, 89, 207–8, 215–17, 228–29, 245; *see also specific therapies*  
    calming and relaxation techniques in, 131, 203–4; *see also* breathing; mindfulness; yoga  
    CBT in, 182, 194, 220–21  
    community in, 213–14, 244, 331–34, 355  
    desensitization therapies in, 46–47, 73, 220, 222–23  
    EMDR therapy in, *see* eye movement desensitization and reprocessing (EMDR)  
    emotional self-regulation in, 203–4, 206–8, 212, 353, 401*n*  
    feeling safe in, 204, 212, 270, 275, 300, 301, 349, 353  
    focus in, 203, 347–48, 355

giving up self-deceit in, 204  
IFS therapy in, *see* internal family systems (IFS) therapy  
integrating traumatic memories in, 181, 219–20, 222, 228, 237, 279  
language and, 230–47, 275–76  
limbic system therapy in, 205–6  
living in present as goal of, 204  
mindfulness in, 207, 208–10, 224, 225, 269, 270  
music in, 242–43, 349, 355  
need to revisit trauma in, 204–5, 211  
neurofeedback in, *see* neurofeedback  
professional therapists for, 212–13, 244  
psychomotor therapy in, 296–308  
reestablishing ownership of one's self as goal of, 204–5  
relationships in, 204, 210–13  
rhythmic movement and, 85, 207, 208, 214, 242–43, 333–34, 349  
schools as resources for, 351–56  
search for meaning in, 233–34  
self-awareness in, 208, 235–38, 273, 347  
self-leadership in, 203, 280–95  
sensorimotor therapy in, 96, 214–15  
singing and chanting in, 86, 214  
talk therapy in, 230–37, 253  
theater in, *see* theater, in trauma recovery  
writing and, 238–42  
yoga in, 63, 86, 207, 225, 228–29, 231, 263–76

*Trauma and Recovery* (Herman), 189

Trauma Center, 3–4, 72, 85, 86, 121, 122, 163–64, 166, 214–15, 228, 266, 269, 271, 340, 351  
neurofeedback laboratory at, 318–20, 324  
Trauma Drama program of, 335, 336–37, 339, 355  
Urban Improv study of, 338–39

Trauma Clinic, 35, 251, 253

trauma survivors:

- alexithymia in, 98–99, 247, 272–73, 291, 319
- blaming in, 45
- brain scans of, 39–47, 42, 66, 68–70, 68, 71–72, 72, 82, 99–100, 319
- brain-wave patterns in, 311–12, 311, 324
- continued stress mobilization in, 53–55, 53
- denial in, 46, 291
- depersonalization in, 71–73, 71, 99–100, 132–33, 286, 291, 386n, 401n
- derealization in, 401n
- dissociation in, 66–68, 95, 172, 179, 180–81, 194, 211, 247, 281, 294, 316, 317–18
- distorted perception of safety in, 79–80, 85, 96–97, 119, 164, 270
- fear of emotions in, 335
- fear of experimentation in, 305
- flashbacks in, 40, 42, 45, 70, 176, 193–94, 219
- freeze response (immobilization) in, 54, 54, 80, 82–83, 82, 85, 95, 217, 218
- handwriting of, 241–42
- helplessness of, 217, 341

hypersensitivity to threat in, 2, 61–62, 84  
immune systems of, 126–27, 291  
inner void in, 296–308  
intimacy as difficult for, 99  
irritability and rage in, 46, 95, 99  
language failure in, 43–44, 243–45, 352–53  
limbic system in, 59, 95, 265  
living in present as difficult for, 67, 70, 73, 312  
loss of imagination in, 17, 96  
loss of purpose in, 92, 233  
medication and, 3  
memory and attention problems in, 46  
nightmares in, 44  
numbing in, 67, 84, 119, 205, 247, 272, 304–5, 306  
panic attacks in, 97  
polarization of self-system in, 281  
reciprocity and, 79–80  
reenacting in, 31–33, 179, 180, 181, 182  
self-harming in, 266, 288–89  
self-protective strategies of, 278–79  
sensation seeking in, 266, 272  
sense of self in, 166, 233, 247  
sense of time in, 273  
sensory overload in, 70–71  
sensory self-awareness in, 89, 96, 247, 418n  
shame in, 102, 138, 211, 300  
sleep disorders in, 46, 95  
social engagement and, 3, 62, 78–80, 84, 86, 161, 349  
somatic symptoms in, 97–98  
stress hormone levels in, 30  
substance abuse by, 70, 120, 146, 151, 225, 266  
tension and defensiveness in, 100–101, 265–66  
trust as difficult for, 18, 134, 141, 150, 158, 163, 253  
*see also* childhood trauma survivors; PTSD (posttraumatic stress disorder)

Traumatic Antecedents Questionnaire (TAQ), 138–40, 141

traumatic memory, 171–83, 246–47, 278  
as disorganized, 193  
hysteria as, *see* hysteria  
integration of, 181, 219–20, 222, 228, 237, 255–56, 261–62, 279, 308  
narrative memory vs., 176, 179, 194, 219, 231–32, 236  
normal memory vs., 175–76, 180, 181, 189, 192–94, 219, 372n  
“railway spine” as, 177  
*see also* repressed memory

*Traumatic Neuroses of War, The* (Kardiner), 11, 187

Trevarthen, Colwyn, 111

Trickett, Penelope, 161–63

triggered responses, 66–68

Tronick, Ed, 84, 112

trust, difficulty of, 18, 134, 141, 150, 158, 163, 253  
Truth and Reconciliation Commission, 213–14, 333, 349  
Tutu, Desmond, 333

*Ubuntu*, 349  
United States Association for Body Psychotherapy, 297  
Urban Improv, 334–35  
  Trauma Center study of, 337–39

vagus nerve, 76, 78, 80–82, 81, 207, 245  
Valium, 225  
valproate, 136, 225, 405n  
van der Hart, Onno, 281, 396n  
Van der Kolk Center, 213, 401n  
vasopressin, 223  
ventral vagal complex (VVC), 81–82,  
  82, 83–84  
  development of, 84  
Versailles, Treaty of (1919), 186  
Veterans Administration (VA):  
  Boston Clinic of, 7, 10, 11, 12, 187–88, 227, 331  
  PTSD and, 19, 222–23, 226–27, 244–45  
Veterans Affairs Department, U.S., 156, 224, 255  
Vietnam veterans, 7–8, 12, 15, 17–18, 33, 156, 182, 187–88, 190, 222–23, 227, 233–34  
visual cortex, 42, 44  
voice, responses to, 85–86

Walter Reed National Military Medical Center, 322  
*War Is a Force That Gives Us Meaning* (Hedges), 31  
Warner, Liz, 214, 418  
Warren, Robert Penn, 22  
Werner, Emily, 392n  
“What Is an Emotion?” (James), 89–90  
*What It Is Like to Go to War* (Marlantes), 233  
“When the Patient Reports Atrocities” (Haley), 13  
Wiesel, Elie, 356  
Williams, Dar, 203  
Williams, Linda Meyer, 190–91  
Wilson, Scott, 126  
Winfrey, Oprah, 356  
Winnicott, Donald, 109, 113–14  
witnesses, in psychomotor therapy, 297, 300, 301, 306  
Woodman, Marion, 230  
*World Enough and Time* (Warren), 22  
*World I Live In, The* (Keller), 235  
World War I, 243–44  
  shell-shock in, 11, 184–86, 189

World War II, 9, 210  
combat trauma in, 187–88  
veterans of, 18, 53, 187, 188  
writing, in trauma recovery, 238–42

Xanax, 225

Yale University, Fortunoff Video Archive at, 195  
Yehuda, Rachel, 30, 118  
yoga, 63, 86, 231, 263–76, 354  
*asanas* (postures) in, 270, 272  
clinical studies of, 273–75, 274  
HRV and, 268–69, 271  
interoception and, 272–74  
meditation in, 270  
*pranayama* (breathing) in,  
86, 270  
PTSD and, 207, 228–29, 268–69, 270  
self-regulation and, 271–72, 274, 275  
*Yoga and the Quest for the True Self* (Cope), 263, 272

Zaichkowsky, Len, 322  
Zoloft, 35, 225, 254  
Zyprexa, 37, 101

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# PERCEPTIONS OF A RENEGADE MIND

DAVID DICKIE

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DAVID ICKE

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OF A  
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**DAVID ICKE**

**Dedication:**

To *Freeeeeedom!*

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**Renegade:**

Adjective

'Having rejected tradition: Unconventional.'

**Merriam-Webster Dictionary**

### **Acquiescence to tyranny is the death of the spirit**

You may be 38 years old, as I happen to be. And one day, some great opportunity stands before you and calls you to stand up for some great principle, some great issue, some great cause. And you refuse to do it because you are afraid

... You refuse to do it because you want to live longer ...

You're afraid that you will lose your job, or you are afraid that you will be criticised or that you will lose your popularity, or you're afraid that somebody will stab you, or shoot at you or bomb your house; so you refuse to take the stand.

Well, you may go on and live until you are 90, but you're just as dead at 38 as you would be at 90. And the cessation of breathing in your life is but the belated announcement of an earlier death of the spirit.

**Martin Luther King**

**How the few control the many and always have – the many do  
whatever they're told**

'Forward, the Light Brigade!'  
Was there a man dismayed?  
Not though the soldier knew  
    Someone had blundered.  
Theirs not to make reply,  
Theirs not to reason why,  
Theirs but to do and die.  
    Into the valley of Death  
        Rode the six hundred.

Cannon to right of them,  
Cannon to left of them,  
Cannon in front of them  
    Volleyed and thundered;  
Stormed at with shot and shell,  
    Boldly they rode and well,  
        Into the jaws of Death,  
        Into the mouth of hell  
            Rode the six hundred

**Alfred Lord Tennyson (1809-1892)**

The mist is lifting slowly  
I can see the way ahead  
And I've left behind the empty streets  
That once inspired my life  
And the strength of the emotion  
Is like thunder in the air  
'Cos the promise that we made each other  
Haunts me to the end

The secret of your beauty  
And the mystery of your soul  
I've been searching for in everyone I meet  
And the times I've been mistaken  
It's impossible to say  
And the grass is growing  
Underneath our feet

The words that I remember  
From my childhood still are true  
That there's none so blind  
As those who will not see  
And to those who lack the courage  
And say it's dangerous to try  
Well they just don't know  
That love eternal will not be denied

I know you're out there somewhere  
Somewhere, somewhere  
I know you're out there somewhere

Somewhere you can hear my voice  
I know I'll find you somehow  
Somehow, somehow  
I know I'll find you somehow  
And somehow I'll return again to you

**The Moody Blues**

## **Are you a gutless wonder - or a Renegade Mind?**

Monuments put from pen to paper,  
Turns me into a gutless wonder,  
And if you tolerate this,  
Then your children will be next.  
Gravity keeps my head down,  
Or is it maybe shame ...

**Manic Street Preachers**

Rise like lions after slumber  
In unvanquishable number.  
Shake your chains to earth like dew  
Which in sleep have fallen on you.  
Ye are many – they are few.

**Percy Shelley**

# **Contents**

<b>CHAPTER 1</b>	<b>'I'm thinking' – Oh, but <i>are you?</i></b>
<b>CHAPTER 2</b>	<b>Renegade perception</b>
<b>CHAPTER 3</b>	<b>The Pushbacker sting</b>
<b>CHAPTER 4</b>	<b>'Covid': The calculated catastrophe</b>
<b>CHAPTER 5</b>	<b>There <i>is no</i> 'virus'</b>
<b>CHAPTER 6</b>	<b>Sequence of deceit</b>
<b>CHAPTER 7</b>	<b>War on your mind</b>
<b>CHAPTER 8</b>	<b>'Reframing' insanity</b>
<b>CHAPTER 9</b>	<b>We must have it? So what is it?</b>
<b>CHAPTER 10</b>	<b>Human 2.0</b>
<b>CHAPTER 11</b>	<b>Who controls the Cult?</b>
<b>CHAPTER 12</b>	<b>Escaping Wetiko</b>
<b>POSTSCRIPT</b>	
<b>APPENDIX</b>	<b>Cowan-Kaufman-Morell Statement on Virus Isolation</b>
<b>BIBLIOGRAPHY</b>	
<b>INDEX</b>	

# CHAPTER ONE

## I'm thinking' – Oh, but *are* you?

*Think for yourself and let others enjoy the privilege of doing so too*  
Voltaire

French-born philosopher, mathematician and scientist René Descartes became famous for his statement in Latin in the 17th century which translates into English as: 'I think, therefore I am.'

On the face of it that is true. Thought reflects perception and perception leads to both behaviour and self-identity. In that sense 'we' are what we think. But who or what is doing the thinking and is thinking the only route to perception? Clearly, as we shall see, 'we' are not always the source of 'our' perception, indeed with regard to humanity as a whole this is rarely the case; and thinking is far from the only means of perception. Thought is the village idiot compared with other expressions of consciousness that we all have the potential to access and tap into. This has to be true when we *are* those other expressions of consciousness which are infinite in nature. We have forgotten this, or, more to the point, been manipulated to forget.

These are not just the esoteric musings of the navel. The whole foundation of human control and oppression is control of perception. Once perception is hijacked then so is behaviour which is dictated by perception. Collective perception becomes collective behaviour and collective behaviour is what we call human society. Perception is all and those behind human control know that which is

why perception is the target 24/7 of the psychopathic manipulators that I call the Global Cult. They know that if they dictate perception they will dictate behaviour and collectively dictate the nature of human society. They are further aware that perception is formed from information received and if they control the circulation of information they will to a vast extent direct human behaviour.

Censorship of information and opinion has become globally Nazi-like in recent years and never more blatantly than since the illusory ‘virus pandemic’ was triggered out of China in 2019 and across the world in 2020. Why have billions submitted to house arrest and accepted fascistic societies in a way they would have never believed possible? Those controlling the information spewing from government, mainstream media and Silicon Valley (all controlled by the same Global Cult networks) told them they were in danger from a ‘deadly virus’ and only by submitting to house arrest and conceding their most basic of freedoms could they and their families be protected. This monumental and provable lie became the *perception* of the billions and therefore the *behaviour* of the billions. In those few words you have the whole structure and modus operandi of human control. Fear is a perception – False Emotion Appearing Real – and fear is the currency of control. In short ... get them by the balls (or give them the impression that you have) and their hearts and minds will follow. Nothing grips the dangly bits and freezes the rear-end more comprehensively than fear.

## **World number 1**

There are two ‘worlds’ in what appears to be one ‘world’ and the prime difference between them is knowledge. First we have the mass of human society in which the population is maintained in coldly-calculated ignorance through control of information and the ‘education’ (indoctrination) system. That’s all you really need to control to enslave billions in a perceptual delusion in which what are perceived to be *their* thoughts and opinions are ever-repeated mantras that the system has been downloading all their lives through ‘education’, media, science, medicine, politics and academia

in which the personnel and advocates are themselves overwhelmingly the perceptual products of the same repetition. Teachers and academics in general are processed by the same programming machine as everyone else, but unlike the great majority they never leave the ‘education’ program. It gripped them as students and continues to grip them as programmers of subsequent generations of students. The programmed become the programmers – the programmed programmers. The same can largely be said for scientists, doctors and politicians and not least because as the American writer Upton Sinclair said: ‘It is difficult to get a man to understand something when his salary depends upon his not understanding it.’ If your career and income depend on thinking the way the system demands then you will – bar a few free-minded exceptions – concede your mind to the Perceptual Mainframe that I call the Postage Stamp Consensus. This is a tiny band of perceived knowledge and possibility ‘taught’ (downloaded) in the schools and universities, pounded out by the mainstream media and on which all government policy is founded. Try thinking, and especially speaking and acting, outside of the ‘box’ of consensus and see what that does for your career in the Mainstream Everything which bullies, harasses, intimidates and ridicules the population into compliance. Here we have the simple structure which enslaves most of humanity in a perceptual prison cell for an entire lifetime and I’ll go deeper into this process shortly. Most of what humanity is taught as fact is nothing more than programmed belief. American science fiction author Frank Herbert was right when he said: ‘Belief can be manipulated. Only knowledge is dangerous.’ In the ‘Covid’ age belief is promoted and knowledge is censored. It was always so, but never to the extreme of today.

## **World number 2**

A ‘number 2’ is slang for ‘doing a poo’ and how appropriate that is when this other ‘world’ is doing just that on humanity every minute of every day. World number 2 is a global network of secret societies and semi-secret groups dictating the direction of society via

governments, corporations and authorities of every kind. I have spent more than 30 years uncovering and exposing this network that I call the Global Cult and knowing its agenda is what has made my books so accurate in predicting current and past events. Secret societies are secret for a reason. They want to keep their hoarded knowledge to themselves and their chosen initiates and to hide it from the population which they seek through ignorance to control and subdue. The whole foundation of the division between World 1 and World 2 is *knowledge*. What number 1 knows number 2 must not. Knowledge they have worked so hard to keep secret includes (a) the agenda to enslave humanity in a centrally-controlled global dictatorship, and (b) the nature of reality and life itself. The latter (b) must be suppressed to allow the former (a) to prevail as I shall be explaining. The way the Cult manipulates and interacts with the population can be likened to a spider's web. The 'spider' sits at the centre in the shadows and imposes its will through the web with each strand represented in World number 2 by a secret society, satanic or semi-secret group, and in World number 1 – the world of the seen – by governments, agencies of government, law enforcement, corporations, the banking system, media conglomerates and Silicon Valley ([Fig 1](#) overleaf). The spider and the web connect and coordinate all these organisations to pursue the same global outcome while the population sees them as individual entities working randomly and independently. At the level of the web governments *are* the banking system *are* the corporations *are* the media *are* Silicon Valley *are* the World Health Organization working from their inner cores as one unit. Apparently unconnected countries, corporations, institutions, organisations and people are on the *same team* pursuing the same global outcome. Strands in the web immediately around the spider are the most secretive and exclusive secret societies and their membership is emphatically restricted to the Cult inner-circle emerging through the generations from particular bloodlines for reasons I will come to. At the core of the core you would get them in a single room. That's how many people are dictating the direction of human society and its transformation

through the ‘Covid’ hoax and other means. As the web expands out from the spider we meet the secret societies that many people will be aware of – the Freemasons, Knights Templar, Knights of Malta, Opus Dei, the inner sanctum of the Jesuit Order, and such like. Note how many are connected to the Church of Rome and there is a reason for that. The Roman Church was established as a revamp, a rebranding, of the relocated ‘Church’ of Babylon and the Cult imposing global tyranny today can be tracked back to Babylon and Sumer in what is now Iraq.



**Figure 1:** The global web through which the few control the many. (Image Neil Hague.)

Inner levels of the web operate in the unseen away from the public eye and then we have what I call the cusp organisations located at the point where the hidden meets the seen. They include a series of satellite organisations answering to a secret society founded in London in the late 19th century called the Round Table and among them are the Royal Institute of International Affairs (UK, founded in 1920); Council on Foreign Relations (US, 1921); Bilderberg Group (worldwide, 1954); Trilateral Commission (US/worldwide, 1972); and the Club of Rome (worldwide, 1968) which was created to exploit environmental concerns to justify the centralisation of global power to ‘save the planet’. The Club of Rome instigated with others the human-caused climate change hoax which has led to all the ‘green

new deals' demanding that very centralisation of control. Cusp organisations, which include endless 'think tanks' all over the world, are designed to coordinate a single global policy between political and business leaders, intelligence personnel, media organisations and anyone who can influence the direction of policy in their own sphere of operation. Major players and regular attenders will know what is happening – or some of it – while others come and go and are kept overwhelmingly in the dark about the big picture. I refer to these cusp groupings as semi-secret in that they can be publicly identified, but what goes on at the inner-core is kept very much 'in house' even from most of their members and participants through a fiercely-imposed system of compartmentalisation. Only let them know what they need to know to serve your interests and no more. The structure of secret societies serves as a perfect example of this principle. Most Freemasons never get higher than the bottom three levels of 'degree' (degree of knowledge) when there are 33 official degrees of the Scottish Rite. Initiates only qualify for the next higher 'compartment' or degree if those at that level choose to allow them. Knowledge can be carefully assigned only to those considered 'safe'. I went to my local Freemason's lodge a few years ago when they were having an 'open day' to show how cuddly they were and when I chatted to some of them I was astonished at how little the rank and file knew even about the most ubiquitous symbols they use. The mushroom technique – keep them in the dark and feed them bullshit – applies to most people in the web as well as the population as a whole. Sub-divisions of the web mirror in theme and structure transnational corporations which have a headquarters somewhere in the world dictating to all their subsidiaries in different countries. Subsidiaries operate in their methodology and branding to the same centrally-dictated plan and policy in pursuit of particular ends. The Cult web functions in the same way. Each country has its own web as a subsidiary of the global one. They consist of networks of secret societies, semi-secret groups and bloodline families and their job is to impose the will of the spider and the global web in their particular country. Subsidiary networks control and manipulate the national political system, finance, corporations, media, medicine, etc. to

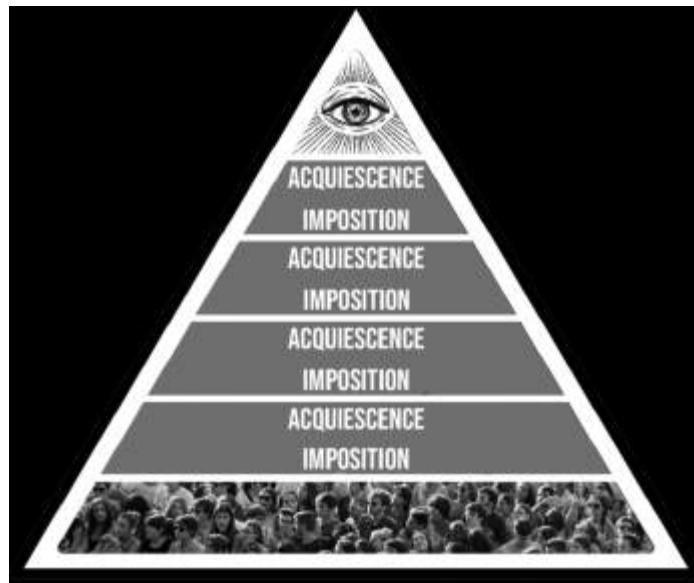
ensure that they follow the globally-dictated Cult agenda. These networks were the means through which the ‘Covid’ hoax could be played out with almost every country responding in the same way.

## **The ‘Yessir’ pyramid**

Compartmentalisation is the key to understanding how a tiny few can dictate the lives of billions when combined with a top-down sequence of imposition and acquiescence. The inner core of the Cult sits at the peak of the pyramidal hierarchy of human society ([Fig 2](#) overleaf). It imposes its will – its agenda for the world – on the level immediately below which acquiesces to that imposition. This level then imposes the Cult will on the level below them which acquiesces and imposes on the next level. Very quickly we meet levels in the hierarchy that have no idea there even is a Cult, but the sequence of imposition and acquiescence continues down the pyramid in just the same way. ‘I don’t know why we are doing this but the order came from “on-high” and so we better just do it.’ Alfred Lord Tennyson said of the cannon fodder levels in his poem *The Charge of the Light Brigade*: ‘Theirs not to reason why; theirs but to do and die.’ The next line says that ‘into the valley of death rode the six hundred’ and they died because they obeyed without question what their perceived ‘superiors’ told them to do. In the same way the population capitulated to ‘Covid’. The whole hierarchical pyramid functions like this to allow the very few to direct the enormous many.

Eventually imposition-acquiescence-imposition-acquiescence comes down to the mass of the population at the foot of the pyramid. If they acquiesce to those levels of the hierarchy imposing on them (governments/law enforcement/doctors/media) a circuit is completed between the population and the handful of super-psychopaths in the Cult inner core at the top of the pyramid. Without a circuit-breaking refusal to obey, the sequence of imposition and acquiescence allows a staggeringly few people to impose their will upon the entirety of humankind. We are looking at the very sequence that has subjugated billions since the start of 2020. Our freedom has not been taken from us. Humanity has given it

away. Fascists do not impose fascism because there are not enough of them. Fascism is imposed by the population acquiescing to fascism. Put another way allowing their perceptions to be programmed to the extent that leads to the population giving their freedom away by giving their perceptions – their mind – away. If this circuit is not broken by humanity ceasing to cooperate with their own enslavement then nothing can change. For that to happen people have to critically think and see through the lies and window dressing and then summon the backbone to act upon what they see. The Cult spends its days working to stop either happening and its methodology is systematic and highly detailed, but it can be overcome and that is what this book is all about.



**Figure 2:** The simple sequence of imposition and compliance that allows a handful of people at the peak of the pyramid to dictate the lives of billions.

## The Life Program

Okay, back to world number 1 or the world of the ‘masses’. Observe the process of what we call ‘life’ and it is a perceptual download from cradle to grave. The Cult has created a global structure in which perception can be programmed and the program continually topped-up with what appears to be constant confirmation that the program is indeed true reality. The important word here is ‘appears’.

This is the structure, the fly-trap, the Postage Stamp Consensus or Perceptual Mainframe, which represents that incredibly narrow band of perceived possibility delivered by the ‘education’ system, mainstream media, science and medicine. From the earliest age the download begins with parents who have themselves succumbed to the very programming their children are about to go through. Most parents don’t do this out of malevolence and mostly it is quite the opposite. They do what they believe is best for their children and that is what the program has told them is best. Within three or four years comes the major transition from parental programming to full-blown state (Cult) programming in school, college and university where perceptually-programmed teachers and academics pass on their programming to the next generations. Teachers who resist are soon marginalised and their careers ended while children who resist are called a problem child for whom Ritalin may need to be prescribed. A few years after entering the ‘world’ children are under the control of authority figures representing the state telling them when they have to be there, when they can leave and when they can speak, eat, even go to the toilet. This is calculated preparation for a lifetime of obeying authority in all its forms. Reflex-action fear of authority is instilled by authority from the start. Children soon learn the carrot and stick consequences of obeying or defying authority which is underpinned daily for the rest of their life. Fortunately I daydreamed through this crap and never obeyed authority simply because it told me to. This approach to my alleged ‘bettters’ continues to this day. There can be consequences of pursuing open-minded freedom in a world of closed-minded conformity. I spent a lot of time in school corridors after being ejected from the classroom for not taking some of it seriously and now I spend a lot of time being ejected from Facebook, YouTube and Twitter. But I can tell you that being true to yourself and not compromising your self-respect is far more exhilarating than bowing to authority for authority’s sake. You don’t have to be a sheep to the shepherd (authority) and the sheep dog (fear of not obeying authority).

The perceptual download continues throughout the formative years in school, college and university while script-reading ‘teachers’, ‘academics’ ‘scientists’, ‘doctors’ and ‘journalists’ insist that ongoing generations must be as programmed as they are. Accept the program or you will not pass your ‘exams’ which confirm your ‘degree’ of programming. It is tragic to think that many parents pressure their offspring to work hard at school to download the program and qualify for the next stage at college and university. The late, great, American comedian George Carlin said: ‘Here’s a bumper sticker I’d like to see: We are proud parents of a child who has resisted his teachers’ attempts to break his spirit and bend him to the will of his corporate masters.’ Well, the best of luck finding many of those, George. Then comes the moment to leave the formal programming years in academia and enter the ‘adult’ world of work. There you meet others in your chosen or prescribed arena who went through the same Postage Stamp Consensus program before you did. There is therefore overwhelming agreement between almost everyone on the basic foundations of Postage Stamp reality and the rejection, even contempt, of the few who have a mind of their own and are prepared to use it. This has two major effects. Firstly, the consensus confirms to the programmed that their download is really how things are. I mean, everyone knows that, right? Secondly, the arrogance and ignorance of Postage Stamp adherents ensure that anyone questioning the program will have unpleasant consequences for seeking their own truth and not picking their perceptions from the shelf marked: ‘Things you must believe without question and if you don’t you’re a dangerous lunatic conspiracy theorist and a harebrained nutter’.

Every government, agency and corporation is founded on the same Postage Stamp prison cell and you can see why so many people believe the same thing while calling it their own ‘opinion’. Fusion of governments and corporations in pursuit of the same agenda was the definition of fascism described by Italian dictator Benito Mussolini. The pressure to conform to perceptual norms downloaded for a lifetime is incessant and infiltrates society right

down to family groups that become censors and condemners of their own ‘black sheep’ for not, ironically, being sheep. We have seen an explosion of that in the ‘Covid’ era. Cult-owned global media unleashes its propaganda all day every day in support of the Postage Stamp and targets with abuse and ridicule anyone in the public eye who won’t bend their mind to the will of the tyranny. Any response to this is denied (certainly in my case). They don’t want to give a platform to expose official lies. Cult-owned-and-created Internet giants like Facebook, Google, YouTube and Twitter delete you for having an unapproved opinion. Facebook boasts that its AI censors delete 97-percent of ‘hate speech’ before anyone even reports it. Much of that ‘hate speech’ will simply be an opinion that Facebook and its masters don’t want people to see. Such perceptual oppression is widely known as fascism. Even Facebook executive Benny Thomas, a ‘CEO Global Planning Lead’, said in comments secretly recorded by investigative journalism operation Project Veritas that Facebook is ‘too powerful’ and should be broken up:

I mean, no king in history has been the ruler of two billion people, but Mark Zuckerberg is ... And he's 36. That's too much for a 36-year-old ... You should not have power over two billion people. I just think that's wrong.

Thomas said Facebook-owned platforms like Instagram, Oculus, and WhatsApp needed to be separate companies. ‘It’s too much power when they’re all one together’. That’s the way the Cult likes it, however. We have an executive of a Cult organisation in Benny Thomas that doesn’t know there is a Cult such is the compartmentalisation. Thomas said that Facebook and Google ‘are no longer companies, they’re countries’. Actually they are more powerful than countries on the basis that if you control information you control perception and control human society.

## **I love my oppressor**

Another expression of this psychological trickery is for those who realise they are being pressured into compliance to eventually

convince themselves to believe the official narratives to protect their self-respect from accepting the truth that they have succumbed to meek and subservient compliance. Such people become some of the most vehement defenders of the system. You can see them everywhere screaming abuse at those who prefer to think for themselves and by doing so reminding the compliers of their own capitulation to conformity. ‘You are talking dangerous nonsense you Covidiot!!’ Are you trying to convince me or yourself? It is a potent form of Stockholm syndrome which is defined as: ‘A psychological condition that occurs when a victim of abuse identifies and attaches, or bonds, positively with their abuser.’ An example is hostages bonding and even ‘falling in love’ with their kidnappers. The syndrome has been observed in domestic violence, abused children, concentration camp inmates, prisoners of war and many and various Satanic cults. These are some traits of Stockholm syndrome listed at [goodtherapy.org](http://goodtherapy.org):

- Positive regard towards perpetrators of abuse or captor [see ‘Covid’].
- Failure to cooperate with police and other government authorities when it comes to holding perpetrators of abuse or kidnapping accountable [or in the case of ‘Covid’ cooperating with the police to enforce and defend their captors’ demands].
- Little or no effort to escape [see ‘Covid’].
- Belief in the goodness of the perpetrators or kidnappers [see ‘Covid’].
- Appeasement of captors. This is a manipulative strategy for maintaining one’s safety. As victims get rewarded – perhaps with less abuse or even with life itself – their appeasing behaviours are reinforced [see ‘Covid’].
- Learned helplessness. This can be akin to ‘if you can’t beat ‘em, join ‘em’. As the victims fail to escape the abuse or captivity, they may start giving up and soon realize it’s just easier for everyone if they acquiesce all their power to their captors [see ‘Covid’].

- Feelings of pity toward the abusers, believing they are actually victims themselves. Because of this, victims may go on a crusade or mission to 'save' [protect] their abuser [see the venom unleashed on those challenging the official 'Covid' narrative].
- Unwillingness to learn to detach from their perpetrators and heal. In essence, victims may tend to be less loyal to themselves than to their abuser [*definitely* see 'Covid'].

Ponder on those traits and compare them with the behaviour of great swathes of the global population who have defended governments and authorities which have spent every minute destroying their lives and livelihoods and those of their children and grandchildren since early 2020 with fascistic lockdowns, house arrest and employment deletion to 'protect' them from a 'deadly virus' that their abusers' perceptually created to bring about this very outcome. We are looking at mass Stockholm syndrome. All those that agree to concede their freedom will believe those perceptions are originating in their own independent 'mind' when in fact by conceding their reality to Stockholm syndrome they have by definition conceded any independence of mind. Listen to the 'opinions' of the acquiescing masses in this 'Covid' era and what gushes forth is the repetition of the official version of everything delivered unprocessed, unfiltered and unquestioned. The whole programming dynamic works this way. I must be free because I'm told that I am and so I think that I am.

You can see what I mean with the chapter theme of 'I'm thinking – Oh, but *are you?*' The great majority are not thinking, let alone for themselves. They are repeating what authority has told them to believe which allows them to be controlled. Weaving through this mentality is the fear that the 'conspiracy theorists' are right and this again explains the often hysterical abuse that ensues when you dare to contest the official narrative of anything. Denial is the mechanism of hiding from yourself what you don't want to be true. Telling people what they want to hear is easy, but it's an infinitely greater challenge to tell them what they would rather not be happening.

One is akin to pushing against an open door while the other is met with vehement resistance no matter what the scale of evidence. I don't want it to be true so I'll convince myself that it's not. Examples are everywhere from the denial that a partner is cheating despite all the signs to the reflex-action rejection of any idea that world events in which country after country act in exactly the same way are centrally coordinated. To accept the latter is to accept that a force of unspeakable evil is working to destroy your life and the lives of your children with nothing too horrific to achieve that end. Who the heck wants that to be true? But if we don't face reality the end is duly achieved and the consequences are far worse and ongoing than breaking through the walls of denial today with the courage to make a stand against tyranny.

### **Connect the dots – but how?**

A crucial aspect of perceptual programming is to portray a world in which everything is random and almost nothing is connected to anything else. Randomness cannot be coordinated by its very nature and once you perceive events as random the idea they could be connected is waved away as the rantings of the tinfoil-hat brigade. You can't plan and coordinate random you idiot! No, you can't, but you can hide the coldly-calculated and long-planned behind the *illusion* of randomness. A foundation manifestation of the Renegade Mind is to scan reality for patterns that connect the apparently random and turn pixels and dots into pictures. This is the way I work and have done so for more than 30 years. You look for similarities in people, modus operandi and desired outcomes and slowly, then ever quicker, the picture forms. For instance: There would seem to be no connection between the 'Covid pandemic' hoax and the human-caused global-warming hoax and yet they are masks (appropriately) on the same face seeking the same outcome. Those pushing the global warming myth through the Club of Rome and other Cult agencies are driving the lies about 'Covid' – Bill Gates is an obvious one, but they are endless. Why would the same people be involved in both when they are clearly not connected? Oh, but they

are. Common themes with personnel are matched by common goals. The ‘solutions’ to both ‘problems’ are centralisation of global power to impose the will of the few on the many to ‘save’ humanity from ‘Covid’ and save the planet from an ‘existential threat’ (we need ‘zero Covid’ and ‘zero carbon emissions’). These, in turn, connect with the ‘dot’ of globalisation which was coined to describe the centralisation of global power in every area of life through incessant political and corporate expansion, trading blocks and superstates like the European Union. If you are the few and you want to control the many you have to centralise power and decision-making. The more you centralise power the more power the few at the centre will have over the many; and the more that power is centralised the more power those at the centre have to centralise even quicker. The momentum of centralisation gets faster and faster which is exactly the process we have witnessed. In this way the hoaxed ‘pandemic’ and the fakery of human-caused global warming serve the interests of globalisation and the seizure of global power in the hands of the Cult inner-circle which is behind ‘Covid’, ‘climate change’ and globalisation. At this point random ‘dots’ become a clear and obvious picture or pattern.

Klaus Schwab, the classic Bond villain who founded the Cult’s Gates-funded World Economic Forum, published a book in 2020, *The Great Reset*, in which he used the ‘problem’ of ‘Covid’ to justify a total transformation of human society to ‘save’ humanity from ‘climate change’. Schwab said: ‘The pandemic represents a rare but narrow window of opportunity to reflect, reimagine, and reset our world.’ What he didn’t mention is that the Cult he serves is behind both hoaxes as I show in my book *The Answer*. He and the Cult don’t have to reimagine the world. They know precisely what they want and that’s why they destroyed human society with ‘Covid’ to ‘build back better’ in their grand design. Their job is not to imagine, but to get humanity to imagine and agree with their plans while believing it’s all random. It must be pure coincidence that ‘The Great Reset’ has long been the Cult’s code name for the global imposition of fascism and replaced previous code-names of the ‘New World

'Order' used by Cult frontmen like Father George Bush and the 'New Order of the Ages' which emerged from Freemasonry and much older secret societies. New Order of the Ages appears on the reverse of the Great Seal of the United States as 'Novus ordo seclorum' underneath the Cult symbol used since way back of the pyramid and all seeing-eye ([Fig 3](#)). The pyramid is the hierarchy of human control headed by the illuminated eye that symbolises the force behind the Cult which I will expose in later chapters. The term 'Annuit Coeptis' translates as 'He favours our undertaking'. We are told the 'He' is the Christian god, but 'He' is not as I will be explaining.



**Figure 3:** The all-seeing eye of the Cult 'god' on the Freemason-designed Great Seal of the United States and also on the dollar bill.

## Having you on

Two major Cult techniques of perceptual manipulation that relate to all this are what I have called since the 1990s Problem-Reaction-Solution (PRS) and the Totalitarian Tiptoe (TT). They can be uncovered by the inquiring mind with a simple question: Who benefits? The answer usually identifies the perpetrators of a given action or happening through the concept of 'he who most benefits from a crime is the one most likely to have committed it'. The Latin 'Cue bono?' – Who benefits? – is widely attributed to the Roman orator and statesman Marcus Tullius Cicero. No wonder it goes back so far when the concept has been relevant to human behaviour since

history was recorded. Problem-Reaction-Solution is the technique used to manipulate us every day by covertly creating a problem (or the illusion of one) and offering the solution to the problem (or the illusion of one). In the first phase you create the problem and blame someone or something else for why it has happened. This may relate to a financial collapse, terrorist attack, war, global warming or pandemic, anything in fact that will allow you to impose the ‘solution’ to change society in the way you desire at that time. The ‘problem’ doesn’t have to be real. PRS is manipulation of perception and all you need is the population to believe the problem is real. Human-caused global warming and the ‘Covid pandemic’ only have to be *perceived* to be real for the population to accept the ‘solutions’ of authority. I refer to this technique as NO-Problem-Reaction-Solution. Billions did not meekly accept house arrest from early 2020 because there was a real deadly ‘Covid pandemic’ but because they perceived – believed – that to be the case. The antidote to Problem-Reaction-Solution is to ask who benefits from the proposed solution. Invariably it will be anyone who wants to justify more control through deletion of freedom and centralisation of power and decision-making.

The two world wars were Problem-Reaction-Solutions that transformed and realigned global society. Both were manipulated into being by the Cult as I have detailed in books since the mid-1990s. They dramatically centralised global power, especially World War Two, which led to the United Nations and other global bodies thanks to the overt and covert manipulations of the Rockefeller family and other Cult bloodlines like the Rothschilds. The UN is a stalking horse for full-blown world government that I will come to shortly. The land on which the UN building stands in New York was donated by the Rockefellers and the same Cult family was behind Big Pharma scalpel and drug ‘medicine’ and the creation of the World Health Organization as part of the UN. They have been stalwarts of the eugenics movement and funded Hitler’s race-purity expert Ernst Rudin. The human-caused global warming hoax has been orchestrated by the Club of Rome through the UN which is

manufacturing both the ‘problem’ through its Intergovernmental Panel on Climate Change and imposing the ‘solution’ through its Agenda 21 and Agenda 2030 which demand the total centralisation of global power to ‘save the world’ from a climate hoax the United Nations is itself perpetrating. What a small world the Cult can be seen to be particularly among the inner circles. The bedfellow of Problem-Reaction-Solution is the Totalitarian Tiptoe which became the Totalitarian Sprint in 2020. The technique is fashioned to hide the carefully-coordinated behind the cover of apparently random events. You start the sequence at ‘A’ and you know you are heading for ‘Z’. You don’t want people to know that and each step on the journey is presented as a random happening while all the steps strung together lead in the same direction. The speed may have quickened dramatically in recent times, but you can still see the incremental approach of the Tiptoe in the case of ‘Covid’ as each new imposition takes us deeper into fascism. Tell people they have to do this or that to get back to ‘normal’, then this and this and this. With each new demand adding to the ones that went before the population’s freedom is deleted until it disappears. The spider wraps its web around the flies more comprehensively with each new diktat. I’ll highlight this in more detail when I get to the ‘Covid’ hoax and how it has been pulled off. Another prime example of the Totalitarian Tiptoe is how the Cult-created European Union went from a ‘free-trade zone’ to a centralised bureaucratic dictatorship through the Tiptoe of incremental centralisation of power until nations became mere administrative units for Cult-owned dark suits in Brussels.

The antidote to ignorance is knowledge which the Cult seeks vehemently to deny us, but despite the systematic censorship to that end the Renegade Mind can overcome this by vociferously seeking out the facts no matter the impediments put in the way. There is also a method of thinking and perceiving – *knowing* – that doesn’t even need names, dates, place-type facts to identify the patterns that reveal the story. I’ll get to that in the final chapter. All you need to know about the manipulation of human society and to what end is still out there – *at the time of writing* – in the form of books, videos

and websites for those that really want to breach the walls of programmed perception. To access this knowledge requires the abandonment of the mainstream media as a source of information in the awareness that this is owned and controlled by the Cult and therefore promotes mass perceptions that suit the Cult. Mainstream media lies all day, every day. That is its function and very reason for being. Where it does tell the truth, here and there, is only because the truth and the Cult agenda very occasionally coincide. If you look for fact and insight to the BBC, CNN and virtually all the rest of them you are asking to be conned and perceptually programmed.

### **Know the outcome and you'll see the journey**

Events seem random when you have no idea where the world is being taken. Once you do the random becomes the carefully planned. Know the outcome and you'll see the journey is a phrase I have been using for a long time to give context to daily happenings that appear unconnected. Does a problem, or illusion of a problem, trigger a proposed 'solution' that further drives society in the direction of the outcome? Invariably the answer will be yes and the random – *abracadabra* – becomes the clearly coordinated. So what is this outcome that unlocks the door to a massively expanded understanding of daily events? I will summarise its major aspects – the fine detail is in my other books – and those new to this information will see that the world they thought they were living in is a very different place. The foundation of the Cult agenda is the incessant centralisation of power and all such centralisation is ultimately in pursuit of Cult control on a global level. I have described for a long time the planned world structure of top-down dictatorship as the Hunger Games Society. The term obviously comes from the movie series which portrayed a world in which a few living in military-protected hi-tech luxury were the overlords of a population condemned to abject poverty in isolated 'sectors' that were not allowed to interact. 'Covid' lockdowns and travel bans anyone? The 'Hunger Games' pyramid of structural control has the inner circle of the Cult at the top with pretty much the entire

population at the bottom under their control through dependency for survival on the Cult. The whole structure is planned to be protected and enforced by a military-police state ([Fig 4](#)).

Here you have the reason for the global lockdowns of the fake pandemic to coldly destroy independent incomes and livelihoods and make everyone dependent on the ‘state’ (the Cult that controls the ‘states’). I have warned in my books for many years about the plan to introduce a ‘guaranteed income’ – a barely survivable pittance – designed to impose dependency when employment was destroyed by AI technology and now even more comprehensively at great speed by the ‘Covid’ scam. Once the pandemic was played and lockdown consequences began to delete independent income the authorities began to talk right on cue about the need for a guaranteed income and a ‘Great Reset’. Guaranteed income will be presented as benevolent governments seeking to help a desperate people – desperate as a direct result of actions of the same governments. The truth is that such payments are a trap. You will only get them if you do exactly what the authorities demand including mass vaccination (genetic manipulation). We have seen this theme already in Australia where those dependent on government benefits have them reduced if parents don’t agree to have their children vaccinated according to an insane health-destroying government-dictated schedule. Calculated economic collapse applies to governments as well as people. The Cult wants rid of countries through the creation of a world state with countries broken up into regions ruled by a world government and super states like the European Union. Countries must be bankrupted, too, to this end and it’s being achieved by the trillions in ‘rescue packages’ and furlough payments, trillions in lost taxation, and money-no-object spending on ‘Covid’ including constant all-medium advertising (programming) which has made the media dependent on government for much of its income. The day of reckoning is coming – as planned – for government spending and given that it has been made possible by printing money and not by production/taxation there is inflation on the way that has the

potential to wipe out monetary value. In that case there will be no need for the Cult to steal your money. It just won't be worth anything (see the German Weimar Republic before the Nazis took over). Many have been okay with lockdowns while getting a percentage of their income from so-called furlough payments without having to work. Those payments are dependent, however, on people having at least a theoretical job with a business considered non-essential and ordered to close. As these business go under because they are closed by lockdown after lockdown the furlough stops and it will for everyone eventually. Then what? The 'then what?' is precisely the idea.



**Figure 4:** The Hunger Games Society structure I have long warned was planned and now the 'Covid' hoax has made it possible. This is the real reason for lockdowns.

## Hired hands

Between the Hunger Games Cult elite and the dependent population is planned to be a vicious military-police state (a fusion of the two into one force). This has been in the making for a long time with police looking ever more like the military and carrying weapons to match. The pandemic scam has seen this process accelerate so fast as

lockdown house arrest is brutally enforced by carefully recruited fascist minds and gormless system-servers. The police and military are planned to merge into a centrally-directed world army in a global structure headed by a world government which wouldn't be elected even by the election fixes now in place. The world army is not planned even to be human and instead wars would be fought, primarily against the population, using robot technology controlled by artificial intelligence. I have been warning about this for decades and now militaries around the world are being transformed by this very AI technology. The global regime that I describe is a particular form of fascism known as a technocracy in which decisions are not made by clueless and co-opted politicians but by unelected technocrats – scientists, engineers, technologists and bureaucrats. Cult-owned-and-controlled Silicon Valley giants are examples of technocracy and they already have far more power to direct world events than governments. They are with their censorship *selecting* governments. I know that some are calling the 'Great Reset' a Marxist communist takeover, but fascism and Marxism are different labels for the same tyranny. Tell those who lived in fascist Germany and Stalinist Russia that there was a difference in the way their freedom was deleted and their lives controlled. I could call it a fascist technocracy or a Marxist technocracy and they would be equally accurate. The Hunger Games society with its world government structure would oversee a world army, world central bank and single world cashless currency imposing its will on a microchipped population ([Fig 5](#)). Scan its different elements and see how the illusory pandemic is forcing society in this very direction at great speed. Leaders of 23 countries and the World Health Organization (WHO) backed the idea in March, 2021, of a global treaty for 'international cooperation' in 'health emergencies' and nations should 'come together as a global community for peaceful cooperation that extends beyond this crisis'. Cut the Orwellian bullshit and this means another step towards global government. The plan includes a cashless digital money system that I first warned about in 1993. Right at the start of 'Covid' the deeply corrupt Tedros

Adhanom Ghebreyesus, the crooked and merely gofer ‘head’ of the World Health Organization, said it was possible to catch the ‘virus’ by touching cash and it was better to use cashless means. The claim was ridiculous nonsense and like the whole ‘Covid’ mind-trick it was nothing to do with ‘health’ and everything to do with pushing every aspect of the Cult agenda. As a result of the Tedros lie the use of cash has plummeted. The Cult script involves a single world digital currency that would eventually be technologically embedded in the body. China is a massive global centre for the Cult and if you watch what is happening there you will know what is planned for everywhere. The Chinese government is developing a digital currency which would allow fines to be deducted immediately via AI for anyone caught on camera breaking its fantastic list of laws and the money is going to be programmable with an expiry date to ensure that no one can accrue wealth except the Cult and its operatives.



**Figure 5:** The structure of global control the Cult has been working towards for so long and this has been enormously advanced by the ‘Covid’ illusion.

## **Serfdom is so smart**

The Cult plan is far wider, extreme, and more comprehensive than even most conspiracy researchers appreciate and I will come to the true depths of deceit and control in the chapters ‘Who controls the

Cult?' and 'Escaping Wetiko'. Even the world that we know is crazy enough. We are being deluged with ever more sophisticated and controlling technology under the heading of 'smart'. We have smart televisions, smart meters, smart cards, smart cars, smart driving, smart roads, smart pills, smart patches, smart watches, smart skin, smart borders, smart pavements, smart streets, smart cities, smart communities, smart environments, smart growth, smart planet ... smart *everything* around us. Smart technologies and methods of operation are designed to interlock to create a global Smart Grid connecting the entirety of human society including human minds to create a centrally-dictated 'hive' mind. 'Smart cities' is code for densely-occupied megacities of total surveillance and control through AI. Ever more destructive frequency communication systems like 5G have been rolled out without any official testing for health and psychological effects (colossal). 5G/6G/7G systems are needed to run the Smart Grid and each one becomes more destructive of body and mind. Deleting independent income is crucial to forcing people into these AI-policed prisons by ending private property ownership (except for the Cult elite). The Cult's Great Reset now openly foresees a global society in which no one will own any possessions and everything will be rented while the Cult would own literally everything under the guise of government and corporations. The aim has been to use the lockdowns to destroy sources of income on a mass scale and when the people are destitute and in unrepayable amounts of debt (problem) Cult assets come forward with the pledge to write-off debt in return for handing over all property and possessions (solution). Everything – literally everything including people – would be connected to the Internet via AI. I was warning years ago about the coming Internet of Things (IoT) in which all devices and technology from your car to your fridge would be plugged into the Internet and controlled by AI. Now we are already there with much more to come. The next stage is the Internet of Everything (IoE) which is planned to include the connection of AI to the human brain and body to replace the human mind with a centrally-controlled AI mind. Instead of perceptions

being manipulated through control of information and censorship those perceptions would come direct from the Cult through AI. What do you think? You think whatever AI decides that you think. In human terms there would be no individual 'think' any longer. Too incredible? The ravings of a lunatic? Not at all. Cult-owned crazies in Silicon Valley have been telling us the plan for years without explaining the real motivation and calculated implications. These include Google executive and 'futurist' Ray Kurzweil who highlights the year 2030 for when this would be underway. He said:

Our thinking ... will be a hybrid of biological and non-biological thinking ... humans will be able to extend their limitations and 'think in the cloud' ... We're going to put gateways to the cloud in our brains ... We're going to gradually merge and enhance ourselves ... In my view, that's the nature of being human – we transcend our limitations.

As the technology becomes vastly superior to what we are then the small proportion that is still human gets smaller and smaller and smaller until it's just utterly negligible.

The sales-pitch of Kurzweil and Cult-owned Silicon Valley is that this would make us 'super-human' when the real aim is to make us post-human and no longer 'human' in the sense that we have come to know. The entire global population would be connected to AI and become the centrally-controlled 'hive-mind' of externally-delivered perceptions. The Smart Grid being installed to impose the Cult's will on the world is being constructed to allow particular locations – even one location – to control the whole global system. From these prime control centres, which absolutely include China and Israel, anything connected to the Internet would be switched on or off and manipulated at will. Energy systems could be cut, communication via the Internet taken down, computer-controlled driverless autonomous vehicles driven off the road, medical devices switched off, the potential is limitless given how much AI and Internet connections now run human society. We have seen nothing yet if we allow this to continue. Autonomous vehicle makers are working with law enforcement to produce cars designed to automatically pull over if they detect a police or emergency vehicle flashing from up to 100 feet away. At a police stop the car would be unlocked and the

window rolled down automatically. Vehicles would only take you where the computer (the state) allowed. The end of petrol vehicles and speed limiters on all new cars in the UK and EU from 2022 are steps leading to electric computerised transport over which ultimately you have no control. The picture is far bigger even than the Cult global network or web and that will become clear when I get to the nature of the ‘spider’. There is a connection between all these happenings and the instigation of DNA-manipulating ‘vaccines’ (which aren’t ‘vaccines’) justified by the ‘Covid’ hoax. That connection is the unfolding plan to transform the human body from a biological to a synthetic biological state and this is why synthetic biology is such a fast-emerging discipline of mainstream science. ‘Covid vaccines’ are infusing self-replicating synthetic genetic material into the cells to cumulatively take us on the Totalitarian Tiptoe from Human 1.0 to the synthetic biological Human 2.0 which will be physically and perceptually attached to the Smart Grid to one hundred percent control every thought, perception and deed.

Humanity needs to wake up and *fast*.

This is the barest explanation of where the ‘outcome’ is planned to go but it’s enough to see the journey happening all around us. Those new to this information will already see ‘Covid’ in a whole new context. I will add much more detail as we go along, but for the minutiae evidence see my mega-works, *The Answer*, *The Trigger* and *Everything You Need to Know But Have Never Been Told*.

Now – how does a Renegade Mind see the ‘world’?

## CHAPTER TWO

### Renegade Perception

*It is one thing to be clever and another to be wise*

George R.R. Martin

A simple definition of the difference between a programmed mind and a Renegade Mind would be that one sees only dots while the other connects them to see the picture. Reading reality with accuracy requires the observer to (a) know the planned outcome and (b) realise that everything, but *everything*, is connected.

The entirety of infinite reality is connected – that's its very nature – and with human society an expression of infinite reality the same must apply. Simple cause and effect is a connection. The effect is triggered by the cause and the effect then becomes the cause of another effect. Nothing happens in isolation because it *can't*. Life in whatever reality is simple choice and consequence. We make choices and these lead to consequences. If we don't like the consequences we can make different choices and get different consequences which lead to other choices and consequences. The choice and the consequence are not only connected they are indivisible. You can't have one without the other as an old song goes. A few cannot control the world unless those being controlled allow that to happen – cause and effect, choice and consequence. Control – who has it and who doesn't – is a two-way process, a symbiotic relationship, involving the controller and controlled. 'They took my freedom away!!' Well, yes, but you also gave it to them. Humanity is

subjected to mass control because humanity has acquiesced to that control. This is all cause and effect and literally a case of give and take. In the same way world events of every kind are connected and the Cult works incessantly to sell the illusion of the random and coincidental to maintain the essential (to them) perception of dots that hide the picture. Renegade Minds know this and constantly scan the world for patterns of connection. This is absolutely pivotal in understanding the happenings in the world and without that perspective clarity is impossible. First you know the planned outcome and then you identify the steps on the journey – the day-by-day apparently random which, when connected in relation to the outcome, no longer appear as individual events, but as the proverbial *chain* of events leading in the same direction. I'll give you some examples:

## **Political puppet show**

We are told to believe that politics is 'adversarial' in that different parties with different beliefs engage in an endless tussle for power. There may have been some truth in that up to a point – and only a point – but today divisions between 'different' parties are rhetorical not ideological. Even the rhetorical is fusing into one-speak as the parties eject any remaining free thinkers while others succumb to the ever-gathering intimidation of anyone with the 'wrong' opinion. The Cult is not a new phenomenon and can be traced back thousands of years as my books have documented. Its intergenerational initiates have been manipulating events with increasing effect the more that global power has been centralised. In ancient times the Cult secured control through the system of monarchy in which 'special' bloodlines (of which more later) demanded the right to rule as kings and queens simply by birthright and by vanquishing others who claimed the same birthright. There came a time, however, when people had matured enough to see the unfairness of such tyranny and demanded a say in who governed them. Note the word – *governed* them. Not served them – *governed* them, hence government defined as 'the political direction and control exercised over the

actions of the members, citizens, or inhabitants of communities, societies, and states; direction of the affairs of a state, community, etc.' Governments exercise control over rather than serve just like the monarchies before them. Bizarrely there are still countries like the United Kingdom which are ruled by a monarch *and* a government that officially answers to the monarch. The UK head of state and that of Commonwealth countries such as Canada, Australia and New Zealand is 'selected' by who in a *single family* had unprotected sex with whom and in what order. Pinch me it can't be true. Ouch! Shit, it is. The demise of monarchies in most countries offered a potential vacuum in which some form of free and fair society could arise and the Cult had that base covered. Monarchies had served its interests but they couldn't continue in the face of such widespread opposition and, anyway, replacing a 'royal' dictatorship that people could see with a dictatorship 'of the people' hiding behind the concept of 'democracy' presented far greater manipulative possibilities and ways of hiding coordinated tyranny behind the illusion of 'freedom'.

Democracy is quite wrongly defined as government selected by the population. This is not the case at all. It is government selected by *some* of the population (and then only in theory). This 'some' doesn't even have to be the majority as we have seen so often in first-past-the-post elections in which the so-called majority party wins fewer votes than the 'losing' parties combined. Democracy can give total power to a party in government from a minority of the votes cast. It's a sleight of hand to sell tyranny as freedom. Seventy-four million Trump-supporting Americans didn't vote for the 'Democratic' Party of Joe Biden in the distinctly dodgy election in 2020 and yet far from acknowledging the wishes and feelings of that great percentage of American society the Cult-owned Biden government set out from day one to destroy them and their right to a voice and opinion. Empty shell Biden and his Cult handlers said they were doing this to 'protect democracy'. Such is the level of lunacy and sickness to which politics has descended. Connect the dots and relate them to the desired outcome – a world government run by self-appointed technocrats and no longer even elected

politicians. While operating through its political agents in government the Cult is at the same time encouraging public distain for politicians by putting idiots and incompetents in theoretical power on the road to deleting them. The idea is to instil a public reaction that says of the technocrats: 'Well, they couldn't do any worse than the pathetic politicians.' It's all about controlling perception and Renegade Minds can see through that while programmed minds cannot when they are ignorant of both the planned outcome and the manipulation techniques employed to secure that end. This knowledge can be learned, however, and fast if people choose to get informed.

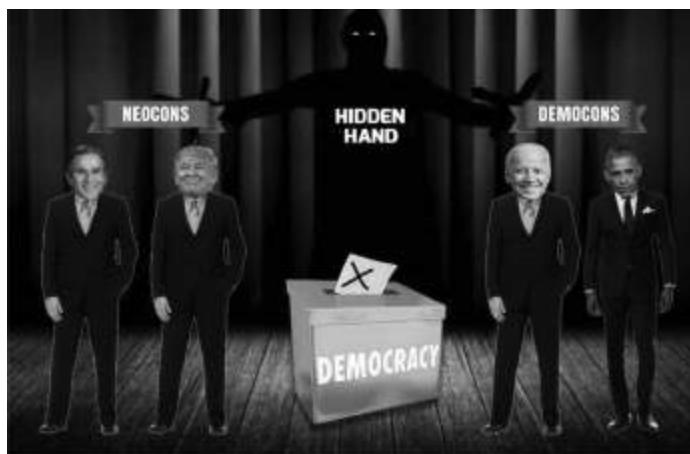
Politics may at first sight appear very difficult to control from a central point. I mean look at the 'different' parties and how would you be able to oversee them all and their constituent parts? In truth, it's very straightforward because of their structure. We are back to the pyramid of imposition and acquiescence. Organisations are structured in the same way as the system as a whole. Political parties are not open forums of free expression. They are hierarchies. I was a national spokesman for the British Green Party which claimed to be a different kind of politics in which influence and power was devolved; but I can tell you from direct experience – and it's far worse now – that Green parties are run as hierarchies like all the others however much they may try to hide that fact or kid themselves that it's not true. A very few at the top of all political parties are directing policy and personnel. They decide if you are elevated in the party or serve as a government minister and to do that you have to be a yes man or woman. Look at all the maverick political thinkers who never ascended the greasy pole. If you want to progress within the party or reach 'high-office' you need to fall into line and conform. Exceptions to this are rare indeed. Should you want to run for parliament or Congress you have to persuade the local or state level of the party to select you and for that you need to play the game as dictated by the hierarchy. If you secure election and wish to progress within the greater structure you need to go on conforming to what is acceptable to those running the hierarchy

from the peak of the pyramid. Political parties are perceptual gulags and the very fact that there are party 'Whips' appointed to 'whip' politicians into voting the way the hierarchy demands exposes the ridiculous idea that politicians are elected to serve the people they are supposed to represent. Cult operatives and manipulation has long seized control of major parties that have any chance of forming a government and at least most of those that haven't. A new party forms and the Cult goes to work to infiltrate and direct. This has reached such a level today that you see video compilations of 'leaders' of all parties whether Democrats, Republicans, Conservative, Labour and Green parroting the same Cult mantra of 'Build Back Better' and the 'Great Reset' which are straight off the Cult song-sheet to describe the transformation of global society in response to the Cult-instigated hoaxes of the 'Covid pandemic' and human-caused 'climate change'. To see Caroline Lucas, the Green Party MP that I knew when I was in the party in the 1980s, speaking in support of plans proposed by Cult operative Klaus Schwab representing the billionaire global elite is a real head-shaker.

## **Many parties – one master**

The party system is another mind-trick and was instigated to change the nature of the dictatorship by swapping 'royalty' for dark suits that people believed – though now ever less so – represented their interests. Understanding this trick is to realise that a single force (the Cult) controls all parties either directly in terms of the major ones or through manipulation of perception and ideology with others. You don't need to manipulate Green parties to demand your transformation of society in the name of 'climate change' when they are obsessed with the lie that this is essential to 'save the planet'. You just give them a platform and away they go serving your interests while believing they are being environmentally virtuous. America's political structure is a perfect blueprint for how the two or multi-party system is really a one-party state. The Republican Party is controlled from one step back in the shadows by a group made up of billionaires and their gofers known as neoconservatives or Neocons.

I have exposed them in fine detail in my books and they were the driving force behind the policies of the imbecilic presidency of Boy George Bush which included 9/11 (see *The Trigger* for a comprehensive demolition of the official story), the subsequent ‘war on terror’ (war of terror) and the invasions of Afghanistan and Iraq. The latter was a No-Problem-Reaction-Solution based on claims by Cult operatives, including Bush and British Prime Minister Tony Blair, about Saddam Hussein’s ‘weapons of mass destruction’ which did not exist as war criminals Bush and Blair well knew.



**Figure 6:** Different front people, different parties – same control system.

The Democratic Party has its own ‘Neocon’ group controlling from the background which I call the ‘Democons’ and here’s the penny-drop – the Neocons and Democons answer to the same masters one step further back into the shadows (Fig 6). At that level of the Cult the Republican and Democrat parties are controlled by the same people and no matter which is in power the Cult is in power. This is how it works in almost every country and certainly in Britain with Conservative, Labour, Liberal Democrat and Green parties now all on the same page whatever the rhetoric may be in their feeble attempts to appear different. Neocons operated at the time of Bush through a think tank called The Project for the New American Century which in September, 2000, published a document entitled *Rebuilding America's Defenses: Strategies, Forces, and Resources*

*For a New Century* demanding that America fight ‘multiple, simultaneous major theatre wars’ as a ‘core mission’ to force regime-change in countries including Iraq, Libya and Syria. Neocons arranged for Bush (‘Republican’) and Blair (‘Labour Party’) to front-up the invasion of Iraq and when they departed the Democons orchestrated the targeting of Libya and Syria through Barack Obama (‘Democrat’) and British Prime Minister David Cameron (‘Conservative Party’). We have ‘different’ parties and ‘different’ people, but the same unfolding script. The more the Cult has seized the reigns of parties and personnel the more their policies have transparently pursued the same agenda to the point where the fascist ‘Covid’ impositions of the Conservative junta of Jackboot Johnson in Britain were opposed by the Labour Party because they were not fascist enough. The Labour Party is likened to the US Democrats while the Conservative Party is akin to a British version of the Republicans and on both sides of the Atlantic they all speak the same language and support the direction demanded by the Cult although some more enthusiastically than others. It’s a similar story in country after country because it’s all centrally controlled. Oh, but what about Trump? I’ll come to him shortly. Political ‘choice’ in the ‘party’ system goes like this: You vote for Party A and they get into government. You don’t like what they do so next time you vote for Party B and they get into government. You don’t like what they do when it’s pretty much the same as Party A and why wouldn’t that be with both controlled by the same force? Given that only two, sometimes three, parties have any chance of forming a government to get rid of Party B that you don’t like you have to vote again for Party A which ... you don’t like. This, ladies and gentlemen, is what they call ‘democracy’ which we are told – wrongly – is a term interchangeable with ‘freedom’.

## **The cult of cults**

At this point I need to introduce a major expression of the Global Cult known as Sabbatian-Frankism. Sabbatian is also spelt as Sabbatean. I will summarise here. I have published major exposés

and detailed background in other works. Sabbatian-Frankism combines the names of two frauds posing as 'Jewish' men, Sabbatai Zevi (1626-1676), a rabbi, black magician and occultist who proclaimed he was the Jewish messiah; and Jacob Frank (1726-1791), the Polish 'Jew', black magician and occultist who said he was the reincarnation of 'messiah' Zevi and biblical patriarch Jacob. They worked across two centuries to establish the Sabbatian-Frankist cult that plays a major, indeed central, role in the manipulation of human society by the Global Cult which has its origins much further back in history than Sabbatai Zevi. I should emphasise two points here in response to the shrill voices that will scream 'anti-Semitism': (1) Sabbatian-Frankists are NOT Jewish and only pose as such to hide their cult behind a Jewish façade; and (2) my information about this cult has come from Jewish sources who have long realised that their society and community has been infiltrated and taken over by interloper Sabbatian-Frankists. Infiltration has been the foundation technique of Sabbatian-Frankism from its official origin in the 17th century. Zevi's Sabbatian sect attracted a massive following described as the biggest messianic movement in Jewish history, spreading as far as Africa and Asia, and he promised a return for the Jews to the 'Promised Land' of Israel. Sabbatianism was not Judaism but an inversion of everything that mainstream Judaism stood for. So much so that this sinister cult would have a feast day when Judaism had a fast day and whatever was forbidden in Judaism the Sabbatians were encouraged and even commanded to do. This included incest and what would be today called Satanism. Members were forbidden to marry outside the sect and there was a system of keeping their children ignorant of what they were part of until they were old enough to be trusted not to unknowingly reveal anything to outsiders. The same system is employed to this day by the Global Cult in general which Sabbatian-Frankism has enormously influenced and now largely controls.

Zevi and his Sabbatians suffered a setback with the intervention by the Sultan of the Islamic Ottoman Empire in the Middle East and what is now the Republic of Turkey where Zevi was located. The

Sultan gave him the choice of proving his ‘divinity’, converting to Islam or facing torture and death. Funnily enough Zevi chose to convert or at least appear to. Some of his supporters were disillusioned and drifted away, but many did not with 300 families also converting – only in theory – to Islam. They continued behind this Islamic smokescreen to follow the goals, rules and rituals of Sabbatianism and became known as ‘crypto-Jews’ or the ‘Dönmeh’ which means ‘to turn’. This is rather ironic because they didn’t ‘turn’ and instead hid behind a fake Islamic persona. The process of appearing to be one thing while being very much another would become the calling card of Sabbatianism especially after Zevi’s death and the arrival of the Satanist Jacob Frank in the 18th century when the cult became Sabbatian-Frankism and plumbed still new depths of depravity and infiltration which included – still includes – human sacrifice and sex with children. Wherever Sabbatians go paedophilia and Satanism follow and is it really a surprise that Hollywood is so infested with child abuse and Satanism when it was established by Sabbatian-Frankists and is still controlled by them? Hollywood has been one of the prime vehicles for global perceptual programming and manipulation. How many believe the version of ‘history’ portrayed in movies when it is a travesty and inversion (again) of the truth? Rabbi Marvin Antelman describes Frankism in his book, *To Eliminate the Opiate*, as ‘a movement of complete evil’ while Jewish professor Gershom Scholem said of Frank in *The Messianic Idea in Judaism*: ‘In all his actions [he was] a truly corrupt and degenerate individual ... one of the most frightening phenomena in the whole of Jewish history.’ Frank was excommunicated by traditional rabbis, as was Zevi, but Frank was undeterred and enjoyed vital support from the House of Rothschild, the infamous banking dynasty whose inner-core are Sabbatian-Frankists and not Jews. Infiltration of the Roman Church and Vatican was instigated by Frank with many Dönmeh ‘turning’ again to convert to Roman Catholicism with a view to hijacking the reins of power. This was the ever-repeating modus operandi and continues to be so. Pose as an advocate of the religion, culture or country that you want to control and then

manipulate your people into the positions of authority and influence largely as advisers, administrators and Svengalis for those that appear to be in power. They did this with Judaism, Christianity (Christian Zionism is part of this), Islam and other religions and nations until Sabbatian-Frankism spanned the world as it does today.

## **Sabbatian Saudis and the terror network**

One expression of the Sabbatian-Frankist Dönme within Islam is the ruling family of Saudi Arabia, the House of Saud, through which came the vile distortion of Islam known as Wahhabism. This is the violent creed followed by terrorist groups like Al-Qaeda and ISIS or Islamic State. Wahhabism is the hand-chopping, head-chopping ‘religion’ of Saudi Arabia which is used to keep the people in a constant state of fear so the interloper House of Saud can continue to rule. Al-Qaeda and Islamic State were lavishly funded by the House of Saud while being created and directed by the Sabbatian-Frankist network in the United States that operates through the Pentagon, CIA and the government in general of whichever ‘party’. The front man for the establishment of Wahhabism in the middle of the 18th century was a Sabbatian-Frankist ‘crypto-Jew’ posing as Islamic called Muhammad ibn Abd al-Wahhab. His daughter would marry the son of Muhammad bin Saud who established the first Saudi state before his death in 1765 with support from the British Empire. Bin Saud’s successors would establish modern Saudi Arabia in league with the British and Americans in 1932 which allowed them to seize control of Islam’s major shrines in Mecca and Medina. They have dictated the direction of Sunni Islam ever since while Iran is the major centre of the Shiite version and here we have the source of at least the public conflict between them. The Sabbatian network has used its Wahhabi extremists to carry out Problem-Reaction-Solution terrorist attacks in the name of ‘Al-Qaeda’ and ‘Islamic State’ to justify a devastating ‘war on terror’, ever-increasing surveillance of the population and to terrify people into compliance. Another insight of the Renegade Mind is the streetwise understanding that

just because a country, location or people are attacked doesn't mean that those apparently representing that country, location or people are not behind the attackers. Often they are *orchestrating* the attacks because of the societal changes that can be then justified in the name of 'saving the population from terrorists'.

I show in great detail in *The Trigger* how Sabbatian-Frankists were the real perpetrators of 9/11 and not '19 Arab hijackers' who were blamed for what happened. Observe what was justified in the name of 9/11 alone in terms of Middle East invasions, mass surveillance and control that fulfilled the demands of the Project for the New American Century document published by the Sabbatian Neocons. What appear to be enemies are on the deep inside players on the same Sabbatian team. Israel and Arab 'royal' dictatorships are all ruled by Sabbatians and the recent peace agreements between Israel and Saudi Arabia, the United Arab Emirates (UAE) and others are only making formal what has always been the case behind the scenes. Palestinians who have been subjected to grotesque tyranny since Israel was bombed and terrorised into existence in 1948 have never stood a chance. Sabbatian-Frankists have controlled Israel (so the constant theme of violence and war which Sabbatians love) and they have controlled the Arab countries that Palestinians have looked to for real support that never comes. 'Royal families' of the Arab world in Saudi Arabia, Bahrain, UAE, etc., are all Sabbatians with allegiance to the aims of the cult and not what is best for their Arabic populations. They have stolen the oil and financial resources from their people by false claims to be 'royal dynasties' with a genetic right to rule and by employing vicious militaries to impose their will.

## **Satanic 'illumination'**

The Satanist Jacob Frank formed an alliance in 1773 with two other Sabbatians, Mayer Amschel Rothschild (1744-1812), founder of the Rothschild banking dynasty, and Jesuit-educated fraudulent Jew, Adam Weishaupt, and this led to the formation of the Bavarian Illuminati, firstly under another name, in 1776. The Illuminati would

be the manipulating force behind the French Revolution (1789-1799) and was also involved in the American Revolution (1775-1783) before and after the Illuminati's official creation. Weishaupt would later become (in public) a Protestant Christian in archetypal Sabbatian style. I read that his name can be decoded as Adam-Weishaupt or 'the first man to lead those who know'. He wasn't a leader in the sense that he was a subordinate, but he did lead those below him in a crusade of transforming human society that still continues today. The theme was confirmed as early as 1785 when a horseman courier called Lanz was reported to be struck by lighting and extensive Illuminati documents were found in his saddlebags. They made the link to Weishaupt and detailed the plan for world takeover. Current events with 'Covid' fascism have been in the making for a very long time. Jacob Frank was jailed for 13 years by the Catholic Inquisition after his arrest in 1760 and on his release he headed for Frankfurt, Germany, home city and headquarters of the House of Rothschild where the alliance was struck with Mayer Amschel Rothschild and Weishaupt. Rothschild arranged for Frank to be given the title of Baron and he became a wealthy nobleman with a big following of Jews in Germany, the Austro-Hungarian Empire and other European countries. Most of them would have believed he was on their side.

The name 'Illuminati' came from the Zohar which is a body of works in the Jewish mystical 'bible' called the Kabbalah. 'Zohar' is the foundation of Sabbatian-Frankist belief and in Hebrew 'Zohar' means 'splendour', 'radiance', 'illuminated', and so we have 'Illuminati'. They claim to be the 'Illuminated Ones' from their knowledge systematically hidden from the human population and passed on through generations of carefully-chosen initiates in the global secret society network or Cult. Hidden knowledge includes an awareness of the Cult agenda for the world and the nature of our collective reality that I will explore later. Cult 'illumination' is symbolised by the torch held by the Statue of Liberty which was gifted to New York by French Freemasons in Paris who knew exactly what it represents. 'Liberty' symbolises the goddess worshipped in

Babylon as Queen Semiramis or Ishtar. The significance of this will become clear. Notice again the ubiquitous theme of inversion with the Statue of 'Liberty' really symbolising mass control ([Fig 7](#)). A mirror-image statute stands on an island in the River Seine in Paris from where New York Liberty originated ([Fig 8](#)). A large replica of the Liberty flame stands on top of the Pont de l'Alma tunnel in Paris where Princess Diana died in a Cult ritual described in *The Biggest Secret*. Lucifer 'the light bringer' is related to all this (and much more as we'll see) and 'Lucifer' is a central figure in Sabbatian-Frankism and its associated Satanism. Sabbatians reject the Jewish Torah, or Pentateuch, the 'five books of Moses' in the Old Testament known as Genesis, Exodus, Leviticus, Numbers, and Deuteronomy which are claimed by Judaism and Christianity to have been dictated by 'God' to Moses on Mount Sinai. Sabbatians say these do not apply to them and they seek to replace them with the Zohar to absorb Judaism and its followers into their inversion which is an expression of a much greater global inversion. They want to delete all religions and force humanity to worship a one-world religion – Sabbatian Satanism that also includes worship of the Earth goddess. Satanic themes are being more and more introduced into mainstream society and while Christianity is currently the foremost target for destruction the others are planned to follow.



**Figure 7:** The Cult goddess of Babylon disguised as the Statue of Liberty holding the flame of Lucifer the 'light bringer'.



**Figure 8:** Liberty's mirror image in Paris where the New York version originated.

## **Marx brothers**

Rabbi Marvin Antelman connects the Illuminati to the Jacobins in *To Eliminate the Opiate* and Jacobins were the force behind the French Revolution. He links both to the Bund der Gerechten, or League of the Just, which was the network that inflicted communism/Marxism on the world. Antelman wrote:

The original inner circle of the Bund der Gerechten consisted of born Catholics, Protestants and Jews [Sabbatian-Frankist infiltrators], and those representatives of respective subdivisions formulated schemes for the ultimate destruction of their faiths. The heretical Catholics laid plans which they felt would take a century or more for the ultimate destruction of the church; the apostate Jews for the ultimate destruction of the Jewish religion.

Sabbatian-created communism connects into this anti-religion agenda in that communism does not allow for the free practice of religion. The Sabbatian 'Bund' became the International Communist Party and Communist League and in 1848 'Marxism' was born with the Communist Manifesto of Sabbatian assets Karl Marx and Friedrich Engels. It is absolutely no coincidence that Marxism, just a different name for fascist and other centrally-controlled tyrannies, is being imposed worldwide as a result of the 'Covid' hoax and nor that Marxist/fascist China was the place where the hoax originated. The reason for this will become very clear in the chapter 'Covid: The calculated catastrophe'. The so-called 'Woke' mentality has hijacked

traditional beliefs of the political left and replaced them with far-right make-believe ‘social justice’ better known as Marxism. Woke will, however, be swallowed by its own perceived ‘revolution’ which is really the work of billionaires and billionaire corporations feigning being ‘Woke’. Marxism is being touted by Wokers as a replacement for ‘capitalism’ when we don’t have ‘capitalism’. We have cartelism in which the market is stitched up by the very Cult billionaires and corporations bankrolling Woke. Billionaires love Marxism which keeps the people in servitude while they control from the top.

Terminally naïve Wokers think they are ‘changing the world’ when it’s the Cult that is doing the changing and when they have played their vital part and become surplus to requirements they, too, will be targeted. The Illuminati-Jacobins were behind the period known as ‘The Terror’ in the French Revolution in 1793 and 1794 when Jacobin Maximillian de Robespierre and his Orwellian ‘Committee of Public Safety’ killed 17,000 ‘enemies of the Revolution’ who had once been ‘friends of the Revolution’. Karl Marx (1818-1883), whose Sabbatian creed of Marxism has cost the lives of at least 100 million people, is a hero once again to Wokers who have been systematically kept ignorant of real history by their ‘education’ programming. As a result they now promote a Sabbatian ‘Marxist’ abomination destined at some point to consume them. Rabbi Antelman, who spent decades researching the Sabbatian plot, said of the League of the Just and Karl Marx:

Contrary to popular opinion Karl Marx did not originate the Communist Manifesto. He was paid for his services by the League of the Just, which was known in its country of origin, Germany, as the Bund der Gaeachteten.

Antelman said the text attributed to Marx was the work of other people and Marx ‘was only repeating what others already said’. Marx was ‘a hired hack – lackey of the wealthy Illuminists’. Marx famously said that religion was the ‘opium of the people’ (part of the Sabbatian plan to demonise religion) and Antelman called his books, *To Eliminate the Opiate*. Marx was born Jewish, but his family converted to Christianity (Sabbatian modus operandi) and he

attacked Jews, not least in his book, *A World Without Jews*. In doing so he supported the Sabbatian plan to destroy traditional Jewishness and Judaism which we are clearly seeing today with the vindictive targeting of orthodox Jews by the Sabbatian government of Israel over 'Covid' laws. I don't follow any religion and it has done much damage to the world over centuries and acted as a perceptual straightjacket. Renegade Minds, however, are always asking *why* something is being done. It doesn't matter if they agree or disagree with what is happening – *why* is it happening is the question. The 'why?' can be answered with regard to religion in that religions create interacting communities of believers when the Cult wants to dismantle all discourse, unity and interaction (see 'Covid' lockdowns) and the ultimate goal is to delete all religions for a one-world religion of Cult Satanism worshipping their 'god' of which more later. We see the same 'why?' with gun control in America. I don't have guns and don't want them, but why is the Cult seeking to disarm the population at the same time that law enforcement agencies are armed to their molars and why has every tyrant in history sought to disarm people before launching the final takeover? They include Hitler, Stalin, Pol Pot and Mao who followed confiscation with violent seizing of power. You know it's a Cult agenda by the people who immediately race to the microphones to exploit dead people in multiple shootings. Ultra-Zionist Cult lackey Senator Chuck Schumer was straight on the case after ten people were killed in Boulder, Colorado in March, 2021. Simple rule ... if Schumer wants it the Cult wants it and the same with his ultra-Zionist mate the wild-eyed Senator Adam Schiff. At the same time they were calling for the disarmament of Americans, many of whom live a long way from a police response, Schumer, Schiff and the rest of these pampered clowns were sitting on Capitol Hill behind a razor-wired security fence protected by thousands of armed troops in addition to their own armed bodyguards. Mom and pop in an isolated home? They're just potential mass shooters.

## Zion Mainframe

Sabbatian-Frankists and most importantly the Rothschilds were behind the creation of 'Zionism', a political movement that demanded a Jewish homeland in Israel as promised by Sabbatai Zevi. The very symbol of Israel comes from the German meaning of the name Rothschild. Dynasty founder Mayer Amschel Rothschild changed the family name from Bauer to Rothschild, or 'Red-Shield' in German, in deference to the six-pointed 'Star of David' hexagram displayed on the family's home in Frankfurt. The symbol later appeared on the flag of Israel after the Rothschilds were centrally involved in its creation. Hexagrams are not a uniquely Jewish symbol and are widely used in occult ('hidden') networks often as a symbol for Saturn (see my other books for why). Neither are Zionism and Jewishness interchangeable. Zionism is a political movement and philosophy and not a 'race' or a people. Many Jews oppose Zionism and many non-Jews, including US President Joe Biden, call themselves Zionists as does Israel-centric Donald Trump. America's support for the Israel government is pretty much a gimme with ultra-Zionist billionaires and corporations providing fantastic and dominant funding for both political parties. Former Congresswoman Cynthia McKinney has told how she was approached immediately she ran for office to 'sign the pledge' to Israel and confirm that she would always vote in that country's best interests. All American politicians are approached in this way. Anyone who refuses will get no support or funding from the enormous and all-powerful Zionist lobby that includes organisations like mega-lobby group AIPAC, the American Israel Public Affairs Committee. Trump's biggest funder was ultra-Zionist casino and media billionaire Sheldon Adelson while major funders of the Democratic Party include ultra-Zionist George Soros and ultra-Zionist financial and media mogul, Haim Saban. Some may reel back at the suggestion that Soros is an Israel-firster (Sabbatian-controlled Israel-firster), but Renegade Minds watch the actions not the words and everywhere Soros donates his billions the Sabbatian agenda benefits. In the spirit of Sabbatian inversion Soros pledged \$1 billion for a new university network to promote 'liberal values and tackle intolerance'. He made the announcement during his annual speech

at the Cult-owned World Economic Forum in Davos, Switzerland, in January, 2020, after his ‘harsh criticism’ of ‘authoritarian rulers’ around the world. You can only laugh at such brazen mendacity. How *he* doesn’t laugh is the mystery. Translated from the Orwellian ‘liberal values and tackle intolerance’ means teaching non-white people to hate white people and for white people to loathe themselves for being born white. The reason for that will become clear.

### **The ‘Anti-Semitism’ fraud**

Zionists support the Jewish homeland in the land of Palestine which has been the Sabbatian-Rothschild goal for so long, but not for the benefit of Jews. Sabbatians and their global Anti-Semitism Industry have skewed public and political opinion to equate opposing the violent extremes of Zionism to be a blanket attack and condemnation of all Jewish people. Sabbatians and their global Anti-Semitism Industry have skewed public and political opinion to equate opposing the violent extremes of Zionism to be a blanket attack and condemnation of all Jewish people. This is nothing more than a Sabbatian protection racket to stop legitimate investigation and exposure of their agendas and activities. The official definition of ‘anti-Semitism’ has more recently been expanded to include criticism of Zionism – a *political movement* – and this was done to further stop exposure of Sabbatian infiltrators who created Zionism as we know it today in the 19th century. Renegade Minds will talk about these subjects when they know the shit that will come their way. People must decide if they want to know the truth or just cower in the corner in fear of what others will say. Sabbatians have been trying to label me as ‘anti-Semitic’ since the 1990s as I have uncovered more and more about their background and agendas. Useless, gutless, fraudulent ‘journalists’ then just repeat the smears without question and on the day I was writing this section a pair of unquestioning repeaters called Ben Quinn and Archie Bland (how appropriate) outright called me an ‘anti-Semite’ in the establishment propaganda sheet, the London *Guardian*, with no supporting evidence. The

Sabbatian Anti-Semitism Industry said so and who are they to question that? They wouldn't dare. Ironically 'Semitic' refers to a group of languages in the Middle East that are almost entirely Arabic. 'Anti-Semitism' becomes 'anti-Arab' which if the consequences of this misunderstanding were not so grave would be hilarious. Don't bother telling Quinn and Bland. I don't want to confuse them, bless 'em. One reason I am dubbed 'anti-Semitic' is that I wrote in the 1990s that Jewish operatives (Sabbatians) were heavily involved in the Russian Revolution when Sabbatians overthrew the Romanov dynasty. This apparently made me 'anti-Semitic'. Oh, really? Here is a section from *The Trigger*:

British journalist Robert Wilton confirmed these themes in his 1920 book *The Last Days of the Romanovs* when he studied official documents from the Russian government to identify the members of the Bolshevik ruling elite between 1917 and 1919. The Central Committee included 41 Jews among 62 members; the Council of the People's Commissars had 17 Jews out of 22 members; and 458 of the 556 most important Bolshevik positions between 1918 and 1919 were occupied by Jewish people. Only 17 were Russian. Then there were the 23 Jews among the 36 members of the vicious Cheka Soviet secret police established in 1917 who would soon appear all across the country.

Professor Robert Service of Oxford University, an expert on 20th century Russian history, found evidence that ['Jewish'] Leon Trotsky had sought to make sure that Jews were enrolled in the Red Army and were disproportionately represented in the Soviet civil bureaucracy that included the Cheka which performed mass arrests, imprisonment and executions of 'enemies of the people'. A US State Department Decimal File (861.00/5339) dated November 13th, 1918, names [Rothschild banking agent in America] Jacob Schiff and a list of ultra-Zionists as funders of the Russian Revolution leading to claims of a 'Jewish plot', but the key point missed by all is they were not 'Jews' – they were Sabbatian-Frankists.

Britain's Winston Churchill made the same error by mistake or otherwise. He wrote in a 1920 edition of the *Illustrated Sunday Herald* that those behind the Russian revolution were part of a 'worldwide conspiracy for the overthrow of civilisation and for the reconstitution of society on the basis of arrested development, of envious malevolence, and impossible equality' (see 'Woke' today because that has been created by the same network). Churchill said there was no need to exaggerate the part played in the creation of Bolshevism and in the actual bringing about of the Russian

Revolution 'by these international and for the most part atheistical Jews' ['atheistical Jews' = Sabbatians]. Churchill said it is certainly a very great one and probably outweighs all others: 'With the notable exception of Lenin, the majority of the leading figures are Jews.' He went on to describe, knowingly or not, the Sabbatian modus operandi of placing puppet leaders nominally in power while they control from the background:

Moreover, the principal inspiration and driving power comes from the Jewish leaders. Thus Tchitcherin, a pure Russian, is eclipsed by his nominal subordinate, Litvinoff, and the influence of Russians like Bukharin or Lunacharski cannot be compared with the power of Trotsky, or of Zinovieff, the Dictator of the Red Citadel (Petrograd), or of Krassin or Radek – all Jews. In the Soviet institutions the predominance of Jews is even more astonishing. And the prominent, if not indeed the principal, part in the system of terrorism applied by the Extraordinary Commissions for Combatting Counter-Revolution has been taken by Jews, and in some notable cases by Jewesses.

What I said about seriously disproportionate involvement in the Russian Revolution by Jewish 'revolutionaries' (Sabbatians) is provable fact, but truth is no defence against the Sabbatian Anti-Semitism Industry, its repeater parrots like Quinn and Bland, and the now breathtaking network of so-called 'Woke' 'anti-hate' groups with interlocking leaderships and funding which have the role of discrediting and silencing anyone who gets too close to exposing the Sabbatians. We have seen 'truth is no defence' confirmed in legal judgements with the Saskatchewan Human Rights Commission in Canada decreeing this: 'Truthful statements can be presented in a manner that would meet the definition of hate speech, and not all truthful statements must be free from restriction.' Most 'anti-hate' activists, who are themselves consumed by hatred, are too stupid and ignorant of the world to know how they are being used. They are far too far up their own virtue-signalling arses and it's far too dark for them to see anything.

## **The 'revolution' game**

The background and methods of the 'Russian' Revolution are straight from the Sabbatian playbook seen in the French Revolution

and endless others around the world that appear to start as a revolution of the people against tyrannical rule and end up with a regime change to more tyrannical rule overtly or covertly. Wars, terror attacks and regime overthrows follow the Sabbatian cult through history with its agents creating them as Problem-Reaction-Solutions to remove opposition on the road to world domination. Sabbatian dots connect the Rothschilds with the Illuminati, Jacobins of the French Revolution, the 'Bund' or League of the Just, the International Communist Party, Communist League and the Communist Manifesto of Karl Marx and Friedrich Engels that would lead to the Rothschild-funded Russian Revolution. The sequence comes under the heading of 'creative destruction' when you advance to your global goal by continually destroying the status quo to install a new status quo which you then also destroy. The two world wars come to mind. With each new status quo you move closer to your planned outcome. Wars and mass murder are to Sabbatians a collective blood sacrifice ritual. They are obsessed with death for many reasons and one is that death is an inversion of life. Satanists and Sabbatians are obsessed with death and often target churches and churchyards for their rituals. Inversion-obsessed Sabbatians explain the use of inverted symbolism including the *inverted* pentagram and *inverted* cross. The inversion of the cross has been related to targeting Christianity, but the cross was a religious symbol long before Christianity and its inversion is a statement about the Sabbatian mentality and goals more than any single religion.

Sabbatians operating in Germany were behind the rise of the occult-obsessed Nazis and the subsequent Jewish exodus from Germany and Europe to Palestine and the United States after World War Two. The Rothschild dynasty was at the forefront of this both as political manipulators and by funding the operation. Why would Sabbatians help to orchestrate the horrors inflicted on Jews by the Nazis and by Stalin after they organised the Russian Revolution? Sabbatians hate Jews and their religion, that's why. They pose as Jews and secure positions of control within Jewish society and play the 'anti-Semitism' card to protect themselves from exposure

through a global network of organisations answering to the Sabbatian-created-and-controlled globe-spanning intelligence network that involves a stunning web of military-intelligence operatives and operations for a tiny country of just nine million. Among them are Jewish assets who are not Sabbatians but have been convinced by them that what they are doing is for the good of Israel and the Jewish community to protect them from what they have been programmed since childhood to believe is a Jew-hating hostile world. The Jewish community is just a highly convenient cover to hide the true nature of Sabbatians. Anyone getting close to exposing their game is accused by Sabbatian place-people and gofers of 'anti-Semitism' and claiming that all Jews are part of a plot to take over the world. I am not saying that. I am saying that Sabbatians – the *real* Jew-haters – have infiltrated the Jewish community to use them both as a cover and an 'anti-Semitic' defence against exposure. Thus we have the Anti-Semitism Industry targeted researchers in this way and most Jewish people think this is justified and genuine. They don't know that their 'Jewish' leaders and institutions of state, intelligence and military are not controlled by Jews at all, but cultists and stooges of Sabbatian-Frankism. I once added my name to a pro-Jewish freedom petition online and the next time I looked my name was gone and text had been added to the petition blurb to attack me as an 'anti-Semite' such is the scale of perceptual programming.

## **Moving on America**

I tell the story in *The Trigger* and a chapter called 'Atlantic Crossing' how particularly after Israel was established the Sabbatians moved in on the United States and eventually grasped control of government administration, the political system via both Democrats and Republicans, the intelligence community like the CIA and National Security Agency (NSA), the Pentagon and mass media. Through this seriously compartmentalised network Sabbatians and their operatives in Mossad, Israeli Defense Forces (IDF) and US agencies pulled off 9/11 and blamed it on 19 'Al-Qaeda hijackers' dominated by men from, or connected to, Sabbatian-ruled Saudi

Arabia. The '19' were not even on the planes let alone flew those big passenger jets into buildings while being largely incompetent at piloting one-engine light aircraft. 'Hijacker' Hani Hanjour who is said to have flown American Airlines Flight 77 into the Pentagon with a turn and manoeuvre most professional pilots said they would have struggled to do was banned from renting a small plane by instructors at the Freeway Airport in Bowie, Maryland, just *six weeks* earlier on the grounds that he was an incompetent pilot. The Jewish population of the world is just 0.2 percent with even that almost entirely concentrated in Israel (75 percent Jewish) and the United States (around two percent). This two percent and globally 0.2 percent refers to *Jewish* people and not Sabbatian interlopers who are a fraction of that fraction. What a sobering thought when you think of the fantastic influence on world affairs of tiny Israel and that the Project for the New America Century (PNAC) which laid out the blueprint in September, 2000, for America's war on terror and regime change wars in Iraq, Libya and Syria was founded and dominated by Sabbatians known as 'Neocons'. The document conceded that this plan would not be supported politically or publicly without a major attack on American soil and a Problem-Reaction-Solution excuse to send troops to war across the Middle East. Sabbatian Neocons said:

... [The] process of transformation ... [war and regime change] ... is likely to be a long one, absent some catastrophic and catalysing event – like a new Pearl Harbor.

Four months later many of those who produced that document came to power with their inane puppet George Bush from the long-time Sabbatian Bush family. They included Sabbatian Dick Cheney who was officially vice-president, but really de-facto president for the entirety of the 'Bush' government. Nine months after the 'Bush' inauguration came what Bush called at the time 'the Pearl Harbor of the 21st century' and with typical Sabbatian timing and symbolism 2001 was the 60th anniversary of the attack in 1941 by the Japanese Air Force on Pearl Harbor, Hawaii, which allowed President Franklin Delano Roosevelt to take the United States into a Sabbatian-

instigated Second World War that he said in his election campaign that he never would. The evidence is overwhelming that Roosevelt and his military and intelligence networks knew the attack was coming and did nothing to stop it, but they did make sure that America's most essential naval ships were not in Hawaii at the time. Three thousand Americans died in the Pearl Harbor attacks as they did on September 11th. By the 9/11 year of 2001 Sabbatians had widely infiltrated the US government, military and intelligence operations and used their compartmentalised assets to pull off the 'Al-Qaeda' attacks. If you read *The Trigger* it will blow your mind to see the utterly staggering concentration of 'Jewish' operatives (Sabbatian infiltrators) in essential positions of political, security, legal, law enforcement, financial and business power before, during, and after the attacks to make them happen, carry them out, and then cover their tracks – and I do mean *staggering* when you think of that 0.2 percent of the world population and two percent of Americans which are Jewish while Sabbatian infiltrators are a fraction of that. A central foundation of the 9/11 conspiracy was the hijacking of government, military, Air Force and intelligence computer systems in real time through 'back-door' access made possible by Israeli (Sabbatian) 'cyber security' software. Sabbatian-controlled Israel is on the way to rivalling Silicon Valley for domination of cyberspace and is becoming the dominant force in cyber-security which gives them access to entire computer systems and their passcodes across the world. Then add to this that Zionists head (officially) Silicon Valley giants like Google (Larry Page and Sergey Brin), Google-owned YouTube (Susan Wojcicki), Facebook (Mark Zuckerberg and Sheryl Sandberg), and Apple (Chairman Arthur D. Levinson), and that ultra-Zionist hedge fund billionaire Paul Singer has a \$1 billion stake in Twitter which is only nominally headed by 'CEO' pothead Jack Dorsey. As cable news host Tucker Carlson said of Dorsey: 'There used to be debate in the medical community whether dropping a ton of acid had permanent effects and I think that debate has now ended.' Carlson made the comment after Dorsey told a hearing on Capitol Hill (if you cut through his bullshit) that he

believed in free speech so long as he got to decide what you can hear and see. These 'big names' of Silicon Valley are only front men and women for the Global Cult, not least the Sabbatians, who are the true controllers of these corporations. Does anyone still wonder why these same people and companies have been ferociously censoring and banning people (like me) for exposing any aspect of the Cult agenda and especially the truth about the 'Covid' hoax which Sabbatians have orchestrated?

The Jeffrey Epstein paedophile ring was a Sabbatian operation. He was officially 'Jewish' but he was a Sabbatian and women abused by the ring have told me about the high number of 'Jewish' people involved. The Epstein horror has Sabbatian written all over it and matches perfectly their modus operandi and obsession with sex and ritual. Epstein was running a Sabbatian blackmail ring in which famous people with political and other influence were provided with young girls for sex while everything was being filmed and recorded on hidden cameras and microphones at his New York house, Caribbean island and other properties. Epstein survivors have described this surveillance system to me and some have gone public. Once the famous politician or other figure knew he or she was on video they tended to do whatever they were told. Here we go again ...when you've got them by the balls their hearts and minds will follow. Sabbatians use this blackmail technique on a wide scale across the world to entrap politicians and others they need to act as demanded. Epstein's private plane, the infamous 'Lolita Express', had many well-known passengers including Bill Clinton while Bill Gates has flown on an Epstein plane and met with him four years after Epstein had been jailed for paedophilia. They subsequently met many times at Epstein's home in New York according to a witness who was there. Epstein's infamous side-kick was Ghislaine Maxwell, daughter of Mossad agent and ultra-Zionist mega-crooked British businessman, Bob Maxwell, who at one time owned the *Daily Mirror* newspaper. Maxwell was murdered at sea on his boat in 1991 by Sabbatian-controlled Mossad when he became a liability with his

business empire collapsing as a former Mossad operative has confirmed (see *The Trigger*).

### **Money, money, money, funny money ...**

Before I come to the Sabbatian connection with the last three US presidents I will lay out the crucial importance to Sabbatians of controlling banking and finance. Sabbatian Mayer Amschel Rothschild set out to dominate this arena in his family's quest for total global control. What is freedom? It is, in effect, choice. The more choices you have the freer you are and the fewer your choices the more you are enslaved. In the global structure created over centuries by Sabbatians the biggest decider and restrictor of choice is ... money. Across the world if you ask people what they would like to do with their lives and why they are not doing that they will reply 'I don't have the money'. This is the idea. A global elite of multi-billionaires are described as 'greedy' and that is true on one level; but control of money – who has it and who doesn't – is not primarily about greed. It's about control. Sabbatians have seized ever more control of finance and sucked the wealth of the world out of the hands of the population. We talk now, after all, about the 'One-percent' and even then the wealthiest are a lot fewer even than that. This has been made possible by a money scam so outrageous and so vast it could rightly be called the scam of scams founded on creating 'money' out of nothing and 'loaning' that with interest to the population. Money out of nothing is called 'credit'. Sabbatians have asserted control over governments and banking ever more completely through the centuries and secured financial laws that allow banks to lend hugely more than they have on deposit in a confidence trick known as fractional reserve lending. Imagine if you could lend money that doesn't exist and charge the recipient interest for doing so. You would end up in jail. Bankers by contrast end up in mansions, private jets, Malibu and Monaco.

Banks are only required to keep a fraction of their deposits and wealth in their vaults and they are allowed to lend 'money' they don't have called 'credit'. Go into a bank for a loan and if you succeed

the banker will not move any real wealth into your account. They will type into your account the amount of the agreed 'loan' – say £100,000. This is not wealth that really exists; it is non-existent, fresh-air, created-out-of-nothing 'credit' which has never, does not, and will never exist except in theory. Credit is backed by nothing except wind and only has buying power because people think that it has buying power and accept it in return for property, goods and services. I have described this situation as like those cartoon characters you see chasing each other and when they run over the edge of a cliff they keep running forward on fresh air until one of them looks down, realises what's happened, and they all crash into the ravine. The whole foundation of the Sabbatian financial system is to stop people looking down except for periodic moments when they want to crash the system (as in 2008 and 2020 ongoing) and reap the rewards from all the property, businesses and wealth their borrowers had signed over as 'collateral' in return for a 'loan' of fresh air. Most people think that money is somehow created by governments when it comes into existence from the start as a debt through banks 'lending' illusory money called credit. Yes, the very currency of exchange is a *debt* from day one issued as an interest-bearing loan. Why don't governments create money interest-free and lend it to their people interest-free? Governments are controlled by Sabbatians and the financial system is controlled by Sabbatians for whom interest-free money would be a nightmare come true. Sabbatians underpin their financial domination through their global network of central banks, including the privately-owned US Federal Reserve and Britain's Bank of England, and this is orchestrated by a privately-owned central bank coordination body called the Bank for International Settlements in Basle, Switzerland, created by the usual suspects including the Rockefellers and Rothschilds. Central bank chiefs don't answer to governments or the people. They answer to the Bank for International Settlements or, in other words, the Global Cult which is dominated today by Sabbatians.

## **Built-in disaster**

There are so many constituent scams within the overall banking scam. When you take out a loan of thin-air credit only the amount of that loan is theoretically brought into circulation to add to the amount in circulation; but you are paying back the principle plus interest. The additional interest is not created and this means that with every 'loan' there is a shortfall in the money in circulation between what is borrowed and what has to be paid back. There is never even close to enough money in circulation to repay all outstanding public and private debt including interest. Coldly weaved in the very fabric of the system is the certainty that some will lose their homes, businesses and possessions to the banking 'lender'. This is less obvious in times of 'boom' when the amount of money in circulation (and the debt) is expanding through more people wanting and getting loans. When a downturn comes and the money supply contracts it becomes painfully obvious that there is not enough money to service all debt and interest. This is less obvious in times of 'boom' when the amount of money in circulation (and the debt) is expanding through more people wanting and getting loans. When a downturn comes and the money supply contracts and it becomes painfully obvious – as in 2008 and currently – that there is not enough money to service all debt and interest.

Sabbatian banksters have been leading the human population through a calculated series of booms (more debt incurred) and busts (when the debt can't be repaid and the banks get the debtor's tangible wealth in exchange for non-existent 'credit'). With each 'bust' Sabbatian bankers have absorbed more of the world's tangible wealth and we end up with the One-percent. Governments are in bankruptcy levels of debt to the same system and are therefore owned by a system they do not control. The Federal Reserve, 'America's central bank', is privately-owned and American presidents only nominally appoint its chairman or woman to maintain the illusion that it's an arm of government. It's not. The 'Fed' is a cartel of private banks which handed billions to its associates and friends after the crash of 2008 and has been Sabbatian-controlled since it was manipulated into being in 1913 through the covert trickery of Rothschild banking agents Jacob Schiff and Paul

Warburg, and the Sabbatian Rockefeller family. Somehow from a Jewish population of two-percent and globally 0.2 percent (Sabbatian interlopers remember are far smaller) ultra-Zionists headed the Federal Reserve for 31 years between 1987 and 2018 in the form of Alan Greenspan, Bernard Bernanke and Janet Yellen (now Biden's Treasury Secretary) with Yellen's deputy chairman a Israeli-American dual citizen and ultra-Zionist Stanley Fischer, a former governor of the Bank of Israel. Ultra-Zionist Fed chiefs spanned the presidencies of Ronald Reagan ('Republican'), Father George Bush ('Republican'), Bill Clinton ('Democrat'), Boy George Bush ('Republican') and Barack Obama ('Democrat'). We should really add the pre-Greenspan chairman, Paul Adolph Volcker, 'appointed' by Jimmy Carter ('Democrat') who ran the Fed between 1979 and 1987 during the Carter and Reagan administrations before Greenspan took over. Volcker was a long-time associate and business partner of the Rothschilds. No matter what the 'party' officially in power the United States economy was directed by the same force. Here are members of the Obama, Trump and Biden administrations and see if you can make out a common theme.

## **Barack Obama ('Democrat')**

Ultra-Zionists Robert Rubin, Larry Summers, and Timothy Geithner ran the US Treasury in the Clinton administration and two of them reappeared with Obama. Ultra-Zionist Fed chairman Alan Greenspan had manipulated the crash of 2008 through deregulation and jumped ship just before the disaster to make way for ultra-Zionist Bernard Bernanke to hand out trillions to Sabbatian 'too big to fail' banks and businesses, including the ubiquitous ultra-Zionist Goldman Sachs which has an ongoing staff revolving door operation between itself and major financial positions in government worldwide. Obama inherited the fallout of the crash when he took office in January, 2009, and fortunately he had the support of his ultra-Zionist White House Chief of Staff Rahm Emmanuel, son of a terrorist who helped to bomb Israel into being in 1948, and his ultra-Zionist senior adviser David Axelrod, chief strategist in Obama's two

successful presidential campaigns. Emmanuel, later mayor of Chicago and former senior fundraiser and strategist for Bill Clinton, is an example of the Sabbatian policy after Israel was established of migrating insider families to America so their children would be born American citizens. ‘Obama’ chose this financial team throughout his administration to respond to the Sabbatian-instigated crisis:

Timothy Geithner (ultra-Zionist) Treasury Secretary; Jacob J. Lew, Treasury Secretary; Larry Summers (ultra-Zionist), director of the White House National Economic Council; Paul Adolph Volcker (Rothschild business partner), chairman of the Economic Recovery Advisory Board; Peter Orszag (ultra-Zionist), director of the Office of Management and Budget overseeing all government spending; Penny Pritzker (ultra-Zionist), Commerce Secretary; Jared Bernstein (ultra-Zionist), chief economist and economic policy adviser to Vice President Joe Biden; Mary Schapiro (ultra-Zionist), chair of the Securities and Exchange Commission (SEC); Gary Gensler (ultra-Zionist), chairman of the Commodity Futures Trading Commission (CFTC); Sheila Bair (ultra-Zionist), chair of the Federal Deposit Insurance Corporation (FDIC); Karen Mills (ultra-Zionist), head of the Small Business Administration (SBA); Kenneth Feinberg (ultra-Zionist), Special Master for Executive [bail-out] Compensation. Feinberg would be appointed to oversee compensation (with strings) to 9/11 victims and families in a campaign to stop them having their day in court to question the official story. At the same time ultra-Zionist Bernard Bernanke was chairman of the Federal Reserve and these are only some of the ultra-Zionists with allegiance to Sabbatian-controlled Israel in the Obama government. Obama’s biggest corporate donor was ultra-Zionist Goldman Sachs which had employed many in his administration.

## **Donald Trump ('Republican')**

Trump claimed to be an outsider (he wasn’t) who had come to ‘drain the swamp’. He embarked on this goal by immediately appointing ultra-Zionist Steve Mnuchin, a Goldman Sachs employee for 17

years, as his Treasury Secretary. Others included Gary Cohn (ultra-Zionist), chief operating officer of Goldman Sachs, his first Director of the National Economic Council and chief economic adviser, who was later replaced by Larry Kudlow (ultra-Zionist). Trump's senior adviser throughout his four years in the White House was his sinister son-in-law Jared Kushner, a life-long friend of Israel Prime Minister Benjamin Netanyahu. Kushner is the son of a convicted crook who was pardoned by Trump in his last days in office. Other ultra-Zionists in the Trump administration included: Stephen Miller, Senior Policy Adviser; Avrahm Berkowitz, Deputy Adviser to Trump and his Senior Adviser Jared Kushner; Ivanka Trump, Adviser to the President, who converted to Judaism when she married Jared Kushner; David Friedman, Trump lawyer and Ambassador to Israel; Jason Greenblatt, Trump Organization executive vice president and chief legal officer, who was made Special Representative for International Negotiations and the Israeli-Palestinian Conflict; Rod Rosenstein, Deputy Attorney General; Elliot Abrams, Special Representative for Venezuela, then Iran; John Eisenberg, National Security Council Legal Adviser and Deputy Council to the President for National Security Affairs; Anne Neuberger, Deputy National Manager, National Security Agency; Ezra Cohen-Watnick, Acting Under Secretary of Defense for Intelligence; Elan Carr, Special Envoy to monitor and combat anti-Semitism; Len Khodorkovsky, Deputy Special Envoy to monitor and combat anti-Semitism; Reed Cordish, Assistant to the President, Intragovernmental and Technology Initiatives. Trump Vice President Mike Pence and Secretary of State Mike Pompeo, both Christian Zionists, were also vehement supporters of Israel and its goals and ambitions.

Donald 'free-speech believer' Trump pardoned a number of financial and violent criminals while ignoring calls to pardon Julian Assange and Edward Snowden whose crimes are revealing highly relevant information about government manipulation and corruption and the widespread illegal surveillance of the American people by US 'security' agencies. It's so good to know that Trump is on the side of freedom and justice and not mega-criminals with

allegiance to Sabbatian-controlled Israel. These included a pardon for Israeli spy Jonathan Pollard who was jailed for life in 1987 under the Espionage Act. Aviem Sella, the Mossad agent who recruited Pollard, was also pardoned by Trump while Assange sat in jail and Snowden remained in exile in Russia. Sella had 'fled' (was helped to escape) to Israel in 1987 and was never extradited despite being charged under the Espionage Act. A Trump White House statement said that Sella's clemency had been 'supported by Benjamin Netanyahu, Ron Dermer, Israel's US Ambassador, David Friedman, US Ambassador to Israel and Miriam Adelson, wife of leading Trump donor Sheldon Adelson who died shortly before. Other friends of Jared Kushner were pardoned along with Sholom Weiss who was believed to be serving the longest-ever white-collar prison sentence of more than 800 years in 2000. The sentence was commuted of Ponzi-schemer Eliyahu Weinstein who defrauded Jews and others out of \$200 million. I did mention that Assange and Snowden were ignored, right? Trump gave Sabbatians almost everything they asked for in military and political support, moving the US Embassy from Tel Aviv to Jerusalem with its critical symbolic and literal implications for Palestinian statehood, and the 'deal of the Century' designed by Jared Kushner and David Friedman which gave the Sabbatian Israeli government the green light to substantially expand its already widespread program of building illegal Jewish-only settlements in the occupied land of the West Bank. This made a two-state 'solution' impossible by seizing all the land of a potential Palestinian homeland and that had been the plan since 1948 and then 1967 when the Arab-controlled Gaza Strip, West Bank, Sinai Peninsula and Syrian Golan Heights were occupied by Israel. All the talks about talks and road maps and delays have been buying time until the West Bank was physically occupied by Israeli real estate. Trump would have to be a monumentally ill-informed idiot not to see that this was the plan he was helping to complete. The Trump administration was in so many ways the Kushner administration which means the Netanyahu administration which means the Sabbatian administration. I understand why many opposing Cult fascism in all its forms gravitated to Trump, but he

was a crucial part of the Sabbatian plan and I will deal with this in the next chapter.

## **Joe Biden ('Democrat')**

A barely cognitive Joe Biden took over the presidency in January, 2021, along with his fellow empty shell, Vice-President Kamala Harris, as the latest Sabbatian gofers to enter the White House. Names on the door may have changed and the 'party' – the force behind them remained the same as Zionists were appointed to a stream of pivotal areas relating to Sabbatian plans and policy. They included: Janet Yellen, Treasury Secretary, former head of the Federal Reserve, and still another ultra-Zionist running the US Treasury after Mnuchin (Trump), Lew and Geithner (Obama), and Summers and Rubin (Clinton); Anthony Blinken, Secretary of State; Wendy Sherman, Deputy Secretary of State (so that's 'Biden's' Sabbatian foreign policy sorted); Jeff Zients, White House coronavirus coordinator; Rochelle Walensky, head of the Centers for Disease Control; Rachel Levine, transgender deputy health secretary (that's 'Covid' hoax policy under control); Merrick Garland, Attorney General; Alejandro Mayorkas, Secretary of Homeland Security; Cass Sunstein, Homeland Security with responsibility for new immigration laws; Avril Haines, Director of National Intelligence; Anne Neuberger, National Security Agency cybersecurity director (note, cybersecurity); David Cohen, CIA Deputy Director; Ronald Klain, Biden's Chief of Staff (see Rahm Emanuel); Eric Lander, a 'leading geneticist', Office of Science and Technology Policy director (see Smart Grid, synthetic biology agenda); Jessica Rosenworcel, acting head of the Federal Communications Commission (FCC) which controls Smart Grid technology policy and electromagnetic communication systems including 5G. How can it be that so many pivotal positions are held by two-percent of the American population and 0.2 percent of the world population administration after administration no matter who is the president and what is the party? It's a coincidence? Of course it's not and this is why Sabbatians have built their colossal global web of interlocking 'anti-

hate' hate groups to condemn anyone who asks these glaring questions as an 'anti-Semite'. The way that Jewish people horrifically abused in Sabbatian-backed Nazi Germany are exploited to this end is stomach-turning and disgusting beyond words.

## **Political fusion**

Sabbatian manipulation has reversed the roles of Republicans and Democrats and the same has happened in Britain with the Conservative and Labour Parties. Republicans and Conservatives were always labelled the 'right' and Democrats and Labour the 'left', but look at the policy positions now and the Democrat-Labour 'left' has moved further to the 'right' than Republicans and Conservatives under the banner of 'Woke', the Cult-created far-right tyranny. Where once the Democrat-Labour 'left' defended free speech and human rights they now seek to delete them and as I said earlier despite the 'Covid' fascism of the Jackboot Johnson Conservative government in the UK the Labour Party of leader Keir Starmer demanded even more extreme measures. The Labour Party has been very publicly absorbed by Sabbatians after a political and media onslaught against the previous leader, the weak and inept Jeremy Corbyn, over made-up allegations of 'anti-Semitism' both by him and his party. The plan was clear with this 'anti-Semite' propaganda and what was required in response was a swift and decisive 'fuck off' from Corbyn and a statement to expose the Anti-Semitism Industry (Sabbatian) attempt to silence Labour criticism of the Israeli government (Sabbatians) and purge the party of all dissent against the extremes of ultra-Zionism (Sabbatians). Instead Corbyn and his party fell to their knees and appeased the abusers which, by definition, is impossible. Appeasing one demand leads only to a new demand to be appeased until takeover is complete. Like I say – 'fuck off' would have been a much more effective policy and I have used it myself with great effect over the years when Sabbatians are on my case which is most of the time. I consider that fact a great compliment, by the way. The outcome of the Labour Party capitulation is that we now have a Sabbatian-controlled

Conservative Party ‘opposed’ by a Sabbatian-controlled Labour Party in a one-party Sabbatian state that hurtles towards the extremes of tyranny (the Sabbatian cult agenda). In America the situation is the same. Labour’s Keir Starmer spends his days on his knees with his tongue out pointing to Tel Aviv, or I guess now Jerusalem, while Boris Johnson has an ‘anti-Semitism czar’ in the form of former Labour MP John Mann who keeps Starmer company on his prayer mat.

Sabbatian influence can be seen in Jewish members of the Labour Party who have been ejected for criticism of Israel including those from families that suffered in Nazi Germany. Sabbatians despise real Jewish people and target them even more harshly because it is so much more difficult to dub them ‘anti-Semitic’ although in their desperation they do try.

## CHAPTER THREE

### The Pushbacker sting

*Until you realize how easy it is for your mind to be manipulated, you remain the puppet of someone else's game*

Evita Ochel

I will use the presidencies of Trump and Biden to show how the manipulation of the one-party state plays out behind the illusion of political choice across the world. No two presidencies could – on the face of it – be more different and apparently at odds in terms of direction and policy.

A Renegade Mind sees beyond the obvious and focuses on outcomes and consequences and not image, words and waffle. The Cult embarked on a campaign to divide America between those who blindly support its agenda (the mentality known as 'Woke') and those who are pushing back on where the Cult and its Sabbatians want to go. This presents infinite possibilities for dividing and ruling the population by setting them at war with each other and allows a perceptual ring fence of demonisation to encircle the Pushbackers in a modern version of the Little Big Horn in 1876 when American cavalry led by Lieutenant Colonel George Custer were drawn into a trap, surrounded and killed by Native American tribes defending their land of thousands of years from being seized by the government. In this modern version the roles are reversed and it's those defending themselves from the Sabbatian government who are surrounded and the government that's seeking to destroy them. This trap was set years ago and to explain how we must return to 2016

and the emergence of Donald Trump as a candidate to be President of the United States. He set out to overcome the best part of 20 other candidates in the Republican Party before and during the primaries and was not considered by many in those early stages to have a prayer of living in the White House. The Republican Party was said to have great reservations about Trump and yet somehow he won the nomination. When you know how American politics works – politics in general – there is no way that Trump could have become the party's candidate unless the Sabbatian-controlled 'Neocons' that run the Republican Party wanted that to happen. We saw the proof in emails and documents made public by WikiLeaks that the Democratic Party hierarchy, or Democons, systematically undermined the campaign of Bernie Sanders to make sure that Sabbatian gofer Hillary Clinton won the nomination to be their presidential candidate. If the Democons could do that then the Neocons in the Republican Party could have derailed Trump in the same way. But they didn't and at that stage I began to conclude that Trump could well be the one chosen to be president. If that was the case the 'why' was pretty clear to see – the goal of dividing America between Cult agenda-supporting Wokers and Pushbackers who gravitated to Trump because he was telling them what they wanted to hear. His constituency of support had been increasingly ignored and voiceless for decades and profoundly through the eight years of Sabbatian puppet Barack Obama. Now here was someone speaking their language of pulling back from the incessant globalisation of political and economic power, the exporting of American jobs to China and elsewhere by 'American' (Sabbatian) corporations, the deletion of free speech, and the mass immigration policies that had further devastated job opportunities for the urban working class of all races and the once American heartlands of the Midwest.

### **Beware the forked tongue**

Those people collectively sighed with relief that at last a political leader was apparently on their side, but another trait of the Renegade Mind is that you look even harder at people telling you

what you want to hear than those who are telling you otherwise. Obviously as I said earlier people wish what they want to hear to be true and genuine and they are much more likely to believe that than someone saying what they don't want to here and don't want to be true. Sales people are taught to be skilled in eliciting by calculated questioning what their customers want to hear and repeating that back to them as their own opinion to get their targets to like and trust them. Assets of the Cult are also sales people in the sense of selling perception. To read Cult manipulation you have to play the long and expanded game and not fall for the Vaudeville show of party politics. Both American parties are vehicles for the Cult and they exploit them in different ways depending on what the agenda requires at that moment. Trump and the Republicans were used to be the focus of dividing America and isolating Pushbackers to open the way for a Biden presidency to become the most extreme in American history by advancing the full-blown Woke (Cult) agenda with the aim of destroying and silencing Pushbackers now labelled Nazi Trump supporters and white supremacists.

Sabbatians wanted Trump in office for the reasons described by ultra-Zionist Saul Alinsky (1909-1972) who was promoting the Woke philosophy through 'community organising' long before anyone had heard of it. In those days it still went by its traditional name of Marxism. The reason for the manipulated Trump phenomenon was laid out in Alinsky's 1971 book, *Rules for Radicals*, which was his blueprint for overthrowing democratic and other regimes and replacing them with Sabbatian Marxism. Not surprisingly his to-do list was evident in the Sabbatian French and Russian 'Revolutions' and that in China which will become very relevant in the next chapter about the 'Covid' hoax. Among Alinsky's followers have been the deeply corrupt Barack Obama, House Speaker Nancy Pelosi and Hillary Clinton who described him as a 'hero'. All three are Sabbatian stooges with Pelosi personifying the arrogant corrupt idiocy that so widely fronts up for the Cult inner core. Predictably as a Sabbatian advocate of the 'light-bringer' Alinsky features Lucifer on the dedication page of his book as the original radical who gained

his own kingdom ('Earth' as we shall see). One of Alinsky's golden radical rules was to pick an individual and focus all attention, hatred and blame on them and not to target faceless bureaucracies and corporations. *Rules for Radicals* is really a Sabbatian handbook with its contents repeatedly employed all over the world for centuries and why wouldn't Sabbatians bring to power their designer-villain to be used as the individual on which all attention, hatred and blame was bestowed? This is what they did and the only question for me is how much Trump knew that and how much he was manipulated. A bit of both, I suspect. This was Alinsky's Trump technique from a man who died in 1972. The technique has spanned history:

Pick the target, freeze it, personalize it, polarize it. Don't try to attack abstract corporations or bureaucracies. Identify a responsible individual. Ignore attempts to shift or spread the blame.

From the moment Trump came to illusory power everything was about him. It wasn't about Republican policy or opinion, but all about Trump. Everything he did was presented in negative, derogatory and abusive terms by the Sabbatian-dominated media led by Cult operations such as CNN, MSNBC, *The New York Times* and the Jeff Bezos-owned *Washington Post* – 'Pick the target, freeze it, personalize it, polarize it.' Trump was turned into a demon to be vilified by those who hated him and a demi-god loved by those who worshipped him. This, in turn, had his supporters, too, presented as equally demonic in preparation for the punchline later down the line when Biden was about to take office. It was here's a Trump, there's a Trump, everywhere a Trump, Trump. Virtually every news story or happening was filtered through the lens of 'The Donald'. You loved him or hated him and which one you chose was said to define you as Satan's spawn or a paragon of virtue. Even supporting some Trump policies or statements and not others was enough for an assault on your character. No shades of grey were or are allowed. Everything is black and white (literally and figuratively). A Californian I knew had her head utterly scrambled by her hatred for Trump while telling people they should love each other. She was so totally consumed by

Trump Derangement Syndrome as it became to be known that this glaring contradiction would never have occurred to her. By definition anyone who criticised Trump or praised his opponents was a hero and this lady described Joe Biden as 'a kind, honest gentleman' when he's a provable liar, mega-crook and vicious piece of work to boot. Sabbatians had indeed divided America using Trump as the fall-guy and all along the clock was ticking on the consequences for his supporters.

### **In hock to his masters**

Trump gave Sabbatians via Israel almost everything they wanted in his four years. Ask and you shall receive was the dynamic between himself and Benjamin Netanyahu orchestrated by Trump's ultra-Zionist son-in-law Jared Kushner, his ultra-Zionist Ambassador to Israel, David Friedman, and ultra-Zionist 'Israel adviser', Jason Greenblatt. The last two were central to the running and protecting from collapse of his business empire, the Trump Organisation, and colossal business failures made him forever beholden to Sabbatian networks that bailed him out. By the start of the 1990s Trump owed \$4 billion to banks that he couldn't pay and almost \$1 billion of that was down to him personally and not his companies. This mega-disaster was the result of building two new casinos in Atlantic City and buying the enormous Taj Mahal operation which led to crippling debt payments. He had borrowed fantastic sums from 72 banks with major Sabbatian connections and although the scale of debt should have had him living in a tent alongside the highway they never foreclosed. A plan was devised to lift Trump from the mire by BT Securities Corporation and Rothschild Inc. and the case was handled by Wilber Ross who had worked for the Rothschilds for 27 years. Ross would be named US Commerce Secretary after Trump's election. Another crucial figure in saving Trump was ultra-Zionist 'investor' Carl Icahn who bought the Taj Mahal casino. Icahn was made special economic adviser on financial regulation in the Trump administration. He didn't stay long but still managed to find time to make a tidy sum of a reported \$31.3 million when he sold his

holdings affected by the price of steel three days before Trump imposed a 235 percent tariff on steel imports. What amazing bits of luck these people have. Trump and Sabbatian operatives have long had a close association and his mentor and legal adviser from the early 1970s until 1986 was the dark and genetically corrupt ultra-Zionist Roy Cohn who was chief counsel to Senator Joseph McCarthy's 'communist' witch-hunt in the 1950s. *Esquire* magazine published an article about Cohn with the headline 'Don't mess with Roy Cohn'. He was described as the most feared lawyer in New York and 'a ruthless master of dirty tricks ... [with] ... more than one Mafia Don on speed dial'. Cohn's influence, contacts, support and protection made Trump a front man for Sabbatians in New York with their connections to one of Cohn's many criminal employers, the 'Russian' Sabbatian Mafia. Israel-centric media mogul Rupert Murdoch was introduced to Trump by Cohn and they started a long friendship. Cohn died in 1986 weeks after being disbarred for unethical conduct by the Appellate Division of the New York State Supreme Court. The wheels of justice do indeed run slow given the length of Cohn's crooked career.

## **QAnon-sense**

We are asked to believe that Donald Trump with his fundamental connections to Sabbatian networks and operatives has been leading the fight to stop the Sabbatian agenda for the fascistic control of America and the world. Sure he has. A man entrapped during his years in the White House by Sabbatian operatives and whose biggest financial donor was casino billionaire Sheldon Adelson who was Sabbatian to his DNA?? Oh, do come on. Trump has been used to divide America and isolate Pushbackers on the Cult agenda under the heading of 'Trump supporters', 'insurrectionists' and 'white supremacists'. The US Intelligence/Mossad Psyop or psychological operation known as QAnon emerged during the Trump years as a central pillar in the Sabbatian campaign to lead Pushbackers into the trap set by those that wished to destroy them. I knew from the start that QAnon was a scam because I had seen the same scenario many

times before over 30 years under different names and I had written about one in particular in the books. ‘Not again’ was my reaction when QAnon came to the fore. The same script is pulled out every few years and a new name added to the letterhead. The story always takes the same form: ‘Insiders’ or ‘the good guys’ in the government-intelligence-military ‘Deep State’ apparatus were going to instigate mass arrests of the ‘bad guys’ which would include the Rockefellers, Rothschilds, Barack Obama, Hillary Clinton, George Soros, etc., etc. Dates are given for when the ‘good guys’ are going to move in, but the dates pass without incident and new dates are given which pass without incident. The central message to Pushbackers in each case is that they don’t have to do anything because there is ‘a plan’ and it is all going to be sorted by the ‘good guys’ on the inside. ‘Trust the plan’ was a QAnon mantra when the only plan was to misdirect Pushbackers into putting their trust in a Psyop they believed to be real. Beware, beware, those who tell you what you want to hear and always check it out. Right up to Biden’s inauguration QAnon was still claiming that ‘the Storm’ was coming and Trump would stay on as president when Biden and his cronies were arrested and jailed. It was never going to happen and of course it didn’t, but what did happen as a result provided that punchline to the Sabbatian Trump/QAnon Psyop.

On January 6th, 2021, a very big crowd of Trump supporters gathered in the National Mall in Washington DC down from the Capitol Building to protest at what they believed to be widespread corruption and vote fraud that stopped Trump being re-elected for a second term as president in November, 2020. I say as someone that does not support Trump or Biden that the evidence is clear that major vote-fixing went on to favour Biden, a man with cognitive problems so advanced he can often hardly string a sentence together without reading the words written for him on the Teleprompter. Glaring ballot discrepancies included serious questions about electronic voting machines that make vote rigging a comparative cinch and hundreds of thousands of paper votes that suddenly appeared during already advanced vote counts and virtually all of

them for Biden. Early Trump leads in crucial swing states suddenly began to close and disappear. The pandemic hoax was used as the excuse to issue almost limitless numbers of mail-in ballots with no checks to establish that the recipients were still alive or lived at that address. They were sent to streams of people who had not even asked for them. Private organisations were employed to gather these ballots and who knows what they did with them before they turned up at the counts. The American election system has been manipulated over decades to become a sick joke with more holes than a Swiss cheese for the express purpose of dictating the results. Then there was the criminal manipulation of information by Sabbatian tech giants like Facebook, Twitter and Google-owned YouTube which deleted pro-Trump, anti-Biden accounts and posts while everything in support of Biden was left alone. Sabbatians wanted Biden to win because after the dividing of America it was time for full-on Woke and every aspect of the Cult agenda to be unleashed.

### **Hunter gatherer**

Extreme Silicon Valley bias included blocking information by the *New York Post* exposing a Biden scandal that should have ended his bid for president in the final weeks of the campaign. Hunter Biden, his monumentally corrupt son, is reported to have sent a laptop to be repaired at a local store and failed to return for it. Time passed until the laptop became the property of the store for non-payment of the bill. When the owner saw what was on the hard drive he gave a copy to the FBI who did nothing even though it confirmed widespread corruption in which the Joe Biden family were using his political position, especially when he was vice president to Obama, to make multiple millions in countries around the world and most notably Ukraine and China. Hunter Biden's one-time business partner Tony Bobulinski went public when the story broke in the *New York Post* to confirm the corruption he saw and that Joe Biden not only knew what was going on he also profited from the spoils. Millions were handed over by a Chinese company with close

connections – like all major businesses in China – to the Chinese communist party of President Xi Jinping. Joe Biden even boasted at a meeting of the Cult's World Economic Forum that as vice president he had ordered the government of Ukraine to fire a prosecutor. What he didn't mention was that the same man just happened to be investigating an energy company which was part of Hunter Biden's corrupt portfolio. The company was paying him big bucks for no other reason than the influence his father had. Overnight Biden's presidential campaign should have been over given that he had lied publicly about not knowing what his son was doing. Instead almost the entire Sabbatian-owned mainstream media and Sabbatian-owned Silicon Valley suppressed circulation of the story. This alone went a mighty way to rigging the election of 2020. Cult assets like Mark Zuckerberg at Facebook also spent hundreds of millions to be used in support of Biden and vote 'administration'.

The Cult had used Trump as the focus to divide America and was now desperate to bring in moronic, pliable, corrupt Biden to complete the double-whammy. No way were they going to let little things like the will of the people thwart their plan. Silicon Valley widely censored claims that the election was rigged because it *was* rigged. For the same reason anyone claiming it was rigged was denounced as a 'white supremacist' including the pathetically few Republican politicians willing to say so. Right across the media where the claim was mentioned it was described as a 'false claim' even though these excuses for 'journalists' would have done no research into the subject whatsoever. Trump won seven million more votes than any sitting president had ever achieved while somehow a cognitively-challenged soon to be 78-year-old who was hidden away from the public for most of the campaign managed to win more votes than any presidential candidate in history. It makes no sense. You only had to see election rallies for both candidates to witness the enthusiasm for Trump and the apathy for Biden. Tens of thousands would attend Trump events while Biden was speaking in empty car parks with often only television crews attending and framing their shots to hide the fact that no one was there. It was pathetic to see

footage come to light of Biden standing at a podium making speeches only to TV crews and party fixers while reading the words written for him on massive Teleprompter screens. So, yes, those protestors on January 6th had a point about election rigging, but some were about to walk into a trap laid for them in Washington by the Cult Deep State and its QAnon Psyop. This was the Capitol Hill riot ludicrously dubbed an ‘insurrection’.

## **The spider and the fly**

Renegade Minds know there are not two ‘sides’ in politics, only one side, the Cult, working through all ‘sides’. It’s a stage show, a puppet show, to direct the perceptions of the population into focusing on diversions like parties and candidates while missing the puppeteers with their hands holding all the strings. The Capitol Hill ‘insurrection’ brings us back to the Little Big Horn. Having created two distinct opposing groupings – Woke and Pushbackers – the trap was about to be sprung. Pushbackers were to be encircled and isolated by associating them all in the public mind with Trump and then labelling Trump as some sort of Confederate leader. I knew immediately that the Capitol riot was a set-up because of two things. One was how easy the rioters got into the building with virtually no credible resistance and secondly I could see – as with the ‘Covid’ hoax in the West at the start of 2020 – how the Cult could exploit the situation to move its agenda forward with great speed. My experience of Cult techniques and activities over more than 30 years has showed me that while they do exploit situations they haven’t themselves created this never happens with events of fundamental agenda significance. Every time major events giving cultists the excuse to rapidly advance their plan you find they are manipulated into being for the specific reason of providing that excuse – Problem-Reaction-Solution. Only a tiny minority of the huge crowd of Washington protestors sought to gain entry to the Capitol by smashing windows and breaching doors. That didn’t matter. The whole crowd and all Pushbackers, even if they did not support Trump, were going to be lumped together as dangerous

insurrectionists and conspiracy theorists. The latter term came into widespread use through a CIA memo in the 1960s aimed at discrediting those questioning the nonsensical official story of the Kennedy assassination and it subsequently became widely employed by the media. It's still being used by inept 'journalists' with no idea of its origin to discredit anyone questioning anything that authority claims to be true. When you are perpetrating a conspiracy you need to discredit the very word itself even though the dictionary definition of conspiracy is merely 'the activity of secretly planning with other people to do something bad or illegal' and 'a general agreement to keep silent about a subject for the purpose of keeping it secret'. On that basis there are conspiracies almost wherever you look. For obvious reasons the Cult and its lapdog media have to claim there are no conspiracies even though the word appears in state laws as with conspiracy to defraud, to murder, and to corrupt public morals.

Agent provocateurs are widely used by the Cult Deep State to manipulate genuine people into acting in ways that suit the desired outcome. By genuine in this case I mean protestors genuinely supporting Trump and claims that the election was stolen. In among them, however, were agents of the state wearing the garb of Trump supporters and QAnon to pump-prime the Capitol riot which some genuine Trump supporters naively fell for. I described the situation as 'Come into my parlour said the spider to the fly'. Leaflets appeared through the Woke paramilitary arm Antifa, the anti-fascist fascists, calling on supporters to turn up in Washington looking like Trump supporters even though they hated him. Some of those arrested for breaching the Capitol Building were sourced to Antifa and its stable mate Black Lives Matter. Both organisations are funded by Cult billionaires and corporations. One man charged for the riot was according to his lawyer a former FBI agent who had held top secret security clearance for 40 years. Attorney Thomas Plofchan said of his client, 66-year-old Thomas Edward Caldwell:

He has held a Top Secret Security Clearance since 1979 and has undergone multiple Special Background Investigations in support of his clearances. After retiring from the Navy, he

worked as a section chief for the Federal Bureau of Investigation from 2009-2010 as a GS-12 [mid-level employee].

He also formed and operated a consulting firm performing work, often classified, for U.S government customers including the US Drug Enforcement Agency, Department of Housing and Urban Development, the US Coast Guard, and the US Army Personnel Command.

A judge later released Caldwell pending trial in the absence of evidence about a conspiracy or that he tried to force his way into the building. *The New York Post* reported a 'law enforcement source' as saying that 'at least two known Antifa members were spotted' on camera among Trump supporters during the riot while one of the rioters arrested was John Earle Sullivan, a seriously extreme Black Lives Matter Trump-hater from Utah who was previously arrested and charged in July, 2020, over a BLM-Antifa riot in which drivers were threatened and one was shot. Sullivan is the founder of Utah-based Insurgence USA which is an affiliate of the Cult-created-and-funded Black Lives Matter movement. Footage appeared and was then deleted by Twitter of Trump supporters calling out Antifa infiltrators and a group was filmed changing into pro-Trump clothing before the riot. Security at the building was *pathetic* – as planned. Colonel Leroy Fletcher Prouty, a man with long experience in covert operations working with the US security apparatus, once described the tell-tale sign to identify who is involved in an assassination. He said:

No one has to direct an assassination – it happens. The active role is played secretly by permitting it to happen. This is the greatest single clue. Who has the power to call off or reduce the usual security precautions?

This principle applies to many other situations and certainly to the Capitol riot of January 6th, 2021.

## **The sting**

With such a big and potentially angry crowd known to be gathering near the Capitol the security apparatus would have had a major police detail to defend the building with National Guard troops on

standby given the strength of feeling among people arriving from all over America encouraged by the QAnon Psyop and statements by Donald Trump. Instead Capitol Police ‘security’ was flimsy, weak, and easily breached. The same number of officers was deployed as on a regular day and that is a blatant red flag. They were not staffed or equipped for a possible riot that had been an obvious possibility in the circumstances. No protective and effective fencing worth the name was put in place and there were no contingency plans. The whole thing was basically a case of standing aside and waving people in. Once inside police mostly backed off apart from one Capitol police officer who ridiculously shot dead unarmed Air Force veteran protestor Ashli Babbitt without a warning as she climbed through a broken window. The ‘investigation’ refused to name or charge the officer after what must surely be considered a murder in the circumstances. They just lifted a carpet and swept. The story was endlessly repeated about five people dying in the ‘armed insurrection’ when there was no report of rioters using weapons. Apart from Babbitt the other four died from a heart attack, strokes and apparently a drug overdose. Capitol police officer Brian Sicknick was reported to have died after being bludgeoned with a fire extinguisher when he was alive after the riot was over and died later of what the Washington Medical Examiner’s Office said was a stroke. Sicknick had no external injuries. The lies were delivered like rapid fire. There was a narrative to build with incessant repetition of the lie until the lie became the accepted ‘everybody knows that’ truth. The ‘Big Lie’ technique of Nazi Propaganda Minister Joseph Goebbels is constantly used by the Cult which was behind the Nazis and is today behind the ‘Covid’ and ‘climate change’ hoaxes. Goebbels said:

If you tell a lie big enough and keep repeating it, people will eventually come to believe it. The lie can be maintained only for such time as the State can shield the people from the political, economic and/or military consequences of the lie. It thus becomes vitally important for the State to use all of its powers to repress dissent, for the truth is the mortal enemy of the lie, and thus by extension, the truth is the greatest enemy of the State.

Most protestors had a free run of the Capitol Building. This allowed pictures to be taken of rioters in iconic parts of the building including the Senate chamber which could be used as propaganda images against all Pushbackers. One Congresswoman described the scene as ‘the worst kind of non-security anybody could ever imagine’. Well, the first part was true, but someone obviously did imagine it and made sure it happened. Some photographs most widely circulated featured people wearing QAnon symbols and now the Psyop would be used to dub all QAnon followers with the ubiquitous fit-all label of ‘white supremacist’ and ‘insurrectionists’. When a Muslim extremist called Noah Green drove his car at two police officers at the Capitol Building killing one in April, 2021, there was no such political and media hysteria. They were just disappointed he wasn’t white.

## **The witch-hunt**

Government prosecutor Michael Sherwin, an aggressive, dark-eyed, professional Rottweiler led the ‘investigation’ and to call it over the top would be to underestimate reality a thousand fold. Hundreds were tracked down and arrested for the crime of having the wrong political views and people were jailed who had done nothing more than walk in the building, committed no violence or damage to property, took a few pictures and left. They were labelled a ‘threat to the Republic’ while Biden sat in the White House signing executive orders written for him that were dismantling ‘the Republic’. Even when judges ruled that a mother and son should not be in jail the government kept them there. Some of those arrested have been badly beaten by prison guards in Washington and lawyers for one man said he suffered a fractured skull and was made blind in one eye. Meanwhile a woman is shot dead for no reason by a Capitol Police officer and we are not allowed to know who he is never mind what has happened to him although that will be *nothing*. The Cult’s QAnon/Trump sting to identify and isolate Pushbackers and then target them on the road to crushing and deleting them was a resounding success. You would have thought the Russians had

invaded the building at gunpoint and lined up senators for a firing squad to see the political and media reaction. Congresswoman Alexandria Ocasio-Cortez is a child in a woman's body, a terrible-twins, me, me, me, Woker narcissist of such proportions that words have no meaning. She said she thought she was going to die when 'insurrectionists' banged on her office door. It turned out she wasn't even in the Capitol Building when the riot was happening and the 'banging' was a Capitol Police officer. She referred to herself as a 'survivor' which is an insult to all those true survivors of violent and sexual abuse while she lives her pampered and privileged life talking drivel for a living. Her Woke colleague and fellow mega-narcissist Rashida Tlaib broke down describing the devastating effect on her, too, of *not being* in the building when the rioters were there. Ocasio-Cortez and Tlaib are members of a fully-Woke group of Congresswomen known as 'The Squad' along with Ilhan Omar and Ayanna Pressley. The Squad from what I can see can be identified by its vehement anti-white racism, anti-white men agenda, and, as always in these cases, the absence of brain cells on active duty.

The usual suspects were on the riot case immediately in the form of Democrat ultra-Zionist senators and operatives Chuck Schumer and Adam Schiff demanding that Trump be impeached for 'his part in the insurrection'. The same pair of prats had led the failed impeachment of Trump over the invented 'Russia collusion' nonsense which claimed Russia had helped Trump win the 2016 election. I didn't realise that Tel Aviv had been relocated just outside Moscow. I must find an up-to-date map. The Russia hoax was a Sabbatian operation to keep Trump occupied and impotent and to stop any rapport with Russia which the Cult wants to retain as a perceptual enemy to be pulled out at will. Puppet Biden began attacking Russia when he came to office as the Cult seeks more upheaval, division and war across the world. A two-year stage show 'Russia collusion inquiry' headed by the not-very-bright former 9/11 FBI chief Robert Mueller, with support from 19 lawyers, 40 FBI agents plus intelligence analysts, forensic accountants and other

staff, devoured tens of millions of dollars and found no evidence of Russia collusion which a ten-year-old could have told them on day one. Now the same moronic Schumer and Schiff wanted a second impeachment of Trump over the Capitol ‘insurrection’ (riot) which the arrested development of Schumer called another ‘Pearl Harbor’ while others compared it with 9/11 in which 3,000 died and, in the case of CNN, with the Rwandan genocide in the 1990s in which an estimated 500,000 to 600,000 were murdered, between 250, 000 and 500,000 women were raped, and populations of whole towns were hacked to death with machetes. To make those comparisons purely for Cult political reasons is beyond insulting to those that suffered and lost their lives and confirms yet again the callous inhumanity that we are dealing with. Schumer is a monumental idiot and so is Schiff, but they serve the Cult agenda and do whatever they’re told so they get looked after. Talking of idiots – another inane man who spanned the Russia and Capitol impeachment attempts was Senator Eric Swalwell who had the nerve to accuse Trump of collusion with the Russians while sleeping with a Chinese spy called Christine Fang or ‘Fang Fang’ which is straight out of a Bond film no doubt starring Klaus Schwab as the bloke living on a secret island and controlling laser weapons positioned in space and pointing at world capitals. Fang Fang plays the part of Bond’s infiltrator girlfriend which I’m sure she would enjoy rather more than sharing a bed with the brainless Swalwell, lying back and thinking of China. The FBI eventually warned Swalwell about Fang Fang which gave her time to escape back to the Chinese dictatorship. How very thoughtful of them. The second Trump impeachment also failed and hardly surprising when an impeachment is supposed to remove a sitting president and by the time it happened Trump was no longer president. These people are running your country America, well, officially anyway. Terrifying isn’t it?

## **Outcomes tell the story - always**

The outcome of all this – and it’s the *outcome* on which Renegade Minds focus, not the words – was that a vicious, hysterical and

obviously pre-planned assault was launched on Pushbackers to censor, silence and discredit them and even targeted their right to earn a living. They have since been condemned as ‘domestic terrorists’ that need to be treated like Al-Qaeda and Islamic State. ‘Domestic terrorists’ is a label the Cult has been trying to make stick since the period of the Oklahoma bombing in 1995 which was blamed on ‘far-right domestic terrorists’. If you read *The Trigger* you will see that the bombing was clearly a Problem-Reaction-Solution carried out by the Deep State during a Bill Clinton administration so corrupt that no dictionary definition of the term would even nearly suffice. Nearly 30,000 troops were deployed from all over America to the empty streets of Washington for Biden’s inauguration. Ten thousand of them stayed on with the pretext of protecting the capital from insurrectionists when it was more psychological programming to normalise the use of the military in domestic law enforcement in support of the Cult plan for a police-military state. Biden’s fascist administration began a purge of ‘wrong-thinkers’ in the military which means anyone that is not on board with Woke. The Capitol Building was surrounded by a fence with razor wire and the Land of the Free was further symbolically and literally dismantled. The circle was completed with the installation of Biden and the exploitation of the QAnon Psyop.

America had never been so divided since the civil war of the 19th century, Pushbackers were isolated and dubbed terrorists and now, as was always going to happen, the Cult immediately set about deleting what little was left of freedom and transforming American society through a swish of the hand of the most controlled ‘president’ in American history leading (officially at least) the most extreme regime since the country was declared an independent state on July 4th, 1776. Biden issued undebated, dictatorial executive orders almost by the hour in his opening days in office across the whole spectrum of the Cult wish-list including diluting controls on the border with Mexico allowing thousands of migrants to illegally enter the United States to transform the demographics of America and import an election-changing number of perceived Democrat

voters. Then there were Biden deportation amnesties for the already illegally resident (estimated to be as high as 20 or even 30 million). A bill before Congress awarded American citizenship to anyone who could prove they had worked in agriculture for just 180 days in the previous two years as 'Big Ag' secured its slave labour long-term. There were the plans to add new states to the union such as Puerto Rico and making Washington DC a state. They are all parts of a plan to ensure that the Cult-owned Woke Democrats would be permanently in power.

## **Border – what border?**

I have exposed in detail in other books how mass immigration into the United States and Europe is the work of Cult networks fuelled by the tens of billions spent to this and other ends by George Soros and his global Open Society (open borders) Foundations. The impact can be seen in America alone where the population has increased by *100 million* in little more than 30 years mostly through immigration. I wrote in *The Answer* that the plan was to have so many people crossing the southern border that the numbers become unstoppable and we are now there under Cult-owned Biden. El Salvador in Central America puts the scale of what is happening into context. A third of the population now lives in the United States, much of it illegally, and many more are on the way. The methodology is to crush Central and South American countries economically and spread violence through machete-wielding psychopathic gangs like MS-13 based in El Salvador and now operating in many American cities. Biden-imposed lax security at the southern border means that it is all but open. He said before his 'election' that he wanted to see a surge towards the border if he became president and that was the green light for people to do just that after election day to create the human disaster that followed for both America and the migrants. When that surge came the imbecilic Alexandria Ocasio-Cortez said it wasn't a 'surge' because they are 'children, not insurgents' and the term 'surge' (used by Biden) was a claim of 'white supremacists'.

This disingenuous lady may one day enter the realm of the most basic intelligence, but it won't be any time soon.

Sabbatians and the Cult are in the process of destroying America by importing violent people and gangs in among the genuine to terrorise American cities and by overwhelming services that cannot cope with the sheer volume of new arrivals. Something similar is happening in Europe as Western society in general is targeted for demographic and cultural transformation and upheaval. The plan demands violence and crime to create an environment of intimidation, fear and division and Soros has been funding the election of district attorneys across America who then stop prosecuting many crimes, reduce sentences for violent crimes and free as many violent criminals as they can. Sabbatians are creating the chaos from which order – their order – can respond in a classic Problem-Reaction-Solution. A Freemasonic moto says ‘Ordo Ab Chao’ (Order out of Chaos) and this is why the Cult is constantly creating chaos to impose a new ‘order’. Here you have the reason the Cult is constantly creating chaos. The ‘Covid’ hoax can be seen with those entering the United States by plane being forced to take a ‘Covid’ test while migrants flooding through southern border processing facilities do not. Nothing is put in the way of mass migration and if that means ignoring the government’s own ‘Covid’ rules then so be it. They know it’s all bullshit anyway. Any pushback on this is denounced as ‘racist’ by Wokers and Sabbatian fronts like the ultra-Zionist Anti-Defamation League headed by the appalling Jonathan Greenblatt which at the same time argues that Israel should not give citizenship and voting rights to more Palestinian Arabs or the ‘Jewish population’ (in truth the Sabbatian network) will lose control of the country.

## **Society-changing numbers**

Biden’s masters have declared that countries like El Salvador are so dangerous that their people must be allowed into the United States for humanitarian reasons when there are fewer murders in large parts of many Central American countries than in US cities like

Baltimore. That is not to say Central America cannot be a dangerous place and Cult-controlled American governments have been making it so since way back, along with the dismantling of economies, in a long-term plan to drive people north into the United States. Parts of Central America are very dangerous, but in other areas the story is being greatly exaggerated to justify relaxing immigration criteria. Migrants are being offered free healthcare and education in the United States as another incentive to head for the border and there is no requirement to be financially independent before you can enter to prevent the resources of America being drained. You can't blame migrants for seeking what they believe will be a better life, but they are being played by the Cult for dark and nefarious ends. The numbers since Biden took office are huge. In February, 2021, more than 100,000 people were known to have tried to enter the US illegally through the southern border (it was 34,000 in the same month in 2020) and in March it was 170,000 – a 418 percent increase on March, 2020. These numbers are only known people, not the ones who get in unseen. The true figure for migrants illegally crossing the border in a single month was estimated by one congressman at 250,000 and that number will only rise under Biden's current policy. Gangs of murdering drug-running thugs that control the Mexican side of the border demand money – thousands of dollars – to let migrants cross the Rio Grande into America. At the same time gun battles are breaking out on the border several times a week between rival Mexican drug gangs (which now operate globally) who are equipped with sophisticated military-grade weapons, grenades and armoured vehicles. While the Capitol Building was being 'protected' from a non-existent 'threat' by thousands of troops, and others were still deployed at the time in the Cult Neocon war in Afghanistan, the southern border of America was left to its fate. This is not incompetence, it is cold calculation.

By March, 2021, there were 17,000 unaccompanied children held at border facilities and many of them are ensnared by people traffickers for paedophile rings and raped on their journey north to America. This is not conjecture – this is fact. Many of those designated

children are in reality teenage boys or older. Meanwhile Wokers posture their self-purity for encouraging poor and tragic people to come to America and face this nightmare both on the journey and at the border with the disgusting figure of House Speaker Nancy Pelosi giving disingenuous speeches about caring for migrants. The woman's evil. Wokers condemned Trump for having children in cages at the border (so did Obama, *Shhhh*), but now they are sleeping on the floor without access to a shower with one border facility 729 percent over capacity. The Biden insanity even proposed flying migrants from the southern border to the northern border with Canada for 'processing'. The whole shambles is being overseen by ultra-Zionist Secretary of Homeland Security, the moronic liar Alejandro Mayorkas, who banned news cameras at border facilities to stop Americans seeing what was happening. Mayorkas said there was not a ban on news crews; it was just that they were not allowed to film. Alongside him at Homeland Security is another ultra-Zionist Cass Sunstein appointed by Biden to oversee new immigration laws. Sunstein despises conspiracy researchers to the point where he suggests they should be banned or *taxed* for having such views. The man is not bonkers or anything. He's perfectly well-adjusted, but adjusted to what is the question. Criticise what is happening and you are a 'white supremacist' when earlier non-white immigrants also oppose the numbers which effect their lives and opportunities. Black people in poor areas are particularly damaged by uncontrolled immigration and the increased competition for work opportunities with those who will work for less. They are also losing voting power as Hispanics become more dominant in former black areas. It's a downward spiral for them while the billionaires behind the policy drone on about how much they care about black people and 'racism'. None of this is about compassion for migrants or black people – that's just wind and air. Migrants are instead being mercilessly exploited to transform America while the countries they leave are losing their future and the same is true in Europe. Mass immigration may now be the work of Woke Democrats, but it can be traced back to the 1986 Immigration Reform and Control Act (it

wasn't) signed into law by Republican hero President Ronald Reagan which gave amnesty to millions living in the United States illegally and other incentives for people to head for the southern border. Here we have the one-party state at work again.

## **Save me syndrome**

Almost every aspect of what I have been exposing as the Cult agenda was on display in even the first days of 'Biden' with silencing of Pushbackers at the forefront of everything. A Renegade Mind will view the Trump years and QAnon in a very different light to their supporters and advocates as the dots are connected. The QAnon/Trump Psyop has given the Cult all it was looking for. We may not know how much, or little, that Trump realised he was being used, but that's a side issue. This pincer movement produced the desired outcome of dividing America and having Pushbackers isolated. To turn this around we have to look at new routes to empowerment which do not include handing our power to other people and groups through what I will call the 'Save Me Syndrome' – 'I want someone else to do it so that I don't have to'. We have seen this at work throughout human history and the QAnon/Trump Psyop is only the latest incarnation alongside all the others. Religion is an obvious expression of this when people look to a 'god' or priest to save them or tell them how to be saved and then there are 'save me' politicians like Trump. Politics is a diversion and not a 'saviour'. It is a means to block positive change, not make it possible.

Save Me Syndrome always comes with the same repeating theme of handing your power to whom or what you believe will save you while your real 'saviour' stares back from the mirror every morning. Renegade Minds are constantly vigilant in this regard and always asking the question 'What can I do?' rather than 'What can someone else do for me?' Gandhi was right when he said: 'You must be the change you want to see in the world.' We are indeed the people we have been waiting for. We are presented with a constant raft of reasons to concede that power to others and forget where the real power is. Humanity has the numbers and the Cult does not. It has to

use diversion and division to target the unstoppable power that comes from unity. Religions, governments, politicians, corporations, media, QAnon, are all different manifestations of this power-diversion and dilution. Refusing to give your power to governments and instead handing it to Trump and QAnon is not to take a new direction, but merely to recycle the old one with new names on the posters. I will explore this phenomenon as we proceed and how to break the cycles and recycles that got us here through the mists of repeating perception and so repeating history.

For now we shall turn to the most potent example in the entire human story of the consequences that follow when you give your power away. I am talking, of course, of the 'Covid' hoax.

## CHAPTER FOUR

### 'Covid': Calculated catastrophe

*Facts are threatening to those invested in fraud*  
DaShanne Stokes

We can easily unravel the real reason for the 'Covid pandemic' hoax by employing the Renegade Mind methodology that I have outlined this far. We'll start by comparing the long-planned Cult outcome with the 'Covid pandemic' outcome. Know the outcome and you'll see the journey.

I have highlighted the plan for the Hunger Games Society which has been in my books for so many years with the very few controlling the very many through ongoing dependency. To create this dependency it is essential to destroy independent livelihoods, businesses and employment to make the population reliant on the state (the Cult) for even the basics of life through a guaranteed pittance income. While independence of income remained these Cult ambitions would be thwarted. With this knowledge it was easy to see where the 'pandemic' hoax was going once talk of 'lockdowns' began and the closing of all but perceived 'essential' businesses to 'save' us from an alleged 'deadly virus'. Cult corporations like Amazon and Walmart were naturally considered 'essential' while mom and pop shops and stores had their doors closed by fascist decree. As a result with every new lockdown and new regulation more small and medium, even large businesses not owned by the Cult, went to the wall while Cult giants and their frontmen and women grew financially fatter by the second. Mom and pop were

denied an income and the right to earn a living and the wealth of people like Jeff Bezos (Amazon), Mark Zuckerberg (Facebook) and Sergei Brin and Larry Page (Google/Alphabet) have reached record levels. The Cult was increasing its own power through further dramatic concentrations of wealth while the competition was being destroyed and brought into a state of dependency. Lockdowns have been instigated to secure that very end and were never anything to do with health. My brother Paul spent 45 years building up a bus repair business, but lockdowns meant buses were running at a fraction of normal levels for months on end. Similar stories can told in their hundreds of millions worldwide. Efforts of a lifetime coldly destroyed by Cult multi-billionaires and their lackeys in government and law enforcement who continued to earn their living from the taxation of the people while denying the right of the same people to earn theirs. How different it would have been if those making and enforcing these decisions had to face the same financial hardships of those they affected, but they never do.

## **Gates of Hell**

Behind it all in the full knowledge of what he is doing and why is the psychopathic figure of Cult operative Bill Gates. His puppet Tedros at the World Health Organization declared 'Covid' a pandemic in March, 2020. The WHO had changed the definition of a 'pandemic' in 2009 just a month before declaring the 'swine flu pandemic' which would not have been so under the previous definition. The same applies to 'Covid'. The definition had included... 'an infection by an infectious agent, occurring simultaneously in different countries, with a significant mortality rate relative to the proportion of the population infected'. The new definition removed the need for 'significant mortality'. The 'pandemic' has been fraudulent even down to the definition, but Gates demanded economy-destroying lockdowns, school closures, social distancing, mandatory masks, a 'vaccination' for every man, woman and child on the planet and severe consequences and restrictions for those that refused. Who gave him this power? The

Cult did which he serves like a little boy in short trousers doing what his daddy tells him. He and his psychopathic missus even smiled when they said that much worse was to come (what they knew was planned to come). Gates responded in the matter-of-fact way of all psychopaths to a question about the effect on the world economy of what he was doing:

Well, it won't go to zero but it will shrink. Global GDP is probably going to take the biggest hit ever [Gates was smiling as he said this] ... in my lifetime this will be the greatest economic hit. But you don't have a choice. People act as if you have a choice. People don't feel like going to the stadium when they might get infected ... People are deeply affected by seeing these stats, by knowing they could be part of the transmission chain, old people, their parents and grandparents, could be affected by this, and so you don't get to say ignore what is going on here.

There will be the ability to open up, particularly in rich countries, if things are done well over the next few months, but for the world at large normalcy only returns when we have largely vaccinated the entire population.

The man has no compassion or empathy. How could he when he's a psychopath like all Cult players? My own view is that even beyond that he is very seriously mentally ill. Look in his eyes and you can see this along with his crazy flailing arms. You don't do what he has done to the world population since the start of 2020 unless you are mentally ill and at the most extreme end of psychopathic. You especially don't do it when to you know, as we shall see, that cases and deaths from 'Covid' are fakery and a product of monumental figure massaging. 'These stats' that Gates referred to are based on a 'test' that's not testing for the 'virus' as he has known all along. He made his fortune with big Cult support as an infamously ruthless software salesman and now buys global control of 'health' (death) policy without the population he affects having any say. It's a breathtaking outrage. Gates talked about people being deeply affected by fear of 'Covid' when that was because of *him* and his global network lying to them minute-by-minute supported by a lying media that he seriously influences and funds to the tune of hundreds of millions. He's handed big sums to media operations including the BBC, NBC, Al Jazeera, Univision, *PBS NewsHour*,

*ProPublica, National Journal, The Guardian, The Financial Times, The Atlantic, Texas Tribune, USA Today* publisher Gannett, Washington Monthly, Le Monde, Center for Investigative Reporting, Pulitzer Center on Crisis Reporting, National Press Foundation, International Center for Journalists, Solutions Journalism Network, the Poynter Institute for Media Studies, and many more. Gates is everywhere in the ‘Covid’ hoax and the man must go to prison – or a mental facility – for the rest of his life and his money distributed to those he has taken such enormous psychopathic pleasure in crushing.

## **The Muscle**

The Hunger Games global structure demands a police-military state – a fusion of the two into one force – which viciously imposes the will of the Cult on the population and protects the Cult from public rebellion. In that regard, too, the ‘Covid’ hoax just keeps on giving. Often unlawful, ridiculous and contradictory ‘Covid’ rules and regulations have been policed across the world by moronic automatons and psychopaths made faceless by face-nappy masks and acting like the Nazi SS and fascist blackshirts and brownshirts of Hitler and Mussolini. The smallest departure from the rules decreed by the psychos in government and their clueless gofers were jumped upon by the face-nappy fascists. Brutality against public protestors soon became commonplace even on girls, women and old people as the brave men with the batons – the Face-Nappies as I call them – broke up peaceful protests and handed out fines like confetti to people who couldn’t earn a living let alone pay hundreds of pounds for what was once an accepted human right. Robot Face-Nappies of Nottingham police in the English East Midlands fined one group £11,000 for attending a child’s birthday party. For decades I charted the transformation of law enforcement as genuine, decent officers were replaced with psychopaths and the brain dead who would happily and brutally do whatever their masters told them. Now they were let loose on the public and I would emphasise the point that none of this just happened. The step-by-step change in the dynamic between police and public was orchestrated from the shadows by

those who knew where this was all going and the same with the perceptual reframing of those in all levels of authority and official administration through ‘training courses’ by organisations such as Common Purpose which was created in the late 1980s and given a massive boost in Blair era Britain until it became a global phenomenon. Supposed public ‘servants’ began to view the population as the enemy and the same was true of the police. This was the start of the explosion of behaviour manipulation organisations and networks preparing for the all-war on the human psyche unleashed with the dawn of 2020. I will go into more detail about this later in the book because it is a core part of what is happening.

Police desecrated beauty spots to deter people gathering and arrested women for walking in the countryside alone ‘too far’ from their homes. We had arrogant, clueless sergeants in the Isle of Wight police where I live posting on Facebook what they insisted the population must do or else. A schoolmaster sergeant called Radford looked young enough for me to ask if his mother knew he was out, but he was posting what he *expected* people to do while a Sergeant Wilkinson boasted about fining lads for meeting in a McDonald’s car park where they went to get a lockdown takeaway. Wilkinson added that he had even cancelled their order. What a pair of prats these people are and yet they have increasingly become the norm among Jackboot Johnson’s Yellowshirts once known as the British police. This was the theme all over the world with police savagery common during lockdown protests in the United States, the Netherlands, and the fascist state of Victoria in Australia under its tyrannical and again moronic premier Daniel Andrews. Amazing how tyrannical and moronic tend to work as a team and the same combination could be seen across America as arrogant, narcissistic Woke governors and mayors such as Gavin Newsom (California), Andrew Cuomo (New York), Gretchen Whitmer (Michigan), Lori Lightfoot (Chicago) and Eric Garcetti (Los Angeles) did their Nazi and Stalin impressions with the full support of the compliant brutality of their enforcers in uniform as they arrested small business owners defying

fascist shutdown orders and took them to jail in ankle shackles and handcuffs. This happened to bistro owner Marlena Pavlos-Hackney in Gretchen Whitmer's fascist state of Michigan when police arrived to enforce an order by a state-owned judge for 'putting the community at risk' at a time when other states like Texas were dropping restrictions and migrants were pouring across the southern border without any 'Covid' questions at all. I'm sure there are many officers appalled by what they are ordered to do, but not nearly enough of them. If they were truly appalled they would not do it. As the months passed every opportunity was taken to have the military involved to make their presence on the streets ever more familiar and 'normal' for the longer-term goal of police-military fusion.

Another crucial element to the Hunger Games enforcement network has been encouraging the public to report neighbours and others for 'breaking the lockdown rules'. The group faced with £11,000 in fines at the child's birthday party would have been dobbed-in by a neighbour with a brain the size of a pea. The technique was most famously employed by the Stasi secret police in communist East Germany who had public informants placed throughout the population. A police chief in the UK says his force doesn't need to carry out 'Covid' patrols when they are flooded with so many calls from the public reporting other people for visiting the beach. Dorset police chief James Vaughan said people were so enthusiastic about snitching on their fellow humans they were now operating as an auxiliary arm of the police: 'We are still getting around 400 reports a week from the public, so we will respond to reports ... We won't need to be doing hotspot patrols because people are very quick to pick the phone up and tell us.' Vaughan didn't say that this is a pillar of all tyrannies of whatever complexion and the means to hugely extend the reach of enforcement while spreading distrust among the people and making them wary of doing anything that might get them reported. Those narcissistic Isle of Wight sergeants Radford and Wilkinson never fail to add a link to their Facebook posts where the public can inform on their fellow slaves.

Neither would be self-aware enough to realise they were imitating the Stasi which they might well never have heard of. Government psychologists that I will expose later laid out a policy to turn communities against each other in the same way.

## **A coincidence? Yep, and I can knit fog**

I knew from the start of the alleged pandemic that this was a Cult operation. It presented limitless potential to rapidly advance the Cult agenda and exploit manipulated fear to demand that every man, woman and child on the planet was ‘vaccinated’ in a process never used on humans before which infuses self-replicating *synthetic* material into human cells. Remember the plan to transform the human body from a biological to a synthetic biological state. I’ll deal with the ‘vaccine’ (that’s not actually a vaccine) when I focus on the genetic agenda. Enough to say here that mass global ‘vaccination’ justified by this ‘new virus’ set alarms ringing after 30 years of tracking these people and their methods. The ‘Covid’ hoax officially beginning in China was also a big red flag for reasons I will be explaining. The agenda potential was so enormous that I could dismiss any idea that the ‘virus’ appeared naturally. Major happenings with major agenda implications never occur without Cult involvement in making them happen. My questions were twofold in early 2020 as the media began its campaign to induce global fear and hysteria: Was this alleged infectious agent released on purpose by the Cult or did it even exist at all? I then did what I always do in these situations. I sat, observed and waited to see where the evidence and information would take me. By March and early April synchronicity was strongly – and ever more so since then – pointing me in the direction of *there is no ‘virus’*. I went public on that with derision even from swathes of the alternative media that voiced a scenario that the Chinese government released the ‘virus’ in league with Deep State elements in the United States from a top-level bio-lab in Wuhan where the ‘virus’ is said to have first appeared. I looked at that possibility, but I didn’t buy it for several reasons. Deaths from the ‘virus’ did not in any way match what they

would have been with a ‘deadly bioweapon’ and it is much more effective if you sell the *illusion* of an infectious agent rather than having a real one unless you can control through injection who has it and who doesn’t. Otherwise you lose control of events. A made-up ‘virus’ gives you a blank sheet of paper on which you can make it do whatever you like and have any symptoms or mutant ‘variants’ you choose to add while a real infectious agent would limit you to what it actually does. A phantom disease allows you to have endless ludicrous ‘studies’ on the ‘Covid’ dollar to widen the perceived impact by inventing ever more ‘at risk’ groups including one study which said those who walk slowly may be almost four times more likely to die from the ‘virus’. People are in psychiatric wards for less.

A real ‘deadly bioweapon’ can take out people in the hierarchy that are not part of the Cult, but essential to its operation. Obviously they don’t want that. Releasing a real disease means you immediately lose control of it. Releasing an illusory one means you don’t. Again it’s vital that people are extra careful when dealing with what they want to hear. A bioweapon unleashed from a Chinese laboratory in collusion with the American Deep State may fit a conspiracy narrative, but is it true? Would it not be far more effective to use the excuse of a ‘virus’ to justify the real bioweapon – the ‘vaccine’? That way your disease agent does not have to be transmitted and arrives directly through a syringe. I saw a French virologist Luc Montagnier quoted in the alternative media as saying he had discovered that the alleged ‘new’ severe acute respiratory syndrome coronavirus , or SARS-CoV-2, was made artificially and included elements of the human immunodeficiency ‘virus’ (HIV) and a parasite that causes malaria. SARS-CoV-2 is alleged to trigger an alleged illness called Covid-19. I remembered Montagnier’s name from my research years before into claims that an HIV ‘retrovirus’ causes AIDS – claims that were demolished by Berkeley virologist Peter Duesberg who showed that no one had ever proved that HIV causes acquired immunodeficiency syndrome or AIDS. Claims that become accepted as fact, publicly and medically, with no proof whatsoever are an ever-recurring story that profoundly applies to

'Covid'. Nevertheless, despite the lack of proof, Montagnier's team at the Pasteur Institute in Paris had a long dispute with American researcher Robert Gallo over which of them discovered and isolated the HIV 'virus' and with *no evidence* found it to cause AIDS. You will see later that there is also no evidence that any 'virus' causes any disease or that there is even such a thing as a 'virus' in the way it is said to exist. The claim to have 'isolated' the HIV 'virus' will be presented in its real context as we come to the shocking story – and it is a story – of SARS-CoV-2 and so will Montagnier's assertion that he identified the full SARS-CoV-2 genome.

## **Hoax in the making**

We can pick up the 'Covid' story in 2010 and the publication by the Rockefeller Foundation of a document called 'Scenarios for the Future of Technology and International Development'. The inner circle of the Rockefeller family has been serving the Cult since John D. Rockefeller (1839-1937) made his fortune with Standard Oil. It is less well known that the same Rockefeller – the Bill Gates of his day – was responsible for establishing what is now referred to as 'Big Pharma', the global network of pharmaceutical companies that make outrageous profits dispensing scalpel and drug 'medicine' and are obsessed with pumping vaccines in ever-increasing number into as many human arms and backsides as possible. John D. Rockefeller was the driving force behind the creation of the 'education' system in the United States and elsewhere specifically designed to program the perceptions of generations thereafter. The Rockefeller family donated exceptionally valuable land in New York for the United Nations building and were central in establishing the World Health Organization in 1948 as an agency of the UN which was created from the start as a Trojan horse and stalking horse for world government. Now enter Bill Gates. His family and the Rockefellers have long been extremely close and I have seen genealogy which claims that if you go back far enough the two families fuse into the same bloodline. Gates has said that the Bill and Melinda Gates Foundation was inspired by the Rockefeller Foundation and why not

when both are serving the same Cult? Major tax-exempt foundations are overwhelmingly criminal enterprises in which Cult assets fund the Cult agenda in the guise of 'philanthropy' while avoiding tax in the process. Cult operatives can become mega-rich in their role of front men and women for the psychopaths at the inner core and they, too, have to be psychopaths to knowingly serve such evil. Part of the deal is that a big percentage of the wealth gleaned from representing the Cult has to be spent advancing the ambitions of the Cult and hence you have the Rockefeller Foundation, Bill and Melinda Gates Foundation (and so many more) and people like George Soros with his global Open Society Foundations spending their billions in pursuit of global Cult control. Gates is a global public face of the Cult with his interventions in world affairs including Big Tech influence; a central role in the 'Covid' and 'vaccine' scam; promotion of the climate change shakedown; manipulation of education; geoengineering of the skies; and his food-control agenda as the biggest owner of farmland in America, his GMO promotion and through other means. As one writer said: 'Gates monopolizes or wields disproportionate influence over the tech industry, global health and vaccines, agriculture and food policy (including biopiracy and fake food), weather modification and other climate technologies, surveillance, education and media.' The almost limitless wealth secured through Microsoft and other not-allowed-to-fail ventures (including vaccines) has been ploughed into a long, long list of Cult projects designed to enslave the entire human race. Gates and the Rockefellers have been working as one unit with the Rockefeller-established World Health Organization leading global 'Covid' policy controlled by Gates through his mouth-piece Tedros. Gates became the WHO's biggest funder when Trump announced that the American government would cease its donations, but Biden immediately said he would restore the money when he took office in January, 2021. The Gates Foundation (the Cult) owns through limitless funding the world health system and the major players across the globe in the 'Covid' hoax.

Okay, with that background we return to that Rockefeller Foundation document of 2010 headed ‘Scenarios for the Future of Technology and International Development’ and its ‘imaginary’ epidemic of a virulent and deadly influenza strain which infected 20 percent of the global population and killed eight million in seven months. The Rockefeller scenario was that the epidemic destroyed economies, closed shops, offices and other businesses and led to governments imposing fierce rules and restrictions that included mandatory wearing of face masks and body-temperature checks to enter communal spaces like railway stations and supermarkets. The document predicted that even after the height of the Rockefeller-envisioned epidemic the authoritarian rule would continue to deal with further pandemics, transnational terrorism, environmental crises and rising poverty. Now you may think that the Rockefellers are our modern-day seers or alternatively, and rather more likely, that they well knew what was planned a few years further on. Fascism had to be imposed, you see, to ‘protect citizens from risk and exposure’. The Rockefeller scenario document said:

During the pandemic, national leaders around the world flexed their authority and imposed airtight rules and restrictions, from the mandatory wearing of face masks to body-temperature checks at the entries to communal spaces like train stations and supermarkets. Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified. In order to protect themselves from the spread of increasingly global problems – from pandemics and transnational terrorism to environmental crises and rising poverty – leaders around the world took a firmer grip on power.

At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their sovereignty – and their privacy – to more paternalistic states in exchange for greater safety and stability. Citizens were more tolerant, and even eager, for top-down direction and oversight, and national leaders had more latitude to impose order in the ways they saw fit.

In developed countries, this heightened oversight took many forms: biometric IDs for all citizens, for example, and tighter regulation of key industries whose stability was deemed vital to national interests. In many developed countries, enforced cooperation with a suite of new regulations and agreements slowly but steadily restored both order and, importantly, economic growth.

There we have the prophetic Rockefellers in 2010 and three years later came their paper for the Global Health Summit in Beijing, China, when government representatives, the private sector, international organisations and groups met to discuss the next 100 years of 'global health'. The Rockefeller Foundation-funded paper was called 'Dreaming the Future of Health for the Next 100 Years' and more prophecy ensued as it described a dystopian future: 'The abundance of data, digitally tracking and linking people may mean the 'death of privacy' and may replace physical interaction with transient, virtual connection, generating isolation and raising questions of how values are shaped in virtual networks.' Next in the 'Covid' hoax preparation sequence came a 'table top' simulation in 2018 for another 'imaginary' pandemic of a disease called Clade X which was said to kill 900 million people. The exercise was organised by the Gates-funded Johns Hopkins University's Center for Health Security in the United States and this is the very same university that has been compiling the disgustingly and systematically erroneous global figures for 'Covid' cases and deaths. Similar Johns Hopkins health crisis scenarios have included the Dark Winter exercise in 2001 and Atlantic Storm in 2005.

## **Nostradamus 201**

For sheer predictive genius look no further prophecy-watchers than the Bill Gates-funded Event 201 held only six weeks before the 'coronavirus pandemic' is supposed to have broken out in China and Event 201 was based on a scenario of a global 'coronavirus pandemic'. Melinda Gates, the great man's missus, told the BBC that he had 'prepared for years' for a coronavirus pandemic which told us what we already knew. Nostradamugates had predicted in a TED talk in 2015 that a pandemic was coming that would kill a lot of people and demolish the world economy. My god, the man is a machine – possibly even literally. Now here he was only weeks before the real thing funding just such a simulated scenario and involving his friends and associates at Johns Hopkins, the World Economic Forum Cult-front of Klaus Schwab, the United Nations,

Johnson & Johnson, major banks, and officials from China and the Centers for Disease Control in the United States. What synchronicity – Johns Hopkins would go on to compile the fraudulent ‘Covid’ figures, the World Economic Forum and Schwab would push the ‘Great Reset’ in response to ‘Covid’, the Centers for Disease Control would be at the forefront of ‘Covid’ policy in the United States, Johnson & Johnson would produce a ‘Covid vaccine’, and everything would officially start just weeks later in China. Spooky, eh? They were even accurate in creating a simulation of a ‘virus’ pandemic because the ‘real thing’ would also be a simulation. Event 201 was not an exercise preparing for something that might happen; it was a rehearsal for what those in control knew was *going* to happen and very shortly. Hours of this simulation were posted on the Internet and the various themes and responses mirrored what would soon be imposed to transform human society. News stories were inserted and what they said would be commonplace a few weeks later with still more prophecy perfection. Much discussion focused on the need to deal with misinformation and the ‘anti-vax movement’ which is exactly what happened when the ‘virus’ arrived – was said to have arrived – in the West.

Cult-owned social media banned criticism and exposure of the official ‘virus’ narrative and when I said there *was* no ‘virus’ in early April, 2020, I was banned by one platform after another including YouTube, Facebook and later Twitter. The mainstream broadcast media in Britain was in effect banned from interviewing me by the Tony-Blair-created government broadcasting censor Ofcom headed by career government bureaucrat Melanie Dawes who was appointed just as the ‘virus’ hoax was about to play out in January, 2020. At the same time the Ickonic media platform was using Vimeo, another ultra-Zionist-owned operation, while our own player was being created and they deleted in an instant hundreds of videos, documentaries, series and shows to confirm their unbelievable vindictiveness. We had copies, of course, and they had to be restored one by one when our player was ready. These people have no class. Sabbatian Facebook promised free advertisements for the Gates-

controlled World Health Organization narrative while deleting ‘false claims and conspiracy theories’ to stop ‘misinformation’ about the alleged coronavirus. All these responses could be seen just a short while earlier in the scenarios of Event 201. Extreme censorship was absolutely crucial for the Cult because the official story was so ridiculous and unsupportable by the evidence that it could never survive open debate and the free-flow of information and opinion. If you can’t win a debate then don’t have one is the Cult’s approach throughout history. Facebook’s little boy front man – front boy – Mark Zuckerberg equated ‘credible and accurate information’ with official sources and exposing their lies with ‘misinformation’.

## **Silencing those that can see**

The censorship dynamic of Event 201 is now the norm with an army of narrative-supporting ‘fact-checker’ organisations whose entire reason for being is to tell the public that official narratives are true and those exposing them are lying. One of the most appalling of these ‘fact-checkers’ is called NewsGuard founded by ultra-Zionist Americans Gordon Crovitz and Steven Brill. Crovitz is a former publisher of *The Wall Street Journal*, former Executive Vice President of Dow Jones, a member of the Council on Foreign Relations (CFR), and on the board of the American Association of Rhodes Scholars. The CFR and Rhodes Scholarships, named after Rothschild agent Cecil Rhodes who plundered the gold and diamonds of South Africa for his masters and the Cult, have featured widely in my books. NewsGuard don’t seem to like me for some reason – I really can’t think why – and they have done all they can to have me censored and discredited which is, to quote an old British politician, like being savaged by a dead sheep. They are, however, like all in the censorship network, very well connected and funded by organisations themselves funded by, or connected to, Bill Gates. As you would expect with anything associated with Gates NewsGuard has an offshoot called HealthGuard which ‘fights online health care hoaxes’. How very kind. Somehow the NewsGuard European Managing Director Anna-Sophie Harling, a remarkably young-

looking woman with no broadcasting experience and little hands-on work in journalism, has somehow secured a position on the ‘Content Board’ of UK government broadcast censor Ofcom. An executive of an organisation seeking to discredit dissidents of the official narratives is making decisions for the government broadcast ‘regulator’ about content?? Another appalling ‘fact-checker’ is Full Fact funded by George Soros and global censors Google and Facebook.

It’s amazing how many activists in the ‘fact-checking’, ‘anti-hate’, arena turn up in government-related positions – people like UK Labour Party activist Imran Ahmed who heads the Center for Countering Digital Hate founded by people like Morgan McSweeney, now chief of staff to the Labour Party’s hapless and useless ‘leader’ Keir Starmer. Digital Hate – which is what it really is – uses the American spelling of Center to betray its connection to a transatlantic network of similar organisations which in 2020 shapeshifted from attacking people for ‘hate’ to attacking them for questioning the ‘Covid’ hoax and the dangers of the ‘Covid vaccine’. It’s just a coincidence, you understand. This is one of Imran Ahmed’s hysterical statements: ‘I would go beyond calling anti-vaxxers conspiracy theorists to say they are an extremist group that pose a national security risk.’ No one could ever accuse this prat of understatement and he’s including in that those parents who are now against vaccines after their children were damaged for life or killed by them. He’s such a nice man. Ahmed does the rounds of the Woke media getting soft-ball questions from spineless ‘journalists’ who never ask what right he has to campaign to destroy the freedom of speech of others while he demands it for himself. There also seems to be an overrepresentation in Ofcom of people connected to the narrative-worshipping BBC. This incredible global network of narrative-support was super-vital when the ‘Covid’ hoax was played in the light of the mega-whopper lies that have to be defended from the spotlight cast by the most basic intelligence.

## **Setting the scene**

The Cult plays the long game and proceeds step-by-step ensuring that everything is in place before major cards are played and they don't come any bigger than the 'Covid' hoax. The psychopaths can't handle events where the outcome isn't certain and as little as possible – preferably nothing – is left to chance. Politicians, government and medical officials who would follow direction were brought to illusory power in advance by the Cult web whether on the national stage or others like state governors and mayors of America. For decades the dynamic between officialdom, law enforcement and the public was changed from one of service to one of control and dictatorship. Behaviour manipulation networks established within government were waiting to impose the coming 'Covid' rules and regulations specifically designed to subdue and rewire the psyche of the people in the guise of protecting health. These included in the UK the Behavioural Insights Team part-owned by the British government Cabinet Office; the Scientific Pandemic Insights Group on Behaviours (SPI-B); and a whole web of intelligence and military groups seeking to direct the conversation on social media and control the narrative. Among them are the cyberwarfare (on the people) 77th Brigade of the British military which is also coordinated through the Cabinet Office as civilian and military leadership continues to combine in what they call the Fusion Doctrine. The 77th Brigade is a British equivalent of the infamous Israeli (Sabbatian) military cyberwarfare and Internet manipulation operation Unit 8200 which I expose at length in *The Trigger*. Also carefully in place were the medical and science advisers to government – many on the payroll past or present of Bill Gates – and a whole alternative structure of unelected government stood by to take control when elected parliaments were effectively closed down once the 'Covid' card was slammed on the table. The structure I have described here and so much more was installed in every major country through the Cult networks. The top-down control hierarchy looks like this: The Cult – Cult-owned Gates – the World Health Organization and Tedros – Gates-funded or controlled chief medical officers and science 'advisers' (dictators) in each country –

political ‘leaders’ – law enforcement – The People. Through this simple global communication and enforcement structure the policy of the Cult could be imposed on virtually the entire human population so long as they acquiesced to the fascism. With everything in place it was time for the button to be pressed in late 2019/early 2020.

These were the prime goals the Cult had to secure for its will to prevail:

- 1) Locking down economies, closing all but designated ‘essential’ businesses (Cult-owned corporations were ‘essential’), and putting the population under house arrest was an imperative to destroy independent income and employment and ensure dependency on the Cult-controlled state in the Hunger Games Society. Lockdowns had to be established as the global blueprint from the start to respond to the ‘virus’ and followed by pretty much the entire world.
- 2) The global population had to be terrified into believing in a deadly ‘virus’ that didn’t actually exist so they would unquestioningly obey authority in the belief that authority must know how best to protect them and their families. Software salesman Gates would suddenly morph into the world’s health expert and be promoted as such by the Cult-owned media.
- 3) A method of testing that wasn’t testing for the ‘virus’, but was only claimed to be, had to be in place to provide the illusion of ‘cases’ and subsequent ‘deaths’ that had a very different cause to the ‘Covid-19’ that would be scribbled on the death certificate.
- 4) Because there was no ‘virus’ and the great majority testing positive with a test not testing for the ‘virus’ would have no symptoms of anything the lie had to be sold that people without symptoms (without the ‘virus’) could still pass it on to others. This was crucial to justify for the first time quarantining – house arresting – healthy people. Without this the economy-destroying lockdown of *everybody* could not have been credibly sold.
- 5) The ‘saviour’ had to be seen as a vaccine which beyond evil drug companies were working like angels of mercy to develop as quickly as possible, with all corners cut, to save the day. The public must absolutely not know that the ‘vaccine’ had nothing to do with a ‘virus’ or that the contents were ready and waiting with a very different motive long before the ‘Covid’ card was even lifted from the pack.

I said in March, 2020, that the ‘vaccine’ would have been created way ahead of the ‘Covid’ hoax which justified its use and the following December an article in the New York *Intelligencer* magazine said the Moderna ‘vaccine’ had been ‘designed’ by

January, 2020. This was ‘before China had even acknowledged that the disease could be transmitted from human to human, more than a week before the first confirmed coronavirus case in the United States’. The article said that by the time the first American death was announced a month later ‘the vaccine had already been manufactured and shipped to the National Institutes of Health for the beginning of its Phase I clinical trial’. The ‘vaccine’ was actually ‘designed’ long before that although even with this timescale you would expect the article to ask how on earth it could have been done that quickly. Instead it asked why the ‘vaccine’ had not been rolled out then and not months later. Journalism in the mainstream is truly dead. I am going to detail in the next chapter why the ‘virus’ has never existed and how a hoax on that scale was possible, but first the foundation on which the Big Lie of ‘Covid’ was built.

## **The test that doesn’t test**

Fraudulent ‘testing’ is the bottom line of the whole ‘Covid’ hoax and was the means by which a ‘virus’ that did not exist *appeared* to exist. They could only achieve this magic trick by using a test not testing for the ‘virus’. To use a test that *was* testing for the ‘virus’ would mean that every test would come back negative given there was no ‘virus’. They chose to exploit something called the RT-PCR test invented by American biochemist Kary Mullis in the 1980s who said publicly that his PCR test … *cannot detect infectious disease*. Yes, the ‘test’ used worldwide to detect infectious ‘Covid’ to produce all the illusory ‘cases’ and ‘deaths’ compiled by Johns Hopkins and others *cannot detect infectious disease*. This fact came from the mouth of the man who invented PCR and was awarded the Nobel Prize in Chemistry in 1993 for doing so. Sadly, and incredibly conveniently for the Cult, Mullis died in August, 2019, at the age of 74 just before his test would be fraudulently used to unleash fascism on the world. He was said to have died from pneumonia which was an irony in itself. A few months later he would have had ‘Covid-19’ on his death certificate. I say the timing of his death was convenient because had he lived Mullis, a brilliant, honest and decent man, would have been

vociferously speaking out against the use of his test to detect 'Covid' when it was never designed, or able, to do that. I know that to be true given that Mullis made the same point when his test was used to 'detect' – not detect – HIV. He had been seriously critical of the Gallo/Montagnier claim to have isolated the HIV 'virus' and shown it to cause AIDS for which Mullis said there was no evidence. AIDS is actually not a disease but a series of diseases from which people die all the time. When they die from those *same diseases* after a positive 'test' for HIV then AIDS goes on their death certificate. I think I've heard that before somewhere. Countries instigated a policy with 'Covid' that anyone who tested positive with a test not testing for the 'virus' and died of any other cause within 28 days and even longer 'Covid-19' had to go on the death certificate. Cases have come from the test that can't test for infectious disease and the deaths are those who have died of *anything* after testing positive with a test not testing for the 'virus'. I'll have much more later about the death certificate scandal.

Mullis was deeply dismissive of the now US 'Covid' star Anthony Fauci who he said was a liar who didn't know anything about anything – 'and I would say that to his face – nothing.' He said of Fauci: 'The man thinks he can take a blood sample, put it in an electron microscope and if it's got a virus in there you'll know it – he doesn't understand electron microscopy and he doesn't understand medicine and shouldn't be in a position like he's in.' That position, terrifyingly, has made him the decider of 'Covid' fascism policy on behalf of the Cult in his role as director since 1984 of the National Institute of Allergy and Infectious Diseases (NIAID) while his record of being wrong is laughable; but being wrong, so long as it's the *right kind* of wrong, is why the Cult loves him. He'll say anything the Cult tells him to say. Fauci was made Chief Medical Adviser to the President immediately Biden took office. Biden was installed in the White House by Cult manipulation and one of his first decisions was to elevate Fauci to a position of even more control. This is a coincidence? Yes, and I identify as a flamenco dancer called Lola. How does such an incompetent criminal like Fauci remain in that

pivotal position in American health since *the 1980s*? When you serve the Cult it looks after you until you are surplus to requirements. Kary Mullis said prophetically of Fauci and his like: ‘Those guys have an agenda and it’s not an agenda we would like them to have ... they make their own rules, they change them when they want to, and Tony Fauci does not mind going on television in front of the people who pay his salary and lie directly into the camera.’ Fauci has done that almost daily since the ‘Covid’ hoax began. Lying is in Fauci’s DNA. To make the situation crystal clear about the PCR test this is a direct quote from its inventor Kary Mullis:

It [the PCR test] doesn’t tell you that you’re sick and doesn’t tell you that the thing you ended up with was really going to hurt you ...’

Ask yourself why governments and medical systems the world over have been using this very test to decide who is ‘infected’ with the SARS-CoV-2 ‘virus’ and the alleged disease it allegedly causes, ‘Covid-19’. The answer to that question will tell you what has been going on. By the way, here’s a little show-stopper – the ‘new’ SARS-CoV-2 ‘virus’ was ‘identified’ as such right from the start using ... *the PCR test not testing for the ‘virus’*. If you are new to this and find that shocking then stick around. I have hardly started yet. Even worse, other ‘tests’, like the ‘Lateral Flow Device’ (LFD), are considered so useless that they have to be *confirmed* by the PCR test! Leaked emails written by Ben Dyson, adviser to UK ‘Health’ Secretary Matt Hancock, said they were ‘dangerously unreliable’. Dyson, executive director of strategy at the Department of Health, wrote: ‘As of today, someone who gets a positive LFD result in (say) London has at best a 25 per cent chance of it being a true positive, but if it is a self-reported test potentially as low as 10 per cent (on an optimistic assumption about specificity) or as low as 2 per cent (on a more pessimistic assumption).’ These are the ‘tests’ that schoolchildren and the public are being urged to have twice a week or more and have to isolate if they get a positive. Each fake positive goes in the statistics as a ‘case’ no matter how ludicrously inaccurate and the

'cases' drive lockdown, masks and the pressure to 'vaccinate'. The government said in response to the email leak that the 'tests' were accurate which confirmed yet again what shocking bloody liars they are. The real false positive rate is *100 percent* as we'll see. In another 'you couldn't make it up' the UK government agreed to pay £2.8 billion to California's Innova Medical Group to supply the irrelevant lateral flow tests. The company's primary test-making centre is in China. Innova Medical Group, established in March, 2020, is owned by Pasaca Capital Inc, chaired by Chinese-American millionaire Charles Huang who was born in Wuhan.

## **How it works – and how it doesn't**

The RT-PCR test, known by its full title of Polymerase chain reaction, is used across the world to make millions, even billions, of copies of a DNA/RNA genetic information sample. The process is called 'amplification' and means that a tiny sample of genetic material is amplified to bring out the detailed content. I stress that it is not testing for an infectious disease. It is simply amplifying a sample of genetic material. In the words of Kary Mullis: 'PCR is ... just a process that's used to make a whole lot of something out of something.' To emphasise the point companies that make the PCR tests circulated around the world to 'test' for 'Covid' warn on the box that it can't be used to detect 'Covid' or infectious disease and is for research purposes only. It's okay, rest for a minute and you'll be fine. This is the test that produces the 'cases' and 'deaths' that have been used to destroy human society. All those global and national medical and scientific 'experts' demanding this destruction to 'save us' KNOW that the test is not testing for the 'virus' and the cases and deaths they claim to be real are an almost unimaginable fraud. Every one of them and so many others including politicians and psychopaths like Gates and Tedros must be brought before Nuremberg-type trials and jailed for the rest of their lives. The more the genetic sample is amplified by PCR the more elements of that material become sensitive to the test and by that I don't mean sensitive for a 'virus' but for elements of the genetic material which

is naturally in the body or relates to remnants of old conditions of various kinds lying dormant and causing no disease. Once the amplification of the PCR reaches a certain level *everyone* will test positive. So much of the material has been made sensitive to the test that everyone will have some part of it in their body. Even lying criminals like Fauci have said that once PCR amplifications pass 35 cycles everything will be a false positive that cannot be trusted for the reasons I have described. I say, like many proper doctors and scientists, that 100 percent of the 'positives' are false, but let's just go with Fauci for a moment.

He says that any amplification over 35 cycles will produce false positives and yet the US Centers for Disease Control (CDC) and Food and Drug Administration (FDA) have recommended up to 40 cycles and the National Health Service (NHS) in Britain admitted in an internal document for staff that it was using 45 cycles of amplification. A long list of other countries has been doing the same and at least one 'testing' laboratory has been using 50 cycles. Have you ever heard a doctor, medical 'expert' or the media ask what level of amplification has been used to claim a 'positive'. The 'test' comes back 'positive' and so you have the 'virus', end of story. Now we can see how the government in Tanzania could send off samples from a goat and a pawpaw fruit under human names and both came back positive for 'Covid-19'. Tanzania president John Magufuli mocked the 'Covid' hysteria, the PCR test and masks and refused to import the DNA-manipulating 'vaccine'. The Cult hated him and an article sponsored by the Bill Gates Foundation appeared in the London *Guardian* in February, 2021, headed 'It's time for Africa to rein in Tanzania's anti-vaxxer president'. Well, 'reined in' he shortly was. Magufuli appeared in good health, but then, in March, 2021, he was dead at 61 from 'heart failure'. He was replaced by Samia Hassan Suhulu who is connected to Klaus Schwab's World Economic Forum and she immediately reversed Magufuli's 'Covid' policy. A sample of cola tested positive for 'Covid' with the PCR test in Germany while American actress and singer-songwriter Erykah Badu tested positive in one nostril and negative in the other. Footballer Ronaldo called

the PCR test ‘bullshit’ after testing positive three times and being forced to quarantine and miss matches when there was nothing wrong with him. The mantra from Tedros at the World Health Organization and national governments (same thing) has been test, test, test. They know that the more tests they can generate the more fake ‘cases’ they have which go on to become ‘deaths’ in ways I am coming to. The UK government has its Operation Moonshot planned to test multiple millions every day in workplaces and schools with free tests for everyone to use twice a week at home in line with the Cult plan from the start to make testing part of life. A government advertisement for an ‘Interim Head of Asymptomatic Testing Communication’ said the job included responsibility for delivering a ‘communications strategy’ (propaganda) ‘to support the expansion of asymptomatic testing that *“normalises testing as part of everyday life”*. More tests means more fake ‘cases’, ‘deaths’ and fascism. I have heard of, and from, many people who booked a test, couldn’t turn up, and yet got a positive result through the post for a test they’d never even had. The whole thing is crazy, but for the Cult there’s method in the madness. Controlling and manipulating the level of amplification of the test means the authorities can control whenever they want the number of apparent ‘cases’ and ‘deaths’. If they want to justify more fascist lockdown and destruction of livelihoods they keep the amplification high. If they want to give the illusion that lockdowns and the ‘vaccine’ are working then they lower the amplification and ‘cases’ and ‘deaths’ will appear to fall. In January, 2021, the Cult-owned World Health Organization suddenly warned laboratories about over-amplification of the test and to lower the threshold. Suddenly headlines began appearing such as: ‘Why ARE “Covid” cases plummeting?’ This was just when the vaccine rollout was underway and I had predicted months before they would make cases appear to fall through amplification tampering when the ‘vaccine’ came. These people are so predictable.

## Cow vaccines?

The question must be asked of what is on the test swabs being poked far up the nose of the population to the base of the brain? A nasal swab punctured one woman's brain and caused it to leak fluid. Most of these procedures are being done by people with little training or medical knowledge. Dr Lorraine Day, former orthopaedic trauma surgeon and Chief of Orthopaedic Surgery at San Francisco General Hospital, says the tests are really a '*vaccine*'. Cows have long been vaccinated this way. She points out that masks have to cover the nose and the mouth where it is claimed the 'virus' exists in saliva. Why then don't they take saliva from the mouth as they do with a DNA test instead of pushing a long swab up the nose towards the brain? The ethmoid bone separates the nasal cavity from the brain and within that bone is the cribriform plate. Dr Day says that when the swab is pushed up against this plate and twisted the procedure is 'depositing things back there'. She claims that among these 'things' are nanoparticles that can enter the brain. Researchers have noted that a team at the Gates-funded Johns Hopkins have designed tiny, star-shaped micro-devices that can latch onto intestinal mucosa and release drugs into the body. Mucosa is the thin skin that covers the inside surface of parts of the body such as *the nose* and mouth and produces mucus to protect them. The Johns Hopkins micro-devices are called 'theragrippers' and were 'inspired' by a parasitic worm that digs its sharp teeth into a host's intestines. Nasal swabs are also coated in the sterilisation agent ethylene oxide. The US National Cancer Institute posts this explanation on its website:

At room temperature, ethylene oxide is a flammable colorless gas with a sweet odor. It is used primarily to produce other chemicals, including antifreeze. In smaller amounts, ethylene oxide is used as a pesticide and a sterilizing agent. The ability of ethylene oxide to damage DNA makes it an effective sterilizing agent but also accounts for its cancer-causing activity.

The Institute mentions lymphoma and leukaemia as cancers most frequently reported to be associated with occupational exposure to ethylene oxide along with stomach and breast cancers. How does anyone think this is going to work out with the constant testing

regime being inflicted on adults and children at home and at school that will accumulate in the body anything that's on the swab?

## **Doctors know best**

It is vital for people to realise that 'hero' doctors 'know' only what the Big Pharma-dominated medical authorities tell them to 'know' and if they refuse to 'know' what they are told to 'know' they are out the door. They are mostly not physicians or healers, but repeaters of the official narrative – or else. I have seen alleged professional doctors on British television make shocking statements that we are supposed to take seriously. One called 'Dr' Amir Khan, who is actually telling patients how to respond to illness, said that men could take the birth pill to 'help slow down the effects of Covid-19'. In March, 2021, another ridiculous 'Covid study' by an American doctor proposed injecting men with the female sex hormone progesterone as a 'Covid' treatment. British doctor Nighat Arif told the BBC that face coverings were now going to be part of ongoing normal. Yes, the vaccine protects you, she said (evidence?) ... but the way to deal with viruses in the community was always going to come down to hand washing, face covering and keeping a physical distance. That's not what we were told before the 'vaccine' was circulating. Arif said she couldn't imagine ever again going on the underground or in a lift without a mask. I was just thanking my good luck that she was not my doctor when she said – in March, 2021 – that if 'we are *behaving* and we are doing all the right things' she thought we could 'have our nearest and dearest around us at home ... around *Christmas* and *New Year!*' Her patronising delivery was the usual school teacher talking to six-year-olds as she repeated every government talking point and probably believed them all. If we have learned anything from the 'Covid' experience surely it must be that humanity's perception of doctors needs a fundamental rethink. NHS 'doctor' Sara Kayat told her television audience that the 'Covid vaccine' would '100 percent prevent hospitalisation and death'. Not even Big Pharma claimed that. We have to stop taking 'experts' at their word without question when so many of them are

clueless and only repeating the party line on which their careers depend. That is not to say there are not brilliant doctors – there are and I have spoken to many of them since all this began – but you won't see them in the mainstream media or quoted by the psychopaths and yes-people in government.

## **Remember the name – Christian Drosten**

German virologist Christian Drosten, Director of Charité Institute of Virology in Berlin, became a national star after the pandemic hoax began. He was feted on television and advised the German government on 'Covid' policy. Most importantly to the wider world Drosten led a group that produced the 'Covid' testing protocol for the PCR test. What a remarkable feat given the PCR cannot test for infectious disease and even more so when you think that Drosten said that his method of testing for SARS-CoV-2 was developed 'without having virus material available'. *He developed a test for a 'virus' that he didn't have and had never seen.* Let that sink in as you survey the global devastation that came from what he did. The whole catastrophe of Drosten's 'test' was based on the alleged genetic sequence published by Chinese scientists on the Internet. We will see in the next chapter that this alleged 'genetic sequence' has never been produced by China or anyone and cannot be when there is no SARS-CoV-2. Drosten, however, doesn't seem to let little details like that get in the way. He was the lead author with Victor Corman from the same Charité Hospital of the paper 'Detection of 2019 novel coronavirus (2019-nCoV) by real-time PCR' published in a magazine called *Eurosurveillance*. This became known as the Corman-Drosten paper. In November, 2020, with human society devastated by the effects of the Corman-Drosten test baloney, the protocol was publicly challenged by 22 international scientists and independent researchers from Europe, the United States, and Japan. Among them were senior molecular geneticists, biochemists, immunologists, and microbiologists. They produced a document headed 'External peer review of the RTPCR test to detect SARS-Cov-2 Reveals 10 Major Flaws At The Molecular and Methodological Level: Consequences

For False-Positive Results'. The flaws in the Corman-Drosten test included the following:

- The test is non-specific because of erroneous design
- Results are enormously variable
- The test is unable to discriminate between the whole 'virus' and viral fragments
- It doesn't have positive or negative controls
- The test lacks a standard operating procedure
- It is unsupported by proper peer view

The scientists said the PCR 'Covid' testing protocol was not founded on science and they demanded the Corman-Drosten paper be retracted by *Eurosurveillance*. They said all present and previous Covid deaths, cases, and 'infection rates' should be subject to a massive retroactive inquiry. Lockdowns and travel restrictions should be reviewed and relaxed and those diagnosed through PCR to have 'Covid-19' should not be forced to isolate. Dr Kevin Corbett, a health researcher and nurse educator with a long academic career producing a stream of peer-reviewed publications at many UK universities, made the same point about the PCR test debacle. He said of the scientists' conclusions: 'Every scientific rationale for the development of that test has been totally destroyed by this paper. It's like Hiroshima/Nagasaki to the Covid test.' He said that China hadn't given them an isolated 'virus' when Drosten developed the test. Instead they had developed the test from *a sequence in a gene bank.*' Put another way ... *they made it up!* The scientists were supported in this contention by a Portuguese appeals court which ruled in November, 2020, that PCR tests are unreliable and it is unlawful to quarantine people based solely on a PCR test. The point about China not providing an isolated virus must be true when the 'virus' has never been isolated to this day and the consequences of that will become clear. Drosten and company produced this useless 'protocol' right on cue in January, 2020, just as the 'virus' was said to

be moving westward and it somehow managed to successfully pass a peer-review in 24 hours. In other words there was no peer-review for a test that would be used to decide who had 'Covid' and who didn't across the world. The Cult-created, Gates-controlled World Health Organization immediately recommended all its nearly 200 member countries to use the Drosten PCR protocol to detect 'cases' and 'deaths'. The sting was underway and it continues to this day.

So who is this Christian Drosten that produced the means through which death, destruction and economic catastrophe would be justified? His education background, including his doctoral thesis, would appear to be somewhat shrouded in mystery and his track record is dire as with another essential player in the 'Covid' hoax, the Gates-funded Professor Neil Ferguson at the Gates-funded Imperial College in London of whom more shortly. Drosten predicted in 2003 that the alleged original SARS 'virus' (SARS-1') was an epidemic that could have serious effects on economies and an effective vaccine would take at least two years to produce. Drosten's answer to every alleged 'outbreak' is a vaccine which you won't be shocked to know. What followed were just 774 official deaths worldwide and none in Germany where there were only nine cases. That is even if you believe there ever was a SARS 'virus' when the evidence is zilch and I will expand on this in the next chapter. Drosten claims to be co-discoverer of 'SARS-1' and developed a test for it in 2003. He was screaming warnings about 'swine flu' in 2009 and how it was a widespread infection far more severe than any dangers from a vaccine could be and people should get vaccinated. It would be helpful for Drosten's vocal chords if he simply recorded the words 'the virus is deadly and you need to get vaccinated' and copies could be handed out whenever the latest made-up threat comes along. Drosten's swine flu epidemic never happened, but Big Pharma didn't mind with governments spending hundreds of millions on vaccines that hardly anyone bothered to use and many who did wished they hadn't. A study in 2010 revealed that the risk of dying from swine flu, or H1N1, was no higher than that of the annual seasonal flu which is what at least most of 'it' really was as in

the case of 'Covid-19'. A media investigation into Drosten asked how with such a record of inaccuracy he could be *the* government adviser on these issues. The answer to that question is the same with Drosten, Ferguson and Fauci – they keep on giving the authorities the 'conclusions' and 'advice' they want to hear. Drosten certainly produced the goods for them in January, 2020, with his PCR protocol garbage and provided the foundation of what German internal medicine specialist Dr Claus Köhnlein, co-author of *Virus Mania*, called the 'test pandemic'. The 22 scientists in the *Eurosurveillance* challenge called out conflicts of interest within the Drosten 'protocol' group and with good reason. Olfert Landt, a regular co-author of Drosten 'studies', owns the biotech company TIB Molbiol Syntheselabor GmbH in Berlin which manufactures and sells the tests that Drosten and his mates come up with. They have done this with SARS, Enterotoxigenic E. coli (ETEC), MERS, Zika 'virus', yellow fever, and now 'Covid'. Landt told the *Berliner Zeitung* newspaper:

The testing, design and development came from the Charité [Drosten and Corman]. We simply implemented it immediately in the form of a kit. And if we don't have the virus, which originally only existed in Wuhan, we can make a synthetic gene to simulate the genome of the virus. That's what we did very quickly.

This is more confirmation that the Drosten test was designed without access to the 'virus' and only a synthetic simulation which is what SARS-CoV-2 really is – a computer-generated synthetic fiction. It's quite an enterprise they have going here. A Drosten team decides what the test for something should be and Landt's biotech company flogs it to governments and medical systems across the world. His company must have made an absolute fortune since the 'Covid' hoax began. Dr Reiner Fuellmich, a prominent German consumer protection trial lawyer in Germany and California, is on Drosten's case and that of Tedros at the World Health Organization for crimes against humanity with a class-action lawsuit being prepared in the United States and other legal action in Germany.

## **Why China?**

Scamming the world with a ‘virus’ that doesn’t exist would seem impossible on the face of it, but not if you have control of the relatively few people that make policy decisions and the great majority of the global media. Remember it’s not about changing ‘real’ reality it’s about controlling *perception* of reality. You don’t have to make something happen you only have to make people *believe* that it’s happening. Renegade Minds understand this and are therefore much harder to swindle. ‘Covid-19’ is not a ‘real’ ‘virus’. It’s a mind virus, like a computer virus, which has infected the minds, not the bodies, of billions. It all started, publically at least, in China and that alone is of central significance. The Cult was behind the revolution led by its asset Mao Zedong, or Chairman Mao, which established the People’s Republic of China on October 1st, 1949. It should have been called The Cult’s Republic of China, but the name had to reflect the recurring illusion that vicious dictatorships are run by and for the people (see all the ‘Democratic Republics’ controlled by tyrants). In the same way we have the ‘Biden’ Democratic Republic of America officially ruled by a puppet tyrant (at least temporarily) on behalf of Cult tyrants. The creation of Mao’s merciless communist/fascist dictatorship was part of a frenzy of activity by the Cult at the conclusion of World War Two which, like the First World War, it had instigated through its assets in Germany, Britain, France, the United States and elsewhere. Israel was formed in 1948; the Soviet Union expanded its ‘Iron Curtain’ control, influence and military power with the Warsaw Pact communist alliance in 1955; the United Nations was formed in 1945 as a Cult precursor to world government; and a long list of world bodies would be established including the World Health Organization (1948), World Trade Organization (1948 under another name until 1995), International Monetary Fund (1945) and World Bank (1944). Human society was redrawn and hugely centralised in the global Problem-Reaction-Solution that was World War Two. All these changes were significant. Israel would become the headquarters of the Sabbatians

and the revolution in China would prepare the ground and control system for the events of 2019/2020.

Renegade Minds know there are no borders except for public consumption. The Cult is a seamless, borderless global entity and to understand the game we need to put aside labels like borders, nations, countries, communism, fascism and democracy. These delude the population into believing that countries are ruled within their borders by a government of whatever shade when these are mere agencies of a global power. America's illusion of democracy and China's communism/fascism are subsidiaries – vehicles – for the same agenda. We may hear about conflict and competition between America and China and on the lower levels that will be true; but at the Cult level they are branches of the same company in the way of the McDonald's example I gave earlier. I have tracked in the books over the years support by US governments of both parties for Chinese Communist Party infiltration of American society through allowing the sale of land, even military facilities, and the acquisition of American business and university influence. All this is underpinned by the infamous stealing of intellectual property and technological know-how. Cult-owned Silicon Valley corporations waive their fraudulent 'morality' to do business with human-rights-free China; Cult-controlled Disney has become China's PR department; and China in effect owns 'American' sports such as basketball which depends for much of its income on Chinese audiences. As a result any sports player, coach or official speaking out against China's horrific human rights record is immediately condemned or fired by the China-worshipping National Basketball Association. One of the first acts of China-controlled Biden was to issue an executive order telling federal agencies to stop making references to the 'virus' by the 'geographic location of its origin'. Long-time Congressman Jerry Nadler warned that criticising China, America's biggest rival, leads to hate crimes against Asian people in the United States. So shut up you bigot. China is fast closing in on Israel as a country that must not be criticised which is apt, really, given that Sabbatians control them both. The two countries have

developed close economic, military, technological and strategic ties which include involvement in China's 'Silk Road' transport and economic initiative to connect China with Europe. Israel was the first country in the Middle East to recognise the establishment of Mao's tyranny in 1950 months after it was established.

### **Project Wuhan – the 'Covid' Psyop**

I emphasise again that the Cult plays the long game and what is happening to the world today is the result of centuries of calculated manipulation following a script to take control step-by-step of every aspect of human society. I will discuss later the common force behind all this that has spanned those centuries and thousands of years if the truth be told. Instigating the Mao revolution in China in 1949 with a 2020 'pandemic' in mind is not only how they work – the 71 years between them is really quite short by the Cult's standards of manipulation preparation. The reason for the Cult's Chinese revolution was to create a fiercely-controlled environment within which an extreme structure for human control could be incubated to eventually be unleashed across the world. We have seen this happen since the 'pandemic' emerged from China with the Chinese control-structure founded on AI technology and tyrannical enforcement sweep across the West. Until the moment when the Cult went for broke in the West and put its fascism on public display Western governments had to pay some lip-service to freedom and democracy to not alert too many people to the tyranny-in-the-making. Freedoms were more subtly eroded and power centralised with covert government structures put in place waiting for the arrival of 2020 when that smokescreen of 'freedom' could be dispensed with. The West was not able to move towards tyranny before 2020 anything like as fast as China which was created as a tyranny and had no limits on how fast it could construct the Cult's blueprint for global control. When the time came to impose that structure on the world it was the same Cult-owned Chinese communist/fascist government that provided the excuse – the 'Covid pandemic'. It was absolutely crucial to the Cult plan for the Chinese response to the 'pandemic' –

draconian lockdowns of the entire population – to become the blueprint that Western countries would follow to destroy the livelihoods and freedom of their people. This is why the Cult-owned, Gates-owned, WHO Director-General Tedros said early on:

The Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak. China is actually setting a new standard for outbreak response and it is not an exaggeration.

*Forbes* magazine said of China: ‘... those measures protected untold millions from getting the disease’. The Rockefeller Foundation ‘epidemic scenario’ document in 2010 said ‘prophetically’:

However, a few countries did fare better – China in particular. The Chinese government’s quick imposition and enforcement of mandatory quarantine for all citizens, as well as its instant and near-hermetic sealing off of all borders, saved millions of lives, stopping the spread of the virus far earlier than in other countries and enabling a swifter post-pandemic recovery.

Once again – *spooky*.

The first official story was the ‘bat theory’ or rather the bat diversion. The source of the ‘virus outbreak’ we were told was a “wet market” in Wuhan where bats and other animals are bought and eaten in horrifically unhygienic conditions. Then another story emerged through the alternative media that the ‘virus’ had been released on purpose or by accident from a BSL-4 (biosafety level 4) laboratory in Wuhan not far from the wet market. The lab was reported to create and work with lethal concoctions and bioweapons. Biosafety level 4 is the highest in the World Health Organization system of safety and containment. Renegade Minds are aware of what I call designer manipulation. The ideal for the Cult is for people to buy its prime narrative which in the opening salvos of the ‘pandemic’ was the wet market story. It knows, however, that there is now a considerable worldwide alternative media of researchers sceptical of anything governments say and they are often given a version of events in a form they can perceive as credible while misdirecting them from the real truth. In this case let them

think that the conspiracy involved is a ‘bioweapon virus’ released from the Wuhan lab to keep them from the real conspiracy – *there is no ‘virus’*. The WHO’s current position on the source of the outbreak at the time of writing appears to be: ‘We haven’t got a clue, mate.’ This is a good position to maintain mystery and bewilderment. The inner circle will know where the ‘virus’ came from – *nowhere*. The bottom line was to ensure the public believed there *was* a ‘virus’ and it didn’t much matter if they thought it was natural or had been released from a lab. The belief that there was a ‘deadly virus’ was all that was needed to trigger global panic and fear. The population was terrified into handing their power to authority and doing what they were told. They had to or they were ‘all gonna die’.

In March, 2020, information began to come my way from real doctors and scientists and my own additional research which had my intuition screaming: ‘Yes, that’s it! *There is no virus.*’ The ‘bioweapon’ was not the ‘virus’; it was the ‘vaccine’ already being talked about that would be the bioweapon. My conclusion was further enhanced by happenings in Wuhan. The ‘virus’ was said to be sweeping the city and news footage circulated of people collapsing in the street (which they’ve never done in the West with the same ‘virus’). The Chinese government was building ‘new hospitals’ in a matter of ten days to ‘cope with demand’ such was the virulent nature of the ‘virus’. Yet in what seemed like no time the ‘new hospitals’ closed – even if they even opened – and China declared itself ‘virus-free’. It was back to business as usual. This was more propaganda to promote the Chinese draconian lockdowns in the West as the way to ‘beat the virus’. Trouble was that we subsequently had lockdown after lockdown, but never business as usual. As the people of the West and most of the rest of the world were caught in an ever-worsening spiral of lockdown, social distancing, masks, isolated old people, families forced apart, and livelihood destruction, it was party-time in Wuhan. Pictures emerged of thousands of people enjoying pool parties and concerts. It made no sense until you realised there never was a ‘virus’ and the

whole thing was a Cult set-up to transform human society out of one its major global strongholds – China.

How is it possible to deceive virtually the entire world population into believing there is a deadly virus when there is not even a ‘virus’ let alone a deadly one? It’s nothing like as difficult as you would think and that’s clearly true because it happened.

**Postscript:** See end of book Postscript for more on the ‘Wuhan lab virus release’ story which the authorities and media were pushing heavily in the summer of 2021 to divert attention from the truth that the ‘Covid virus’ is pure invention.

## CHAPTER FIVE

### **There is no ‘virus’**

***You can fool some of the people all of the time, and all of the people some of the time, but you cannot fool all of the people all of the time***

**Abraham Lincoln**

The greatest form of mind control is repetition. The more you repeat the same mantra of alleged ‘facts’ the more will accept them to be true. It becomes an ‘everyone knows that, mate’. If you can also censor any other version or alternative to your alleged ‘facts’ you are pretty much home and cooking.

By the start of 2020 the Cult owned the global mainstream media almost in its entirety to spew out its ‘Covid’ propaganda and ignore or discredit any other information and view. Cult-owned social media platforms in Cult-owned Silicon Valley were poised and ready to unleash a campaign of ferocious censorship to obliterate all but the official narrative. To complete the circle many demands for censorship by Silicon Valley were led by the mainstream media as ‘journalists’ became full-out enforcers for the Cult both as propagandists and censors. Part of this has been the influx of young people straight out of university who have become ‘journalists’ in significant positions. They have no experience and a headful of programmed perceptions from their years at school and university at a time when today’s young are the most perceptually-targeted generations in known human history given the insidious impact of technology. They enter the media perceptually prepared and ready to repeat the narratives of the system that programmed them to

repeat its narratives. The BBC has a truly pathetic ‘specialist disinformation reporter’ called Marianna Spring who fits this bill perfectly. She is clueless about the world, how it works and what is really going on. Her role is to discredit anyone doing the job that a proper journalist would do and system-serving hacks like Spring wouldn’t dare to do or even see the need to do. They are too busy licking the arse of authority which can never be wrong and, in the case of the BBC propaganda programme, *Panorama*, contacting payments systems such as PayPal to have a donations page taken down for a film company making documentaries questioning vaccines. Even the BBC soap opera *EastEnders* included a disgracefully biased scene in which an inarticulate white working class woman was made to look foolish for questioning the ‘vaccine’ while a well-spoken black man and Asian woman promoted the government narrative. It ticked every BBC box and the fact that the black and minority community was resisting the ‘vaccine’ had nothing to do with the way the scene was written. The BBC has become a disgusting tyrannical propaganda and censorship operation that should be defunded and disbanded and a free media take its place with a brief to stop censorship instead of demanding it. A BBC ‘interview’ with Gates goes something like: ‘Mr Gates, sir, if I can call you sir, would you like to tell our audience why you are such a great man, a wonderful humanitarian philanthropist, and why you should absolutely be allowed as a software salesman to decide health policy for approaching eight billion people? Thank you, sir, please sir.’ Propaganda programming has been incessant and merciless and when all you hear is the same story from the media, repeated by those around you who have only heard the same story, is it any wonder that people on a grand scale believe absolute mendacious garbage to be true? You are about to see, too, why this level of information control is necessary when the official ‘Covid’ narrative is so nonsensical and unsupportable by the evidence.

## **Structure of Deceit**

The pyramid structure through which the ‘Covid’ hoax has been manifested is very simple and has to be to work. As few people as possible have to be involved with full knowledge of what they are doing – and why – or the real story would get out. At the top of the pyramid are the inner core of the Cult which controls Bill Gates who, in turn, controls the World Health Organization through his pivotal funding and his puppet Director-General mouthpiece, Tedros.

Before he was appointed Tedros was chair of the Gates-founded Global Fund to ‘fight against AIDS, tuberculosis and malaria’, a board member of the Gates-funded ‘vaccine alliance’ GAVI, and on the board of another Gates-funded organisation. Gates owns him and picked him for a specific reason – Tedros is a crook and worse. ‘Dr’ Tedros (he’s not a medical doctor, the first WHO chief not to be) was a member of the tyrannical Marxist government of Ethiopia for decades with all its human rights abuses. He has faced allegations of corruption and misappropriation of funds and was exposed three times for covering up cholera epidemics while Ethiopia’s health minister. Tedros appointed the mass-murdering genocidal Zimbabwe dictator Robert Mugabe as a WHO goodwill ambassador for public health which, as with Tedros, is like appointing a psychopath to run a peace and love campaign. The move was so ridiculous that he had to drop Mugabe in the face of widespread condemnation. American economist David Steinman, a Nobel peace prize nominee, lodged a complaint with the International Criminal Court in The Hague over alleged genocide by Tedros when he was Ethiopia’s foreign minister. Steinman says Tedros was a ‘crucial decision maker’ who directed the actions of Ethiopia’s security forces from 2013 to 2015 and one of three officials in charge when those security services embarked on the ‘killing’ and ‘torturing’ of Ethiopians. You can see where Tedros is coming from and it’s sobering to think that he has been the vehicle for Gates and the Cult to direct the global response to ‘Covid’. Think about that. A psychopathic Cult dictates to psychopath Gates who dictates to psychopath Tedros who dictates how countries of the world must respond to a ‘Covid virus’ never scientifically shown to exist. At the same time psychopathic Cult-owned Silicon Valley information

giants like Google, YouTube, Facebook and Twitter announced very early on that they would give the Cult/Gates/Tedros/WHO version of the narrative free advertising and censor those who challenged their intelligence-insulting, mendacious story.

The next layer in the global ‘medical’ structure below the Cult, Gates and Tedros are the chief medical officers and science ‘advisers’ in each of the WHO member countries which means virtually all of them. Medical officers and arbiters of science (they’re not) then take the WHO policy and recommended responses and impose them on their country’s population while the political ‘leaders’ say they are deciding policy (they’re clearly not) by ‘following the science’ on the advice of the ‘experts’ – the same medical officers and science ‘advisers’ (dictators). In this way with the rarest of exceptions the entire world followed the same policy of lockdown, people distancing, masks and ‘vaccines’ dictated by the psychopathic Cult, psychopathic Gates and psychopathic Tedros who we are supposed to believe give a damn about the health of the world population they are seeking to enslave. That, amazingly, is all there is to it in terms of crucial decision-making. Medical staff in each country then follow like sheep the dictates of the shepherds at the top of the national medical hierarchies – chief medical officers and science ‘advisers’ who themselves follow like sheep the shepherds of the World Health Organization and the Cult. Shepherds at the national level often have major funding and other connections to Gates and his Bill and Melinda Gates Foundation which carefully hands out money like confetti at a wedding to control the entire global medical system from the WHO down.

## **Follow the money**

Christopher Whitty, Chief Medical Adviser to the UK Government at the centre of ‘virus’ policy, a senior adviser to the government’s Scientific Advisory Group for Emergencies (SAGE), and Executive Board member of the World Health Organization, was gifted a grant of \$40 million by the Bill and Melinda Gates Foundation for malaria research in Africa. The BBC described the unelected Whitty as ‘the

official who will probably have the greatest impact on our everyday lives of any individual policymaker in modern times' and so it turned out. What Gates and Tedros have said Whitty has done like his equivalents around the world. Patrick Vallance, co-chair of SAGE and the government's Chief Scientific Adviser, is a former executive of Big Pharma giant GlaxoSmithKline with its fundamental financial and business connections to Bill Gates. In September, 2020, it was revealed that Vallance owned a deferred bonus of shares in GlaxoSmithKline worth £600,000 while the company was 'developing' a 'Covid vaccine'. Move along now – nothing to see here – what could possibly be wrong with that? Imperial College in London, a major player in 'Covid' policy in Britain and elsewhere with its 'Covid-19' Response Team, is funded by Gates and has big connections to China while the now infamous Professor Neil Ferguson, the useless 'computer modeller' at Imperial College is also funded by Gates. Ferguson delivered the dramatically inaccurate excuse for the first lockdowns (much more in the next chapter). The Institute for Health Metrics and Evaluation (IHME) in the United States, another source of outrageously false 'Covid' computer models to justify lockdowns, is bankrolled by Gates who is a vehement promotor of lockdowns. America's version of Whitty and Vallance, the again now infamous Anthony Fauci, has connections to 'Covid vaccine' maker Moderna as does Bill Gates through funding from the Bill and Melinda Gates Foundation. Fauci is director of the National Institute of Allergy and Infectious Diseases (NIAID), a major recipient of Gates money, and they are very close. Deborah Birx who was appointed White House Coronavirus Response Coordinator in February, 2020, is yet another with ties to Gates. Everywhere you look at the different elements around the world behind the coordination and decision making of the 'Covid' hoax there is Bill Gates and his money. They include the World Health Organization; Centers for Disease Control (CDC) in the United States; National Institutes of Health (NIH) of Anthony Fauci; Imperial College and Neil Ferguson; the London School of Hygiene where Chris Whitty worked; Regulatory agencies like the UK Medicines & Healthcare products Regulatory Agency (MHRA)

which gave emergency approval for ‘Covid vaccines’; Wellcome Trust; GAVI, the Vaccine Alliance; the Coalition for Epidemic Preparedness Innovations (CEPI); Johns Hopkins University which has compiled the false ‘Covid’ figures; and the World Economic Forum. A [Nationalfile.com](#) article said:

Gates has a lot of pull in the medical world, he has a multi-million dollar relationship with Dr. Fauci, and Fauci originally took the Gates line supporting vaccines and casting doubt on [the drug hydroxychloroquine]. Coronavirus response team member Dr. Deborah Birx, appointed by former president Obama to serve as United States Global AIDS Coordinator, also sits on the board of a group that has received billions from Gates’ foundation, and Birx reportedly used a disputed Bill Gates-funded model for the White House’s Coronavirus effort. Gates is a big proponent for a population lockdown scenario for the Coronavirus outbreak.

Another funder of Moderna is the Defense Advanced Research Projects Agency (DARPA), the technology-development arm of the Pentagon and one of the most sinister organisations on earth. DARPA had a major role with the CIA covert technology-funding operation In-Q-Tel in the development of Google and social media which is now at the centre of global censorship. Fauci and Gates are extremely close and openly admit to talking regularly about ‘Covid’ policy, but then why wouldn’t Gates have a seat at every national ‘Covid’ table after his Foundation committed \$1.75 billion to the ‘fight against Covid-19’. When passed through our Orwellian Translation Unit this means that he has bought and paid for the Cult-driven ‘Covid’ response worldwide. Research the major ‘Covid’ response personnel in your own country and you will find the same Gates funding and other connections again and again. Medical and science chiefs following World Health Organization ‘policy’ sit atop a medical hierarchy in their country of administrators, doctors and nursing staff. These ‘subordinates’ are told they must work and behave in accordance with the policy delivered from the ‘top’ of the national ‘health’ pyramid which is largely the policy delivered by the WHO which is the policy delivered by Gates and the Cult. The whole ‘Covid’ narrative has been imposed on medical staff by a climate of fear although great numbers don’t even need that to comply. They do so through breathtaking levels of ignorance and

include doctors who go through life simply repeating what Big Pharma and their hierarchical masters tell them to say and believe. No wonder Big Pharma ‘medicine’ is one of the biggest killers on Planet Earth.

The same top-down system of intimidation operates with regard to the Cult Big Pharma cartel which also dictates policy through national and global medical systems in this way. The Cult and Big Pharma agendas are the same because the former controls and owns the latter. ‘Health’ administrators, doctors, and nursing staff are told to support and parrot the dictated policy or they will face consequences which can include being fired. How sad it’s been to see medical staff meekly repeating and imposing Cult policy without question and most of those who can see through the deceit are only willing to speak anonymously off the record. They know what will happen if their identity is known. This has left the courageous few to expose the lies about the ‘virus’, face masks, overwhelmed hospitals that aren’t, and the dangers of the ‘vaccine’ that isn’t a vaccine. When these medical professionals and scientists, some renowned in their field, have taken to the Internet to expose the truth their articles, comments and videos have been deleted by Cult-owned Facebook, Twitter and YouTube. What a real head-shaker to see YouTube videos with leading world scientists and highly qualified medical specialists with an added link underneath to the notorious Cult propaganda website *Wikipedia* to find the ‘facts’ about the same subject.

### **HIV – the ‘Covid’ trial-run**

I’ll give you an example of the consequences for health and truth that come from censorship and unquestioning belief in official narratives. The story was told by PCR inventor Kary Mullis in his book *Dancing Naked in the Mind Field*. He said that in 1984 he accepted as just another scientific fact that Luc Montagnier of France’s Pasteur Institute and Robert Gallo of America’s National Institutes of Health had independently discovered that a ‘retrovirus’ dubbed HIV (human immunodeficiency virus) caused AIDS. They

were, after all, Mullis writes, specialists in retroviruses. This is how the medical and science pyramids work. Something is announced or *assumed* and then becomes an everybody-knows-that purely through repetition of the assumption as if it is fact. Complete crap becomes accepted truth with no supporting evidence and only repetition of the crap. This is how a 'virus' that doesn't exist became the 'virus' that changed the world. The HIV-AIDS fairy story became a multi-billion pound industry and the media poured out propaganda terrifying the world about the deadly HIV 'virus' that caused the lethal AIDS. By then Mullis was working at a lab in Santa Monica, California, to detect retroviruses with his PCR test in blood donations received by the Red Cross. In doing so he asked a virologist where he could find a reference for HIV being the cause of AIDS. 'You don't need a reference,' the virologist said ... '*Everybody knows it.*' Mullis said he wanted to quote a reference in the report he was doing and he said he felt a little funny about not knowing the source of such an important discovery when everyone else seemed to. The virologist suggested he cite a report by the Centers for Disease Control and Prevention (CDC) on morbidity and mortality. Mullis read the report, but it only said that an organism had been identified and did not say how. The report did not identify the original scientific work. Physicians, however, *assumed* (key recurring theme) that if the CDC was convinced that HIV caused AIDS then proof must exist. Mullis continues:

I did computer searches. Neither Montagnier, Gallo, nor anyone else had published papers describing experiments which led to the conclusion that HIV probably caused AIDS. I read the papers in Science for which they had become well known as AIDS doctors, but all they had said there was that they had found evidence of a past infection by something which was probably HIV in some AIDS patients.

They found antibodies. Antibodies to viruses had always been considered evidence of past disease, not present disease. Antibodies signaled that the virus had been defeated. The patient had saved himself. There was no indication in these papers that this virus caused a disease. They didn't show that everybody with the antibodies had the disease. In fact they found some healthy people with antibodies.

Mullis asked why their work had been published if Montagnier and Gallo hadn't really found this evidence, and why had they been fighting so hard to get credit for the discovery? He says he was hesitant to write 'HIV is the probable cause of AIDS' until he found published evidence to support that. 'Tens of thousands of scientists and researchers were spending billions of dollars a year doing research based on this idea,' Mullis writes. 'The reason had to be there somewhere; otherwise these people would not have allowed their research to settle into one narrow channel of investigation.' He said he lectured about PCR at numerous meetings where people were always talking about HIV and he asked them how they knew that HIV was the cause of AIDS:

Everyone said something. Everyone had the answer at home, in the office, in some drawer. They all knew, and they would send me the papers as soon as they got back. But I never got any papers. Nobody ever sent me the news about how AIDS was caused by HIV.

Eventually Mullis was able to ask Montagnier himself about the reference proof when he lectured in San Diego at the grand opening of the University of California AIDS Research Center. Mullis says this was the last time he would ask his question without showing anger. Montagnier said he should reference the CDC report. 'I read it', Mullis said, and it didn't answer the question. 'If Montagnier didn't know the answer who the hell did?' Then one night Mullis was driving when an interview came on National Public Radio with Peter Duesberg, a prominent virologist at Berkeley and a California Scientist of the Year. Mullis says he finally understood why he could not find references that connected HIV to AIDS – *there weren't any!* No one had ever proved that HIV causes AIDS even though it had spawned a multi-billion pound global industry and the media was repeating this as fact every day in their articles and broadcasts terrifying the shit out of people about AIDS and giving the impression that a positive test for HIV (see 'Covid') was a death sentence. Duesberg was a threat to the AIDS gravy train and the agenda that underpinned it. He was therefore abused and castigated after he told the Proceedings of the National Academy of Sciences

there was no good evidence implicating the new ‘virus’. Editors rejected his manuscripts and his research funds were deleted. Mullis points out that the CDC has defined AIDS as one of more than 30 diseases *if accompanied* by a positive result on a test that detects antibodies to HIV; but those same diseases are not defined as AIDS cases when antibodies are not detected:

If an HIV-positive woman develops uterine cancer, for example, she is considered to have AIDS. If she is not HIV positive, she simply has uterine cancer. An HIV-positive man with tuberculosis has AIDS; if he tests negative he simply has tuberculosis. If he lives in Kenya or Colombia, where the test for HIV antibodies is too expensive, he is simply presumed to have the antibodies and therefore AIDS, and therefore he can be treated in the World Health Organization’s clinic. It’s the only medical help available in some places. And it’s free, because the countries that support WHO are worried about AIDS.

Mullis accuses the CDC of continually adding new diseases (see ever more ‘Covid symptoms’) to the grand AIDS definition and of virtually doctoring the books to make it appear as if the disease continued to spread. He cites how in 1993 the CDC enormously broadened its AIDS definition and county health authorities were delighted because they received \$2,500 per year from the Federal government for every reported AIDS case. Ladies and gentlemen, I have just described, via Kary Mullis, the ‘Covid pandemic’ of 2020 and beyond. Every element is the same and it’s been pulled off in the same way by the same networks.

### **The ‘Covid virus’ exists? Okay – prove it. Er ... still waiting**

What Kary Mullis described with regard to ‘HIV’ has been repeated with ‘Covid’. A claim is made that a new, or ‘novel’, infection has been found and the entire medical system of the world repeats that as fact exactly as they did with HIV and AIDS. No one in the mainstream asks rather relevant questions such as ‘How do you know?’ and ‘Where is your proof?’ The SARS-CoV-2 ‘virus’ and the ‘Covid-19 disease’ became an overnight ‘everybody-knows-that’. The origin could be debated and mulled over, but what you could not suggest was that ‘SARS-CoV-2’ didn’t exist. That would be

ridiculous. ‘Everybody knows’ the ‘virus’ exists. Well, I didn’t for one along with American proper doctors like Andrew Kaufman and Tom Cowan and long-time American proper journalist Jon Rappaport. We dared to pursue the obvious and simple question: ‘Where’s the evidence?’ The overwhelming majority in medicine, journalism and the general public did not think to ask that. After all, *everyone knew* there was a new ‘virus’. Everyone was saying so and I heard it on the BBC. Some would eventually argue that the ‘deadly virus’ was nothing like as deadly as claimed, but few would venture into the realms of its very existence. Had they done so they would have found that the evidence for that claim had gone AWOL as with HIV causes AIDS. In fact, not even that. For something to go AWOL it has to exist in the first place and scientific proof for a ‘SARS-Cov-2’ can be filed under nothing, nowhere and zilch.

Dr Andrew Kaufman is a board-certified forensic psychiatrist in New York State, a Doctor of Medicine and former Assistant Professor and Medical Director of Psychiatry at SUNY Upstate Medical University, and Medical Instructor of Hematology and Oncology at the Medical School of South Carolina. He also studied biology at the Massachusetts Institute of Technology (MIT) and trained in Psychiatry at Duke University. Kaufman is retired from allopathic medicine, but remains a consultant and educator on natural healing, I saw a video of his very early on in the ‘Covid’ hoax in which he questioned claims about the ‘virus’ in the absence of any supporting evidence and with plenty pointing the other way. I did everything I could to circulate his work which I felt was asking the pivotal questions that needed an answer. I can recommend an excellent pull-together interview he did with the website The Last Vagabond entitled *Dr Andrew Kaufman: Virus Isolation, Terrain Theory and Covid-19* and his website is [andrewkaufmanmd.com](http://andrewkaufmanmd.com). Kaufman is not only a forensic psychiatrist; he is forensic in all that he does. He always reads original scientific papers, experiments and studies instead of second-third-fourth-hand reports about the ‘virus’ in the media which are repeating the repeated repetition of the narrative. When he did so with the original Chinese ‘virus’ papers Kaufman

realised that there was no evidence of a ‘SARS-Cov-2’. They had never – from the start – shown it to exist and every repeat of this claim worldwide was based on the accepted existence of proof that was nowhere to be found – see Kary Mullis and HIV. Here we go again.

## **Let's postulate**

Kaufman discovered that the Chinese authorities immediately concluded that the cause of an illness that broke out among about 200 initial patients in Wuhan was a ‘new virus’ when there were no grounds to make that conclusion. The alleged ‘virus’ was not isolated from other genetic material in their samples and then shown through a system known as Koch’s postulates to be the causative agent of the illness. The world was told that the SARS-Cov-2 ‘virus’ caused a disease they called ‘Covid-19’ which had ‘flu-like’ symptoms and could lead to respiratory problems and pneumonia. If it wasn’t so tragic it would almost be funny. *‘Flu-like’ symptoms?* *Pneumonia? Respiratory disease?* What in CHINA and particularly in Wuhan, one of the most polluted cities in the world with a resulting epidemic of respiratory disease?? Three hundred thousand people get pneumonia in China every year and there are nearly a billion cases worldwide of ‘flu-like symptoms’. These have a whole range of causes – including pollution in Wuhan – but no other possibility was credibly considered in late 2019 when the world was told there was a new and deadly ‘virus’. The global prevalence of pneumonia and ‘flu-like systems’ gave the Cult networks unlimited potential to re-diagnose these other causes as the mythical ‘Covid-19’ and that is what they did from the very start. Kaufman revealed how Chinese medical and science authorities (all subordinates to the Cult-owned communist government) took genetic material from the lungs of only a few of the first patients. The material contained their own cells, bacteria, fungi and other microorganisms living in their bodies. The only way you could prove the existence of the ‘virus’ and its responsibility for the alleged ‘Covid-19’ was to isolate the virus from all the other material – a process also known as ‘purification’ – and

then follow the postulates sequence developed in the late 19th century by German physician and bacteriologist Robert Koch which became the ‘gold standard’ for connecting an alleged causation agent to a disease:

1. The microorganism (bacteria, fungus, virus, etc.) must be present in every case of the disease and all patients must have the same symptoms. It must also *not be present in healthy individuals*.
2. The microorganism must be isolated from the host with the disease. If the microorganism is a bacteria or fungus it must be grown in a pure culture. If it is a virus, it must be purified (i.e. containing no other material except the virus particles) from a clinical sample.
3. The specific disease, with all of its characteristics, must be reproduced when the infectious agent (the purified virus or a pure culture of bacteria or fungi) is inoculated into a healthy, susceptible host.
4. The microorganism must be recoverable from the experimentally infected host as in step 2.

*Not one* of these criteria has been met in the case of ‘SARS-Cov-2’ and ‘Covid-19’. Not ONE. EVER. Robert Koch refers to bacteria and not viruses. What are called ‘viral particles’ are so minute (hence masks are useless by any definition) that they could only be seen after the invention of the electron microscope in the 1930s and can still only be observed through that means. American bacteriologist and virologist Thomas Milton Rivers, the so-called ‘Father of Modern Virology’ who was very significantly director of the Rockefeller Institute for Medical Research in the 1930s, developed a less stringent version of Koch’s postulates to identify ‘virus’ causation known as ‘Rivers criteria’. ‘Covid’ did not pass that process either. Some even doubt whether any ‘virus’ can be isolated from other particles containing genetic material in the Koch method. Freedom of Information requests in many countries asking for scientific proof that the ‘Covid virus’ has been purified and isolated and shown to exist have all come back with a ‘we don’t have that’ and when this happened with a request to the UK Department of Health they added this comment:

However, outside of the scope of the [Freedom of Information Act] and on a discretionary basis, the following information has been advised to us, which may be of interest. Most infectious diseases are caused by viruses, bacteria or fungi. Some bacteria or fungi have the capacity to grow on their own in isolation, for example in colonies on a petri dish. Viruses are different in that they are what we call 'obligate pathogens' – that is, they cannot survive or reproduce without infecting a host ...

... For some diseases, it is possible to establish causation between a microorganism and a disease by isolating the pathogen from a patient, growing it in pure culture and reintroducing it to a healthy organism. These are known as 'Koch's postulates' and were developed in 1882. However, as our understanding of disease and different disease-causing agents has advanced, these are no longer the method for determining causation [Andrew Kaufman asks why in that case are there two published articles falsely claiming to satisfy Koch's postulates].

It has long been known that viral diseases cannot be identified in this way as viruses cannot be grown in 'pure culture'. When a patient is tested for a viral illness, this is normally done by looking for the presence of antigens, or viral genetic code in a host with molecular biology techniques [Kaufman asks how you could know the origin of these chemicals without having a pure culture for comparison].

For the record 'antigens' are defined so:

Invading microorganisms have antigens on their surface that the human body can recognise as being foreign – meaning not belonging to it. When the body recognises a foreign antigen, lymphocytes (white blood cells) produce antibodies, which are complementary in shape to the antigen.

Notwithstanding that this is open to question in relation to 'SARS-CoV-2' the presence of 'antibodies' can have many causes and they are found in people that are perfectly well. Kary Mullis said: 'Antibodies ... had always been considered evidence of past disease, not present disease.'

## **'Covid' really is a computer 'virus'**

Where the UK Department of Health statement says 'viruses' are now 'diagnosed' through a 'viral genetic code in a host with molecular biology techniques', they mean ... *the PCR test* which its inventor said cannot test for infectious disease. They have no credible method of connecting a 'virus' to a disease and we will see that there is no scientific proof that any 'virus' causes any disease or there is any such thing as a 'virus' in the way that it is described. Tenacious Canadian researcher Christine Massey and her team made

some 40 Freedom of Information requests to national public health agencies in different countries asking for proof that SARS-CoV-2 has been isolated and not one of them could supply that information. Massey said of her request in Canada: 'Freedom of Information reveals Public Health Agency of Canada has no record of 'SARS-CoV-2' isolation performed by anyone, anywhere, ever.' If you accept the comment from the UK Department of Health it's because they can't isolate a 'virus'. Even so many 'science' papers claimed to have isolated the 'Covid virus' until they were questioned and had to admit they hadn't. A reply from the Robert Koch Institute in Germany was typical: 'I am not aware of a paper which purified isolated SARS-CoV-2.' So what the hell was Christian Drosten and his gang using to design the 'Covid' testing protocol that has produced all the illusory Covid' cases and 'Covid' deaths when the head of the Chinese version of the CDC admitted there was a problem right from the start in that the 'virus' had never been isolated/purified? Breathe deeply: What they are calling 'Covid' is actually created by a *computer program* i.e. *they made it up* – er, that's it. They took lung fluid, with many sources of genetic material, from one single person alleged to be infected with Covid-19 by a PCR test which they *claimed*, without clear evidence, contained a 'virus'. They used several computer programs to create a model of a theoretical virus genome sequence from more than fifty-six million small sequences of RNA, each of an unknown source, assembling them like a puzzle with no known solution. The computer filled in the gaps with sequences from bits in the gene bank to make it look like a bat SARS-like coronavirus! A wave of the magic wand and poof, an *in silico* (computer-generated) genome, a scientific fantasy, was created. UK health researcher Dr Kevin Corbett made the same point with this analogy:

... It's like giving you a few bones and saying that's your fish. It could be any fish. Not even a skeleton. Here's a few fragments of bones. That's your fish ... It's all from gene bank and the bits of the virus sequence that weren't there they made up.

They synthetically created them to fill in the blanks. That's what genetics is; it's a code. So it's ABBBCCDDDD and you're missing some what you think is EEE so you put it in. It's all

synthetic. You just manufacture the bits that are missing. This is the end result of the geneticization of virology. This is basically a computer virus.

Further confirmation came in an email exchange between British citizen journalist Frances Leader and the government's Medicines & Healthcare Products Regulatory Agency (the Gates-funded MHRA) which gave emergency permission for untested 'Covid vaccines' to be used. The agency admitted that the 'vaccine' is not based on an isolated 'virus', but comes from a *computer-generated model*. Frances Leader was naturally banned from Cult-owned fascist Twitter for making this exchange public. The process of creating computer-generated alleged 'viruses' is called 'in silico' or 'in silicon' – computer chips – and the term 'in silico' is believed to originate with biological experiments using only a computer in 1989. 'Vaccines' involved with 'Covid' are also produced 'in silico' or by computer not a natural process. If the original 'virus' is nothing more than a made-up computer model how can there be 'new variants' of something that never existed in the first place? They are not new 'variants'; they are new *computer models* only minutely different to the original program and designed to further terrify the population into having the 'vaccine' and submitting to fascism. You want a 'new variant'? Click, click, enter – there you go. Tell the medical profession that you have discovered a 'South African variant', 'UK variants' or a 'Brazilian variant' and in the usual HIV-causes-AIDS manner they will unquestioningly repeat it with no evidence whatsoever to support these claims. They will go on television and warn about the dangers of 'new variants' while doing nothing more than repeating what they have been told to be true and knowing that any deviation from that would be career suicide. Big-time insiders will know it's a hoax, but much of the medical community is clueless about the way they are being played and themselves play the public without even being aware they are doing so. What an interesting 'coincidence' that AstraZeneca and Oxford University were conducting 'Covid vaccine trials' in the three countries – the UK, South Africa and Brazil – where the first three 'variants' were claimed to have 'broken out'.

## **Here's your 'virus' – it's a unicorn**

Dr Andrew Kaufman presented a brilliant analysis describing how the 'virus' was imagined into fake existence when he dissected an article published by *Nature* and written by 19 authors detailing *alleged* 'sequencing of a complete viral genome' of the 'new SARS-CoV-2 virus'. This computer-modelled *in silico* genome was used as a template for all subsequent genome sequencing experiments that resulted in the so-called variants which he said now number more than 6,000. The fake genome was constructed from more than 56 million individual short strands of RNA. Those little pieces were assembled into longer pieces by finding areas of overlapping sequences. The computer programs created over two million possible combinations from which the authors simply chose the longest one. They then compared this to a 'bat virus' and the computer 'alignment' rearranged the sequence and filled in the gaps! They called this computer-generated abomination the 'complete genome'. Dr Tom Cowan, a fellow medical author and collaborator with Kaufman, said such computer-generation constitutes scientific fraud and he makes this superb analogy:

Here is an equivalency: A group of researchers claim to have found a unicorn because they found a piece of a hoof, a hair from a tail, and a snippet of a horn. They then add that information into a computer and program it to re-create the unicorn, and they then claim this computer re-creation is the real unicorn. Of course, they had never actually seen a unicorn so could not possibly have examined its genetic makeup to compare their samples with the actual unicorn's hair, hooves and horn.

The researchers claim they decided which is the real genome of SARS-CoV-2 by 'consensus', sort of like a vote. Again, different computer programs will come up with different versions of the imaginary 'unicorn', so they come together as a group and decide which is the real imaginary unicorn.

This is how the 'virus' that has transformed the world was brought into fraudulent 'existence'. Extraordinary, yes, but as the Nazis said the bigger the lie the more will believe it. Cowan, however, wasn't finished and he went on to identify what he called the real blockbuster in the paper. He quotes this section from a paper written

by virologists and published by the CDC and then explains what it means:

Therefore, we examined the capacity of SARS-CoV-2 to infect and replicate in several common primate and human cell lines, including human adenocarcinoma cells (A549), human liver cells (HUH 7.0), and human embryonic kidney cells (HEK-293T). In addition to Vero E6 and Vero CCL81 cells. ... Each cell line was inoculated at high multiplicity of infection and examined 24h post-infection.

No CPE was observed in any of the cell lines except in Vero cells, which grew to greater than 10 to the 7th power at 24 h post-infection. In contrast, HUH 7.0 and 293T showed only modest viral replication, and A549 cells were incompatible with SARS CoV-2 infection.

Cowan explains that when virologists attempt to prove infection they have three possible 'hosts' or models on which they can test. The first was humans. Exposure to humans was generally not done for ethical reasons and has never been done with SARS-CoV-2 or any coronavirus. The second possible host was animals. Cowan said that forgetting for a moment that they never actually use purified virus when exposing animals they do use solutions that they *claim* contain the virus. Exposure to animals has been done with SARS-CoV-2 in an experiment involving mice and this is what they found: *None of the wild (normal) mice got sick*. In a group of genetically-modified mice, a statistically insignificant number lost weight and had slightly bristled fur, but they experienced nothing like the illness called 'Covid-19'. Cowan said the third method – the one they mostly rely on – is to inoculate solutions they *say* contain the virus onto a variety of tissue cultures. This process had never been shown to kill tissue *unless* the sample material was starved of nutrients and poisoned as *part of the process*. Yes, incredibly, in tissue experiments designed to show the 'virus' is responsible for killing the tissue they starve the tissue of nutrients and add toxic drugs including antibiotics and they do not have control studies to see if it's the starvation and poisoning that is degrading the tissue rather than the 'virus' they allege to be in there somewhere. You want me to pinch you? Yep, I understand. Tom Cowan said this about the whole nonsensical farce as he explains what that quote from the CDC paper really means:

The shocking thing about the above quote is that using their own methods, the virologists found that solutions containing SARS-CoV-2 – even in high amounts – were NOT, I repeat NOT, infective to any of the three human tissue cultures they tested. In plain English, this means they proved, on their terms, that this ‘new coronavirus’ is not infectious to human beings. It is ONLY infective to monkey kidney cells, and only then when you add two potent drugs (gentamicin and amphotericin), known to be toxic to kidneys, to the mix.

My friends, read this again and again. These virologists, published by the CDC, performed a clear proof, on their terms, showing that the SARS-CoV-2 virus is harmless to human beings. That is the only possible conclusion, but, unfortunately, this result is not even mentioned in their conclusion. They simply say they can provide virus stocks cultured only on monkey Vero cells, thanks for coming.

Cowan concluded: ‘If people really understood how this “science” was done, I would hope they would storm the gates and demand honesty, transparency and truth.’ Dr Michael Yeadon, former Vice President and Chief Scientific Adviser at drug giant Pfizer has been a vocal critic of the ‘Covid vaccine’ and its potential for multiple harm. He said in an interview in April, 2021, that ‘not one [vaccine] has the virus. He was asked why vaccines normally using a ‘dead’ version of a disease to activate the immune system were not used for ‘Covid’ and instead we had the synthetic methods of the ‘mRNA Covid vaccine’. Yeadon said that to do the former ‘you’d have to have some of [the virus] wouldn’t you?’ He added: ‘No-one’s got any – seriously.’ Yeadon said that surely they couldn’t have fooled the whole world for a year without having a virus, ‘but oddly enough ask around – no one’s got it’. He didn’t know why with all the ‘great labs’ around the world that the virus had not been isolated – ‘Maybe they’ve been too busy running bad PCR tests and vaccines that people don’t need.’ What is today called ‘science’ is not ‘science’ at all. Science is no longer what is, but whatever people can be manipulated to *believe* that it is. Real science has been hijacked by the Cult to dispense and produce the ‘expert scientists’ and contentions that suit the agenda of the Cult. How big-time this has happened with the ‘Covid’ hoax which is entirely based on fake science delivered by fake ‘scientists’ and fake ‘doctors’. The human-caused climate change hoax is also entirely based on fake science delivered by fake ‘scientists’ and fake ‘climate experts’. In both cases real

scientists, climate experts and doctors have their views suppressed and deleted by the Cult-owned science establishment, media and Silicon Valley. This is the ‘science’ that politicians claim to be ‘following’ and a common denominator of ‘Covid’ and climate are Cult psychopaths Bill Gates and his mate Klaus Schwab at the Gates-funded World Economic Forum. But, don’t worry, it’s all just a coincidence and absolutely nothing to worry about. Zzzzzzzz.

## **What is a ‘virus’ REALLY?**

Dr Tom Cowan is one of many contesting the very existence of viruses let alone that they cause disease. This is understandable when there is no scientific evidence for a disease-causing ‘virus’. German virologist Dr Stefan Lanka won a landmark case in 2017 in the German Supreme Court over his contention that there is no such thing as a measles virus. He had offered a big prize for anyone who could prove there is and Lanka won his case when someone sought to claim the money. There is currently a prize of more than 225,000 euros on offer from an Isolate Truth Fund for anyone who can prove the isolation of SARS-CoV-2 and its genetic substance. Lanka wrote in an article headed ‘The Misconception Called Virus’ that scientists think a ‘virus’ is causing tissue to become diseased and degraded when in fact it is the *processes they are using* which do that – not a ‘virus’. Lanka has done an important job in making this point clear as Cowan did in his analysis of the CDC paper. Lanka says that all claims about viruses as disease-causing pathogens are wrong and based on ‘easily recognisable, understandable and verifiable misinterpretations.’ Scientists believed they were working with ‘viruses’ in their laboratories when they were really working with ‘typical particles of specific dying tissues or cells ...’ Lanka said that the tissue decaying process claimed to be caused by a ‘virus’ still happens when no alleged ‘virus’ is involved. It’s the *process* that does the damage and not a ‘virus’. The genetic sample is deprived of nutrients, removed from its energy supply through removal from the body and then doused in toxic antibiotics to remove any bacteria. He confirms again that establishment scientists do not (pinch me)

conduct control experiments to see if this is the case and if they did they would see the claims that 'viruses' are doing the damage is nonsense. He adds that during the measles 'virus' court case he commissioned an independent laboratory to perform just such a control experiment and the result was that the tissues and cells died in the exact same way as with alleged 'infected' material. This is supported by a gathering number of scientists, doctors and researchers who reject what is called 'germ theory' or the belief in the body being infected by contagious sources emitted by other people. Researchers Dawn Lester and David Parker take the same stance in their highly-detailed and sourced book *What Really Makes You Ill – Why everything you thought you knew about disease is wrong* which was recommended to me by a number of medical professionals genuinely seeking the truth. Lester and Parker say there is no provable scientific evidence to show that a 'virus' can be transmitted between people or people and animals or animals and people:

The definition also claims that viruses are the cause of many diseases, as if this has been definitively proven. But this is not the case; there is no original scientific evidence that definitively demonstrates that any virus is the cause of any disease. The burden of proof for any theory lies with those who proposed it; but none of the existing documents provides 'proof' that supports the claim that 'viruses' are pathogens.

Dr Tom Cowan employs one of his clever analogies to describe the process by which a 'virus' is named as the culprit for a disease when what is called a 'virus' is only material released by cells detoxing themselves from infiltration by chemical or radiation poisoning. The tidal wave of technologically-generated radiation in the 'smart' modern world plus all the toxic food and drink are causing this to happen more than ever. Deluded 'scientists' misread this as a gathering impact of what they wrongly label 'viruses'.

## **Paper can infect houses**

Cowan said in an article for [davidicke.com](http://davidicke.com) – with his tongue only mildly in his cheek – that he believed he had made a tremendous

discovery that may revolutionise science. He had discovered that small bits of paper are alive, ‘well alive-ish’, can ‘infect’ houses, and then reproduce themselves inside the house. The result was that this explosion of growth in the paper inside the house causes the house to explode, blowing it to smithereens. His evidence for this new theory is that in the past months he had carefully examined many of the houses in his neighbourhood and found almost no scraps of paper on the lawns and surrounds of the house. There was an occasional stray label, but nothing more. Then he would return to these same houses a week or so later and with a few, not all of them, particularly the old and decrepit ones, he found to his shock and surprise they were littered with stray bits of paper. He knew then that the paper had infected these houses, made copies of itself, and blew up the house. A young boy on a bicycle at one of the sites told him he had seen a demolition crew using dynamite to explode the house the previous week, but Cowan dismissed this as the idle thoughts of silly boys because ‘I was on to something big’. He was on to how ‘scientists’ mistake genetic material in the detoxifying process for something they call a ‘virus’. Cowan said of his house and paper story:

If this sounds crazy to you, it’s because it should. This scenario is obviously nuts. But consider this admittedly embellished, for effect, current viral theory that all scientists, medical doctors and virologists currently believe.

He takes the example of the ‘novel SARS-Cov2’ virus to prove the point. First they take someone with an undefined illness called ‘Covid-19’ and don’t even attempt to find any virus in their sputum. Never mind the scientists still describe how this ‘virus’, which they have not located attaches to a cell receptor, injects its genetic material, in ‘Covid’s’ case, RNA, into the cell. The RNA once inserted exploits the cell to reproduce itself and makes ‘thousands, nay millions, of copies of itself ... Then it emerges victorious to claim its next victim’:

If you were to look in the scientific literature for proof, actual scientific proof, that uniform SARS-CoV2 viruses have been properly isolated from the sputum of a sick person, that actual spike proteins could be seen protruding from the virus (which has not been found), you would find that such evidence doesn't exist.

If you go looking in the published scientific literature for actual pictures, proof, that these spike proteins or any viral proteins are ever attached to any receptor embedded in any cell membrane, you would also find that no such evidence exists. If you were to look for a video or documented evidence of the intact virus injecting its genetic material into the body of the cell, reproducing itself and then emerging victorious by budding off the cell membrane, you would find that no such evidence exists.

The closest thing you would find is electron micrograph pictures of cellular particles, possibly attached to cell debris, both of which to be seen were stained by heavy metals, a process that completely distorts their architecture within the living organism. This is like finding bits of paper stuck to the blown-up bricks, thereby proving the paper emerged by taking pieces of the bricks on its way out.

## **The Enders baloney**

Cowan describes the 'Covid' story as being just as make-believe as his paper story and he charts back this fantasy to a Nobel Prize winner called John Enders (1897-1985), an American biomedical scientist who has been dubbed 'The Father of Modern Vaccines'. Enders is claimed to have 'discovered' the process of the viral culture which 'proved' that a 'virus' caused measles. Cowan explains how Enders did this 'by using the EXACT same procedure that has been followed by every virologist to find and characterize every new virus since 1954'. Enders took throat swabs from children with measles and immersed them in 2ml of milk. Penicillin (100u/ml) and the antibiotic streptomycin (50,g/ml) were added and the whole mix was centrifuged – rotated at high speed to separate large cellular debris from small particles and molecules as with milk and cream, for example. Cowan says that if the aim is to find little particles of genetic material ('viruses') in the snot from children with measles it would seem that the last thing you would do is mix the snot with other material – milk –that also has genetic material. 'How are you ever going to know whether whatever you found came from the snot or the milk?' He points out that streptomycin is a 'nephrotoxic' or poisonous-to-the-kidney drug. You will see the relevance of that

shortly. Cowan says that it gets worse, much worse, when Enders describes the culture medium upon which the virus 'grows': 'The culture medium consisted of bovine amniotic fluid (90%), beef embryo extract (5%), horse serum (5%), antibiotics and phenol red as an indicator of cell metabolism.' Cowan asks incredulously: 'Did he just say that the culture medium also contained fluids and tissues that are themselves rich sources of genetic material?' The genetic cocktail, or 'medium', is inoculated onto tissue and cells from rhesus monkey *kidney* tissue. This is where the importance of streptomycin comes in and currently-used antimicrobials and other drugs that are *poisonous to kidneys* and used in ALL modern viral cultures (e.g. gentamicin, streptomycin, and amphotericin). Cowan asks: 'How are you ever going to know from this witch's brew where any genetic material comes from as we now have five different sources of rich genetic material in our mix?' Remember, he says, that all genetic material, whether from monkey kidney tissues, bovine serum, milk, etc., is made from the exact same components. The same central question returns: 'How are you possibly going to know that it was the virus that killed the kidney tissue and not the toxic antibiotic and starvation rations on which you are growing the tissue?' John Enders answered the question himself – *you can't*:

A second agent was obtained from an uninoculated culture of monkey kidney cells. The cytopathic changes [death of the cells] it induced in the unstained preparations could not be distinguished with confidence from the viruses isolated from measles.

The death of the cells ('cytopathic changes') happened in exactly the same manner, whether they inoculated the kidney tissue with the measles snot or not, Cowan says. 'This is evidence that the destruction of the tissue, the very proof of viral causation of illness, was not caused by anything in the snot because they saw the same destructive effect when the snot was not even used ... the cytopathic, i.e., cell-killing, changes come from the process of the culture itself, not from any virus in any snot, period.' Enders quotes in his 1957 paper a virologist called Ruckle as reporting similar findings 'and in addition has isolated an agent from monkey kidney tissue that is so

far indistinguishable from human measles virus'. In other words, Cowan says, these particles called 'measles viruses' are simply and clearly breakdown products of the starved and poisoned tissue. For measles 'virus' see all 'viruses' including the so-called 'Covid virus'. Enders, the 'Father of Modern Vaccines', also said:

There is a potential risk in employing cultures of primate cells for the production of vaccines composed of attenuated virus, since the presence of other agents possibly latent in primate tissues cannot be definitely excluded by any known method.

Cowan further quotes from a paper published in the journal *Viruses* in May, 2020, while the 'Covid pandemic' was well underway in the media if not in reality. 'EVs' here refers to particles of genetic debris from our own tissues, such as exosomes of which more in a moment: 'The remarkable resemblance between EVs and viruses has caused quite a few problems in the studies focused on the analysis of EVs released during viral infections.' Later the paper adds that to date a reliable method that can actually guarantee a complete separation (of EVs from viruses) DOES NOT EXIST. This was published at a time when a fairy tale 'virus' was claimed in total certainty to be causing a fairy tale 'viral disease' called 'Covid-19' – a fairy tale that was already well on the way to transforming human society in the image that the Cult has worked to achieve for so long. Cowan concludes his article:

To summarize, there is no scientific evidence that pathogenic viruses exist. What we think of as 'viruses' are simply the normal breakdown products of dead and dying tissues and cells. When we are well, we make fewer of these particles; when we are starved, poisoned, suffocated by wearing masks, or afraid, we make more.

There is no engineered virus circulating and making people sick. People in laboratories all over the world are making genetically modified products to make people sick. These are called vaccines. There is no virome, no 'ecosystem' of viruses, viruses are not 8%, 50% or 100 % of our genetic material. These are all simply erroneous ideas based on the misconception called a virus.

## **What is 'Covid'? Load of bollocks**

The background described here by Cowan and Lanka was emphasised in the first video presentation that I saw by Dr Andrew Kaufman when he asked whether the ‘Covid virus’ was in truth a natural defence mechanism of the body called ‘exosomes’. These are released by cells when in states of toxicity – see the same themes returning over and over. They are released ever more profusely as chemical and radiation toxicity increases and think of the potential effect therefore of 5G alone as its destructive frequencies infest the human energetic information field with a gathering pace (5G went online in Wuhan in 2019 as the ‘virus’ emerged). I’ll have more about this later. Exosomes transmit a warning to the rest of the body that ‘Houston, we have a problem’. Kaufman presented images of exosomes and compared them with ‘Covid’ under an electron microscope and the similarity was remarkable. They both attach to the same cell receptors (*claimed* in the case of ‘Covid’), contain the same genetic material in the form of RNA or ribonucleic acid, and both are found in ‘viral cell cultures’ with damaged or dying cells. James Hildreth MD, President and Chief Executive Officer of the Meharry Medical College at Johns Hopkins, said: ‘The virus is fully an exosome in every sense of the word.’ Kaufman’s conclusion was that there is no ‘virus’: ‘This entire pandemic is a completely manufactured crisis … there is no evidence of anyone dying from [this] illness.’ Dr Tom Cowan and Sally Fallon Morell, authors of *The Contagion Myth*, published a statement with Dr Kaufman in February, 2021, explaining why the ‘virus’ does not exist and you can read it that in full in the Appendix.

‘Virus’ theory can be traced to the ‘cell theory’ in 1858 of German physician Rudolf Virchow (1821-1920) who contended that disease originates from a single cell infiltrated by a ‘virus’. Dr Stefan Lanka said that findings and insights with respect to the structure, function and central importance of tissues in the creation of life, which were already known in 1858, comprehensively refute the cell theory. Virchow ignored them. We have seen the part later played by John Enders in the 1950s and Lanka notes that infection theories were only established as a global dogma through the policies and

eugenics of the Third Reich in Nazi Germany (creation of the same Sabbatian cult behind the ‘Covid’ hoax). Lanka said: ‘Before 1933, scientists dared to contradict this theory; after 1933, these critical scientists were silenced’. Dr Tom Cowan’s view is that ill-health is caused by too much of something, too little of something, or toxification from chemicals and radiation – not contagion. We must also highlight as a major source of the ‘virus’ theology a man still called the ‘Father of Modern Virology’ – Thomas Milton Rivers (1888-1962). There is no way given the Cult’s long game policy that it was a coincidence for the ‘Father of Modern Virology’ to be director of the Rockefeller Institute for Medical Research from 1937 to 1956 when he is credited with making the Rockefeller Institute a leader in ‘viral research’. Cult Rockefellers were the force behind the creation of Big Pharma ‘medicine’, established the World Health Organisation in 1948, and have long and close associations with the Gates family that now runs the WHO during the pandemic hoax through mega-rich Cult gofer and psychopath Bill Gates.

Only a Renegade Mind can see through all this bullshit by asking the questions that need to be answered, not taking ‘no’ or prevarication for an answer, and certainly not hiding from the truth in fear of speaking it. Renegade Minds have always changed the world for the better and they will change this one no matter how bleak it may currently appear to be.

## CHAPTER SIX

### Sequence of deceit

*If you tell the truth, you don't have to remember anything*

Mark Twain

**A**gainst the background that I have laid out this far the sequence that took us from an invented 'virus' in Cult-owned China in late 2019 to the fascist transformation of human society can be seen and understood in a whole new context.

We were told that a deadly disease had broken out in Wuhan and the world media began its campaign (coordinated by behavioural psychologists as we shall see) to terrify the population into unquestioning compliance. We were shown images of Chinese people collapsing in the street which never happened in the West with what was supposed to be the same condition. In the earliest days when alleged cases and deaths were few the fear register was hysterical in many areas of the media and this would expand into the common media narrative across the world. The real story was rather different, but we were never told that. The Chinese government, one of the Cult's biggest centres of global operation, said they had discovered a new illness with flu-like and pneumonia-type symptoms in a city with such toxic air that it is overwhelmed with flu-like symptoms, pneumonia and respiratory disease. Chinese scientists said it was a new – 'novel' – coronavirus which they called Sars-Cov-2 and that it caused a disease they labelled 'Covid-19'. There was no evidence for this and the 'virus' has never to this day been isolated, purified and its genetic code established from that. It

was from the beginning a computer-generated fiction. Stories of Chinese whistleblowers saying the number of deaths was being suppressed or that the ‘new disease’ was related to the Wuhan bio-lab misdirected mainstream and alternative media into cul-de-sacs to obscure the real truth – there was no ‘virus’.

Chinese scientists took genetic material from the lung fluid of just a few people and said they had found a ‘new’ disease when this material had a wide range of content. There was no evidence for a ‘virus’ for the very reasons explained in the last two chapters. The ‘virus’ has never been shown to (a) exist and (b) cause any disease. People were diagnosed on symptoms that are so widespread in Wuhan and polluted China and with a PCR test that can’t detect infectious disease. On this farce the whole global scam was sold to the rest of the world which would also diagnose respiratory disease as ‘Covid-19’ from symptoms alone or with a PCR test not testing for a ‘virus’. Flu miraculously disappeared *worldwide* in 2020 and into 2021 as it was redesignated ‘Covid-19’. It was really the same old flu with its ‘flu-like’ symptoms attributed to ‘flu-like’ ‘Covid-19’. At the same time with very few exceptions the Chinese response of draconian lockdown and fascism was the chosen weapon to respond across the West as recommended by the Cult-owned Tedros at the Cult-owned World Health Organization run by the Cult-owned Gates. All was going according to plan. Chinese scientists – everything in China is controlled by the Cult-owned government – compared their contaminated RNA lung-fluid material with other RNA sequences and said it appeared to be just under 80 percent identical to the SARS-CoV-1 ‘virus’ claimed to be the cause of the SARS (severe acute respiratory syndrome) ‘outbreak’ in 2003. They decreed that because of this the ‘new virus’ had to be related and they called it SARS-CoV-2. There are some serious problems with this assumption and *assumption* was all it was. Most ‘factual’ science turns out to be assumptions repeated into everyone-knows-that. A match of under 80-percent is meaningless. Dr Kaufman makes the point that there’s a 96 percent genetic correlation between humans and chimpanzees, but ‘no one would say our genetic material is part

of the chimpanzee family'. Yet the Chinese authorities were claiming that a much lower percentage, less than 80 percent, proved the existence of a new 'coronavirus'. For goodness sake human DNA is 60 percent similar to a *banana*.

## **You are feeling sleepy**

The entire 'Covid' hoax is a global Psyop, a psychological operation to program the human mind into believing and fearing a complete fantasy. A crucial aspect of this was what *appeared* to happen in Italy. It was all very well streaming out daily images of an alleged catastrophe in Wuhan, but to the Western mind it was still on the other side of the world in a very different culture and setting. A reaction of 'this could happen to me and my family' was still nothing like as intense enough for the mind-doctors. The Cult needed a Western example to push people over that edge and it chose Italy, one of its major global locations going back to the Roman Empire. An Italian 'Covid' crisis was manufactured in a particular area called Lombardy which just happens to be notorious for its toxic air and therefore respiratory disease. Wuhan, China, *déjà vu*. An hysterical media told horror stories of Italians dying from 'Covid' in their droves and how Lombardy hospitals were being overrun by a tidal wave of desperately ill people needing treatment after being struck down by the 'deadly virus'. Here was the psychological turning point the Cult had planned. Wow, if this is happening in Italy, the Western mind concluded, this indeed could happen to me and my family. Another point is that Italian authorities responded by following the Chinese blueprint so vehemently recommended by the Cult-owned World Health Organization. They imposed fascistic lockdowns on the whole country viciously policed with the help of surveillance drones sweeping through the streets seeking out anyone who escaped from mass house arrest. Livelihoods were destroyed and psychology unravelled in the way we have witnessed since in all lockdown countries. Crucial to the plan was that Italy responded in this way to set the precedent of suspending freedom and imposing fascism in a 'Western liberal democracy'. I emphasised in an

animated video explanation on [davidicke.com](http://davidicke.com) posted in the summer of 2020 how important it was to the Cult to expand the Chinese lockdown model across the West. Without this, and the bare-faced lie that non-symptomatic people could still transmit a ‘disease’ they didn’t have, there was no way locking down the whole population, sick and not sick, could be pulled off. At just the right time and with no evidence Cult operatives and gofers claimed that people without symptoms could pass on the ‘disease’. In the name of protecting the ‘vulnerable’ like elderly people, who lockdowns would kill by the tens of thousands, we had for the first time healthy people told to isolate as well as the sick. The great majority of people who tested positive had no symptoms because there was nothing wrong with them. It was just a trick made possible by a test not testing for the ‘virus’.

Months after my animated video the Gates-funded Professor Neil Ferguson at the Gates-funded Imperial College confirmed that I was right. He didn’t say it in those terms, naturally, but he did say it. Ferguson will enter the story shortly for his outrageously crazy ‘computer models’ that led to Britain, the United States and many other countries following the Chinese and now Italian methods of response. Put another way, following the Cult script. Ferguson said that SAGE, the UK government’s scientific advisory group which has controlled ‘Covid’ policy from the start, wanted to follow the Chinese lockdown model (while they all continued to work and be paid), but they wondered if they could possibly, in Ferguson’s words, ‘get away with it in Europe’. ‘Get away with it’? Who the hell do these moronic, arrogant people think they are? This appalling man Ferguson said that once Italy went into national lockdown they realised they, too, could mimic China:

It’s a communist one-party state, we said. We couldn’t get away with it in Europe, we thought ... and then Italy did it. And we realised we could. Behind this garbage from Ferguson is a simple fact: Doing the same as China in every country was the plan from the start and Ferguson’s ‘models’ would play a central role in achieving that. It’s just a coincidence, of course, and absolutely nothing to worry your little head about.

## **Oops, sorry, our mistake**

Once the Italian segment of the Psyop had done the job it was designed to do a very different story emerged. Italian authorities revealed that 99 percent of those who had 'died from Covid-19' in Italy had one, two, three, or more 'co-morbidities' or illnesses and health problems that could have ended their life. The US Centers for Disease Control and Prevention (CDC) published a figure of 94 percent for Americans dying of 'Covid' while having other serious medical conditions – on average two to three (some five or six) other potential causes of death. In terms of death from an unproven 'virus' I say it is 100 percent. The other one percent in Italy and six percent in the US would presumably have died from 'Covid's' flu-like symptoms with a range of other possible causes in conjunction with a test not testing for the 'virus'. Fox News reported that even more startling figures had emerged in one US county in which 410 of 422 deaths attributed to 'Covid-19' had other potentially deadly health conditions. The Italian National Health Institute said later that the average age of people dying with a 'Covid-19' diagnosis in Italy was about 81. Ninety percent were over 70 with ten percent over 90. In terms of other reasons to die some 80 percent had two or more chronic diseases with half having three or more including cardiovascular problems, diabetes, respiratory problems and cancer. Why is the phantom 'Covid-19' said to kill overwhelmingly old people and hardly affect the young? Old people continually die of many causes and especially respiratory disease which you can re-diagnose 'Covid-19' while young people die in tiny numbers by comparison and rarely of respiratory disease. Old people 'die of Covid' because they die of other things that can be redesignated 'Covid' and it really is that simple.

## **Flu has flown**

The blueprint was in place. Get your illusory 'cases' from a test not testing for the 'virus' and redesignate other causes of death as 'Covid-19'. You have an instant 'pandemic' from something that is nothing more than a computer-generated fiction. With near-on a

billion people having ‘flu-like’ symptoms every year the potential was limitless and we can see why flu quickly and apparently miraculously disappeared *worldwide* by being diagnosed ‘Covid-19’. The painfully bloody obvious was explained away by the childlike media in headlines like this in the UK *‘Independent’*: ‘Not a single case of flu detected by Public Health England this year as Covid restrictions suppress virus’. I kid you not. The masking, social distancing and house arrest that did not make the ‘Covid virus’ disappear somehow did so with the ‘flu virus’. Even worse the article, by a bloke called Samuel Lovett, suggested that maybe the masking, sanitising and other ‘Covid’ measures should continue to keep the flu away. With a ridiculousness that disturbs your breathing (it’s ‘Covid-19’) the said Lovett wrote: ‘With widespread social distancing and mask-wearing measures in place throughout the UK, the usual routes of transmission for influenza have been blocked.’ He had absolutely no evidence to support that statement, but look at the consequences of him acknowledging the obvious. With flu not disappearing at all and only being relabelled ‘Covid-19’ he would have to contemplate that ‘Covid’ was a hoax on a scale that is hard to imagine. You need guts and commitment to truth to even go there and that’s clearly something Samuel Lovett does not have in abundance. He would never have got it through the editors anyway.

Tens of thousands die in the United States alone every winter from flu including many with pneumonia complications. CDC figures record *45 million* Americans diagnosed with flu in 2017-2018 of which 61,000 died and some reports claim 80,000. Where was the same hysteria then that we have seen with ‘Covid-19’? Some 250,000 Americans are admitted to hospital with pneumonia every year with about 50,000 cases proving fatal. About 65 million suffer respiratory disease every year and three million deaths makes this the third biggest cause of death worldwide. You only have to redesignate a portion of all these people ‘Covid-19’ and you have an instant global pandemic or the *appearance* of one. Why would doctors do this? They are told to do this and all but a few dare not refuse those who must be obeyed. Doctors in general are not researching their own

knowledge and instead take it direct and unquestioned from the authorities that own them and their careers. The authorities say they must now diagnose these symptoms ‘Covid-19’ and not flu, or whatever, and they do it. Dark suits say put ‘Covid-19’ on death certificates no matter what the cause of death and the doctors do it. Renegade Minds don’t fall for the illusion that doctors and medical staff are all highly-intelligent, highly-principled, seekers of medical truth. *Some are*, but not the majority. They are repeaters, gofers, and yes sir, no sir, purveyors of what the system demands they purvey. The ‘Covid’ con is not merely confined to diseases of the lungs. Instructions to doctors to put ‘Covid-19’ on death certificates for anyone dying of *anything* within 28 days (or much more) of a positive test not testing for the ‘virus’ opened the floodgates. The term dying *with* ‘Covid’ and not *of* ‘Covid’ was coined to cover the truth. Whether it was a *with* or an *of* they were all added to the death numbers attributed to the ‘deadly virus’ compiled by national governments and globally by the Gates-funded Johns Hopkins operation in the United States that was so involved in those ‘pandemic’ simulations. Fraudulent deaths were added to the ever-growing list of fraudulent ‘cases’ from false positives from a false test. No wonder Professor Walter Ricciardi, scientific advisor to the Italian minister of health, said after the Lombardy hysteria had done its job that ‘Covid’ death rates were due to Italy having the second oldest population in the world and to *how hospitals record deaths*:

The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus. On re-evaluation by the National Institute of Health, only 12 per cent of death certificates have shown a direct causality from coronavirus, while 88 per cent of patients who have died have at least one pre-morbidity – many had two or three.

This is extraordinary enough when you consider the propaganda campaign to use Italy to terrify the world, but how can they even say twelve percent were genuine when the ‘virus’ has not been shown to exist, its ‘code’ is a computer program, and diagnosis comes from a test not testing for it? As in China, and soon the world, ‘Covid-19’ in

Italy was a redesignation of diagnosis. Lies and corruption were to become the real ‘pandemic’ fuelled by a pathetically-compliant medical system taking its orders from the tiny few at the top of their national hierarchy who answered to the World Health Organization which answers to Gates and the Cult. Doctors were told – ordered – to diagnose a particular set of symptoms ‘Covid-19’ and put that on the death certificate for any cause of death if the patient had tested positive with a test not testing for the virus or had ‘Covid’ symptoms like the flu. The United States even introduced big financial incentives to manipulate the figures with hospitals receiving £4,600 from the Medicare system for diagnosing someone with regular pneumonia, \$13,000 if they made the diagnosis from the same symptoms ‘Covid-19’ pneumonia, and \$39, 000 if they put a ‘Covid’ diagnosed patient on a ventilator that would almost certainly kill them. A few – painfully and pathetically few – medical whistleblowers revealed (before Cult-owned YouTube deleted their videos) that they had been instructed to ‘let the patient crash’ and put them straight on a ventilator instead of going through a series of far less intrusive and dangerous methods as they would have done before the pandemic hoax began and the financial incentives kicked in. We are talking cold-blooded murder given that ventilators are so damaging to respiratory systems they are usually the last step before heaven awaits. Renegade Minds never fall for the belief that people in white coats are all angels of mercy and cannot be full-on psychopaths. I have explained in detail in *The Answer* how what I am describing here played out across the world coordinated by the World Health Organization through the medical hierarchies in almost every country.

## **Medical scientist calls it**

Information about the non-existence of the ‘virus’ began to emerge for me in late March, 2020, and mushroomed after that. I was sent an email by Sir Julian Rose, a writer, researcher, and organic farming promotor, from a medical scientist friend of his in the United States. Even at that early stage in March the scientist was able to explain

how the ‘Covid’ hoax was being manipulated. He said there were no reliable tests for a specific ‘Covid-19 virus’ and nor were there any reliable agencies or media outlets for reporting numbers of actual ‘Covid-19’ cases. We have seen in the long period since then that he was absolutely right. ‘Every action and reaction to Covid-19 is based on totally flawed data and we simply cannot make accurate assessments,’ he said. Most people diagnosed with ‘Covid-19’ were showing nothing more than cold and flu-like symptoms ‘because most coronavirus strains *are* nothing more than cold/flu-like symptoms’. We had farcical situations like an 84-year-old German man testing positive for ‘Covid-19’ and his nursing home ordered to quarantine only for him to be found to have a common cold. The scientist described back then why PCR tests and what he called the ‘Mickey Mouse test kits’ were useless for what they were claimed to be identifying. ‘The idea these kits can isolate a specific virus like Covid-19 is nonsense,’ he said. Significantly, he pointed out that ‘if you want to create a totally false panic about a totally false pandemic – pick a coronavirus’. This is exactly what the Cult-owned Gates, World Economic Forum and Johns Hopkins University did with their Event 201 ‘simulation’ followed by their real-life simulation called the ‘pandemic’. The scientist said that all you had to do was select the sickest of people with respiratory-type diseases in a single location – ‘say Wuhan’ – and administer PCR tests to them. You can then claim that anyone showing ‘viral sequences’ similar to a coronavirus ‘which will inevitably be quite a few’ is suffering from a ‘new’ disease:

Since you already selected the sickest flu cases a fairly high proportion of your sample will go on to die. You can then say this ‘new’ virus has a CFR [case fatality rate] higher than the flu and use this to infuse more concern and do more tests which will of course produce more ‘cases’, which expands the testing, which produces yet more ‘cases’ and so on and so on. Before long you have your ‘pandemic’, and all you have done is use a simple test kit trick to convert the worst flu and pneumonia cases into something new that doesn’t ACTUALLY EXIST [my emphasis].

He said that you then ‘just run the same scam in other countries’ and make sure to keep the fear message running high ‘so that people

will feel panicky and less able to think critically'. The only problem to overcome was the fact *there is no* actual new deadly pathogen and only regular sick people. This meant that deaths from the 'new deadly pathogen' were going to be way too low for a real new deadly virus pandemic, but he said this could be overcome in the following ways – all of which would go on to happen:

1. You can claim this is just the beginning and more deaths are imminent [you underpin this with fantasy 'computer projections']. Use this as an excuse to quarantine everyone and then claim the quarantine prevented the expected millions of dead.
2. You can [say that people] 'minimizing' the dangers are irresponsible and bully them into not talking about numbers.
3. You can talk crap about made up numbers hoping to blind people with pseudoscience.
4. You can start testing well people (who, of course, will also likely have shreds of coronavirus [RNA] in them) and thus inflate your 'case figures' with 'asymptomatic carriers' (you will of course have to spin that to sound deadly even though any virologist knows the more symptom-less cases you have the less deadly is your pathogen).

The scientist said that if you take these simple steps 'you can have your own entirely manufactured pandemic up and running in weeks'. His analysis made so early in the hoax was brilliantly prophetic of what would actually unfold. Pulling all the information together in these recent chapters we have this is simple 1, 2, 3, of how you can delude virtually the entire human population into believing in a 'virus' that doesn't exist:

- A 'Covid case' is someone who tests positive with a test not testing for the 'virus'.
- A 'Covid death' is someone who dies of *any cause* within 28 days (or much longer) of testing positive with a test not testing for the 'virus'.
- Asymptomatic means there is nothing wrong with you, but they claim you can pass on what you don't have to justify locking

down (quarantining) healthy people in totality.

The foundations of the hoax are that simple. A study involving ten million people in Wuhan, published in November, 2020, demolished the whole lie about those without symptoms passing on the ‘virus’. They found ‘300 asymptomatic cases’ and traced their contacts to find that not one of them was detected with the ‘virus’.

‘Asymptomatic’ patients and their contacts were isolated for no less than two weeks and nothing changed. I know it’s all crap, but if you are going to claim that those without symptoms can transmit ‘the virus’ then you must produce evidence for that and they never have. Even World Health Organization official Dr Maria Van Kerkhove, head of the emerging diseases and zoonosis unit, said as early as June, 2020, that she doubted the validity of asymptomatic transmission. She said that ‘from the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual’ and by ‘rare’ she meant that she couldn’t cite any case of asymptomatic transmission.

## **The Ferguson factor**

The problem for the Cult as it headed into March, 2020, when the script had lockdown due to start, was that despite all the manipulation of the case and death figures they still did not have enough people alleged to have died from ‘Covid’ to justify mass house arrest. This was overcome in the way the scientist described: ‘You can claim this is just the beginning and more deaths are imminent ... Use this as an excuse to quarantine everyone and then claim the quarantine prevented the expected millions of dead.’ Enter one Professor Neil Ferguson, the Gates-funded ‘epidemiologist’ at the Gates-funded Imperial College in London. Ferguson is Britain’s Christian Drosten in that he has a dire record of predicting health outcomes, but is still called upon to advise government on the next health outcome when another ‘crisis’ comes along. This may seem to be a strange and ridiculous thing to do. Why would you keep turning for policy guidance to people who have a history of being

monumentally wrong? Ah, but it makes sense from the Cult point of view. These ‘experts’ keep on producing predictions that suit the Cult agenda for societal transformation and so it was with Neil Ferguson as he revealed his horrific (and clearly insane) computer model predictions that allowed lockdowns to be imposed in Britain, the United States and many other countries. Ferguson does not have even an A-level in biology and would appear to have no formal training in computer modelling, medicine or epidemiology, according to Derek Winton, an MSc in Computational Intelligence. He wrote an article somewhat aghast at what Ferguson did which included taking no account of respiratory disease ‘seasonality’ which means it is far worse in the winter months. Who would have thought that respiratory disease could be worse in the winter? Well, certainly not Ferguson.

The massively China-connected Imperial College and its bizarre professor provided the excuse for the long-incubated Chinese model of human control to travel westward at lightning speed. Imperial College confirms on its website that it collaborates with the Chinese Research Institute; publishes more than 600 research papers every year with Chinese research institutions; has 225 Chinese staff; 2,600 Chinese students – the biggest international group; 7,000 former students living in China which is the largest group outside the UK; and was selected for a tour by China’s President Xi Jinping during his state visit to the UK in 2015. The college takes major donations from China and describes itself as the UK’s number one university collaborator with Chinese research institutions. The China communist/fascist government did not appear phased by the woeful predictions of Ferguson and Imperial when during the lockdown that Ferguson induced the college signed a five-year collaboration deal with China tech giant Huawei that will have Huawei’s indoor 5G network equipment installed at the college’s West London tech campus along with an ‘AI cloud platform’. The deal includes Chinese sponsorship of Imperial’s Venture Catalyst entrepreneurship competition. Imperial is an example of the enormous influence the Chinese government has within British and North American

universities and research centres – and further afield. Up to 200 academics from more than a dozen UK universities are being investigated on suspicion of ‘unintentionally’ helping the Chinese government build weapons of mass destruction by ‘transferring world-leading research in advanced military technology such as aircraft, missile designs and cyberweapons’. Similar scandals have broken in the United States, but it’s all a coincidence. Imperial College serves the agenda in many other ways including the promotion of every aspect of the United Nations Agenda 21/2030 (the Great Reset) and produced computer models to show that human-caused ‘climate change’ is happening when in the real world it isn’t. Imperial College is driving the climate agenda as it drives the ‘Covid’ agenda (both Cult hoaxes) while Patrick Vallance, the UK government’s Chief Scientific Adviser on ‘Covid’, was named Chief Scientific Adviser to the UN ‘climate change’ conference known as COP26 hosted by the government in Glasgow, Scotland. ‘Covid’ and ‘climate’ are fundamentally connected.

## **Professor Woeful**

From Imperial’s bosom came Neil Ferguson still advising government despite his previous disasters and it was announced early on that he and other key people like UK Chief Medical Adviser Chris Whitty had caught the ‘virus’ as the propaganda story was being sold. Somehow they managed to survive and we had Prime Minister Boris Johnson admitted to hospital with what was said to be a severe version of the ‘virus’ in this same period. His whole policy and demeanour changed when he returned to Downing Street. It’s a small world with these government advisors – especially in their communal connections to Gates – and Ferguson had partnered with Whitty to write a paper called ‘Infectious disease: Tough choices to reduce Ebola transmission’ which involved another scare-story that didn’t happen. Ferguson’s ‘models’ predicted that up to 150, 000 could die from ‘mad cow disease’, or BSE, and its version in sheep if it was transmitted to humans. BSE was not transmitted and instead triggered by an organophosphate pesticide used to treat a pest on

cows. Fewer than 200 deaths followed from the human form. Models by Ferguson and his fellow incompetents led to the unnecessary culling of millions of pigs, cattle and sheep in the foot and mouth outbreak in 2001 which destroyed the lives and livelihoods of farmers and their families who had often spent decades building their herds and flocks. Vast numbers of these animals did not have foot and mouth and had no contact with the infection. Another ‘expert’ behind the cull was Professor Roy Anderson, a computer modeller at Imperial College specialising in the epidemiology of *human*, not animal, disease. Anderson has served on the Bill and Melinda Gates Grand Challenges in Global Health advisory board and chairs another Gates-funded organisation. Gates is everywhere.

In a precursor to the ‘Covid’ script Ferguson backed closing schools ‘for prolonged periods’ over the swine flu ‘pandemic’ in 2009 and said it would affect a third of the world population if it continued to spread at the speed he claimed to be happening. His mates at Imperial College said much the same and a news report said: ‘One of the authors, the epidemiologist and disease modeller Neil Ferguson, who sits on the World Health Organisation’s emergency committee for the outbreak, said the virus had “full pandemic potential”.’ Professor Liam Donaldson, the Chris Whitty of his day as Chief Medical Officer, said the worst case could see 30 percent of the British people infected by swine flu with 65,000 dying. Ferguson and Donaldson were indeed proved correct when at the end of the year the number of deaths attributed to swine flu was 392. The term ‘expert’ is rather liberally applied unfortunately, not least to complete idiots. Swine flu ‘projections’ were great for GlaxoSmithKline (GSK) as millions rolled in for its Pandemrix influenza vaccine which led to brain damage with children most affected. The British government (taxpayers) paid out more than £60 million in compensation after GSK was given immunity from prosecution. Yet another ‘Covid’ déjà vu. Swine flu was supposed to have broken out in Mexico, but Dr Wolfgang Wodarg, a German doctor, former member of parliament and critic of the ‘Covid’ hoax, observed ‘the spread of swine flu’ in Mexico City at the time. He

said: 'What we experienced in Mexico City was a very mild flu which did not kill more than usual – which killed even fewer people than usual.' Hyping the fear against all the facts is not unique to 'Covid' and has happened many times before. Ferguson is reported to have over-estimated the projected death toll of bird flu (H5N1) by some three million-fold, but bird flu vaccine makers again made a killing from the scare. This is some of the background to the Neil Ferguson who produced the perfectly-timed computer models in early 2020 predicting that half a million people would die in Britain without draconian lockdown and 2.2 million in the United States. Politicians panicked, people panicked, and lockdowns of alleged short duration were instigated to 'flatten the curve' of cases gleaned from a test not testing for the 'virus'. I said at the time that the public could forget the 'short duration' bit. This was an agenda to destroy the livelihoods of the population and force them into mass control through dependency and there was going to be nothing 'short' about it. American researcher Daniel Horowitz described the consequences of the 'models' spewed out by Gates-funded Ferguson and Imperial College:

What led our government and the governments of many other countries into panic was a single Imperial College of UK study, funded by global warming activists, that predicted 2.2 million deaths if we didn't lock down the country. In addition, the reported 8-9% death rate in Italy scared us into thinking there was some other mutation of this virus that they got, which might have come here.

Together with the fact that we were finally testing and had the ability to actually report new cases, we thought we were headed for a death spiral. But again ... we can't flatten a curve if we don't know when the curve started.

How about it *never* started?

## **Giving them what they want**

An investigation by German news outlet *Welt Am Sonntag* (*World on Sunday*) revealed how in March, 2020, the German government gathered together 'leading scientists from several research institutes and universities' and 'together, they were to produce a [modelling]

paper that would serve as legitimization for further tough political measures'. The Cult agenda was justified by computer modelling not based on evidence or reality; it was specifically constructed to justify the Cult demand for lockdowns all over the world to destroy the independent livelihoods of the global population. All these modellers and everyone responsible for the 'Covid' hoax have a date with a trial like those in Nuremberg after World War Two when Nazis faced the consequences of their war crimes. These corrupt-beyond-belief 'modellers' wrote the paper according to government instructions and it said that if lockdown measures were lifted then up to one million Germans would die from 'Covid-19' adding that some would die 'agonizingly at home, gasping for breath' unable to be treated by hospitals that couldn't cope. All lies. No matter – it gave the Cult all that it wanted. What did long-time government 'modeller' Neil Ferguson say? If the UK and the United States didn't lockdown half a million would die in Britain and 2.2 million Americans. Anyone see a theme here? 'Modellers' are such a crucial part of the lockdown strategy that we should look into their background and follow the money. Researcher Rosemary Frei produced an excellent article headlined 'The Modelling-paper Mafiosi'. She highlights a guy called John Edmunds, a British epidemiologist, and professor in the Faculty of Epidemiology and Population Health at the London School of Hygiene & Tropical Medicine. He studied at Imperial College. Edmunds is a member of government 'Covid' advisory bodies which have been dictating policy, the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and the Scientific Advisory Group for Emergencies (SAGE).

Ferguson, another member of NERVTAG and SAGE, led the way with the original 'virus' and Edmunds has followed in the 'variant' stage and especially the so-called UK or Kent variant known as the 'Variant of Concern' (VOC) B.1.1.7. He said in a co-written report for the Centre for Mathematical modelling of Infectious Diseases at the London School of Hygiene and Tropical Medicine, with input from the Centre's 'Covid-19' Working Group, that there was 'a realistic

possibility that VOC B.1.1.7 is associated with an increased risk of death compared to non-VOC viruses'. Fear, fear, fear, get the vaccine, fear, fear, fear, get the vaccine. Rosemary Frei reveals that almost all the paper's authors and members of the modelling centre's 'Covid-19' Working Group receive funding from the Bill and Melinda Gates Foundation and/or the associated Gates-funded Wellcome Trust. The paper was published by e-journal *Medr* <sup>xiv</sup> which only publishes papers not peer-reviewed and the journal was established by an organisation headed by Facebook's Mark Zuckerberg and his missus. What a small world it is. Frei discovered that Edmunds is on the Scientific Advisory Board of the Coalition for Epidemic Preparedness Innovations (CEPI) which was established by the Bill and Melinda Gates Foundation, Klaus Schwab's Davos World Economic Forum and Big Pharma giant Wellcome. CEPI was 'launched in Davos [in 2017] to develop vaccines to stop future epidemics', according to its website. 'Our mission is to accelerate the development of vaccines against emerging infectious diseases and enable equitable access to these vaccines for people during outbreaks.' What kind people they are. Rosemary Frei reveals that Public Health England (PHE) director Susan Hopkins is an author of her organisation's non-peer-reviewed reports on 'new variants'. Hopkins is a professor of infectious diseases at London's Imperial College which is gifted tens of millions of dollars a year by the Bill and Melinda Gates Foundation. Gates-funded modelling disaster Neil Ferguson also co-authors Public Health England reports and he spoke in December, 2020, about the potential danger of the B.1.1.7. 'UK variant' promoted by Gates-funded modeller John Edmunds. When I come to the 'Covid vaccines' the 'new variants' will be shown for what they are – bollocks.

## **Connections, connections**

All these people and modellers are lockdown-obsessed or, put another way, they demand what the Cult demands. Edmunds said in January, 2021, that to ease lockdowns too soon would be a disaster and they had to 'vaccinate much, much, much more widely than the

elderly'. Rosemary Frei highlights that Edmunds is married to Jeanne Pimenta who is described in a LinkedIn profile as director of epidemiology at GlaxoSmithKline (GSK) and she held shares in the company. Patrick Vallance, co-chair of SAGE and the government's Chief Scientific Adviser, is a former executive of GSK and has a deferred bonus of shares in the company worth £600,000. GSK has serious business connections with Bill Gates and is collaborating with mRNA-'vaccine' company CureVac to make 'vaccines' for the new variants that Edmunds is talking about. GSK is planning a 'Covid vaccine' with drug giant Sanofi. Puppet Prime Minister Boris Johnson announced in the spring of 2021 that up to 60 million vaccine doses were to be made at the GSK facility at Barnard Castle in the English North East. Barnard Castle, with a population of just 6,000, was famously visited in breach of lockdown rules in April, 2020, by Johnson aide Dominic Cummings who said that he drove there 'to test his eyesight' before driving back to London. Cummings would be better advised to test his integrity – not that it would take long. The GSK facility had nothing to do with his visit then although I'm sure Patrick Vallance would have been happy to arrange an introduction and some tea and biscuits. Ruthless psychopath Gates has made yet another fortune from vaccines in collaboration with Big Pharma companies and gushes at the phenomenal profits to be made from vaccines – more than a 20-to-1 return as he told one interviewer. Gates also tweeted in December, 2019, with the foreknowledge of what was coming: 'What's next for our foundation? I'm particularly excited about what the next year could mean for one of the best buys in global health: vaccines.'

Modeller John Edmunds is a big promotor of vaccines as all these people appear to be. He's the dean of the London School of Hygiene & Tropical Medicine's Faculty of Epidemiology and Population Health which is primarily funded by the Bill and Melinda Gates Foundation and the Gates-established and funded GAVI vaccine alliance which is the Gates vehicle to vaccinate the world. The organisation Doctors Without Borders has described GAVI as being 'aimed more at supporting drug-industry desires to promote new

products than at finding the most efficient and sustainable means for fighting the diseases of poverty'. But then that's why the psychopath Gates created it. John Edmunds said in a video that the London School of Hygiene & Tropical Medicine is involved in every aspect of vaccine development including large-scale clinical trials. He contends that mathematical modelling can show that vaccines protect individuals and society. That's on the basis of shit in and shit out, I take it. Edmunds serves on the UK Vaccine Network as does Ferguson and the government's foremost 'Covid' adviser, the grim-faced, dark-eyed Chris Whitty. The Vaccine Network says it works 'to support the government to identify and shortlist targeted investment opportunities for the most promising vaccines and vaccine technologies that will help combat infectious diseases with epidemic potential, and to address structural issues related to the UK's broader vaccine infrastructure'. Ferguson is acting Director of the Imperial College Vaccine Impact Modelling Consortium which has funding from the Bill and Melina Gates Foundation and the Gates-created GAVI 'vaccine alliance'. Anyone wonder why these characters see vaccines as the answer to every problem? Ferguson is wildly enthusiastic in his support for GAVI's campaign to vaccine children en masse in poor countries. You would expect someone like Gates who has constantly talked about the need to reduce the population to want to fund vaccines to keep more people alive. I'm sure that's why he does it. The John Edmunds London School of Hygiene & Tropical Medicine (LSHTM) has a Vaccines Manufacturing Innovation Centre which develops, tests and commercialises vaccines. Rosemary Frei writes:

The vaccines centre also performs affiliated activities like combating 'vaccine hesitancy'. The latter includes the Vaccine Confidence Project. The project's stated purpose is, among other things, 'to provide analysis and guidance for early response and engagement with the public to ensure sustained confidence in vaccines and immunisation'. The Vaccine Confidence Project's director is LSHTM professor Heidi Larson. For more than a decade she's been researching how to combat vaccine hesitancy.

How the bloody hell can blokes like John Edmunds and Neil Ferguson with those connections and financial ties model 'virus' case

and death projections for the government and especially in a way that gives their paymasters like Gates exactly what they want? It's insane, but this is what you find throughout the world.

## **'Covid' is not dangerous, oops, wait, yes it is**

Only days before Ferguson's nightmare scenario made Jackboot Johnson take Britain into a China-style lockdown to save us from a deadly 'virus' the UK government website gov.uk was reporting something very different to Ferguson on a page of official government guidance for 'high consequence infectious diseases (HCID)'. It said this about 'Covid-19':

As of 19 March 2020, COVID-19 *is no longer considered to be a high consequence infectious diseases (HCID) in the UK* [my emphasis]. The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak.

Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase. The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an HCID.

Soon after the government had been exposed for downgrading the risk they upgraded it again and everyone was back to singing from the same Cult hymn book. Ferguson and his fellow Gates clones indicated that lockdowns and restrictions would have to continue until a Gates-funded vaccine was developed. Gates said the same because Ferguson and his like were repeating the Gates script which is the Cult script. 'Flatten the curve' became an ongoing nightmare of continuing lockdowns with periods in between of severe restrictions in pursuit of destroying independent incomes and had nothing to do with protecting health about which the Cult gives not a shit. Why wouldn't Ferguson be pushing a vaccine 'solution' when he's owned by vaccine-obsessive Gates who makes a fortune from them and

when Ferguson heads the Vaccine Impact Modelling Consortium at Imperial College funded by the Gates Foundation and GAVI, the ‘vaccine alliance’, created by Gates as his personal vaccine promotion operation? To compound the human catastrophe that Ferguson’s ‘models’ did so much to create he was later exposed for breaking his own lockdown rules by having sexual liaisons with his married girlfriend Antonia Staats at his home while she was living at another location with her husband and children. Staats was a ‘climate’ activist and senior campaigner at the Soros-funded Avaaz which I wouldn’t trust to tell me that grass is green. Ferguson had to resign as a government advisor over this hypocrisy in May, 2020, but after a period of quiet he was back being quoted by the ridiculous media on the need for more lockdowns and a vaccine rollout. Other government-advising ‘scientists’ from Imperial College held the fort in his absence and said lockdown could be indefinite until a vaccine was found. The Cult script was being sung by the payrolled choir. I said there was no intention of going back to ‘normal’ when the ‘vaccine’ came because the ‘vaccine’ is part of a very different agenda that I will discuss in Human 2.0. Why would the Cult want to let the world go back to normal when destroying that normal forever was the whole point of what was happening? House arrest, closing businesses and schools through lockdown, (un)social distancing and masks all followed the Ferguson fantasy models. Again as I predicted (these people are so predictable) when the ‘vaccine’ arrived we were told that house arrest, lockdown, (un)social distancing and masks would still have to continue. I will deal with the masks in the next chapter because they are of fundamental importance.

## **Where's the 'pandemic'?**

Any mildly in-depth assessment of the figures revealed what was really going on. Cult-funded and controlled organisations still have genuine people working within them such is the number involved. So it is with Genevieve Briand, assistant program director of the Applied Economics master’s degree program at Johns Hopkins

University. She analysed the impact that 'Covid-19' had on deaths from *all* causes in the United States using official data from the CDC for the period from early February to early September, 2020. She found that allegedly 'Covid' *related*-deaths exceeded those from heart disease which she found strange with heart disease always the biggest cause of fatalities. Her research became even more significant when she noted the sudden decline in 2020 of *all* non-'Covid' deaths: 'This trend is completely contrary to the pattern observed in all previous years ... the total decrease in deaths by other causes almost exactly equals the increase in deaths by Covid-19.' This was such a game, set and match in terms of what was happening that Johns Hopkins University deleted the article on the grounds that it 'was being used to support false and dangerous inaccuracies about the impact of the pandemic'. No – because it exposed the scam from official CDC figures and this was confirmed when those figures were published in January, 2021. Here we can see the effect of people dying from heart attacks, cancer, road accidents and gunshot wounds – *anything* – having 'Covid-19' on the death certificate along with those diagnosed from 'symptoms' who had even not tested positive with a test not testing for the 'virus'. I am not kidding with the gunshot wounds, by the way. Brenda Bock, coroner in Grand County, Colorado, revealed that two gunshot victims tested positive for the 'virus' within the previous 30 days and were therefore classified as 'Covid deaths'. Bock said: 'These two people had tested positive for Covid, but that's not what killed them. A gunshot wound is what killed them.' She said she had not even finished her investigation when the state listed the gunshot victims as deaths due to the 'virus'. The death and case figures for 'Covid-19' are an absolute joke and yet they are repeated like parrots by the media, politicians and alleged medical 'experts'. The official Cult narrative is the only show in town.

Genevieve Briand found that deaths from all causes were not exceptional in 2020 compared with previous years and a Spanish magazine published figures that said the same about Spain which was a 'Covid' propaganda hotspot at one point. *Discovery Salud*, a

health and medicine magazine, quoted government figures which showed how 17,000 *fewer* people died in Spain in 2020 than in 2019 and more than 26,000 fewer than in 2018. The age-standardised mortality rate for England and Wales when age distribution is taken into account was significantly lower in 2020 than the 1970s, 80s and 90s, and was only the ninth highest since 2000. Where is the ‘pandemic’?

Post mortems and autopsies virtually disappeared for ‘Covid’ deaths amid claims that ‘virus-infected’ bodily fluids posed a risk to those carrying out the autopsy. This was rejected by renowned German pathologist and forensic doctor Klaus Püschel who said that he and his staff had by then done 150 autopsies on ‘Covid’ patients with no problems at all. He said they were needed to know why some ‘Covid’ patients suffered blood clots and not severe respiratory infections. The ‘virus’ is, after all, called SARS or ‘severe acute respiratory syndrome’. I highlighted in the spring of 2020 this phenomenon and quoted New York intensive care doctor Cameron Kyle-Sidell who posted a soon deleted YouTube video to say that they had been told to prepare to treat an infectious disease called ‘Covid-19’, but that was not what they were dealing with. Instead he likened the lung condition of the most severely ill patients to what you would expect with cabin depressurisation in a plane at 30,000 feet or someone dropped on the top of Everest without oxygen or acclimatisation. I have never said this is not happening to a small minority of alleged ‘Covid’ patients – I am saying this is not caused by a phantom ‘contagious virus’. Indeed Kyle-Sidell said that ‘Covid-19’ was not the disease they were told was coming their way. ‘We are operating under a medical paradigm that is untrue,’ he said, and he believed they were treating the wrong disease: ‘These people are being slowly starved of oxygen.’ Patients would take off their oxygen masks in a state of fear and stress and while they were blue in the face on the brink of death. They did not look like patients dying of pneumonia. You can see why they don’t want autopsies when their virus doesn’t exist and there is another condition in some people that they don’t wish to be uncovered. I should add here that

the 5G system of millimetre waves was being rapidly introduced around the world in 2020 and even more so now as they fire 5G at the Earth from satellites. At 60 gigahertz within the 5G range that frequency interacts with the oxygen molecule and stops people breathing in sufficient oxygen to be absorbed into the bloodstream. They are installing 5G in schools and hospitals. The world is not mad or anything. 5G can cause major changes to the lungs and blood as I detail in *The Answer* and these consequences are labelled 'Covid-19', the alleged symptoms of which can be caused by 5G and other electromagnetic frequencies as cells respond to radiation poisoning.

## **The 'Covid death' scam**

Dr Scott Jensen, a Minnesota state senator and medical doctor, exposed 'Covid' Medicare payment incentives to hospitals and death certificate manipulation. He said he was sent a seven-page document by the US Department of Health 'coaching' him on how to fill out death certificates which had never happened before. The document said that he didn't need to have a laboratory test for 'Covid-19' to put that on the death certificate and that shocked him when death certificates are supposed to be about facts. Jensen described how doctors had been 'encouraged, if not pressured' to make a diagnosis of 'Covid-19' if they thought it was probable or '*presumed*'. No positive test was necessary – not that this would have mattered anyway. He said doctors were told to diagnose 'Covid' by symptoms when these were the same as colds, allergies, other respiratory problems, and certainly with influenza which 'disappeared' in the 'Covid' era. A common sniffle was enough to get the dreaded verdict. Ontario authorities decreed that a single care home resident with *one* symptom from a long list must lead to the isolation of the entire home. Other courageous doctors like Jensen made the same point about death figure manipulation and how deaths by other causes were falling while 'Covid-19 deaths' were rising at the same rate due to re-diagnosis. Their videos rarely survive long on YouTube with its Cult-supporting algorithms courtesy of CEO Susan Wojcicki and her bosses at Google. Figure-tampering was so glaring

and ubiquitous that even officials were letting it slip or outright saying it. UK chief scientific adviser Patrick Vallance said on one occasion that ‘Covid’ on the death certificate doesn’t mean ‘Covid’ was the cause of death (so why the hell is it there?) and we had the rare sight of a BBC reporter telling the truth when she said: ‘Someone could be successfully treated for Covid, in say April, discharged, and then in June, get run over by a bus and die ... That person would still be counted as a Covid death in England.’ Yet the BBC and the rest of the world media went on repeating the case and death figures as if they were real. Illinois Public Health Director Dr Ngozi Ezike revealed the deceit while her bosses must have been clenching their buttocks:

If you were in a hospice and given a few weeks to live and you were then found to have Covid that would be counted as a Covid death. [There might be] a clear alternate cause, but it is still listed as a Covid death. So everyone listed as a Covid death doesn’t mean that was the cause of the death, but that they had Covid at the time of death.

Yes, a ‘Covid virus’ never shown to exist and tested for with a test not testing for the ‘virus’. In the first period of the pandemic hoax through the spring of 2020 the process began of designating almost everything a ‘Covid’ death and this has continued ever since. I sat in a restaurant one night listening to a loud conversation on the next table where a family was discussing in bewilderment how a relative who had no symptoms of ‘Covid’, and had died of a long-term problem, could have been diagnosed a death by the ‘virus’. I could understand their bewilderment. If they read this book they will know why this medical fraud has been perpetrated the world over.

## **Some media truth shock**

The media ignored the evidence of death certificate fraud until eventually one columnist did speak out when she saw it first-hand. Bel Mooney is a long-time national newspaper journalist in Britain currently working for the *Daily Mail*. Her article on February 19th, 2021, carried this headline: ‘My dad Ted passed three Covid tests

and died of a chronic illness yet he's officially one of Britain's 120,000 victims of the virus and is far from alone ... so how many more are there?' She told how her 99-year-old father was in a care home with a long-standing chronic obstructive pulmonary disease and vascular dementia. Maybe, but he was still aware enough to tell her from the start that there was no 'virus' and he refused the 'vaccine' for that reason. His death was not unexpected given his chronic health problems and Mooney said she was shocked to find that 'Covid-19' was declared the cause of death on his death certificate. She said this was a 'bizarre and unacceptable untruth' for a man with long-time health problems who had tested negative twice at the home for the 'virus'. I was also shocked by this story although not by what she said. I had been highlighting the death certificate manipulation for ten months. It was the confirmation that a professional full-time journalist only realised this was going on when it affected her directly and neither did she know that whether her dad tested positive or negative was irrelevant with the test not testing for the 'virus'. Where had she been? She said she did not believe in 'conspiracy theories' without knowing I'm sure that this and 'conspiracy theorists' were terms put into widespread circulation by the CIA in the 1960s to discredit those who did not accept the ridiculous official story of the Kennedy assassination. A blanket statement of 'I don't believe in conspiracy theories' is always bizarre. The dictionary definition of the term alone means the world is drowning in conspiracies. What she said was even more daft when her dad had just been affected by the 'Covid' conspiracy. Why else does she think that 'Covid-19' was going on the death certificates of people who died of something else?

To be fair once she saw from personal experience what was happening she didn't mince words. Mooney was called by the care home on the morning of February 9th to be told her father had died in his sleep. When she asked for the official cause of death what came back was 'Covid-19'. Mooney challenged this and was told there had been deaths from Covid on the dementia floor (confirmed by a test not testing for the 'virus') so they considered it 'reasonable

to assume'. 'But doctor,' Mooney rightly protested, 'an assumption isn't a diagnosis.' She said she didn't blame the perfectly decent and sympathetic doctor – 'he was just doing his job'. Sorry, but that's *bullshit*. He wasn't doing his job at all. He was putting a false cause of death on the death certificate and that is a criminal offence for which he should be brought to account and the same with the millions of doctors worldwide who have done the same. They were not doing their job they were following orders and that must not wash at new Nuremberg trials any more than it did at the first ones. Mooney's doctor was 'assuming' (presuming) as he was told to, but 'just following orders' makes no difference to his actions. A doctor's job is to serve the patient and the truth, not follow orders, but that's what they have done all over the world and played a central part in making the 'Covid' hoax possible with all its catastrophic consequences for humanity. Shame on them and they must answer for their actions. Mooney said her disquiet worsened when she registered her father's death by telephone and was told by the registrar there had been very many other cases like hers where 'the deceased' had not tested positive for 'Covid' yet it was recorded as the cause of death. The test may not matter, but those involved at their level *think* it matters and it shows a callous disregard for accurate diagnosis. The pressure to do this is coming from the top of the national 'health' pyramids which in turn obey the World Health Organization which obeys Gates and the Cult. Mooney said the registrar agreed that this must distort the national figures adding that 'the strangest thing is that every winter we record countless deaths from flu, and this winter there have been none. Not one!' She asked if the registrar thought deaths from flu were being misdiagnosed and lumped together with 'Covid' deaths. The answer was a 'puzzled yes'. Mooney said that the funeral director said the same about 'Covid' deaths which had nothing to do with 'Covid'. They had lost count of the number of families upset by this and other funeral companies in different countries have had the same experience. Mooney wrote:

The nightly shroud-waving and shocking close-ups of pain imposed on us by the TV news bewildered and terrified the population into eager compliance with lockdowns. We were invited to ‘save the NHS’ and to grieve for strangers – the real-life loved ones behind those shocking death counts. Why would the public imagine what I now fear, namely that the way Covid-19 death statistics are compiled might make the numbers seem greater than they are?

Oh, just a little bit – like 100 percent.

## **Do the maths**

Mooney asked why a country would wish to skew its mortality figures by wrongly certifying deaths? What had been going on? Well, if you don’t believe in conspiracies you will never find the answer which is that *it’s a conspiracy*. She did, however, describe what she had discovered as a ‘national scandal’. In reality it’s a global scandal and happening everywhere. Pillars of this conspiracy were all put into place before the button was pressed with the Drosten PCR protocol and high amplifications to produce the cases and death certificate changes to secure illusory ‘Covid’ deaths.

Mooney notes that normally two doctors were needed to certify a death, with one having to know the patient, and how the rules were changed in the spring of 2020 to allow one doctor to do this. In the same period ‘Covid deaths’ were decreed to be all cases where Covid-19 was put on the death certificate even without a positive test or any symptoms. Mooney asked: ‘How many of the 30,851 (as of January 15) care home resident deaths with Covid-19 on the certificate (32.4 per cent of all deaths so far) were based on an assumption, like that of my father? And what has that done to our national psyche?’ All of them is the answer to the first question and it has devastated and dismantled the national psyche, actually the global psyche, on a colossal scale. In the UK case and death data is compiled by organisations like Public Health England (PHE) and the Office for National Statistics (ONS). Mooney highlights the insane policy of counting a death from any cause as ‘Covid-19’ if this happens within 28 days of a positive test (with a test not testing for the ‘virus’) and she points out that ONS statistics reflect deaths ‘involving Covid’ ‘or due to Covid’ which meant in practice any

death where ‘Covid-19’ was mentioned on the death certificate. She described the consequences of this fraud:

Most people will accept the narrative they are fed, so panicky governments here and in Europe witnessed the harsh measures enacted in totalitarian China and jumped into lockdown. Headlines about Covid deaths tolled like the knell that would bring doomsday to us all. Fear stalked our empty streets. Politicians parroted the frankly ridiculous aim of ‘zero Covid’ and shut down the economy, while most British people agreed that lockdown was essential and (astonishingly to me, as a patriotic Brit) even wanted more restrictions.

For what? Lies on death certificates? Never mind the grim toll of lives ruined, suicides, schools closed, rising inequality, depression, cancelled hospital treatments, cancer patients in a torture of waiting, poverty, economic devastation, loneliness, families kept apart, and so on. How many lives have been lost as a direct result of lockdown?

She said that we could join in a national chorus of shock and horror at reaching the 120,000 death toll which was surely certain to have been totally skewed all along, but what about the human cost of lockdown justified by these ‘death figures’? *The British Medical Journal* had reported a 1,493 percent increase in cases of children taken to Great Ormond Street Hospital with abusive head injuries alone and then there was the effect on families:

Perhaps the most shocking thing about all this is that families have been kept apart – and obeyed the most irrational, changing rules at the whim of government – because they believed in the statistics. They succumbed to fear, which his generation rejected in that war fought for freedom. Dad (God rest his soul) would be angry. And so am I.

Another theme to watch is that in the winter months when there are more deaths from all causes they focus on ‘Covid’ deaths and in the summer when the British Lung Foundation says respiratory disease plummets by 80 percent they rage on about ‘cases’. Either way fascism on population is always the answer.

## **Nazi eugenics in the 21st century**

Elderly people in care homes have been isolated from their families month after lonely month with no contact with relatives and grandchildren who were banned from seeing them. We were told

that lockdown fascism was to ‘protect the vulnerable’ like elderly people. At the same time Do Not Resuscitate (DNR) orders were placed on their medical files so that if they needed resuscitation it wasn’t done and ‘Covid-19’ went on their death certificates. Old people were not being ‘protected’ they were being culled – murdered in truth. DNR orders were being decreed for disabled and young people with learning difficulties or psychological problems. The UK Care Quality Commission, a non-departmental body of the Department of Health and Social Care, found that 34 percent of those working in health and social care were pressured into placing ‘do not attempt cardiopulmonary resuscitation’ orders on ‘Covid’ patients who suffered from disabilities and learning difficulties without involving the patient or their families in the decision. UK judges ruled that an elderly woman with dementia should have the DNA-manipulating ‘Covid vaccine’ against her son’s wishes and that a man with severe learning difficulties should have the jab despite his family’s objections. Never mind that many had already died. The judiciary always supports doctors and government in fascist dictatorships. They wouldn’t dare do otherwise. A horrific video was posted showing fascist officers from Los Angeles police forcibly giving the ‘Covid’ shot to women with special needs who were screaming that they didn’t want it. The same fascists are seen giving the jab to a sleeping elderly woman in a care home. This is straight out of the Nazi playbook. Hitler’s Nazis committed mass murder of the mentally ill and physically disabled throughout Germany and occupied territories in the programme that became known as Aktion T4, or just T4. Sabbatian-controlled Hitler and his grotesque crazies set out to kill those they considered useless and unnecessary. The Reich Committee for the Scientific Registering of Hereditary and Congenital Illnesses registered the births of babies identified by physicians to have ‘defects’. By 1941 alone more than 5,000 children were murdered by the state and it is estimated that in total the number of innocent people killed in Aktion T4 was between 275,000 and 300,000. Parents were told their children had been sent away for ‘special treatment’ never to return. It is rather pathetic to see claims about plans for new extermination camps being dismissed today

when the same force behind current events did precisely that 80 years ago. Margaret Sanger was a Cult operative who used 'birth control' to sanitise her programme of eugenics. Organisations she founded became what is now Planned Parenthood. Sanger proposed that 'the whole dysgenic population would have its choice of segregation or sterilization'. These included epileptics, 'feeble-minded', and prostitutes. Sanger opposed charity because it perpetuated 'human waste'. She reveals the Cult mentality and if anyone thinks that extermination camps are a 'conspiracy theory' their naivety is touching if breathtakingly stupid.

If you don't believe that doctors can act with callous disregard for their patients it is worth considering that doctors and medical staff agreed to put government-decreed DNR orders on medical files and do nothing when resuscitation is called for. I don't know what you call such people in your house. In mine they are Nazis from the Josef Mengele School of Medicine. Phenomenal numbers of old people have died worldwide from the effects of lockdown, depression, lack of treatment, the 'vaccine' (more later) and losing the will to live. A common response at the start of the manufactured pandemic was to remove old people from hospital beds and transfer them to nursing homes. The decision would result in a mass cull of elderly people in those homes through lack of treatment – *not* 'Covid'. Care home whistleblowers have told how once the 'Covid' era began doctors would not come to their homes to treat patients and they were begging for drugs like antibiotics that often never came. The most infamous example was ordered by New York governor Andrew Cuomo, brother of a moronic CNN host, who amazingly was given an Emmy Award for his handling of the 'Covid crisis' by the ridiculous Wokers that hand them out. Just how ridiculous could be seen in February, 2021, when a Department of Justice and FBI investigation began into how thousands of old people in New York died in nursing homes after being discharged from hospital to make way for 'Covid' patients on Cuomo's say-so – and how he and his staff covered up these facts. This couldn't have happened to a nicer psychopath. Even then there was a 'Covid' spin. Reports said that

thousands of old people who tested positive for ‘Covid’ in hospital were transferred to nursing homes to both die of ‘Covid’ and transmit it to others. No – they were in hospital because they were ill and the fact that they tested positive with a test not testing for the ‘virus’ is irrelevant. They were ill often with respiratory diseases ubiquitous in old people near the end of their lives. Their transfer out of hospital meant that their treatment stopped and many would go on to die.

### **They're old. Who gives a damn?**

I have exposed in the books for decades the Cult plan to cull the world’s old people and even to introduce at some point what they call a ‘demise pill’ which at a certain age everyone would take and be out of here by law. In March, 2021, Spain legalised euthanasia and assisted suicide following the Netherlands, Belgium, Luxembourg and Canada on the Tiptoe to the demise pill. Treatment of old people by many ‘care’ homes has been a disgrace in the ‘Covid’ era. There are many, many, caring staff – I know some. There have, however, been legions of stories about callous treatment of old people and their families. Police were called when families came to take their loved ones home in the light of isolation that was killing them. They became prisoners of the state. Care home residents in insane, fascist Ontario, Canada, were not allowed to leave their *room* once the ‘Covid’ hoax began. UK staff have even wheeled elderly people away from windows where family members were talking with them. Oriana Criscuolo from Stockport in the English North West dropped off some things for her 80-year-old father who has Parkinson’s disease and dementia and she wanted to wave to him through a ground-floor window. She was told that was ‘illegal’. When she went anyway they closed the curtains in the middle of the day. Oriana said:

It’s just unbelievable. I cannot understand how care home staff – people who are being paid to care – have become so uncaring. Their behaviour is inhumane and cruel. It’s beyond belief.

She was right and this was not a one-off. What a way to end your life in such loveless circumstances. UK registered nurse Nicky Millen, a proper old school nurse for 40 years, said that when she started her career care was based on dignity, choice, compassion and empathy. Now she said ‘the things that are important to me have gone out of the window.’ She was appalled that people were dying without their loved ones and saying goodbye on iPads. Nicky described how a distressed 89-year-old lady stroked her face and asked her ‘how many paracetamol would it take to finish me off’. Life was no longer worth living while not seeing her family. Nicky said she was humiliated in front of the ward staff and patients for letting the lady stroke her face and giving her a cuddle. Such is the dehumanisation that the ‘Covid’ hoax has brought to the surface. Nicky worked in care homes where patients told her they were being held prisoner. ‘I want to live until I die’, one said to her. ‘I had a lady in tears because she hadn’t seen her great-grandson.’ Nicky was compassionate old school meeting psychopathic New Normal. She also said she had worked on a ‘Covid’ ward with no ‘Covid’ patients. Jewish writer Shai Held wrote an article in March, 2020, which was headlined ‘The Staggering, Heartless Cruelty Toward the Elderly’. What he described was happening from the earliest days of lockdown. He said ‘the elderly’ were considered a group and not unique individuals (the way of the Woke). Shai Held said:

Notice how the all-too-familiar rhetoric of dehumanization works: ‘The elderly’ are bunched together as a faceless mass, all of them considered culprits and thus effectively deserving of the suffering the pandemic will inflict upon them. Lost entirely is the fact that the elderly are individual human beings, each with a distinctive face and voice, each with hopes and dreams, memories and regrets, friendships and marriages, loves lost and loves sustained.

‘The elderly’ have become another dehumanised group for which anything goes and for many that has resulted in cold disregard for their rights and their life. The distinctive face that Held talks about is designed to be deleted by masks until everyone is part of a faceless mass.

## **'War-zone' hospitals myth**

Again and again medical professionals have told me what was really going on and how hospitals 'overrun like war zones' according to the media were virtually empty. The mantra from medical whistleblowers was please don't use my name or my career is over. Citizen journalists around the world sneaked into hospitals to film evidence exposing the 'war-zone' lie. They really *were* largely empty with closed wards and operating theatres. I met a hospital worker in my town on the Isle of Wight during the first lockdown in 2020 who said the only island hospital had never been so quiet. Lockdown was justified by the psychopaths to stop hospitals being overrun. At the same time that the island hospital was near-empty the military arrived here to provide *extra beds*. It was all propaganda to ramp up the fear to ensure compliance with fascism as were never-used temporary hospitals with thousands of beds known as Nightingales and never-used make-shift mortuaries opened by the criminal UK government. A man who helped to install those extra island beds attributed to the army said they were never used and the hospital was empty. Doctors and nurses 'stood around talking or on their phones, wandering down to us to see what we were doing'. There were no masks or social distancing. He accused the useless local island paper, the *County Press*, of 'pumping the fear as if our hospital was overrun and we only have one so it should have been'. He described ambulances parked up with crews outside in deck chairs. When his brother called an ambulance he was told there was a two-hour backlog which he called 'bullshit'. An old lady on the island fell 'and was in a bad way', but a caller who rang for an ambulance was told the situation wasn't urgent enough. Ambulance stations were working under capacity while people would hear ambulances with sirens blaring driving through the streets. When those living near the stations realised what was going on they would follow them as they left, circulated around an urban area with the sirens going, and then came back without stopping. All this was to increase levels of fear and the same goes for the 'ventilator shortage crisis' that cost tens of millions for hastily produced ventilators never to be used.

Ambulance crews that agreed to be exploited in this way for fear propaganda might find themselves a mirror. I wish them well with that. Empty hospitals were the obvious consequence of treatment and diagnoses of non-'Covid' conditions cancelled and those involved handed a death sentence. People have been dying at home from undiagnosed and untreated cancer, heart disease and other life-threatening conditions to allow empty hospitals to deal with a 'pandemic' that wasn't happening.

## **Death of the innocent**

'War-zones' have been laying off nursing staff, even doctors where they can. There was no work for them. Lockdown was justified by saving lives and protecting the vulnerable they were actually killing with DNR orders and preventing empty hospitals being 'overrun'. In Britain the mantra of stay at home to 'save the NHS' was everywhere and across the world the same story was being sold when it was all lies. Two California doctors, Dan Erickson and Artin Massihi at Accelerated Urgent Care in Bakersfield, held a news conference in April, 2020, to say that intensive care units in California were 'empty, essentially', with hospitals shutting floors, not treating patients and laying off doctors. The California health system was working at minimum capacity 'getting rid of doctors because we just don't have the volume'. They said that people with conditions such as heart disease and cancer were not coming to hospital out of fear of 'Covid-19'. Their video was deleted by Susan Wojcicki's Cult-owned YouTube after reaching five million views. Florida governor Ron Desantis, who rejected the severe lockdowns of other states and is being targeted for doing so, said that in March, 2020, every US governor was given models claiming they would run out of hospital beds in days. That was never going to happen and the 'modellers' knew it. Deceit can be found at every level of the system. Urgent children's operations were cancelled including fracture repairs and biopsies to spot cancer. Eric Nicholls, a consultant paediatrician, said 'this is obviously concerning and we need to return to normal operating and to increase capacity as soon as possible'. Psychopaths

in power were rather less concerned *because* they are psychopaths. Deletion of urgent care and diagnosis has been happening all over the world and how many kids and others have died as a result of the actions of these cold and heartless lunatics dictating ‘health’ policy? The number must be stratospheric. Richard Sullivan, professor of cancer and global health at King’s College London, said people feared ‘Covid’ more than cancer such was the campaign of fear. ‘Years of lost life will be quite dramatic’, Sullivan said, with ‘a huge amount of avoidable mortality’. Sarah Woolnough, executive director for policy at Cancer Research UK, said there had been a 75 percent drop in urgent referrals to hospitals by family doctors of people with suspected cancer. Sullivan said that ‘a lot of services have had to scale back – we’ve seen a dramatic decrease in the amount of elective cancer surgery’. Lockdown deaths worldwide has been absolutely fantastic with the *New York Post* reporting how data confirmed that ‘lockdowns end more lives than they save’:

There was a sharp decline in visits to emergency rooms and an increase in fatal heart attacks because patients didn’t receive prompt treatment. Many fewer people were screened for cancer. Social isolation contributed to excess deaths from dementia and Alzheimer’s.

Researchers predicted that the social and economic upheaval would lead to tens of thousands of “deaths of despair” from drug overdoses, alcoholism and suicide. As unemployment surged and mental-health and substance-abuse treatment programs were interrupted, the reported levels of anxiety, depression and suicidal thoughts increased dramatically, as did alcohol sales and fatal drug overdoses.

This has been happening while nurses and other staff had so much time on their hands in the ‘war-zones’ that Tic-Tok dancing videos began appearing across the Internet with medical staff dancing around in empty wards and corridors as people died at home from causes that would normally have been treated in hospital.

## **Mentions in dispatches**

One brave and truth-committed whistleblower was Louise Hampton, a call handler with the UK NHS who made a viral Internet video saying she had done ‘fuck all’ during the ‘pandemic’

which was ‘a load of bollocks’. She said that ‘Covid-19’ was rebranded flu and of course she lost her job. This is what happens in the medical and endless other professions now when you tell the truth. Louise filmed inside ‘war-zone’ accident and emergency departments to show they were empty and I mean *empty* as in no one there. The mainstream media could have done the same and blown the gaff on the whole conspiracy. They haven’t to their eternal shame. Not that most ‘journalists’ seem capable of manifesting shame as with the psychopaths they slavishly repeat without question. The relative few who were admitted with serious health problems were left to die alone with no loved ones allowed to see them because of ‘Covid’ rules and they included kids dying without the comfort of mum and dad at their bedside while the evil behind this couldn’t give a damn. It was all good fun to them. A Scottish NHS staff nurse publicly quit in the spring of 2021 saying: ‘I can no longer be part of the lies and the corruption by the government.’ She said hospitals ‘aren’t full, the beds aren’t full, beds have been shut, wards have been shut’. Hospitals were never busy throughout ‘Covid’. The staff nurse said that Nicola Sturgeon, tragically the leader of the Scottish government, was on television saying save the hospitals and the NHS – ‘but the beds are empty’ and ‘we’ve not seen flu, we always see flu every year’. She wrote to government and spoke with her union Unison (the unions are Cult-compromised and *useless*, but nothing changed. Many of her colleagues were scared of losing their jobs if they spoke out as they wanted to. She said nursing staff were being affected by wearing masks all day and ‘my head is splitting every shift from wearing a mask’. The NHS is part of the fascist tyranny and must be dismantled so we can start again with human beings in charge. (Ironically, hospitals were reported to be busier again when official ‘Covid’ cases *fell* in spring/summer of 2021 and many other conditions required treatment at the same time as *the fake vaccine rollout*.)

I will cover the ‘Covid vaccine’ scam in detail later, but it is another indicator of the sickening disregard for human life that I am highlighting here. The DNA-manipulating concoctions do not fulfil

the definition of a ‘vaccine’, have never been used on humans before and were given only emergency approval because trials were not completed and they continued using the unknowing public. The result was what a NHS senior nurse with responsibility for ‘vaccine’ procedure said was ‘genocide’. She said the ‘vaccines’ were not ‘vaccines’. They had not been shown to be safe and claims about their effectiveness by drug companies were ‘poetic licence’. She described what was happening as a ‘horrid act of human annihilation’. The nurse said that management had instigated a policy of not providing a Patient Information Leaflet (PIL) before people were ‘vaccinated’ even though health care professionals are supposed to do this according to protocol. Patients should also be told that they are taking part in an ongoing clinical trial. Her challenges to what is happening had seen her excluded from meetings and ridiculed in others. She said she was told to ‘watch my step … or I would find myself surplus to requirements’. The nurse, who spoke anonymously in fear of her career, said she asked her NHS manager why he/she was content with taking part in genocide against those having the ‘vaccines’. The reply was that everyone had to play their part and to ‘put up, shut up, and get it done’. Government was ‘leaning heavily’ on NHS management which was clearly leaning heavily on staff. This is how the global ‘medical’ hierarchy operates and it starts with the Cult and its World Health Organization.

She told the story of a doctor who had the Pfizer jab and when questioned had no idea what was in it. The doctor had never read the literature. We have to stop treating doctors as intellectual giants when so many are moral and medical pygmies. The doctor did not even know that the ‘vaccines’ were not fully approved or that their trials were ongoing. They were, however, asking their patients if they minded taking part in follow-ups for research purposes – yes, the *ongoing clinical trial*. The nurse said the doctor’s ignorance was not rare and she had spoken to a hospital consultant who had the jab without any idea of the background or that the ‘trials’ had not been completed. Nurses and pharmacists had shown the same ignorance.

'My NHS colleagues have forsaken their duty of care, broken their code of conduct – Hippocratic Oath – and have been brainwashed just the same as the majority of the UK public through propaganda ...' She said she had not been able to recruit a single NHS colleague, doctor, nurse or pharmacist to stand with her and speak out. Her union had refused to help. She said that if the genocide came to light she would not hesitate to give evidence at a Nuremberg-type trial against those in power who could have affected the outcomes but didn't.

## **And all for what?**

To put the nonsense into perspective let's say the 'virus' does exist and let's go completely crazy and accept that the official manipulated figures for cases and deaths are accurate. *Even then* a study by Stanford University epidemiologist Dr John Ioannidis published on the World Health Organization website produced an average infection to fatality rate of ... 0.23 percent! Ioannidis said: 'If one could sample equally from all locations globally, the median infection fatality rate might even be substantially lower than the 0.23% observed in my analysis.' For healthy people under 70 it was ... 0.05 percent! This compares with the 3.4 percent claimed by the Cult-owned World Health Organization when the hoax was first played and maximum fear needed to be generated. An updated Stanford study in April, 2021, put the 'infection' to 'fatality' rate at just 0.15 percent. Another team of scientists led by Megan O'Driscoll and Henrik Salje studied data from 45 countries and published their findings on the Nature website. For children and young people the figure is so small it virtually does not register although authorities will be hyping dangers to the young when they introduce DNA-manipulating 'vaccines' for children. The O'Driscoll study produced an average infection-fatality figure of 0.003 for children from birth to four; 0.001 for 5 to 14; 0.003 for 15 to 19; and it was still only 0.456 up to 64. To claim that children must be 'vaccinated' to protect them from 'Covid' is an obvious lie and so there must be another reason and there is. What's more the average age of a 'Covid' death is akin

to the average age that people die in general. The average age of death in England is about 80 for men and 83 for women. The average age of death from alleged 'Covid' is between 82 and 83. California doctors, Dan Erickson and Artin Massihi, said at their April media conference that projection models of millions of deaths had been 'woefully inaccurate'. They produced detailed figures showing that Californians had a 0.03 chance of dying from 'Covid' based on the number of people who tested positive (with a test not testing for the 'virus'). Erickson said there was a 0.1 percent chance of dying from 'Covid' in the *state* of New York, not just the city, and a 0.05 percent chance in Spain, a centre of 'Covid-19' hysteria at one stage. The Stanford studies supported the doctors' data with fatality rate estimates of 0.23 and 0.15 percent. How close are these figures to my estimate of *zero*? Death-rate figures claimed by the World Health Organization at the start of the hoax were some 15 times higher. The California doctors said there was no justification for lockdowns and the economic devastation they caused. Everything they had ever learned about quarantine was that you quarantine the *sick* and not the healthy. They had never seen this before and it made no medical sense.

Why in the light of all this would governments and medical systems the world over say that billions must go under house arrest; lose their livelihood; in many cases lose their mind, their health and their life; force people to wear masks dangerous to health and psychology; make human interaction and even family interaction a criminal offence; ban travel; close restaurants, bars, watching live sport, concerts, theatre, and any activity involving human togetherness and discourse; and closing schools to isolate children from their friends and cause many to commit suicide in acts of hopelessness and despair? The California doctors said lockdown consequences included increased child abuse, partner abuse, alcoholism, depression, and other impacts they were seeing every day. Who would do that to the entire human race if not mentally-ill psychopaths of almost unimaginable extremes like Bill Gates? We must face the reality of what we are dealing with and come out of

denial. Fascism and tyranny are made possible only by the target population submitting and acquiescing to fascism and tyranny. The whole of human history shows that to be true. Most people naively and unquestioning believed what they were told about a ‘deadly virus’ and meekly and weakly submitted to house arrest. Those who didn’t believe it – at least in total – still submitted in fear of the consequences of not doing so. For the rest who wouldn’t submit draconian fines have been imposed, brutal policing by psychopaths *for* psychopaths, and condemnation from the meek and weak who condemn the Pushbackers on behalf of the very force that has them, too, in its gunsights. ‘Pathetic’ does not even begin to suffice.

Britain’s brainless ‘Health’ Secretary Matt Hancock warned anyone lying to border officials about returning from a list of ‘hotspot’ countries could face a jail sentence of up to ten years which is more than for racially-aggravated assault, incest and attempting to have sex with a child under 13. Hancock is a lunatic, but he has the state apparatus behind him in a Cult-led chain reaction and the same with UK ‘Vaccine Minister’ Nadhim Zahawi, a prominent member of the mega-Cult secret society, Le Cercle, which featured in my earlier books. The Cult enforces its will on governments and medical systems; government and medical systems enforce their will on business and police; business enforces its will on staff who enforce it on customers; police enforce the will of the Cult on the population and play their essential part in creating a world of fascist control that their own children and grandchildren will have to live in their entire lives. It is a hierarchical pyramid of imposition and acquiescence and, yes indeedy, of clinical insanity.

Does anyone bright enough to read this book have to ask what the answer is? I think not, but I will reveal it anyway in the fewest of syllables: Tell the psychos and their moronic lackeys to fuck off and let’s get on with our lives. We are many – They are few.

## CHAPTER SEVEN

### War on your mind

***One believes things because one has been conditioned to believe them***

**Aldous Huxley, *Brave New World***

I have described the ‘Covid’ hoax as a ‘Psyop’ and that is true in every sense and on every level in accordance with the definition of that term which is psychological warfare. Break down the ‘Covid pandemic’ to the foundation themes and it is psychological warfare on the human individual and collective mind.

The same can be said for the entire human belief system involving every subject you can imagine. Huxley was right in his contention that people believe what they are conditioned to believe and this comes from the repetition throughout their lives of the same falsehoods. They spew from government, corporations, media and endless streams of ‘experts’ telling you what the Cult wants you to believe and often believing it themselves (although *far* from always). ‘Experts’ are rewarded with ‘prestigious’ jobs and titles and as agents of perceptual programming with regular access to the media. The Cult has to control the narrative – control *information* – or they lose control of the vital, crucial, without-which-they-cannot-prevail public perception of reality. The foundation of that control today is the Internet made possible by the Defense Advanced Research Projects Agency (DARPA), the incredibly sinister technological arm of the Pentagon. The Internet is the result of military technology.

DARPA openly brags about establishing the Internet which has been a long-term project to lasso the minds of the global population. I have said for decades the plan is to control information to such an extreme that eventually no one would see or hear anything that the Cult does not approve. We are closing in on that end with ferocious censorship since the ‘Covid’ hoax began and in my case it started back in the 1990s in terms of books and speaking venues. I had to create my own publishing company in 1995 precisely because no one else would publish my books even then. I think they’re all still running.

## **Cult Internet**

To secure total control of information they needed the Internet in which pre-programmed algorithms can seek out ‘unclean’ content for deletion and even stop it being posted in the first place. The Cult had to dismantle print and non-Internet broadcast media to ensure the transfer of information to the appropriate-named ‘Web’ – a critical expression of the *Cult* web. We’ve seen the ever-quickenning demise of traditional media and control of what is left by a tiny number of corporations operating worldwide. Independent journalism in the mainstream is already dead and never was that more obvious than since the turn of 2020. The Cult wants all information communicated via the Internet to globally censor and allow the plug to be pulled any time. Lockdowns and forced isolation has meant that communication between people has been through electronic means and no longer through face-to-face discourse and discussion. Cult psychopaths have targeted the bars, restaurants, sport, venues and meeting places in general for this reason. None of this is by chance and it’s to stop people gathering in any kind of privacy or number while being able to track and monitor all Internet communications and block them as necessary. Even private messages between individuals have been censored by these fascists that control Cult fronts like Facebook, Twitter, Google and YouTube which are all officially run by Sabbatian place-people and from the background by higher-level Sabbatian place people.

Facebook, Google, Amazon and their like were seed-funded and supported into existence with money-no-object infusions of funds either directly or indirectly from DARPA and CIA technology arm In-Q-Tel. The Cult plays the long game and prepares very carefully for big plays like 'Covid'. Amazon is another front in the psychological war and pretty much controls the global market in book sales and increasingly publishing. Amazon's limitless funds have deleted fantastic numbers of independent publishers to seize global domination on the way to deciding which books can be sold and circulated and which cannot. Moves in that direction are already happening. Amazon's leading light Jeff Bezos is the grandson of Lawrence Preston Gise who worked with DARPA predecessor ARPA. Amazon has big connections to the CIA and the Pentagon. The plan I have long described went like this:

1. Employ military technology to establish the Internet.
2. Sell the Internet as a place where people can freely communicate without censorship and allow that to happen until the Net becomes the central and irreversible pillar of human society. If the Internet had been highly censored from the start many would have rejected it.
3. Fund and manipulate major corporations into being to control the circulation of information on your Internet using cover stories about geeks in garages to explain how they came about. Give them unlimited funds to expand rapidly with no need to make a profit for years while non-Cult companies who need to balance the books cannot compete. You know that in these circumstances your Googles, YouTubes, Facebooks and Amazons are going to secure near monopolies by either crushing or buying up the opposition.
4. Allow freedom of expression on both the Internet and communication platforms to draw people in until the Internet is the central and irreversible pillar of human society and your communication corporations have reached a stage of near monopoly domination.
5. Then unleash your always-planned frenzy of censorship on the basis of 'where else are you going to go?' and continue to expand that until nothing remains that the Cult does not want its human targets to see.

The process was timed to hit the 'Covid' hoax to ensure the best chance possible of controlling the narrative which they knew they had to do at all costs. They were, after all, about to unleash a 'deadly virus' that didn't really exist. If you do that in an environment of free-flowing information and opinion you would be dead in the

water before you could say Gates is a psychopath. The network was in place through which the Cult-created-and-owned World Health Organization could dictate the ‘Covid’ narrative and response policy slavishly supported by Cult-owned Internet communication giants and mainstream media while those telling a different story were censored. Google, YouTube, Facebook and Twitter openly announced that they would do this. What else would we expect from Cult-owned operations like Facebook which former executives have confirmed set out to make the platform more addictive than cigarettes and coldly manipulates emotions of its users to sow division between people and groups and scramble the minds of the young? If Zuckerberg lives out the rest of his life without going to jail for crimes against humanity, and most emphatically against the young, it will be a travesty of justice. Still, no matter, cause and effect will catch up with him eventually and the same with Sergey Brin and Larry Page at Google with its CEO Sundar Pichai who fix the Google search results to promote Cult narratives and hide the opposition. Put the same key words into Google and other search engines like DuckDuckGo and you will see how different results can be. Wikipedia is another intensely biased ‘encyclopaedia’ which skews its content to the Cult agenda. YouTube links to Wikipedia’s version of ‘Covid’ and ‘climate change’ on video pages in which experts in their field offer a different opinion (even that is increasingly rare with Wojcicki censorship). Into this ‘Covid’ silence-them network must be added government media censors, sorry ‘regulators’, such as Ofcom in the UK which imposed tyrannical restrictions on British broadcasters that had the effect of banning me from ever appearing. Just to debate with me about my evidence and views on ‘Covid’ would mean breaking the fascistic impositions of Ofcom and its CEO career government bureaucrat Melanie Dawes. Gutless British broadcasters tremble at the very thought of fascist Ofcom.

## **Psychos behind ‘Covid’**

The reason for the ‘Covid’ catastrophe in all its facets and forms can be seen by whom and what is driving the policies worldwide in such a coordinated way. Decisions are not being made to protect health, but to target psychology. The dominant group guiding and ‘advising’ government policy are not medical professionals. They are psychologists and behavioural scientists. Every major country has its own version of this phenomenon and I’ll use the British example to show how it works. In many ways the British version has been affecting the wider world in the form of the huge behaviour manipulation network in the UK which operates in other countries. The network involves private companies, government, intelligence and military. The Cabinet Office is at the centre of the government ‘Covid’ Psyop and part-owns, with ‘innovation charity’ Nesta, the Behavioural Insights Team (BIT) which claims to be independent of government but patently isn’t. The BIT was established in 2010 and its job is to manipulate the psyche of the population to acquiesce to government demands and so much more. It is also known as the ‘Nudge Unit’, a name inspired by the 2009 book by two ultra-Zionists, Cass Sunstein and Richard Thaler, called *Nudge: Improving Decisions About Health, Wealth, and Happiness*. The book, as with the Behavioural Insights Team, seeks to ‘nudge’ behaviour (manipulate it) to make the public follow patterns of action and perception that suit those in authority (the Cult). Sunstein is so skilled at this that he advises the World Health Organization and the UK Behavioural Insights Team and was Administrator of the White House Office of Information and Regulatory Affairs in the Obama administration. Biden appointed him to the Department of Homeland Security – another ultra-Zionist in the fold to oversee new immigration laws which is another policy the Cult wants to control. Sunstein is desperate to silence anyone exposing conspiracies and co-authored a 2008 report on the subject in which suggestions were offered to ban ‘conspiracy theorizing’ or impose ‘some kind of tax, financial or otherwise, on those who disseminate such theories’. I guess a psychiatrist’s chair is out of the question?

Sunstein's mate Richard Thaler, an 'academic affiliate' of the UK Behavioural Insights Team, is a proponent of 'behavioural economics' which is defined as the study of 'the effects of psychological, cognitive, emotional, cultural and social factors on the decisions of individuals and institutions'. Study the effects so they can be manipulated to be what you want them to be. Other leading names in the development of behavioural economics are ultra-Zionists Daniel Kahneman and Robert J. Shiller and they, with Thaler, won the Nobel Memorial Prize in Economic Sciences for their work in this field. The Behavioural Insights Team is operating at the heart of the UK government and has expanded globally through partnerships with several universities including Harvard, Oxford, Cambridge, University College London (UCL) and Pennsylvania. They claim to have 'trained' (reframed) 20,000 civil servants and run more than 750 projects involving 400 randomised controlled trials in dozens of countries' as another version of mind reframers Common Purpose. BIT works from its office in New York with cities and their agencies, as well as other partners, across the United States and Canada – this is a company part-owned by the British government Cabinet Office. An executive order by President Cult-servant Obama established a US Social and Behavioral Sciences Team in 2015. They all have the same reason for being and that's to brainwash the population directly and by brainwashing those in positions of authority.

### **'Covid' mind game**

Another prime aspect of the UK mind-control network is the 'independent' [joke] Scientific Pandemic Insights Group on Behaviours (SPI-B) which 'provides behavioural science advice aimed at anticipating and helping people adhere to interventions that are recommended by medical or epidemiological experts'. That means manipulating public perception and behaviour to do whatever government tells them to do. It's disgusting and if they really want the public to be 'safe' this lot should all be under lock and key. According to the government website SPI-B consists of

'behavioural scientists, health and social psychologists, anthropologists and historians' and advises the Whitty-Vallance-led Scientific Advisory Group for Emergencies (SAGE) which in turn advises the government on 'the science' (it doesn't) and 'Covid' policy. When politicians say they are being guided by 'the science' this is the rabble in each country they are talking about and that 'science' is dominated by behaviour manipulators to enforce government fascism through public compliance. The Behaviour Insight Team is headed by psychologist David Solomon Halpern, a visiting professor at King's College London, and connects with a national and global web of other civilian and military organisations as the Cult moves towards its goal of fusing them into one fascistic whole in every country through its 'Fusion Doctrine'. The behaviour manipulation network involves, but is not confined to, the Foreign Office; National Security Council; government communications headquarters (GCHQ); MI5; MI6; the Cabinet Office-based Media Monitoring Unit; and the Rapid Response Unit which 'monitors digital trends to spot emerging issues; including misinformation and disinformation; and identifies the best way to respond'.

There is also the 77th Brigade of the UK military which operates like the notorious Israeli military's Unit 8200 in manipulating information and discussion on the Internet by posing as members of the public to promote the narrative and discredit those who challenge it. Here we have the military seeking to manipulate *domestic* public opinion while the Nazis in government are fine with that. Conservative Member of Parliament Tobias Ellwood, an advocate of lockdown and control through 'vaccine passports', is a Lieutenant Colonel reservist in the 77th Brigade which connects with the military operation jHub, the 'innovation centre' for the Ministry of Defence and Strategic Command. jHub has also been involved with the civilian National Health Service (NHS) in 'symptom tracing' the population. The NHS is a key part of this mind control network and produced a document in December, 2020, explaining to staff how to use psychological manipulation with different groups and ages to get them to have the DNA-manipulating 'Covid vaccine'

that's designed to cumulatively rewrite human genetics. The document, called 'Optimising Vaccination Roll Out – Do's and Dont's for all messaging, documents and "communications" in the widest sense', was published by NHS England and the NHS Improvement *Behaviour Change Unit* in partnership with Public Health England and Warwick Business School. I hear the mantra about 'save the NHS' and 'protect the NHS' when we need to scrap the NHS and start again. The current version is far too corrupt, far too anti-human and totally compromised by Cult operatives and their assets. UK government broadcast media censor Ofcom will connect into this web – as will the BBC with its tremendous Ofcom influence – to control what the public see and hear and dictate mass perception. Nuremberg trials must include personnel from all these organisations.

## **The fear factor**

The 'Covid' hoax has led to the creation of the UK Cabinet Office-connected Joint Biosecurity Centre (JBC) which is officially described as providing 'expert advice on pandemics' using its independent [all Cult operations are 'independent'] analytical function to provide real-time analysis about infection outbreaks to identify and respond to outbreaks of Covid-19'. Another role is to advise the government on a response to spikes in infections – 'for example by closing schools or workplaces in local areas where infection levels have risen'. Put another way, promoting the Cult agenda. The Joint Biosecurity Centre is modelled on the Joint Terrorism Analysis Centre which analyses intelligence to set 'terrorism threat levels' and here again you see the fusion of civilian and military operations and intelligence that has led to military intelligence producing documents about 'vaccine hesitancy' and how it can be combated. Domestic civilian matters and opinions should not be the business of the military. The Joint Biosecurity Centre is headed by Tom Hurd, director general of the Office for Security and Counter-Terrorism from the establishment-to-its-fingertips Hurd family. His father is former Foreign Secretary Douglas Hurd. How coincidental that Tom

Hurd went to the elite Eton College and Oxford University with Boris Johnson. Imperial College with its ridiculous computer modeller Neil Ferguson will connect with this gigantic web that will itself interconnect with similar set-ups in other major and not so major countries. Compared with this Cult network the politicians, be they Boris Johnson, Donald Trump or Joe Biden, are bit-part players ‘following the science’. The network of psychologists was on the ‘Covid’ case from the start with the aim of generating maximum fear of the ‘virus’ to ensure compliance by the population. A government behavioural science group known as SPI-B produced a paper in March, 2020, for discussion by the main government science advisory group known as SAGE. It was headed ‘Options for increasing adherence to social distancing measures’ and it said the following in a section headed ‘Persuasion’:

- A substantial number of people still do not feel sufficiently personally threatened; it could be that they are reassured by the low death rate in their demographic group, although levels of concern may be rising. Having a good understanding of the risk has been found to be positively associated with adoption of COVID-19 social distancing measures in Hong Kong.
- The perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting evaluation of options for increasing social distancing emotional messaging. To be effective this must also empower people by making clear the actions they can take to reduce the threat.
- Responsibility to others: There seems to be insufficient understanding of, or feelings of responsibility about, people’s role in transmitting the infection to others ... Messaging about actions need to be framed positively in terms of protecting oneself and the community, and increase confidence that they will be effective.
- Some people will be more persuaded by appeals to play by the rules, some by duty to the community, and some to personal risk.

All these different approaches are needed. The messaging also needs to take account of the realities of different people's lives. Messaging needs to take account of the different motivational levers and circumstances of different people.

All this could be achieved the SPI-B psychologists said by *using the media to increase the sense of personal threat* which translates as terrify the shit out of the population, including children, so they all do what we want. That's not happened has it? Those excuses for 'journalists' who wouldn't know journalism if it bit them on the arse (the great majority) have played their crucial part in serving this Cult-government Psyop to enslave their own kids and grandkids. How they live with themselves I have no idea. The psychological war has been underpinned by constant government 'Covid' propaganda in almost every television and radio ad break, plus the Internet and print media, which has pounded out the fear with taxpayers footing the bill for their own programming. The result has been people terrified of a 'virus' that doesn't exist or one with a tiny fatality rate even if you believe it does. People walk down the street and around the shops wearing face-nappies damaging their health and psychology while others report those who refuse to be that naïve to the police who turn up in their own face-nappies. I had a cameraman come to my flat and he was so frightened of 'Covid' he came in wearing a mask and refused to shake my hand in case he caught something. He had – naïveitis – and the thought that he worked in the mainstream media was both depressing and made his behaviour perfectly explainable. The fear which has gripped the minds of so many and frozen them into compliance has been carefully cultivated by these psychologists who are really psychopaths. If lives get destroyed and a lot of young people commit suicide it shows our plan is working. SPI-B then turned to compulsion on the public to comply. 'With adequate preparation, rapid change can be achieved', it said. Some countries had introduced mandatory self-isolation on a wide scale without evidence of major public unrest and a large majority of the UK's population appeared to be supportive of more coercive measures with 64 percent of adults saying they would

support putting London under a lockdown (watch the ‘polls’ which are designed to make people believe that public opinion is in favour or against whatever the subject in hand).

For ‘aggressive protective measures’ to be effective, the SPI-B paper said, special attention should be devoted to those population groups that are more at risk. Translated from the Orwellian this means making the rest of population feel guilty for not protecting the ‘vulnerable’ such as old people which the Cult and its agencies were about to kill on an industrial scale with lockdown, lack of treatment and the Gates ‘vaccine’. Psychopath psychologists sold their guilt-trip so comprehensively that Los Angeles County Supervisor Hilda Solis reported that children were apologising (from a distance) to their parents and grandparents for bringing ‘Covid’ into their homes and getting them sick. ‘... These apologies are just some of the last words that loved ones will ever hear as they die alone,’ she said. Gut-wrenchingly Solis then used this childhood tragedy to tell children to stay at home and ‘keep your loved ones alive’. Imagine heaping such potentially life-long guilt on a kid when it has absolutely nothing to do with them. These people are deeply disturbed and the psychologists behind this even more so.

## **Uncivil war – divide and rule**

Professional mind-controllers at SPI-B wanted the media to increase a sense of responsibility to others (do as you’re told) and promote ‘positive messaging’ for those actions while in contrast to invoke ‘social disapproval’ by the unquestioning, obedient, community of anyone with a mind of their own. Again the compliant Goebbels-like media obliged. This is an old, old, trick employed by tyrannies the world over throughout human history. You get the target population to keep the target population in line – *your* line. SPI-B said this could ‘play an important role in preventing anti-social behaviour or discouraging failure to enact pro-social behaviour’. For ‘anti-social’ in the Orwellian parlance of SPI-B see any behaviour that government doesn’t approve. SPI-B recommendations said that ‘social disapproval’ should be accompanied by clear messaging and

promotion of strong collective identity – hence the government and celebrity mantra of ‘we’re all in this together’. Sure we are. The mind doctors have such contempt for their targets that they think some clueless comedian, actor or singer telling them to do what the government wants will be enough to win them over. We have had UK comedian Lenny Henry, actor Michael Caine and singer Elton John wheeled out to serve the propagandists by urging people to have the DNA-manipulating ‘Covid’ non-‘vaccine’. The role of Henry and fellow black celebrities in seeking to coax a ‘vaccine’ reluctant black community into doing the government’s will was especially stomach-turning. An emotion-manipulating script and carefully edited video featuring these black ‘celebs’ was such an insult to the intelligence of black people and where’s the self-respect of those involved selling their souls to a fascist government agenda? Henry said he heard black people’s ‘legitimate worries and concerns’, but people must ‘trust the facts’ when they were doing exactly that by not having the ‘vaccine’. They had to include the obligatory reference to Black Lives Matter with the line ... ‘Don’t let coronavirus cost even more black lives – because we matter’. My god, it was pathetic. ‘I know the vaccine is safe and what it does.’ How? ‘I’m a comedian and it says so in my script.’

SPI-B said social disapproval needed to be carefully managed to avoid victimisation, scapegoating and misdirected criticism, but they knew that their ‘recommendations’ would lead to exactly that and the media were specifically used to stir-up the divide-and-conquer hostility. Those who conform like good little baa, baas, are praised while those who have seen through the tidal wave of lies are ‘Covidiots’. The awake have been abused by the fast asleep for not conforming to fascism and impositions that the awake know are designed to endanger their health, dehumanise them, and tear asunder the very fabric of human society. We have had the curtain-twitchers and morons reporting neighbours and others to the face-nappied police for breaking ‘Covid rules’ with fascist police delighting in posting links and phone numbers where this could be done. The Cult cannot impose its will without a compliant police

and military or a compliant population willing to play their part in enslaving themselves and their kids. The words of a pastor in Nazi Germany are so appropriate today:

First they came for the socialists and I did not speak out because I was not a socialist.

Then they came for the trade unionists and I did not speak out because I was not a trade unionist.

Then they came for the Jews and I did not speak out because I was not a Jew.

Then they came for me and there was no one left to speak for me.

Those who don't learn from history are destined to repeat it and so many are.

### **'Covid' rules: Rewiring the mind**

With the background laid out to this gigantic national and global web of psychological manipulation we can put 'Covid' rules into a clear and sinister perspective. Forget the claims about protecting health. 'Covid' rules are about dismantling the human mind, breaking the human spirit, destroying self-respect, and then putting Humpty Dumpty together again as a servile, submissive slave. Social isolation through lockdown and distancing have devastating effects on the human psyche as the psychological psychopaths well know and that's the real reason for them. Humans need contact with each other, discourse, closeness and touch, or they eventually, and literally, go crazy. Masks, which I will address at some length, fundamentally add to the effects of isolation and the Cult agenda to dehumanise and de-individualise the population. To do this while knowing – in fact *seeking* – this outcome is the very epitome of evil and psychologists involved in this *are* the epitome of evil. They must like all the rest of the Cult demons and their assets stand trial for crimes against humanity on a scale that defies the imagination. Psychopaths in uniform use isolation to break enemy troops and agents and make them subservient and submissive to tell what they know. The technique is rightly considered a form of torture and

torture is most certainly what has been imposed on the human population.

Clinically-insane American psychologist Harry Harlow became famous for his isolation experiments in the 1950s in which he separated baby monkeys from their mothers and imprisoned them for months on end in a metal container or ‘pit of despair’. They soon began to show mental distress and depression as any idiot could have predicted. Harlow put other monkeys in steel chambers for three, six or twelve months while denying them any contact with animals or humans. He said that the effects of total social isolation for six months were ‘so devastating and debilitating that we had assumed initially that twelve months of isolation would not produce any additional decrement’; but twelve months of isolation ‘almost obliterated the animals socially’. This is what the Cult and its psychopaths are doing to you and your children. Even monkeys in partial isolation in which they were not allowed to form relationships with other monkeys became ‘aggressive and hostile, not only to others, but also towards their own bodies’. We have seen this in the young as a consequence of lockdown. UK government psychopaths launched a public relations campaign telling people not to hug each other even after they received the ‘Covid-19 vaccine’ which we were told with more lies would allow a return to ‘normal life’. A government source told *The Telegraph*: ‘It will be along the lines that it is great that you have been vaccinated, but if you are going to visit your family and hug your grandchildren there is a chance you are going to infect people you love.’ The source was apparently speaking from a secure psychiatric facility. Janet Lord, director of Birmingham University’s Institute of Inflammation and Ageing, said that parents and grandparents should avoid hugging their children. Well, how can I put it, Ms Lord? Fuck off. Yep, that’ll do.

## **Destroying the kids – where are the parents?**

Observe what has happened to people enslaved and isolated by lockdown as suicide and self-harm has soared worldwide,

particularly among the young denied the freedom to associate with their friends. A study of 49,000 people in English-speaking countries concluded that almost half of young adults are at clinical risk of mental health disorders. A national survey in America of 1,000 currently enrolled high school and college students found that 5 percent reported attempting suicide during the pandemic. Data from the US CDC's National Syndromic Surveillance Program from January 1st to October 17th, 2020, revealed a 31 percent increase in mental health issues among adolescents aged 12 to 17 compared with 2019. The CDC reported that America in general suffered the biggest drop in life expectancy since World War Two as it fell by a year in the first half of 2020 as a result of 'deaths of despair' – overdoses and suicides. Deaths of despair have leapt by more than 20 percent during lockdown and include the highest number of fatal overdoses ever recorded in a single year – 81,000. Internet addiction is another consequence of being isolated at home which lowers interest in physical activities as kids fall into inertia and what's the point? Children and young people are losing hope and giving up on life, sometimes literally. A 14-year-old boy killed himself in Maryland because he had 'given up' when his school district didn't reopen; an 11-year-old boy shot himself during a zoom class; a teenager in Maine succumbed to the isolation of the 'pandemic' when he ended his life after experiencing a disrupted senior year at school. Children as young as nine have taken their life and all these stories can be repeated around the world. Careers are being destroyed before they start and that includes those in sport in which promising youngsters have not been able to take part. The plan of the psycho-psychologists is working all right. Researchers at Cambridge University found that lockdowns cause significant harm to children's mental health. Their study was published in the *Archives of Disease in Childhood*, and followed 168 children aged between 7 and 11. The researchers concluded:

During the UK lockdown, children's depression symptoms have increased substantially, relative to before lockdown. The scale of this effect has direct relevance for the continuation of different elements of lockdown policy, such as complete or partial school closures ...

... Specifically, we observed a statistically significant increase in ratings of depression, with a medium-to-large effect size. Our findings emphasise the need to incorporate the potential impact of lockdown on child mental health in planning the ongoing response to the global pandemic and the recovery from it.

Not a chance when the Cult's psycho-psychologists were getting exactly what they wanted. The UK's Royal College of Paediatrics and Child Health has urged parents to look for signs of eating disorders in children and young people after a three to four fold increase. Specialists say the 'pandemic' is a major reason behind the rise. You don't say. The College said isolation from friends during school closures, exam cancellations, loss of extra-curricular activities like sport, and an increased use of social media were all contributory factors along with fears about the virus (psycho-psychologists again), family finances, and students being forced to quarantine. Doctors said young people were becoming severely ill by the time they were seen with 'Covid' regulations reducing face-to-face consultations. Nor is it only the young that have been devastated by the psychopaths. Like all bullies and cowards the Cult is targeting the young, elderly, weak and infirm. A typical story was told by a British lady called Lynn Parker who was not allowed to visit her husband in 2020 for the last ten and half months of his life 'when he needed me most' between March 20th and when he died on December 19th. This vacates the criminal and enters the territory of evil. The emotional impact on the immune system alone is immense as are the number of people of all ages worldwide who have died as a result of Cult-demanded, Gates-demanded, lockdowns.

## **Isolation is torture**

The experience of imposing solitary confinement on millions of prisoners around the world has shown how a large percentage become 'actively psychotic and/or acutely suicidal'. Social isolation has been found to trigger 'a specific psychiatric syndrome, characterized by hallucinations; panic attacks; overt paranoia; diminished impulse control; hypersensitivity to external stimuli; and difficulties with thinking, concentration and memory'. Juan Mendez,

a United Nations rapporteur (investigator), said that isolation is a form of torture. Research has shown that even after isolation prisoners find it far more difficult to make social connections and I remember chatting to a shop assistant after one lockdown who told me that when her young son met another child again he had no idea how to act or what to do. Hannah Flanagan, Director of Emergency Services at Journey Mental Health Center in Dane County, Wisconsin, said: ‘The specificity about Covid social distancing and isolation that we’ve come across as contributing factors to the suicides are really new to us this year.’ But they are not new to those that devised them. They are getting the effect they want as the population is psychologically dismantled to be rebuilt in a totally different way. Children and the young are particularly targeted. They will be the adults when the full-on fascist AI-controlled technocracy is planned to be imposed and they are being prepared to meekly submit. At the same time older people who still have a memory of what life was like before – and how fascist the new normal really is – are being deleted. You are going to see efforts to turn the young against the old to support this geriatric genocide. Hannah Flanagan said the big increase in suicide in her county proved that social isolation is not only harmful, but deadly. Studies have shown that isolation from others is one of the main risk factors in suicide and even more so with women. Warnings that lockdown could create a ‘perfect storm’ for suicide were ignored. After all this was one of the *reasons* for lockdown. Suicide, however, is only the most extreme of isolation consequences. There are many others. Dr Dhruv Khullar, assistant professor of healthcare policy at Weill Cornell Medical College, said in a *New York Times* article in 2016 long before the fake ‘pandemic’:

A wave of new research suggests social separation is bad for us. Individuals with less social connection have disrupted sleep patterns, altered immune systems, more inflammation and higher levels of stress hormones. One recent study found that isolation increases the risk of heart disease by 29 percent and stroke by 32 percent. Another analysis that pooled data from 70 studies and 3.4 million people found that socially isolated individuals had a 30 percent higher risk of dying in the next seven years, and that this effect was largest in middle age.

Loneliness can accelerate cognitive decline in older adults, and isolated individuals are twice as likely to die prematurely as those with more robust social interactions. These effects start early: Socially isolated children have significantly poorer health 20 years later, even after controlling for other factors. All told, loneliness is as important a risk factor for early death as obesity and smoking.

There you have proof from that one article alone four years before 2020 that those who have enforced lockdown, social distancing and isolation knew what the effect would be and that is even more so with professional psychologists that have been driving the policy across the globe. We can go back even further to the years 2000 and 2003 and the start of a major study on the effects of isolation on health by Dr Janine Gronewold and Professor Dirk M. Hermann at the University Hospital in Essen, Germany, who analysed data on 4,316 people with an average age of 59 who were recruited for the long-term research project. They found that socially isolated people are more than 40 percent more likely to have a heart attack, stroke, or other major cardiovascular event and nearly 50 percent more likely to die from any cause. Given the financial Armageddon unleashed by lockdown we should note that the study found a relationship between increased cardiovascular risk and lack of financial support. After excluding other factors social isolation was still connected to a 44 percent increased risk of cardiovascular problems and a 47 percent increased risk of death by any cause. Lack of financial support was associated with a 30 percent increase in the risk of cardiovascular health events. Dr Gronewold said it had been known for some time that feeling lonely or lacking contact with close friends and family can have an impact on physical health and the study had shown that having strong social relationships is of high importance for heart health. Gronewold said they didn't understand yet why people who are socially isolated have such poor health outcomes, but this was obviously a worrying finding, particularly during these times of prolonged social distancing. Well, it can be explained on many levels. You only have to identify the point in the body where people feel loneliness and missing people they are parted from – it's in the centre of the chest where they feel the ache of loneliness and the ache of missing people. 'My heart aches for

you' ... 'My heart aches for some company.' I will explain this more in the chapter Escaping Wetiko, but when you realise that the body is the mind – they are expressions of each other – the reason why state of the mind dictates state of the body becomes clear.

American psychologist Ranjit Powar was highlighting the effects of lockdown isolation as early as April, 2020. She said humans have evolved to be social creatures and are wired to live in interactive groups. Being isolated from family, friends and colleagues could be unbalancing and traumatic for most people and could result in short or even long-term psychological and physical health problems. An increase in levels of anxiety, aggression, depression, forgetfulness and hallucinations were possible psychological effects of isolation. 'Mental conditions may be precipitated for those with underlying pre-existing susceptibilities and show up in many others without any pre-condition.' Powar said personal relationships helped us cope with stress and if we lost this outlet for letting off steam the result can be a big emotional void which, for an average person, was difficult to deal with. 'Just a few days of isolation can cause increased levels of anxiety and depression' – so what the hell has been the effect on the global population of *18 months* of this at the time of writing? Powar said: 'Add to it the looming threat of a dreadful disease being repeatedly hammered in through the media and you have a recipe for many shades of mental and physical distress.' For those with a house and a garden it is easy to forget that billions have had to endure lockdown isolation in tiny overcrowded flats and apartments with nowhere to go outside. The psychological and physical consequences of this are unimaginable and with lunatic and abusive partners and parents the consequences have led to tremendous increases in domestic and child abuse and alcoholism as people seek to shut out the horror. Ranjit Powar said:

Staying in a confined space with family is not all a rosy picture for everyone. It can be extremely oppressive and claustrophobic for large low-income families huddled together in small single-room houses. Children here are not lucky enough to have many board/electronic games or books to keep them occupied.

Add to it the deep insecurity of running out of funds for food and basic necessities. On the other hand, there are people with dysfunctional family dynamics, such as domineering, abusive or alcoholic partners, siblings or parents which makes staying home a period of trial. Incidence of suicide and physical abuse against women has shown a worldwide increase. Heightened anxiety and depression also affect a person's immune system, making them more susceptible to illness.

To think that Powar's article was published on April 11th, 2020.

## **Six-feet fantasy**

Social (unsocial) distancing demanded that people stay six feet or two metres apart. UK government advisor Robert Dingwall from the New and Emerging Respiratory Virus Threats Advisory Group said in a radio interview that the two-metre rule was 'conjured up out of nowhere' and was not based on science. No, it was not based on *medical* science, but it didn't come out of nowhere. The distance related to *psychological* science. Six feet/two metres was adopted in many countries and we were told by people like the criminal Anthony Fauci and his ilk that it was founded on science. Many schools could not reopen because they did not have the space for six-feet distancing. Then in March, 2021, after a year of six-feet 'science', a study published in the *Journal of Infectious Diseases* involving more than 500,000 students and almost 100,000 staff over 16 weeks revealed no significant difference in 'Covid' cases between six feet and three feet and Fauci changed his tune. Now three feet was okay. There is no difference between six feet and three *inches* when there is no 'virus' and they got away with six feet for psychological reasons for as long as they could. I hear journalists and others talk about 'unintended consequences' of lockdown. They are not *unintended* at all; they have been coldly-calculated for a specific outcome of human control and that's why super-psychopaths like Gates have called for them so vehemently. Super-psychopath psychologists have demanded them and psychopathic or clueless, spineless, politicians have gone along with them by 'following the science'. But it's not science at all. 'Science' is not what is; it's only what people can be manipulated to believe it is. The whole 'Covid' catastrophe is

founded on mind control. Three word or three statement mantras issued by the UK government are a well-known mind control technique and so we've had 'Stay home/protect the NHS/save lives', 'Stay alert/control the virus/save lives' and 'hands/face/space'. One of the most vocal proponents of extreme 'Covid' rules in the UK has been Professor Susan Michie, a member of the British Communist Party, who is not a medical professional. Michie is the director of the Centre for Behaviour Change at University College London. She is a *behavioural psychologist* and another filthy rich 'Marxist' who praised China's draconian lockdown. She was known by fellow students at Oxford University as 'Stalin's nanny' for her extreme Marxism. Michie is an influential member of the UK government's Scientific Advisory Group for Emergencies (SAGE) and behavioural manipulation groups which have dominated 'Covid' policy. She is a consultant adviser to the World Health Organization on 'Covid-19' and behaviour. Why the hell are lockdowns anything to do with her when they are claimed to be about health? Why does a behavioural psychologist from a group charged with changing the behaviour of the public want lockdown, human isolation and mandatory masks? Does that question really need an answer? Michie *absolutely* has to explain herself before a Nuremberg court when humanity takes back its world again and even more so when you see the consequences of masks that she demands are compulsory. This is a Michie classic:

The benefits of getting primary school children to wear masks is that regardless of what little degree of transmission is occurring in those age groups it could help normalise the practice. Young children wearing masks may be more likely to get their families to accept masks.

Those words alone should carry a prison sentence when you ponder on the callous disregard for children involved and what a statement it makes about the mind and motivations of Susan Michie. What a lovely lady and what she said there encapsulates the mentality of the psychopaths behind the 'Covid' horror. Let us compare what Michie said with a countrywide study in Germany published at [researchsquare.com](https://www.researchsquare.com) involving 25,000 school children and 17,854 health complaints submitted by parents. Researchers

found that masks are harming children physically, psychologically, and behaviourally with 24 health issues associated with mask wearing. They include: shortness of breath (29.7%); dizziness (26.4%); increased headaches (53%); difficulty concentrating (50%); drowsiness or fatigue (37%); and malaise (42%). Nearly a third of children experienced more sleep issues than before and a quarter developed new fears. Researchers found health issues and other impairments in 68 percent of masked children covering their faces for an average of 4.5 hours a day. Hundreds of those taking part experienced accelerated respiration, tightness in the chest, weakness, and short-term impairment of consciousness. A reminder of what Michie said again:

The benefits of getting primary school children to wear masks is that regardless of what little degree of transmission is occurring in those age groups it could help normalise the practice. Young children wearing masks may be more likely to get their families to accept masks.

Psychopaths in government and psychology now have children and young people – plus all the adults – wearing masks for hours on end while clueless teachers impose the will of the psychopaths on the young they should be protecting. What the hell are parents doing?

## **Cult lab rats**

We have some schools already imposing on students microchipped buzzers that activate when they get ‘too close’ to their pals in the way they do with lab rats. How apt. To the Cult and its brain-dead servants our children *are* lab rats being conditioned to be unquestioning, dehumanised slaves for the rest of their lives.

Children and young people are being weaned and frightened away from the most natural human instincts including closeness and touch. I have tracked in the books over the years how schools were banning pupils from greeting each other with a hug and the whole Cult-induced Me Too movement has terrified men and boys from a relaxed and natural interaction with female friends and work colleagues to the point where many men try never to be in a room

alone with a woman that's not their partner. Airhead celebrities have as always played their virtue-signalling part in making this happen with their gross exaggeration. For every monster like Harvey Weinstein there are at least tens of thousands of men that don't treat women like that; but everyone must be branded the same and policy changed for them as well as the monster. I am going to be using the word 'dehumanise' many times in this chapter because that is what the Cult is seeking to do and it goes very deep as we shall see. Don't let them kid you that social distancing is planned to end one day. That's not the idea. We are seeing more governments and companies funding and producing wearable gadgets to keep people apart and they would not be doing that if this was meant to be short-term. A tech start-up company backed by GCHQ, the British Intelligence and military surveillance headquarters, has created a social distancing wrist sensor that alerts people when they get too close to others. The CIA has also supported tech companies developing similar devices. The wearable sensor was developed by Tended, one of a number of start-up companies supported by GCHQ (see the CIA and DARPA). The device can be worn on the wrist or as a tag on the waistband and will vibrate whenever someone wearing the device breaches social distancing and gets anywhere near natural human contact. The company had a lucky break in that it was developing a distancing sensor when the 'Covid' hoax arrived which immediately provided a potentially enormous market. How fortunate. The government in big-time Cult-controlled Ontario in Canada is investing \$2.5 million in wearable contact tracing technology that 'will alert users if they may have been exposed to the Covid-19 in the workplace and will beep or vibrate if they are within six feet of another person'. Facedrive Inc., the technology company behind this, was founded in 2016 with funding from the Ontario Together Fund and obviously they, too, had a prophet on the board of directors. The human surveillance and control technology is called TraceSCAN and would be worn by the human cyborgs in places such as airports, workplaces, construction sites, care homes and ... *schools*.

I emphasise schools with children and young people the prime targets. You know what is planned for society as a whole if you keep your eyes on the schools. They have always been places where the state program the next generation of slaves to be its compliant worker-ants – or Woker-ants these days; but in the mist of the ‘Covid’ madness they have been transformed into mind laboratories on a scale never seen before. Teachers and head teachers are just as programmed as the kids – often more so. Children are kept apart from human interaction by walk lanes, classroom distancing, staggered meal times, masks, and the rolling-out of buzzer systems. Schools are now physically laid out as a laboratory maze for lab-rats. Lunatics at a school in Anchorage, Alaska, who should be prosecuted for child abuse, took away desks and forced children to kneel (know your place) on a mat for five hours a day while wearing a mask and using their chairs as a desk. How this was supposed to impact on a ‘virus’ only these clinically insane people can tell you and even then it would be clap-trap. The school banned recess (interaction), art classes (creativity), and physical exercise (getting body and mind moving out of inertia). Everyone behind this outrage should be in jail or better still a mental institution. The behavioural manipulators are all for this dystopian approach to schools.

Professor Susan Michie, the mind-doctor and British Communist Party member, said it was wrong to say that schools were safe. They had to be made so by ‘distancing’, masks and ventilation (sitting all day in the cold). I must ask this lady round for dinner on a night I know I am going to be out and not back for weeks. She probably wouldn’t be able to make it, anyway, with all the visits to her own psychologist she must have block-booked.

## **Masking identity**

I know how shocking it must be for you that a behaviour manipulator like Michie wants everyone to wear masks which have long been a feature of mind-control programs like the infamous MKUltra in the United States, but, there we are. We live and learn. I spent many years from 1996 to right across the millennium

researching mind control in detail on both sides of the Atlantic and elsewhere. I met a large number of mind-control survivors and many had been held captive in body and mind by MKUltra. MK stands for mind-control, but employs the German spelling in deference to the Nazis spirited out of Germany at the end of World War Two by Operation Paperclip in which the US authorities, with help from the Vatican, transported Nazi mind-controllers and engineers to America to continue their work. Many of them were behind the creation of NASA and they included Nazi scientist and SS officer Wernher von Braun who swapped designing V-2 rockets to bombard London with designing the Saturn V rockets that powered the NASA moon programme's Apollo craft. I think I may have mentioned that the Cult has no borders. Among Paperclip escapees was Josef Mengele, the Angel of Death in the Nazi concentration camps where he conducted mind and genetic experiments on children often using twins to provide a control twin to measure the impact of his 'work' on the other. If you want to observe the Cult mentality in all its extremes of evil then look into the life of Mengele. I have met many people who suffered mercilessly under Mengele in the United States where he operated under the name Dr Greene and became a stalwart of MKUltra programming and torture. Among his locations was the underground facility in the Mojave Desert in California called the China Lake Naval Weapons Station which is almost entirely below the surface. My books *The Biggest Secret*, *Children of the Matrix* and *The Perception Deception* have the detailed background to MKUltra.

The best-known MKUltra survivor is American Cathy O'Brien. I first met her and her late partner Mark Phillips at a conference in Colorado in 1996. Mark helped her escape and deprogram from decades of captivity in an offshoot of MKUltra known as Project Monarch in which 'sex slaves' were provided for the rich and famous including Father George Bush, Dick Cheney and the Clintons. Read Cathy and Mark's book *Trance-Formation of America* and if you are new to this you will be shocked to the core. I read it in 1996 shortly before, with the usual synchronicity of my life, I found

myself given a book table at the conference right next to hers. MKUltra never ended despite being very publicly exposed (only a small part of it) in the 1970s and continues in other guises. I am still in touch with Cathy. She contacted me during 2020 after masks became compulsory in many countries to tell me how they were used as part of MKUltra programming. I had been observing 'Covid regulations' and the relationship between authority and public for months. I saw techniques that I knew were employed on individuals in MKUltra being used on the global population. I had read many books and manuals on mind control including one called *Silent Weapons for Quiet Wars* which came to light in the 1980s and was a guide on how to perceptually program on a mass scale. 'Silent Weapons' refers to mind-control. I remembered a line from the manual as governments, medical authorities and law enforcement agencies have so obviously talked to – or rather at – the adult population since the 'Covid' hoax began as if they are children. The document said:

If a person is spoken to by a T.V. advertiser as if he were a twelve-year-old, then, due to suggestibility, he will, with a certain probability, respond or react to that suggestion with the uncritical response of a twelve-year-old and will reach in to his economic reservoir and deliver its energy to buy that product on impulse when he passes it in the store.

That's why authority has spoken to adults like children since all this began.

### **Why did Michael Jackson wear masks?**

Every aspect of the 'Covid' narrative has mind-control as its central theme. Cathy O'Brien wrote an article for [davidicke.com](http://davidicke.com) about the connection between masks and mind control. Her daughter Kelly who I first met in the 1990s was born while Cathy was still held captive in MKUltra. Kelly was forced to wear a mask as part of her programming from the age of *two* to dehumanise her, target her sense of individuality and reduce the amount of oxygen her brain and body received. *Bingo*. This is the real reason for compulsory

masks, why they have been enforced en masse, and why they seek to increase the number they demand you wear. First one, then two, with one disgraceful alleged ‘doctor’ recommending four which is nothing less than a death sentence. Where and how often they must be worn is being expanded for the purpose of mass mind control and damaging respiratory health which they can call ‘Covid-19’. Canada’s government headed by the man-child Justin Trudeau, says it’s fine for children of two and older to wear masks. An insane ‘study’ in Italy involving just 47 children concluded there was no problem for babies as young as *four months* wearing them. Even after people were ‘vaccinated’ they were still told to wear masks by the criminal that is Anthony Fauci. Cathy wrote that mandating masks is allowing the authorities literally to control the air we breathe which is what was done in MKUltra. You might recall how the singer Michael Jackson wore masks and there is a reason for that. He was subjected to MKUltra mind control through Project Monarch and his psyche was scrambled by these simpletons. Cathy wrote:

In MKUltra Project Monarch mind control, Michael Jackson had to wear a mask to silence his voice so he could not reach out for help. Remember how he developed that whisper voice when he wasn’t singing? Masks control the mind from the outside in, like the redefining of words is doing. By controlling what we can and cannot say for fear of being labeled racist or beaten, for example, it ultimately controls thought that drives our words and ultimately actions (or lack thereof).

Likewise, a mask muffles our speech so that we are not heard, which controls voice ... words ... mind. This is Mind Control. Masks are an obvious mind control device, and I am disturbed so many people are complying on a global scale. Masks depersonalize while making a person feel as though they have no voice. It is a barrier to others. People who would never choose to comply but are forced to wear a mask in order to keep their job, and ultimately their family fed, are compromised. They often feel shame and are subdued. People have stopped talking with each other while media controls the narrative.

The ‘no voice’ theme has often become literal with train passengers told not to speak to each other in case they pass on the ‘virus’, singing banned for the same reason and bonkers California officials telling people riding roller coasters that they cannot shout and scream. Cathy said she heard every day from healed MKUltra survivors who cannot wear a mask without flashing back on ways

their breathing was controlled – ‘from ball gags and penises to water boarding’. She said that through the years when she saw images of people in China wearing masks ‘due to pollution’ that it was really to control their oxygen levels. ‘I knew it was as much of a population control mechanism of depersonalisation as are burkas’, she said. Masks are another Chinese communist/fascist method of control that has been swept across the West as the West becomes China at lightning speed since we entered 2020.

## **Mask-19**

There are other reasons for mandatory masks and these include destroying respiratory health to call it ‘Covid-19’ and stunting brain development of children and the young. Dr Margarite Griesz-Brisson MD, PhD, is a Consultant Neurologist and Neurophysiologist and the Founder and Medical Director of the London Neurology and Pain Clinic. Her CV goes down the street and round the corner. She is clearly someone who cares about people and won’t parrot the propaganda. Griesz-Brisson has a PhD in pharmacology, with special interest in neurotoxicology, environmental medicine, neuroregeneration and neuroplasticity (the way the brain can change in the light of information received). She went public in October, 2020, with a passionate warning about the effects of mask-wearing laws:

The reinhalation of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation. There are nerve cells for example in the hippocampus that can’t be longer than 3 minutes without oxygen – they cannot survive. The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of reaction time – reactions of the cognitive system.

Oh, I know, let’s tell bus, truck and taxi drivers to wear them and people working machinery. How about pilots, doctors and police? Griesz-Brisson makes the important point that while the symptoms she mentions may fade as the body readjusts this does not alter the fact that people continue to operate in oxygen deficit with long list of

potential consequences. She said it was well known that neurodegenerative diseases take years or decades to develop. 'If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago.' She said degenerative processes in your brain are getting amplified as your oxygen deprivation continues through wearing a mask. Nerve cells in the brain are unable to divide themselves normally in these circumstances and lost nerve cells will no longer be regenerated. 'What is gone is gone.' Now consider that people like shop workers and *schoolchildren* are wearing masks for hours every day. What in the name of sanity is going to be happening to them? 'I do not wear a mask, I need my brain to think', Griesz-Brisson said, 'I want to have a clear head when I deal with my patients and not be in a carbon dioxide-induced anaesthesia'. If you are told to wear a mask anywhere ask the organisation, police, store, whatever, for their risk assessment on the dangers and negative effects on mind and body of enforcing mask-wearing. They won't have one because it has never been done not even by government. All of them must be subject to class-action lawsuits as the consequences come to light. They don't do mask risk assessments for an obvious reason. They know what the conclusions would be and independent scientific studies that *have* been done tell a horror story of consequences.

### **'Masks are criminal'**

Dr Griesz-Brisson said that for children and adolescents, masks are an absolute no-no. They had an extremely active and adaptive immune system and their brain was incredibly active with so much to learn. 'The child's brain, or the youth's brain, is thirsting for oxygen.' The more metabolically active an organ was, the more oxygen it required; and in children and adolescents every organ was metabolically active. Griesz-Brisson said that to deprive a child's or adolescent's brain of oxygen, or to restrict it in any way, was not only dangerous to their health, it was absolutely criminal. 'Oxygen deficiency inhibits the development of the brain, and the damage that has taken place as a result CANNOT be reversed.' Mind

manipulators of MKUltra put masks on two-year-olds they wanted to neurologically rewire and you can see why. Griesz-Brisson said a child needs the brain to learn and the brain needs oxygen to function. 'We don't need a clinical study for that. This is simple, indisputable physiology.' Consciously and purposely induced oxygen deficiency was an absolutely deliberate health hazard, and an absolute medical contraindication which means that 'this drug, this therapy, this method or measure should not be used, and is not allowed to be used'. To coerce an entire population to use an absolute medical contraindication by force, she said, there had to be definite and serious reasons and the reasons must be presented to competent interdisciplinary and independent bodies to be verified and authorised. She had this warning of the consequences that were coming if mask wearing continued:

When, in ten years, dementia is going to increase exponentially, and the younger generations couldn't reach their god-given potential, it won't help to say 'we didn't need the masks'. I know how damaging oxygen deprivation is for the brain, cardiologists know how damaging it is for the heart, pulmonologists know how damaging it is for the lungs. Oxygen deprivation damages every single organ. Where are our health departments, our health insurance, our medical associations? It would have been their duty to be vehemently against the lockdown and to stop it and stop it from the very beginning.

Why do the medical boards issue punishments to doctors who give people exemptions? Does the person or the doctor seriously have to prove that oxygen deprivation harms people? What kind of medicine are our doctors and medical associations representing? Who is responsible for this crime? The ones who want to enforce it? The ones who let it happen and play along, or the ones who don't prevent it?

All of the organisations and people she mentions there either answer directly to the Cult or do whatever hierarchical levels above them tell them to do. The outcome of both is the same. 'It's not about masks, it's not about viruses, it's certainly not about your health', Griesz-Brisson said. 'It is about much, much more. I am not participating. I am not afraid.' They were taking our air to breathe and there was no unfounded medical exemption from face masks. Oxygen deprivation was dangerous for every single brain. It had to be the free decision of every human being whether they want to

wear a mask that was absolutely ineffective to protect themselves from a virus. She ended by rightly identifying where the responsibility lies for all this:

The imperative of the hour is personal responsibility. We are responsible for what we think, not the media. We are responsible for what we do, not our superiors. We are responsible for our health, not the World Health Organization. And we are responsible for what happens in our country, not the government.

Halle-bloody-lujah.

## **But surgeons wear masks, right?**

Independent studies of mask-wearing have produced a long list of reports detailing mental, emotional and physical dangers. What a definition of insanity to see police officers imposing mask-wearing on the public which will cumulatively damage their health while the police themselves wear masks that will cumulatively damage *their* health. It's utter madness and both public and police do this because 'the government says so' – yes a government of brain-donor idiots like UK Health Secretary Matt Hancock reading the 'follow the science' scripts of psychopathic, lunatic psychologists. The response you get from Stockholm syndrome sufferers defending the very authorities that are destroying them and their families is that 'surgeons wear masks'. This is considered the game, set and match that they must work and don't cause oxygen deficit. Well, actually, scientific studies have shown that they *do* and oxygen levels are monitored in operating theatres to compensate. Surgeons wear masks to stop spittle and such like dropping into open wounds – not to stop 'viral particles' which are so minuscule they can only be seen through an electron microscope. Holes in the masks are significantly bigger than 'viral particles' and if you sneeze or cough they will breach the mask. I watched an incredibly disingenuous 'experiment' that claimed to prove that masks work in catching 'virus' material from the mouth and nose. They did this with a slow motion camera and the mask did block big stuff which stayed inside the mask and

against the face to be breathed in or cause infections on the face as we have seen with many children. ‘Viral particles’, however, would never have been picked up by the camera as they came through the mask when they are far too small to be seen. The ‘experiment’ was therefore disingenuous *and* useless.

Studies have concluded that wearing masks in operating theatres (and thus elsewhere) make no difference to preventing infection while the opposite is true with toxic shite building up in the mask and this had led to an explosion in tooth decay and gum disease dubbed by dentists ‘mask mouth’. You might have seen the Internet video of a furious American doctor urging people to take off their masks after a four-year-old patient had been rushed to hospital the night before and nearly died with a lung infection that doctors sourced to mask wearing. A study in the journal *Cancer Discovery* found that inhalation of harmful microbes can contribute to advanced stage lung cancer in adults and long-term use of masks can help breed dangerous pathogens. Microbiologists have said frequent mask wearing creates a moist environment in which microbes can grow and proliferate before entering the lungs. The Canadian Agency for Drugs and Technologies in Health, or CADTH, a Canadian national organisation that provides research and analysis to healthcare decision-makers, said this as long ago as 2013 in a report entitled ‘Use of Surgical Masks in the Operating Room: A Review of the Clinical Effectiveness and Guidelines’. It said:

- No evidence was found to support the use of surgical face masks to reduce the frequency of surgical site infections
- No evidence was found on the effectiveness of wearing surgical face masks to protect staff from infectious material in the operating room.
- Guidelines recommend the use of surgical face masks by staff in the operating room to protect both operating room staff and patients (despite the lack of evidence).

We were told that the world could go back to ‘normal’ with the arrival of the ‘vaccines’. When they came, fraudulent as they are, the story changed as I knew that it would. We are in the midst of transforming ‘normal’, not going back to it. Mary Ramsay, head of immunisation at Public Health England, echoed the words of US criminal Anthony Fauci who said masks and other regulations must stay no matter if people are vaccinated. The Fauci idiot continued to wear two masks – different colours so both could be clearly seen – after he *claimed* to have been vaccinated. Senator Rand Paul told Fauci in one exchange that his double-masks were ‘theatre’ and he was right. It’s all theatre. Mary Ramsay back-tracked on the vaccine-return-to-normal theme when she said the public may need to wear masks and social-distance for years despite the jabs. ‘People have got used to those lower-level restrictions now, and [they] can live with them’, she said telling us what the idea has been all along. ‘The vaccine does not give you a pass, even if you have had it, you must continue to follow all the guidelines’ said a Public Health England statement which reneged on what we had been told before and made having the ‘vaccine’ irrelevant to ‘normality’ even by the official story. Spain’s fascist government trumped everyone by passing a law mandating the wearing of masks on the beach and even when swimming in the sea. The move would have devastated what’s left of the Spanish tourist industry, posed potential breathing dangers to swimmers and had Northern European sunbathers walking around with their forehead brown and the rest of their face white as a sheet. The ruling was so crazy that it had to be retracted after pressure from public and tourist industry, but it confirmed where the Cult wants to go with masks and how clinically insane authority has become. The determination to make masks permanent and hide the serious dangers to body and mind can be seen in the censorship of scientist Professor Denis Rancourt by Bill Gates-funded academic publishing website ResearchGate over his papers exposing the dangers and uselessness of masks. Rancourt said:

ResearchGate today has permanently locked my account, which I have had since 2015. Their reasons graphically show the nature of their attack against democracy, and their corruption of

science ... By their obscene non-logic, a scientific review of science articles reporting on harms caused by face masks has a 'potential to cause harm'. No criticism of the psychological device (face masks) is tolerated, if the said criticism shows potential to influence public policy.

This is what happens in a fascist world.

## **Where are the 'greens' (again)?**

Other dangers of wearing masks especially regularly relate to the inhalation of minute plastic fibres into the lungs and the deluge of discarded masks in the environment and oceans. Estimates predicted that more than 1.5 billion disposable masks will end up in the world's oceans every year polluting the water with tons of plastic and endangering marine wildlife. Studies project that humans are using 129 billion face masks each month worldwide – about three million a minute. Most are disposable and made from plastic, non-biodegradable microfibers that break down into smaller plastic particles that become widespread in ecosystems. They are littering cities, clogging sewage channels and turning up in bodies of water. I have written in other books about the immense amounts of microplastics from endless sources now being absorbed into the body. Rolf Halden, director of the Arizona State University (ASU) Biodesign Center for Environmental Health Engineering, was the senior researcher in a 2020 study that analysed 47 human tissue samples and found microplastics in all of them. 'We have detected these chemicals of plastics in every single organ that we have investigated', he said. I wrote in *The Answer* about the world being deluged with microplastics. A study by the Worldwide Fund for Nature (WWF) found that people are consuming on average every week some 2,000 tiny pieces of plastic mostly through water and also through marine life and the air. Every year humans are ingesting enough microplastics to fill a heaped dinner plate and in a life-time of 79 years it is enough to fill two large waste bins. Marco Lambertini, WWF International director general said: 'Not only are plastics polluting our oceans and waterways and killing marine life – it's in all of us and we can't escape consuming plastics,' American

geologists found tiny plastic fibres, beads and shards in rainwater samples collected from the remote slopes of the Rocky Mountain National Park near Denver, Colorado. Their report was headed: 'It is raining plastic.' Rachel Adams, senior lecturer in Biomedical Science at Cardiff Metropolitan University, said that among health consequences are internal inflammation and immune responses to a 'foreign body'. She further pointed out that microplastics become carriers of toxins including mercury, pesticides and dioxins (a known cause of cancer and reproductive and developmental problems). These toxins accumulate in the fatty tissues once they enter the body through microplastics. Now this is being compounded massively by people putting plastic on their face and throwing it away.

Workers exposed to polypropylene plastic fibres known as 'flock' have developed 'flock worker's lung' from inhaling small pieces of the flock fibres which can damage lung tissue, reduce breathing capacity and exacerbate other respiratory problems. Now ... commonly used surgical masks have three layers of melt-blown textiles made of ... polypropylene. We have billions of people putting these microplastics against their mouth, nose and face for hours at a time day after day in the form of masks. How does anyone think that will work out? I mean – what could possibly go wrong? We posted a number of scientific studies on this at [davidicke.com](http://davidicke.com), but when I went back to them as I was writing this book the links to the science research website where they were hosted were dead. Anything that challenges the official narrative in any way is either censored or vilified. The official narrative is so unsupportable by the evidence that only deleting the truth can protect it. A study by Chinese scientists still survived – with the usual twist which it why it was still active, I guess. Yes, they found that virtually all the masks they tested increased the daily intake of microplastic fibres, but people should still wear them because the danger from the 'virus' was worse said the crazy 'team' from the Institute of Hydrobiology in Wuhan. Scientists first discovered microplastics in lung tissue of some patients who died of lung cancer

in the 1990s. Subsequent studies have confirmed the potential health damage with the plastic degrading slowly and remaining in the lungs to accumulate in volume. Wuhan researchers used a machine simulating human breathing to establish that masks shed up to nearly 4,000 microplastic fibres in a month with reused masks producing more. Scientists said some masks are laced with toxic chemicals and a variety of compounds seriously restricted for both health and environmental reasons. They include cobalt (used in blue dye) and formaldehyde known to cause watery eyes, burning sensations in the eyes, nose, and throat, plus coughing, wheezing and nausea. No – that must be 'Covid-19'.

### **Mask 'worms'**

There is another and potentially even more sinister content of masks. Mostly new masks of different makes filmed under a microscope around the world have been found to contain strange black fibres or 'worms' that appear to move or 'crawl' by themselves and react to heat and water. The nearest I have seen to them are the self-replicating fibres that are pulled out through the skin of those suffering from Morgellons disease which has been connected to the phenomena of 'chemtrails' which I will bring into the story later on. Morgellons fibres continue to grow outside the body and have a form of artificial intelligence. Black 'worm' fibres in masks have that kind of feel to them and there is a nanotechnology technique called 'worm micelles' which carry and release drugs or anything else you want to deliver to the body. For sure the suppression of humanity by mind altering drugs is the Cult agenda big time and the more excuses they can find to gain access to the body the more opportunities there are to make that happen whether through 'vaccines' or masks pushed against the mouth and nose for hours on end.

So let us summarise the pros and cons of masks:

**Against masks:** Breathing in your own carbon dioxide; depriving the body and brain of sufficient oxygen; build-up of toxins in the mask that can be breathed into the lungs and cause rashes on the face and ‘mask-mouth’; breathing microplastic fibres and toxic chemicals into the lungs; dehumanisation and deleting individualisation by literally making people faceless; destroying human emotional interaction through facial expression and deleting parental connection with their babies which look for guidance to their facial expression.

**For masks:** They don’t protect you from a ‘virus’ that doesn’t exist and even if it did ‘viral’ particles are so minute they are smaller than the holes in the mask.

Governments, police, supermarkets, businesses, transport companies, and all the rest who seek to impose masks have done no risk assessment on their consequences for health and psychology and are now open to group lawsuits when the impact becomes clear with a cumulative epidemic of respiratory and other disease. Authorities will try to exploit these effects and hide the real cause by dubbing them ‘Covid-19’. Can you imagine setting out to force the population to wear health-destroying masks without doing any assessment of the risks? It is criminal and it is evil, but then how many people targeted in this way, who see their children told to wear them all day at school, have asked for a risk assessment? Billions can’t be imposed upon by the few unless the billions allow it. Oh, yes, with just a tinge of irony, 85 percent of all masks made worldwide come from *China*.

## **Wash your hands in toxic shite**

‘Covid’ rules include the use of toxic sanitisers and again the health consequences of constantly applying toxins to be absorbed through the skin is obvious to any level of Renegade Mind. America’s Food and Drug Administration (FDA) said that sanitisers are drugs and issued a warning about 75 dangerous brands which contain

methanol used in antifreeze and can cause death, kidney damage and blindness. The FDA circulated the following warning even for those brands that it claims to be safe:

Store hand sanitizer out of the reach of pets and children, and children should use it only with adult supervision. Do not drink hand sanitizer. This is particularly important for young children, especially toddlers, who may be attracted by the pleasant smell or brightly colored bottles of hand sanitizer.

Drinking even a small amount of hand sanitizer can cause alcohol poisoning in children. (However, there is no need to be concerned if your children eat with or lick their hands after using hand sanitizer.) During this coronavirus pandemic, poison control centers have had an increase in calls about accidental ingestion of hand sanitizer, so it is important that adults monitor young children's use.

Do not allow pets to swallow hand sanitizer. If you think your pet has eaten something potentially dangerous, call your veterinarian or a pet poison control center right away. Hand sanitizer is flammable and should be stored away from heat and flames. When using hand sanitizer, rub your hands until they feel completely dry before performing activities that may involve heat, sparks, static electricity, or open flames.

There you go, perfectly safe, then, and that's without even a mention of the toxins absorbed through the skin. Come on kids – sanitise your hands everywhere you go. It will save you from the 'virus'. Put all these elements together of the 'Covid' normal and see how much health and psychology is being cumulatively damaged, even devastated, to 'protect your health'. Makes sense, right? They are only imposing these things because they care, right? *Right?*

## **Submitting to insanity**

Psychological reframing of the population goes very deep and is done in many less obvious ways. I hear people say how contradictory and crazy 'Covid' rules are and how they are ever changing. This is explained away by dismissing those involved as idiots. It is a big mistake. The Cult is delighted if its cold calculation is perceived as incompetence and idiocy when it is anything but. Oh, yes, there are idiots within the system – lots of them – but they are *administering* the Cult agenda, mostly unknowingly. They are not deciding and dictating it. The bulwark against tyranny is self-

respect, always has been, always will be. It is self-respect that has broken every tyranny in history. By its very nature self-respect will not bow to oppression and its perpetrators. There is so little self-respect that it's always the few that overturn dictators. Many may eventually follow, but the few with the iron spines (self-respect) kick it off and generate the momentum. The Cult targets self-respect in the knowledge that once this has gone only submission remains. Crazy, contradictory, ever-changing 'Covid' rules are systematically applied by psychologists to delete self-respect. They *want* you to see that the rules make no sense. It is one thing to decide to do something when *you* have made the choice based on evidence and logic. You still retain your self-respect. It is quite another when you can see what you are being told to do is insane, ridiculous and makes no sense, and *yet you still do it*. Your self-respect is extinguished and this has been happening as ever more obviously stupid and nonsensical things have been demanded and the great majority have complied even when they can see they are stupid and nonsensical.

People walk around in face-nappies knowing they are damaging their health and make no difference to a 'virus'. They do it in fear of not doing it. I know it's daft, but I'll do it anyway. When that happens something dies inside of you and submissive reframing has begun. Next there's a need to hide from yourself that you have conceded your self-respect and you convince yourself that you have not really submitted to fear and intimidation. You begin to believe that you are complying with craziness because it's the right thing to do. When first you concede your self-respect of  $2+2 = 4$  to  $2+2 = 5$  you *know* you are compromising your self-respect. Gradually to avoid facing that fact you begin to *believe* that  $2+2=5$ . You have been reframed and I have been watching this process happening in the human psyche on an industrial scale. The Cult is working to break your spirit and one of its major tools in that war is humiliation. I read how former American soldier Bradley Manning (later Chelsea Manning after a sex-change) was treated after being jailed for supplying WikiLeaks with documents exposing the enormity of

government and elite mendacity. Manning was isolated in solitary confinement for eight months, put under 24-hour surveillance, forced to hand over clothing before going to bed, and stand naked for every roll call. This is systematic humiliation. The introduction of anal swab 'Covid' tests in China has been done for the same reason to delete self-respect and induce compliant submission. Anal swabs are mandatory for incoming passengers in parts of China and American diplomats have said they were forced to undergo the indignity which would have been calculated humiliation by the Cult-owned Chinese government that has America in its sights.

### **Government-people: An abusive relationship**

Spirit-breaking psychological techniques include giving people hope and apparent respite from tyranny only to take it away again. This happened in the UK during Christmas, 2020, when the psycho-psychologists and their political lackeys announced an easing of restrictions over the holiday only to reimpose them almost immediately on the basis of yet another lie. There is a big psychological difference between getting used to oppression and being given hope of relief only to have that dashed. Psychologists know this and we have seen the technique used repeatedly. Then there is traumatising people before you introduce more extreme regulations that require compliance. A perfect case was the announcement by the dark and sinister Whitty and Vallance in the UK that 'new data' predicted that 4,000 could die every day over the winter of 2020/2021 if we did not lockdown again. I think they call it lying and after traumatising people with that claim out came Jackboot Johnson the next day with new curbs on human freedom. Psychologists know that a frightened and traumatised mind becomes suggestable to submission and behaviour reframing. Underpinning all this has been to make people fearful and suspicious of each other and see themselves as a potential danger to others. In league with deleted self-respect you have the perfect psychological recipe for self-loathing. The relationship between authority and public is now demonstrably the same as that of

subservience to an abusive partner. These are signs of an abusive relationship explained by psychologist Leslie Becker-Phelps:

**Psychological and emotional abuse:** Undermining a partner's self-worth with verbal attacks, name-calling, and belittling. Humiliating the partner in public, unjustly accusing them of having an affair, or interrogating them about their every behavior. Keeping partner confused or off balance by saying they were just kidding or blaming the partner for 'making' them act this way ... Feigning in public that they care while turning against them in private. This leads to victims frequently feeling confused, incompetent, unworthy, hopeless, and chronically self-doubting. [Apply these techniques to how governments have treated the population since New Year, 2020, and the parallels are obvious.]

**Physical abuse:** The abuser might physically harm their partner in a range of ways, such as grabbing, hitting, punching, or shoving them. They might throw objects at them or harm them with a weapon. [Observe the physical harm imposed by masks, lockdown, and so on.]

**Threats and intimidation:** One way abusers keep their partners in line is by instilling fear. They might be verbally threatening, or give threatening looks or gestures. Abusers often make it known that they are tracking their partner's every move. They might destroy their partner's possessions, threaten to harm them, or threaten to harm their family members. Not surprisingly, victims of this abuse often feel anxiety, fear, and panic. [No words necessary.]

**Isolation:** Abusers often limit their partner's activities, forbidding them to talk or interact with friends or family. They might limit access to a car or even turn off their phone. All of this might be done by physically holding them against their will, but is often accomplished through psychological abuse and intimidation. The more isolated a person feels, the fewer resources they have to help gain perspective on their situation and to escape from it. [No words necessary.]

**Economic abuse:** Abusers often make their partners beholden to them for money by controlling access to funds of any kind. They might prevent their partner from getting a job or withhold access to money they earn from a job. This creates financial dependency that makes leaving the relationship very difficult. [See destruction of livelihoods and the proposed meagre 'guaranteed income' so long as you do whatever you are told.]

**Using children:** An abuser might disparage their partner's parenting skills, tell their children lies about their partner, threaten to take custody of their children, or threaten to harm their children. These tactics instil fear and often elicit compliance. [See reframed social service mafia and how children are being mercilessly abused by the state over 'Covid' while their parents look on too frightened to do anything.]

A further recurring trait in an abusive relationship is the abused blaming themselves for their abuse and making excuses for the abuser. We have the public blaming each other for lockdown abuse by government and many making excuses for the government while attacking those who challenge the government. How often we have heard authorities say that rules are being imposed or reimposed only because people have refused to 'behave' and follow the rules. We don't want to do it – it's *you*.

Renegade Minds are an antidote to all of these things. They will never concede their self-respect no matter what the circumstances. Even when apparent humiliation is heaped upon them they laugh in its face and reflect back the humiliation on the abuser where it belongs. Renegade Minds will never wear masks they know are only imposed to humiliate, suppress and damage both physically and psychologically. Consequences will take care of themselves and they will never break their spirit or cause them to concede to tyranny. UK newspaper columnist Peter Hitchens was one of the few in the mainstream media to speak out against lockdowns and forced vaccinations. He then announced he had taken the jab. He wanted to see family members abroad and he believed vaccine passports were inevitable even though they had not yet been introduced. Hitchens

has a questioning and critical mind, but not a Renegade one. If he had no amount of pressure would have made him concede. Hitchens excused his action by saying that the battle has been lost. Renegade Minds never accept defeat when freedom is at stake and even if they are the last one standing the self-respect of not submitting to tyranny is more important than any outcome or any consequence.

That's why Renegade Minds are the only minds that ever changed anything worth changing.

## CHAPTER EIGHT

### 'Reframing' insanity

*Insanity is relative. It depends on who has who locked in what cage*

Ray Bradbury

'Reframing' a mind means simply to change its perception and behaviour. This can be done subconsciously to such an extent that subjects have no idea they have been 'reframed' while to any observer changes in behaviour and attitudes are obvious.

Human society is being reframed on a ginormous scale since the start of 2020 and here we have the reason why psychologists rather than doctors have been calling the shots. Ask most people who have succumbed to 'Covid' reframing if they have changed and most will say 'no'; but they *have* and fundamentally. The Cult's long-game has been preparing for these times since way back and crucial to that has been to prepare both population and officialdom mentally and emotionally. To use the mind-control parlance they had to reframe the population with a mentality that would submit to fascism and reframe those in government and law enforcement to impose fascism or at least go along with it. The result has been the fact-deleted mindlessness of 'Wokeness' and officialdom that has either enthusiastically or unquestioningly imposed global tyranny demanded by reframed politicians on behalf of psychopathic and deeply evil cultists. 'Cognitive reframing' identifies and challenges the way someone sees the world in the form of situations, experiences and emotions and then restructures those perceptions to view the same set of circumstances in a different way. This can have

benefits if the attitudes are personally destructive while on the other side it has the potential for individual and collective mind control which the subject has no idea has even happened.

Cognitive therapy was developed in the 1960s by Aaron T. Beck who was born in Rhode Island in 1921 as the son of Jewish immigrants from the Ukraine. He became interested in the techniques as a treatment for depression. Beck's daughter Judith S. Beck is prominent in the same field and they founded the Beck Institute for Cognitive Behavior Therapy in Philadelphia in 1994. Cognitive reframing, however, began to be used worldwide by those with a very dark agenda. The Cult reframes politicians to change their attitudes and actions until they are completely at odds with what they once appeared to stand for. The same has been happening to government administrators at all levels, law enforcement, military and the human population. Cultists love mind control for two main reasons: It allows them to control what people think, do and say to secure agenda advancement and, by definition, it calms their legendary insecurity and fear of the unexpected. I have studied mind control since the time I travelled America in 1996. I may have been talking to next to no one in terms of an audience in those years, but my goodness did I gather a phenomenal amount of information and knowledge about so many things including the techniques of mind control. I have described this in detail in other books going back to *The Biggest Secret* in 1998. I met a very large number of people recovering from MKUltra and its offshoots and successors and I began to see how these same techniques were being used on the population in general. This was never more obvious than since the 'Covid' hoax began.

## **Reframing the enforcers**

I have observed over the last two decades and more the very clear transformation in the dynamic between the police, officialdom and the public. I tracked this in the books as the relationship mutated from one of serving the public to seeing them as almost the enemy and certainly a lower caste. There has always been a class divide

based on income and always been some psychopathic, corrupt, and big-I-am police officers. This was different. Wholesale change was unfolding in the collective dynamic; it was less about money and far more about position and perceived power. An us-and-them was emerging. Noses were lifted skyward by government administration and law enforcement and their attitude to the public they were *supposed* to be serving changed to one of increasing contempt, superiority and control. The transformation was so clear and widespread that it had to be planned. Collective attitudes and dynamics do not change naturally and organically that quickly on that scale. I then came across an organisation in Britain called Common Purpose created in the late 1980s by Julia Middleton who would work in the office of Deputy Prime Minister John Prescott during the long and disastrous premiership of war criminal Tony Blair. When Blair speaks the Cult is speaking and the man should have been in jail a long time ago. Common Purpose proclaims itself to be one of the biggest 'leadership development' organisations in the world while functioning as a *charity* with all the financial benefits which come from that. It hosts 'leadership development' courses and programmes all over the world and claims to have 'brought together' what it calls 'leaders' from more than 100 countries on six continents. The modus operandi of Common Purpose can be compared with the work of the UK government's reframing network that includes the Behavioural Insights Team 'nudge unit' and 'Covid' reframing specialists at SPI-B. WikiLeaks described Common Purpose long ago as 'a hidden virus in our government and schools' which is unknown to the general public: 'It recruits and trains "leaders" to be loyal to the directives of Common Purpose and the EU, instead of to their own departments, which they then undermine or subvert, the NHS [National Health Service] being an example.' This is a vital point to understand the 'Covid' hoax. The NHS, and its equivalent around the world, has been utterly reframed in terms of administrators and much of the medical personnel with the transformation underpinned by recruitment policies. The outcome has been the criminal and psychopathic behaviour of the

NHS over ‘Covid’ and we have seen the same in every other major country. WikiLeaks said Common Purpose trainees are ‘learning to rule without regard to democracy’ and to usher in a police state (current events explained). Common Purpose operated like a ‘glue’ and had members in the NHS, BBC, police, legal profession, church, many of Britain’s 7,000 quangos, local councils, the Civil Service, government ministries and Parliament, and controlled many RDA’s (Regional Development Agencies). Here we have one answer for how and why British institutions and their like in other countries have changed so negatively in relation to the public. This further explains how and why the beyond-disgraceful reframed BBC has become a propaganda arm of ‘Covid’ fascism. They are all part of a network pursuing the same goal.

By 2019 Common Purpose was quoting a figure of 85,000 ‘leaders’ that had attended its programmes. These ‘students’ of all ages are known as Common Purpose ‘graduates’ and they consist of government, state and local government officials and administrators, police chiefs and officers, and a whole range of others operating within the national, local and global establishment. Cressida Dick, Commissioner of the London Metropolitan Police, is the Common Purpose graduate who was the ‘Gold Commander’ that oversaw what can only be described as the murder of Brazilian electrician Jean Charles de Menezes in 2005. He was held down by psychopathic police and shot seven times in the head by a psychopathic lunatic after being mistaken for a terrorist when he was just a bloke going about his day. Dick authorised officers to pursue and keep surveillance on de Menezes and ordered that he be stopped from entering the underground train system. Police psychopaths took her at her word clearly. She was ‘disciplined’ for this outrage by being *promoted* – eventually to the top of the ‘Met’ police where she has been a disaster. Many Chief Constables controlling the police in different parts of the UK are and have been Common Purpose graduates. I have heard the ‘graduate’ network described as a sort of Mafia or secret society operating within the fabric of government at all levels pursuing a collective policy

ingrained at Common Purpose training events. Founder Julia Middleton herself has said:

Locally and internationally, Common Purpose graduates will be 'lighting small fires' to create change in their organisations and communities ... The Common Purpose effect is best illustrated by the many stories of small changes brought about by leaders, who themselves have changed.

A Common Purpose mission statement declared:

Common Purpose aims to improve the way society works by expanding the vision, decision-making ability and influence of all kinds of leaders. The organisation runs a variety of educational programmes for leaders of all ages, backgrounds and sectors, in order to provide them with the inspirational, information and opportunities they need to change the world.

Yes, but into what? Since 2020 the answer has become clear.

### **NLP and the Delphi technique**

Common Purpose would seem to be a perfect name or would common programming be better? One of the foundation methods of reaching 'consensus' (group think) is by setting the agenda theme and then encouraging, cajoling or pressuring everyone to agree a 'consensus' in line with the core theme promoted by Common Purpose. The methodology involves the 'Delphi technique', or an adaption of it, in which opinions are expressed that are summarised by a 'facilitator or change agent' at each stage. Participants are 'encouraged' to modify their views in the light of what others have said. Stage by stage the former individual opinions are merged into group consensus which just happens to be what Common Purpose wants them to believe. A key part of this is to marginalise anyone refusing to concede to group think and turn the group against them to apply pressure to conform. We are seeing this very technique used on the general population to make 'Covid' group-thinkers hostile to those who have seen through the bullshit. People can be reframed by using perception manipulation methods such as Neuro-Linguistic Programming (NLP) in which you change perception with the use of

carefully constructed language. An NLP website described the technique this way:

... A method of influencing brain behaviour (the 'neuro' part of the phrase) through the use of language (the 'linguistic' part) and other types of communication to enable a person to 'recode' the way the brain responds to stimuli (that's the 'programming') and manifest new and better behaviours. Neuro-Linguistic Programming often incorporates hypnosis and self-hypnosis to help achieve the change (or 'programming') that is wanted.

British alternative media operation UKColumn has done very detailed research into Common Purpose over a long period. I quoted co-founder and former naval officer Brian Gerrish in my book *Remember Who You Are*, published in 2011, as saying the following years before current times:

It is interesting that many of the mothers who have had children taken by the State speak of the Social Services people being icily cool, emotionless and, as two ladies said in slightly different words, '... like little robots'. We know that NLP is cumulative, so people can be given small imperceptible doses of NLP in a course here, another in a few months, next year etc. In this way, major changes are accrued in their personality, but the day by day change is almost unnoticeable.

In these and other ways 'graduates' have had their perceptions uniformly reframed and they return to their roles in the institutions of government, law enforcement, legal profession, military, 'education', the UK National Health Service and the whole swathe of the establishment structure to pursue a common agenda preparing for the 'post-industrial', 'post-democratic' society. I say 'preparing' but we are now there. 'Post-industrial' is code for the Great Reset and 'post-democratic' is 'Covid' fascism. UKColumn has spoken to partners of those who have attended Common Purpose 'training'. They have described how personalities and attitudes of 'graduates' changed very noticeably for the worse by the time they had completed the course. They had been 'reframed' and told they are the 'leaders' – the special ones – who know better than the population. There has also been the very demonstrable recruitment of psychopaths and narcissists into government administration at all

levels and law enforcement. If you want psychopathy hire psychopaths and you get a simple cause and effect. If you want administrators, police officers and 'leaders' to perceive the public as lesser beings who don't matter then employ narcissists. These personalities are identified using 'psychometrics' that identifies knowledge, abilities, attitudes and personality traits, mostly through carefully-designed questionnaires and tests. As this policy has passed through the decades we have had power-crazy, power-trippers appointed into law enforcement, security and government administration in preparation for current times and the dynamic between public and law enforcement/officialdom has been transformed. UKColumn's Brian Gerrish said of the narcissistic personality:

Their love of themselves and power automatically means that they will crush others who get in their way. I received a major piece of the puzzle when a friend pointed out that when they made public officials re-apply for their own jobs several years ago they were also required to do psychometric tests. This was undoubtedly the start of the screening process to get 'their' sort of people in post.

How obvious that has been since 2020 although it was clear what was happening long before if people paid attention to the changing public-establishment dynamic.

## **Change agents**

At the centre of events in 'Covid' Britain is the National Health Service (NHS) which has behaved disgracefully in slavishly following the Cult agenda. The NHS management structure is awash with Common Purpose graduates or 'change agents' working to a common cause. Helen Bevan, a Chief of Service Transformation at the NHS Institute for Innovation and Improvement, co-authored a document called 'Towards a million change agents, a review of the social movements literature: implications for large scale change in the NHS'. The document compared a project management approach to that of change and social movements where 'people change

themselves and each other – peer to peer’. Two definitions given for a ‘social movement’ were:

*A group of people who consciously attempt to build a radically new social order; involves people of a broad range of social backgrounds; and deploys politically confrontational and socially disruptive tactics* – Cyrus Zirakzadeh 1997

*Collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities* – Sidney Tarrow 1994

Helen Bevan wrote another NHS document in which she defined ‘framing’ as ‘the process by which leaders construct, articulate and put across their message in a powerful and compelling way in order to win people to their cause and call them to action’. I think I could come up with another definition that would be rather more accurate. The National Health Service and institutions of Britain and the wider world have been taken over by reframed ‘change agents’ and that includes everything from the United Nations to national governments, local councils and social services which have been kidnapping children from loving parents on an extraordinary and gathering scale on the road to the end of parenthood altogether. Children from loving homes are stolen and kidnapped by the state and put into the ‘care’ (inversion) of the local authority through council homes, foster parents and forced adoption. At the same time children are allowed to be abused without response while many are under council ‘care’. UKColumn highlighted the Common Purpose connection between South Yorkshire Police and Rotherham council officers in the case of the scandal in that area of the sexual exploitation of children to which the authorities turned not one blind eye, but both:

We were alarmed to discover that the Chief Executive, the Strategic Director of Children and Young People's Services, the Manager for the Local Strategic Partnership, the Community Cohesion Manager, the Cabinet Member for Cohesion, the Chief Constable and his predecessor had all attended Leadership training courses provided by the pseudo-charity Common Purpose.

Once 'change agents' have secured positions of hire and fire within any organisation things start to move very quickly. Personnel are then hired and fired on the basis of whether they will work towards the agenda the change agent represents. If they do they are rapidly promoted even though they may be incompetent. Those more qualified and skilled who are pre-Common Purpose 'old school' see their careers stall and even disappear. This has been happening for decades in every institution of state, police, 'health' and social services and all of them have been transformed as a result in their attitudes to their jobs and the public. Medical professions, including nursing, which were once vocations for the caring now employ many cold, callous and couldn't give a shit personality types. The UKColumn investigation concluded:

By blurring the boundaries between people, professions, public and private sectors, responsibility and accountability, Common Purpose encourages 'graduates' to believe that as new selected leaders, they can work together, outside of the established political and social structures, to achieve a paradigm shift or CHANGE – so called 'Leading Beyond Authority'. In doing so, the allegiance of the individual becomes 'reframed' on CP colleagues and their NETWORK.

## **Reframing the Face-Nappies**

Nowhere has this process been more obvious than in the police where recruitment of psychopaths and development of unquestioning mind-controlled group-thinkers have transformed law enforcement into a politically-correct 'Woke' joke and a travesty of what should be public service. Today they wear their face-nappies like good little gofers and enforce 'Covid' rules which are fascism under another name. Alongside the specifically-recruited psychopaths we have software minds incapable of free thought. Brian Gerrish again:

An example is the policeman who would not get on a bike for a press photo because he had not done the cycling proficiency course. Normal people say this is political correctness gone mad. Nothing could be further from the truth. The policeman has been reframed, and in his reality it is perfect common sense not to get on the bike ‘because he hasn’t done the cycling course’.

Another example of this is where the police would not rescue a boy from a pond until they had taken advice from above on the ‘risk assessment’. A normal person would have arrived, perhaps thought of the risk for a moment, and dived in. To the police now ‘reframed’, they followed ‘normal’ procedure.

There are shocking cases of reframed ambulance crews doing the same. Sheer unthinking stupidity of London Face-Nappies headed by Common Purpose graduate Cressida Dick can be seen in their behaviour at a vigil in March, 2021, for a murdered woman, Sarah Everard. A police officer had been charged with the crime. Anyone with a brain would have left the vigil alone in the circumstances. Instead they ‘manhandled’ women to stop them breaking ‘Covid rules’ to betray classic reframing. Minds in the thrall of perception control have no capacity for seeing a situation on its merits and acting accordingly. ‘Rules is rules’ is their only mind-set. My father used to say that rules and regulations are for the guidance of the intelligent and the blind obedience of the idiot. Most of the intelligent, decent, coppers have gone leaving only the other kind and a few old school for whom the job must be a daily nightmare. The combination of psychopaths and rule-book software minds has been clearly on public display in the ‘Covid’ era with automaton robots in uniform imposing fascistic ‘Covid’ regulations on the population without any personal initiative or judging situations on their merits. There are thousands of examples around the world, but I’ll make my point with the infamous Derbyshire police in the English East Midlands – the ones who think pouring dye into beauty spots and using drones to track people walking in the countryside away from anyone is called ‘policing’. To them there are rules decreed by the government which they have to enforce and in their bewildered state a group gathering in a closed space and someone walking alone in the countryside are the same thing. It is beyond idiocy and enters the realm of clinical insanity.

Police officers in Derbyshire said they were ‘horrified’ – *horrified* – to find 15 to 20 ‘irresponsible’ kids playing a football match at a closed leisure centre ‘in breach of coronavirus restrictions’. When they saw the police the kids ran away leaving their belongings behind and the reframed men and women of Derbyshire police were seeking to establish their identities with a view to fining their parents. The most natural thing for youngsters to do – kicking a ball about – is turned into a criminal activity and enforced by the moronic software programs of Derbyshire police. You find the same mentality in every country. These barely conscious ‘horrified’ officers said they had to take action because ‘we need to ensure these rules are being followed’ and ‘it is of the utmost importance that you ensure your children are following the rules and regulations for Covid-19’. Had any of them done ten seconds of research to see if this parroting of their masters’ script could be supported by any evidence? Nope. Reframed people don’t think – others think for them and that’s the whole idea of reframing. I have seen police officers one after the other repeating without question word for word what officialdom tells them just as I have seen great swathes of the public doing the same. Ask either for ‘their’ opinion and out spews what they have been told to think by the official narrative. Police and public may seem to be in different groups, but their mentality is the same. Most people do whatever they are told in fear not doing so or because they believe what officialdom tells them; almost the entirety of the police do what they are told for the same reason. Ultimately it’s the tiny inner core of the global Cult that’s telling both what to do.

So Derbyshire police were ‘horrified’. Oh, really? Why did they think those kids were playing football? It was to relieve the psychological consequences of lockdown and being denied human contact with their friends and interaction, touch and discourse vital to human psychological health. Being denied this month after month has dismantled the psyche of many children and young people as depression and suicide have exploded. Were Derbyshire police *horrified by that?* Are you kidding? Reframed people don’t have those

mental and emotional processes that can see how the impact on the psychological health of youngsters is far more dangerous than any 'virus' even if you take the mendacious official figures to be true. The reframed are told (programmed) how to act and so they do. The Derbyshire Chief Constable in the first period of lockdown when the black dye and drones nonsense was going on was Peter Goodman. He was the man who severed the connection between his force and the Derbyshire Constabulary *Male Voice* Choir when he decided that it was not inclusive enough to allow women to join. The fact it was a male voice choir making a particular sound produced by male voices seemed to elude a guy who terrifyingly ran policing in Derbyshire. He retired weeks after his force was condemned as disgraceful by former Supreme Court Justice Jonathan Sumption for their behaviour over extreme lockdown impositions. Goodman was replaced by his deputy Rachel Swann who was in charge when her officers were 'horrified'. The police statement over the boys committing the hanging-offence of playing football included the line about the youngsters being 'irresponsible in the times we are all living through' missing the point that the real relevance of the 'times we are all living through' is the imposition of fascism enforced by psychopaths and reframed minds of police officers playing such a vital part in establishing the fascist tyranny that their own children and grandchildren will have to live in their entire lives. As a definition of insanity that is hard to beat although it might be run close by imposing masks on people that can have a serious effect on their health while wearing a face nappy all day themselves. Once again public and police do it for the same reason – the authorities tell them to and who are they to have the self-respect to say no?

## **Wokers in uniform**

How reframed do you have to be to arrest a *six-year-old* and take him to court for *picking a flower* while waiting for a bus? Brain dead police and officialdom did just that in North Carolina where criminal proceedings happen regularly for children under nine. Attorney Julie Boyer gave the six-year-old crayons and a colouring book

during the ‘flower’ hearing while the ‘adults’ decided his fate. County Chief District Court Judge Jay Corpening asked: ‘Should a child that believes in Santa Claus, the Easter Bunny and the tooth fairy be making life-altering decisions?’ Well, of course not, but common sense has no meaning when you have a common purpose and a reframed mind. Treating children in this way, and police operating in American schools, is all part of the psychological preparation for children to accept a police state as normal all their adult lives. The same goes for all the cameras and biometric tracking technology in schools. Police training is focused on reframing them as snowflake Wokers and this is happening in the military. Pentagon top brass said that ‘training sessions on extremism’ were needed for troops who asked why they were so focused on the Capitol Building riot when Black Lives Matter riots were ignored. What’s the difference between them some apparently and rightly asked. Actually, there is a difference. Five people died in the Capitol riot, only one through violence, and that was a police officer shooting an unarmed protestor. BLM riots killed at least 25 people and cost billions. Asking the question prompted the psychopaths and reframed minds that run the Pentagon to say that more ‘education’ (programming) was needed. Troop training is all based on psychological programming to make them fodder for the Cult – ‘Military men are just dumb, stupid animals to be used as pawns in foreign policy’ as Cult-to-his-DNA former Secretary of State Henry Kissinger famously said. Governments see the police in similar terms and it’s time for those among them who can see this to defend the people and stop being enforcers of the Cult agenda upon the people.

The US military, like the country itself, is being targeted for destruction through a long list of Woke impositions. Cult-owned gaga ‘President’ Biden signed an executive order when he took office to allow taxpayer money to pay for transgender surgery for active military personnel and veterans. Are you a man soldier? No, I’m a LGBTQIA+ with a hint of Skoliosexual and Spectrasexual. Oh, good man. Bad choice of words you bigot. The Pentagon announced in March, 2021, the appointment of the first ‘diversity and inclusion

officer' for US Special Forces. Richard Torres-Estrada arrived with the publication of a 'D&I Strategic Plan which will guide the enterprise-wide effort to institutionalize and sustain D&I'. If you think a Special Forces 'Strategic Plan' should have something to do with defending America you haven't been paying attention.

Defending Woke is now the military's new role. Torres-Estrada has posted images comparing Donald Trump with Adolf Hitler and we can expect no bias from him as a representative of the supposedly non-political Pentagon. Cable news host Tucker Carlson said: 'The Pentagon is now the Yale faculty lounge but with cruise missiles.' Meanwhile Secretary of Defense Lloyd Austin, a board member of weapons-maker Raytheon with stock and compensation interests in October, 2020, worth \$1.4 million, said he was purging the military of the 'enemy within' – anyone who isn't Woke and supports Donald Trump. Austin refers to his targets as 'racist extremists' while in true Woke fashion being himself a racist extremist. Pentagon documents pledge to 'eradicate, eliminate and conquer all forms of racism, sexism and homophobia'. The definitions of these are decided by 'diversity and inclusion committees' peopled by those who see racism, sexism and homophobia in every situation and opinion. Woke (the Cult) is dismantling the US military and purging testosterone as China expands its military and gives its troops 'masculinity training'. How do we think that is going to end when this is all Cult coordinated? The US military, like the British military, is controlled by Woke and spineless top brass who just go along with it out of personal career interests.

## **'Woke' means fast asleep**

Mind control and perception manipulation techniques used on individuals to create group-think have been unleashed on the global population in general. As a result many have no capacity to see the obvious fascist agenda being installed all around them or what 'Covid' is really all about. Their brains are firewalled like a computer system not to process certain concepts, thoughts and realisations that are bad for the Cult. The young are most targeted as the adults they

will be when the whole fascist global state is planned to be fully implemented. They need to be prepared for total compliance to eliminate all pushback from entire generations. The Cult has been pouring billions into taking complete control of 'education' from schools to universities via its operatives and corporations and not least Bill Gates as always. The plan has been to transform 'education' institutions into programming centres for the mentality of 'Woke'. James McConnell, professor of psychology at the University of Michigan, wrote in *Psychology Today* in 1970:

The day has come when we can combine sensory deprivation with drugs, hypnosis, and astute manipulation of reward and punishment, to gain almost absolute control over an individual's behaviour. It should then be possible to achieve a very rapid and highly effective type of brainwashing that would allow us to make dramatic changes in a person's behaviour and personality ...

... We should reshape society so that we all would be trained from birth to want to do what society wants us to do. We have the techniques to do it... no-one owns his own personality you acquired, and there's no reason to believe you should have the right to refuse to acquire a new personality if your old one is anti-social.

This was the potential for mass brainwashing in 1970 and the mentality there displayed captures the arrogant psychopathy that drives it forward. I emphasise that not all young people have succumbed to Woke programming and those that haven't are incredibly impressive people given that today's young are the most perceptually-targeted generations in history with all the technology now involved. Vast swathes of the young generations, however, have fallen into the spell – and that's what it is – of Woke. The Woke mentality and perceptual program is founded on *inversion* and you will appreciate later why that is so significant. Everything with Woke is inverted and the opposite of what it is claimed to be. Woke was a term used in African-American culture from the 1900s and referred to an awareness of social and racial justice. This is not the meaning of the modern version or 'New Woke' as I call it in *The Answer*. Oh, no, Woke today means something very different no matter how much Wokers may seek to hide that and insist Old Woke and New

Woke are the same. See if you find any 'awareness of social justice' here in the modern variety:

- Woke demands 'inclusivity' while excluding anyone with a different opinion and calls for mass censorship to silence other views.
- Woke claims to stand against oppression when imposing oppression is the foundation of all that it does. It is the driver of political correctness which is nothing more than a Cult invention to manipulate the population to silence itself.
- Woke believes itself to be 'liberal' while pursuing a global society that can only be described as fascist (see 'anti-fascist' fascist Antifa).
- Woke calls for 'social justice' while spreading injustice wherever it goes against the common 'enemy' which can be easily identified as a differing view.
- Woke is supposed to be a metaphor for 'awake' when it is solid-gold asleep and deep in a Cult-induced coma that meets the criteria for 'off with the fairies'.

I state these points as obvious facts if people only care to look. I don't do this with a sense of condemnation. We need to appreciate that the onslaught of perceptual programming on the young has been incessant and merciless. I can understand why so many have been reframed, or, given their youth, framed from the start to see the world as the Cult demands. The Cult has had access to their minds day after day in its 'education' system for their entire formative years. Perception is formed from information received and the Cult-created system is a life-long download of information delivered to elicit a particular perception, thus behaviour. The more this has expanded into still new extremes in recent decades and ever-increasing censorship has deleted other opinions and information why wouldn't that lead to a perceptual reframing on a mass scale? I

have described already cradle-to-grave programming and in more recent times the targeting of young minds from birth to adulthood has entered the stratosphere. This has taken the form of skewing what is ‘taught’ to fit the Cult agenda and the omnipresent techniques of group-think to isolate non-believers and pressure them into line. There has always been a tendency to follow the herd, but we really are in a new world now in relation to that. We have parents who can see the ‘Covid’ hoax told by their children not to stop them wearing masks at school, being ‘Covid’ tested or having the ‘vaccine’ in fear of the peer-pressure consequences of being different. What is ‘peer-pressure’ if not pressure to conform to group-think? Renegade Minds never group-think and always retain a set of perceptions that are unique to them. Group-think is always underpinned by consequences for not group-thinking. Abuse now aimed at those refusing DNA-manipulating ‘Covid vaccines’ are a potent example of this. The biggest pressure to conform comes from the very group which is itself being manipulated. ‘I am programmed to be part of a hive mind and so you must be.’

Woke control structures in ‘education’ now apply to every mainstream organisation. Those at the top of the ‘education’ hierarchy (the Cult) decide the policy. This is imposed on governments through the Cult network; governments impose it on schools, colleges and universities; their leadership impose the policy on teachers and academics and they impose it on children and students. At any level where there is resistance, perhaps from a teacher or university lecturer, they are targeted by the authorities and often fired. Students themselves regularly demand the dismissal of academics (increasingly few) at odds with the narrative that the students have been programmed to believe in. It is quite a thought that students who are being targeted by the Cult become so consumed by programmed group-think that they launch protests and demand the removal of those who are trying to push back against those targeting the students. Such is the scale of perceptual inversion. We see this with ‘Covid’ programming as the Cult imposes the rules via psycho-psychologists and governments on

shops, transport companies and businesses which impose them on their staff who impose them on their customers who pressure Pushbackers to conform to the will of the Cult which is in the process of destroying them and their families. Scan all aspects of society and you will see the same sequence every time.

## **Fact free Woke and hijacking the 'left'**

There is no more potent example of this than 'Woke', a mentality only made possible by the deletion of factual evidence by an 'education' system seeking to produce an ever more uniform society. Why would you bother with facts when you don't know any? Deletion of credible history both in volume and type is highly relevant. Orwell said: 'Who controls the past controls the future: who controls the present controls the past.' They who control the perception of the past control the perception of the future and they who control the present control the perception of the past through the writing and deleting of history. Why would you oppose the imposition of Marxism in the name of Wokeism when you don't know that Marxism cost at least 100 million lives in the 20th century alone? Watch videos and read reports in which Woker generations are asked basic historical questions – it's mind-blowing. A survey of 2,000 people found that six percent of millennials (born approximately early 1980s to early 2000s) believed the Second World War (1939-1945) broke out with the assassination of President Kennedy (in 1963) and one in ten thought Margaret Thatcher was British Prime Minister at the time. She was in office between 1979 and 1990. We are in a post-fact society. Provable facts are no defence against the fascism of political correctness or Silicon Valley censorship. Facts don't matter anymore as we have witnessed with the 'Covid' hoax. Sacrificing uniqueness to the Woke group-think religion is all you are required to do and that means thinking for yourself is the biggest Woke no, no. All religions are an expression of group-think and censorship and Woke is just another religion with an orthodoxy defended by group-think and censorship. Burned at

the stake becomes burned on Twitter which leads back eventually to burned at the stake as Woke humanity regresses to ages past.

The biggest Woke inversion of all is its creators and funders. I grew up in a traditional left of centre political household on a council estate in Leicester in the 1950s and 60s – you know, the left that challenged the power of wealth-hoarding elites and threats to freedom of speech and opinion. In those days students went on marches defending freedom of speech while today's Wokers march for its deletion. What on earth could have happened? Those very elites (collectively the Cult) that we opposed in my youth and early life have funded into existence the antithesis of that former left and hijacked the 'brand' while inverting everything it ever stood for. We have a mentality that calls itself 'liberal' and 'progressive' while acting like fascists. Cult billionaires and their corporations have funded themselves into control of 'education' to ensure that Woke programming is unceasing throughout the formative years of children and young people and that non-Wokers are isolated (that word again) whether they be students, teachers or college professors. The Cult has funded into existence the now colossal global network of Woke organisations that have spawned and promoted all the 'causes' on the Cult wish-list for global transformation and turned Wokers into demanders of them. Does anyone really think it's a coincidence that the Cult agenda for humanity is a carbon (sorry) copy of the societal transformations desired by Woke?? These are only some of them:

**Political correctness:** The means by which the Cult deletes all public debates that it knows it cannot win if we had the free-flow of information and evidence.

**Human-caused 'climate change':** The means by which the Cult seeks to transform society into a globally-controlled dictatorship imposing its will over the fine detail of everyone's lives 'to save the planet' which doesn't actually need saving.

**Transgender obsession:** Preparing collective perception to accept the ‘new human’ which would not have genders because it would be created technologically and not through procreation. I’ll have much more on this in Human 2.0.

**Race obsession:** The means by which the Cult seeks to divide and rule the population by triggering racial division through the perception that society is more racist than ever when the opposite is the case. Is it perfect in that regard? No. But to compare today with the racism of apartheid and segregation brought to an end by the civil rights movement in the 1960s is to insult the memory of that movement and inspirations like Martin Luther King. Why is the ‘anti-racism’ industry (which it is) so dominated by privileged white people?

**White supremacy:** This is a label used by privileged white people to demonise poor and deprived white people pushing back on tyranny to marginalise and destroy them. White people are being especially targeted as the dominant race by number within Western society which the Cult seeks to transform in its image. If you want to change a society you must weaken and undermine its biggest group and once you have done that by using the other groups you next turn on them to do the same ... ‘Then they came for the Jews and I was not a Jew so I did nothing.’

**Mass migration:** The mass movement of people from the Middle East, Africa and Asia into Europe, from the south into the United States and from Asia into Australia are another way the Cult seeks to dilute the racial, cultural and political influence of white people on Western society. White people ask why their governments appear to be working against them while being politically and culturally biased towards incoming cultures. Well, here’s your answer. In the same way sexually ‘straight’ people, men and women, ask why the

authorities are biased against them in favour of other sexualities. The answer is the same – that's the way the Cult wants it to be for very sinister motives.

These are all central parts of the Cult agenda and central parts of the Woke agenda and Woke was created and continues to be funded to an immense degree by Cult billionaires and corporations. If anyone begins to say 'coincidence' the syllables should stick in their throat.

### **Billionaire 'social justice warriors'**

Joe Biden is a 100 percent-owned asset of the Cult and the Wokers' man in the White House whenever he can remember his name and for however long he lasts with his rapidly diminishing cognitive function. Even walking up the steps of an aircraft without falling on his arse would appear to be a challenge. He's not an empty-shell puppet or anything. From the minute Biden took office (or the Cult did) he began his executive orders promoting the Woke wish-list. You will see the Woke agenda imposed ever more severely because it's really the *Cult* agenda. Woke organisations and activist networks spawned by the Cult are funded to the extreme so long as they promote what the Cult wants to happen. Woke is funded to promote 'social justice' by billionaires who become billionaires by destroying social justice. The social justice mantra is only a cover for dismantling social justice and funded by billionaires that couldn't give a damn about social justice. Everything makes sense when you see that. One of Woke's premier funders is Cult billionaire financier George Soros who said: 'I am basically there to make money, I cannot and do not look at the social consequences of what I do.' This is the same Soros who has given more than \$32 billion to his Open Society Foundations global Woke network and funded Black Lives Matter, mass immigration into Europe and the United States, transgender activism, climate change activism, political correctness and groups targeting 'white supremacy' in the form of privileged white thugs that dominate Antifa. What a scam it all is and when

you are dealing with the unquestioning fact-free zone of Woke scamming them is child's play. All you need to pull it off in all these organisations are a few in-the-know agents of the Cult and an army of naïve, reframed, uninformed, narcissistic, know-nothings convinced of their own self-righteousness, self-purity and virtue.

Soros and fellow billionaires and billionaire corporations have poured hundreds of millions into Black Lives Matter and connected groups and promoted them to a global audience. None of this is motivated by caring about black people. These are the billionaires that have controlled and exploited a system that leaves millions of black people in abject poverty and deprivation which they do absolutely nothing to address. The same Cult networks funding BLM were behind the *slave trade!* Black Lives Matter hijacked a phrase that few would challenge and they have turned this laudable concept into a political weapon to divide society. You know that BLM is a fraud when it claims that *All Lives Matter*, the most inclusive statement of all, is 'racist'. BLM and its Cult masters don't want to end racism. To them it's a means to an end to control all of humanity never mind the colour, creed, culture or background. What has destroying the nuclear family got to do with ending racism? Nothing – but that is one of the goals of BLM and also happens to be a goal of the Cult as I have been exposing in my books for decades. Stealing children from loving parents and giving schools ever more power to override parents is part of that same agenda. BLM is a Marxist organisation and why would that not be the case when the Cult created Marxism *and* BLM? Patrisse Cullors, a BLM co-founder, said in a 2015 video that she and her fellow organisers, including co-founder Alicia Garza, are 'trained Marxists'. The lady known after marriage as Patrisse Khan-Cullors bought a \$1.4 million home in 2021 in one of the whitest areas of California with a black population of just 1.6 per cent and has so far bought *four* high-end homes for a total of \$3.2 million. How very Marxist. There must be a bit of spare in the BLM coffers, however, when Cult corporations and billionaires have handed over the best part of \$100 million. Many black people can see that Black Lives Matter is not

working for them, but against them, and this is still more confirmation. Black journalist Jason Whitlock, who had his account suspended by Twitter for simply linking to the story about the ‘Marxist’s’ home buying spree, said that BLM leaders are ‘making millions of dollars off the backs of these dead black men who they wouldn’t spit on if they were on fire and alive’.

## **Black Lies Matter**

Cult assets and agencies came together to promote BLM in the wake of the death of career criminal George Floyd who had been jailed a number of times including for forcing his way into the home of a black woman with others in a raid in which a gun was pointed at her stomach. Floyd was filmed being held in a Minneapolis street in 2020 with the knee of a police officer on his neck and he subsequently died. It was an appalling thing for the officer to do, but the same technique has been used by police on peaceful protestors of lockdown without any outcry from the Woke brigade. As unquestioning supporters of the Cult agenda Wokers have supported lockdown and all the ‘Covid’ claptrap while attacking anyone standing up to the tyranny imposed in its name. Court documents would later include details of an autopsy on Floyd by County Medical Examiner Dr Andrew Baker who concluded that Floyd had taken a fatal level of the drug fentanyl. None of this mattered to fact-free, question-free, Woke. Floyd’s death was followed by worldwide protests against police brutality amid calls to defund the police. Throwing babies out with the bathwater is a Woke speciality. In the wake of the murder of British woman Sarah Everard a Green Party member of the House of Lords, Baroness Jones of Moulsecoomb (Nincompoopia would have been better), called for a 6pm curfew for all men. This would be in breach of the Geneva Conventions on war crimes which ban collective punishment, but that would never have crossed the black and white Woke mind of Baroness Nincompoopia who would have been far too convinced of her own self-righteousness to compute such details. Many American cities did defund the police in the face of Floyd riots

and after \$15 million was deleted from the police budget in Washington DC under useless Woke mayor Muriel Bowser car-jacking alone rose by 300 percent and within six months the US capital recorded its highest murder rate in 15 years. The same happened in Chicago and other cities in line with the Cult/Soros plan to bring fear to streets and neighbourhoods by reducing the police, releasing violent criminals and not prosecuting crime. This is the mob-rule agenda that I have warned in the books was coming for so long. Shootings in the area of Minneapolis where Floyd was arrested increased by 2,500 percent compared with the year before. Defunding the police over George Floyd has led to a big increase in dead people with many of them black. Police protection for politicians making these decisions stayed the same or increased as you would expect from professional hypocrites. The Cult doesn't actually want to abolish the police. It wants to abolish local control over the police and hand it to federal government as the psychopaths advance the Hunger Games Society. Many George Floyd protests turned into violent riots with black stores and businesses destroyed by fire and looting across America fuelled by Black Lives Matter. Woke doesn't do irony. If you want civil rights you must loot the liquor store and the supermarket and make off with a smart TV. It's the only way.

### **It's not a race war – it's a class war**

Black people are patronised by privileged blacks and whites alike and told they are victims of white supremacy. I find it extraordinary to watch privileged blacks supporting the very system and bloodline networks behind the slave trade and parroting the same Cult-serving manipulative crap of their privileged white, often billionaire, associates. It is indeed not a race war but a class war and colour is just a diversion. Black Senator Cory Booker and black Congresswoman Maxine Waters, more residents of Nincompoopia, personify this. Once you tell people they are victims of someone else you devalue both their own responsibility for their plight and the power they have to impact on their reality and experience. Instead

we have: 'You are only in your situation because of whitey – turn on them and everything will change.' It won't change. Nothing changes in our lives unless *we* change it. Crucial to that is never seeing yourself as a victim and always as the creator of your reality. Life is a simple sequence of choice and consequence. Make different choices and you create different consequences. *You* have to make those choices – not Black Lives Matter, the Woke Mafia and anyone else that seeks to dictate your life. Who are they these Wokers, an emotional and psychological road traffic accident, to tell you what to do? Personal empowerment is the last thing the Cult and its Black Lives Matter want black people or anyone else to have. They claim to be defending the underdog while *creating* and perpetuating the underdog. The Cult's worst nightmare is human unity and if they are going to keep blacks, whites and every other race under economic servitude and control then the focus must be diverted from what they have in common to what they can be manipulated to believe divides them. Blacks have to be told that their poverty and plight is the fault of the white bloke living on the street in the same poverty and with the same plight they are experiencing. The difference is that your plight black people is due to him, a white supremacist with 'white privilege' living on the street. Don't unite as one human family against your mutual oppressors and suppressors – fight the oppressor with the white face who is as financially deprived as you are. The Cult knows that as its 'Covid' agenda moves into still new levels of extremism people are going to respond and it has been spreading the seeds of disunity everywhere to stop a united response to the evil that targets *all of us*.

Racist attacks on 'whiteness' are getting ever more outrageous and especially through the American Democratic Party which has an appalling history for anti-black racism. Barack Obama, Joe Biden, Hillary Clinton and Nancy Pelosi all eulogised about Senator Robert Byrd at his funeral in 2010 after a nearly 60-year career in Congress. Byrd was a brutal Ku Klux Klan racist and a violent abuser of Cathy O'Brien in MKUltra. He said he would never fight in the military 'with a negro by my side' and 'rather I should die a thousand times,

and see Old Glory trampled in the dirt never to rise again, than to see this beloved land of ours become degraded by race mongrels, a throwback to the blackest specimen from the wilds'. Biden called Byrd a 'very close friend and mentor'. These 'Woke' hypocrites are not anti-racist they are anti-poor and anti-people not of their perceived class. Here is an illustration of the scale of anti-white racism to which we have now descended. Seriously Woke and moronic *New York Times* contributor Damon Young described whiteness as a 'virus' that 'like other viruses will not die until there are no bodies left for it to infect'. He went on: '... the only way to stop it is to locate it, isolate it, extract it, and kill it.' Young can say that as a black man with no consequences when a white man saying the same in reverse would be facing a jail sentence. *That's* racism. We had super-Woke numbskull senators Tammy Duckworth and Mazie Hirono saying they would object to future Biden Cabinet appointments if he did not nominate more Asian Americans and Pacific Islanders. Never mind the ability of the candidate what do they look like? Duckworth said: 'I will vote for racial minorities and I will vote for LGBTQ, but anyone else I'm not voting for.' Appointing people on the grounds of race is illegal, but that was not a problem for this ludicrous pair. They were on-message and that's a free pass in any situation.

## Critical race racism

White children are told at school they are intrinsically racist as they are taught the divisive 'critical race theory'. This claims that the law and legal institutions are inherently racist and that race is a socially constructed concept used by white people to further their economic and political interests at the expense of people of colour. White is a 'virus' as we've seen. Racial inequality results from 'social, economic, and legal differences that white people create between races to maintain white interests which leads to poverty and criminality in minority communities'. I must tell that to the white guy sleeping on the street. The principal of East Side Community School in New York sent white parents a manifesto that called on

them to become ‘white traitors’ and advocate for full ‘white abolition’. These people are teaching your kids when they urgently need a psychiatrist. The ‘school’ included a chart with ‘eight white identities’ that ranged from ‘white supremacist’ to ‘white abolition’ and defined the behaviour white people must follow to end ‘the regime of whiteness’. Woke blacks and their privileged white associates are acting exactly like the slave owners of old and Ku Klux Klan racists like Robert Byrd. They are too full of their own self-purity to see that, but it’s true. Racism is not a body type; it’s a state of mind that can manifest through any colour, creed or culture.

Another racial fraud is ‘*equity*’. Not equality of treatment and opportunity – equity. It’s a term spun as equality when it means something very different. Equality in its true sense is a raising up while ‘*equity*’ is a race to the bottom. Everyone in the same level of poverty is ‘*equity*’. Keep everyone down – that’s equity. The Cult doesn’t want anyone in the human family to be empowered and BLM leaders, like all these ‘anti-racist’ organisations, continue their privileged, pampered existence by perpetuating the perception of gathering racism. When is the last time you heard an ‘anti-racist’ or ‘anti-Semitism’ organisation say that acts of racism and discrimination have *fallen*? It’s not in the interests of their fund-raising and power to influence and the same goes for the professional soccer anti-racism operation, Kick It Out. Two things confirmed that the Black Lives Matter riots in the summer of 2020 were Cult creations. One was that while anti-lockdown protests were condemned in this same period for ‘transmitting ‘Covid’ the authorities supported mass gatherings of Black Lives Matter supporters. I even saw self-deluding people claiming to be doctors say the two types of protest were not the same. No – the non-existent ‘Covid’ was in favour of lockdowns and attacked those that protested against them while ‘Covid’ supported Black Lives Matter and kept well away from its protests. The whole thing was a joke and as lockdown protestors were arrested, often brutally, by reframed Face-Nappies we had the grotesque sight of police officers taking the knee to Black Lives Matter, a Cult-funded Marxist

organisation that supports violent riots and wants to destroy the nuclear family and white people.

## **He's not white? Shucks!**

Woke obsession with race was on display again when ten people were shot dead in Boulder, Colorado, in March, 2021. Cult-owned Woke TV channels like CNN said the shooter appeared to be a white man and Wokers were on Twitter condemning 'violent white men' with the usual mantras. Then the shooter's name was released as Ahmad Al Aliwi Alissa, an anti-Trump Arab-American, and the sigh of disappointment could be heard five miles away. Never mind that ten people were dead and what that meant for their families. Race baiting was all that mattered to these sick Cult-serving people like Barack Obama who exploited the deaths to further divide America on racial grounds which is his job for the Cult. This is the man that 'racist' white Americans made the first black president of the United States and then gave him a second term. Not-very-bright Obama has become filthy rich on the back of that and today appears to have a big influence on the Biden administration. Even so he's still a downtrodden black man and a victim of white supremacy. This disingenuous fraud reveals the contempt he has for black people when he puts on a Deep South Alabama accent whenever he talks to them, no, *at* them.

Another BLM red flag was how the now fully-Woke (fully-Cult) and fully-virtue-signalled professional soccer authorities had their teams taking the knee before every match in support of Marxist Black Lives Matter. Soccer authorities and clubs displayed 'Black Lives Matter' on the players' shirts and flashed the name on electronic billboards around the pitch. Any fans that condemned what is a Freemasonic taking-the-knee ritual were widely condemned as you would expect from the Woke virtue-signallers of professional sport and the now fully-Woke media. We have reverse racism in which you are banned from criticising any race or culture except for white people for whom anything goes – say what you like, no problem. What has this got to do with racial harmony and

equality? We've had black supremacists from Black Lives Matter telling white people to fall to their knees in the street and apologise for their white supremacy. Black supremacists acting like white supremacist slave owners of the past couldn't breach their self-obsessed, race-obsessed sense of self-purity. Joe Biden appointed a race-obsessed black supremacist Kristen Clarke to head the Justice Department Civil Rights Division. Clarke claimed that blacks are endowed with 'greater mental, physical and spiritual abilities' than whites. If anyone reversed that statement they would be vilified. Clarke is on-message so no problem. She's never seen a black-white situation in which the black figure is anything but a virtuous victim and she heads the Civil Rights Division which should treat everyone the same or it isn't civil rights. Another perception of the Renegade Mind: If something or someone is part of the Cult agenda they will be supported by Woke governments and media no matter what. If they're not, they will be condemned and censored. It really is that simple and so racist Clarke prospers despite (make that because of) her racism.

## **The end of culture**

Biden's administration is full of such racial, cultural and economic bias as the Cult requires the human family to be divided into warring factions. We are now seeing racially-segregated graduations and everything, but everything, is defined through the lens of perceived 'racism. We have 'racist' mathematics, 'racist' food and even 'racist' *plants*. World famous Kew Gardens in London said it was changing labels on plants and flowers to tell its pre-'Covid' more than two million visitors a year how racist they are. Kew director Richard Deverell said this was part of an effort to 'move quickly to decolonise collections' after they were approached by one Ajay Chhabra 'an actor with an insight into how sugar cane was linked to slavery'. They are *plants* you idiots. 'Decolonisation' in the Woke manual really means colonisation of society with its mentality and by extension colonisation by the Cult. We are witnessing a new Chinese-style 'Cultural Revolution' so essential to the success of all

Marxist takeovers. Our cultural past and traditions have to be swept away to allow a new culture to be built-back-better. Woke targeting of long-standing Western cultural pillars including historical monuments and cancelling of historical figures is what happened in the Mao revolution in China which ‘purged remnants of capitalist and traditional elements from Chinese society’ and installed Maoism as the dominant ideology’. For China see the Western world today and for ‘dominant ideology’ see Woke. Better still see Marxism or Maoism. The ‘Covid’ hoax has specifically sought to destroy the arts and all elements of Western culture from people meeting in a pub or restaurant to closing theatres, music venues, sports stadiums, places of worship and even banning *singing*. Destruction of Western society is also why criticism of any religion is banned except for Christianity which again is the dominant religion as white is the numerically-dominant race. Christianity may be fading rapidly, but its history and traditions are weaved through the fabric of Western society. Delete the pillars and other structures will follow until the whole thing collapses. I am not a Christian defending that religion when I say that. I have no religion. It’s just a fact. To this end Christianity has itself been turned Woke to usher its own downfall and its ranks are awash with ‘change agents’ – knowing and unknowing – at every level including Pope Francis (*definitely* knowing) and the clueless Archbishop of Canterbury Justin Welby (possibly not, but who can be sure?). Woke seeks to coordinate attacks on Western culture, traditions, and ways of life through ‘intersectionality’ defined as ‘the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalised individuals or groups’. Wade through the Orwellian Woke-speak and this means coordinating disparate groups in a common cause to overthrow freedom and liberal values.

The entire structure of public institutions has been infested with Woke – government at all levels, political parties, police, military, schools, universities, advertising, media and trade unions. This abomination has been achieved through the Cult web by appointing

Wokers to positions of power and battering non-Wokers into line through intimidation, isolation and threats to their job. Many have been fired in the wake of the empathy-deleted, vicious hostility of 'social justice' Wokers and the desire of gutless, spineless employers to virtue-signal their Wokeness. Corporations are filled with Wokers today, most notably those in Silicon Valley. Ironically at the top they are not Woke at all. They are only exploiting the mentality their Cult masters have created and funded to censor and enslave while the Wokers cheer them on until it's their turn. Thus the Woke 'liberal left' is an inversion of the traditional liberal left. Campaigning for justice on the grounds of power and wealth distribution has been replaced by campaigning for identity politics. The genuine traditional left would never have taken money from today's billionaire abusers of fairness and justice and nor would the billionaires have wanted to fund that genuine left. It would not have been in their interests to do so. The division of opinion in those days was between the haves and have nots. This all changed with Cult manipulated and funded identity politics. The division of opinion today is between Wokers and non-Wokers and not income brackets. Cult corporations and their billionaires may have taken wealth disparity to cataclysmic levels of injustice, but as long as they speak the language of Woke, hand out the dosh to the Woke network and censor the enemy they are 'one of us'. Billionaires who don't give a damn about injustice are laughing at them till their bellies hurt. Wokers are not even close to self-aware enough to see that. The transformed 'left' dynamic means that Wokers who drone on about 'social justice' are funded by billionaires that have destroyed social justice the world over. It's *why* they are billionaires.

## **The climate con**

Nothing encapsulates what I have said more comprehensively than the hoax of human-caused global warming. I have detailed in my books over the years how Cult operatives and organisations were the pump-primers from the start of the climate con. A purpose-built vehicle for this is the Club of Rome established by the Cult in 1968

with the Rockefellers and Rothschilds centrally involved all along. Their gofer frontman Maurice Strong, a Canadian oil millionaire, hosted the Earth Summit in Rio de Janeiro, Brazil, in 1992 where the global ‘green movement’ really expanded in earnest under the guiding hand of the Cult. The Earth Summit established Agenda 21 through the Cult-created-and-owned United Nations to use the illusion of human-caused climate change to justify the transformation of global society to save the world from climate disaster. It is a No-Problem-Reaction-Solution sold through governments, media, schools and universities as whole generations have been terrified into believing that the world was going to end in their lifetimes unless what old people had inflicted upon them was stopped by a complete restructuring of how everything is done. Chill, kids, it’s all a hoax. Such restructuring is precisely what the Cult agenda demands (purely by coincidence of course). Today this has been given the codename of the Great Reset which is only an updated term for Agenda 21 and its associated Agenda 2030. The latter, too, is administered through the UN and was voted into being by the General Assembly in 2015. Both 21 and 2030 seek centralised control of all resources and food right down to the raindrops falling on your own land. These are some of the demands of Agenda 21 established in 1992. See if you recognise this society emerging today:

- End national sovereignty
- State planning and management of all land resources, ecosystems, deserts, forests, mountains, oceans and fresh water; agriculture; rural development; biotechnology; and ensuring ‘*equity*’
- The state to ‘define the role’ of business and financial resources
- Abolition of private property
- ‘Restructuring’ the family unit (see BLM)
- Children raised by the state
- People told what their job will be
- Major restrictions on movement
- Creation of ‘human settlement zones’

- Mass resettlement as people are forced to vacate land where they live
- Dumbing down education
- Mass global depopulation in pursuit of all the above

The United Nations was created as a Trojan horse for world government. With the climate con of critical importance to promoting that outcome you would expect the UN to be involved. Oh, it's involved all right. The UN is promoting Agenda 21 and Agenda 2030 justified by 'climate change' while also driving the climate hoax through its Intergovernmental Panel on Climate Change (IPCC), one of the world's most corrupt organisations. The IPCC has been lying ferociously and constantly since the day it opened its doors with the global media hanging unquestioningly on its every mendacious word. The Green movement is entirely Woke and has long lost its original environmental focus since it was co-opted by the Cult. An obsession with 'global warming' has deleted its values and scrambled its head. I experienced a small example of what I mean on a beautiful country walk that I have enjoyed several times a week for many years. The path merged into the fields and forests and you felt at one with the natural world. Then a 'Green' organisation, the Hampshire and Isle of Wight Wildlife Trust, took over part of the land and proceeded to cut down a large number of trees, including mature ones, to install a horrible big, bright steel 'this-is-ours-stay-out' fence that destroyed the whole atmosphere of this beautiful place. No one with a feel for nature would do that. Day after day I walked to the sound of chainsaws and a magnificent mature weeping willow tree that I so admired was cut down at the base of the trunk. When I challenged a Woke young girl in a green shirt (of course) about this vandalism she replied: 'It's a weeping willow – it will grow back.' This is what people are paying for when they donate to the Hampshire and Isle of Wight Wildlife Trust and many other 'green' organisations today. It is not the environmental movement that I knew and instead has become a support-system – as with Extinction Rebellion – for a very dark agenda.

## **Private jets for climate justice**

The Cult-owned, Gates-funded, World Economic Forum and its founder Klaus Schwab were behind the emergence of Greta Thunberg to harness the young behind the climate agenda and she was invited to speak to the world at ... the UN. Schwab published a book, *Covid-19: The Great Reset* in 2020 in which he used the 'Covid' hoax and the climate hoax to lay out a new society straight out of Agenda 21 and Agenda 2030. Bill Gates followed in early 2021 when he took time out from destroying the world to produce a book in his name about the way to save it. Gates flies across the world in private jets and admitted that 'I probably have one of the highest greenhouse gas footprints of anyone on the planet ... my personal flying alone is gigantic.' He has also bid for the planet's biggest private jet operator. Other climate change saviours who fly in private jets include John Kerry, the US Special Presidential Envoy for Climate, and actor Leonardo DiCaprio, a 'UN Messenger of Peace with special focus on climate change'. These people are so full of bullshit they could corner the market in manure. We mustn't be sceptical, though, because the Gates book, *How to Avoid a Climate Disaster: The Solutions We Have and the Breakthroughs We Need*, is a genuine attempt to protect the world and not an obvious pile of excrement attributed to a mega-psychopath aimed at selling his masters' plans for humanity. The Gates book and the other shite-pile by Klaus Schwab could have been written by the same person and may well have been. Both use 'climate change' and 'Covid' as the excuses for their new society and by coincidence the Cult's World Economic Forum and Bill and Melinda Gates Foundation promote the climate hoax and hosted Event 201 which pre-empted with a 'simulation' the very 'coronavirus' hoax that would be simulated for real on humanity within weeks. The British 'royal' family is promoting the 'Reset' as you would expect through Prince 'climate change caused the war in Syria' Charles and his hapless son Prince William who said that we must 'reset our relationship with nature and our trajectory as a species' to avoid a climate disaster. Amazing how many promoters of the 'Covid' and 'climate change' control

systems are connected to Gates and the World Economic Forum. A ‘study’ in early 2021 claimed that carbon dioxide emissions must fall by the equivalent of a global lockdown roughly every two years for the next decade to save the planet. The ‘study’ appeared in the same period that the Schwab mob claimed in a video that lockdowns destroying the lives of billions are good because they make the earth ‘quieter’ with less ‘ambient noise’. They took down the video amid a public backlash for such arrogant, empathy-deleted stupidity You see, however, where they are going with this. Corinne Le Quéré, a professor at the Tyndall Centre for Climate Change Research, University of East Anglia, was lead author of the climate lockdown study, and she writes for ... the World Economic Forum. Gates calls in ‘his’ book for changing ‘every aspect of the economy’ (long-time Cult agenda) and for humans to eat synthetic ‘meat’ (predicted in my books) while cows and other farm animals are eliminated.

Australian TV host and commentator Alan Jones described what carbon emission targets would mean for farm animals in Australia alone if emissions were reduced as demanded by 35 percent by 2030 and zero by 2050:

Well, let’s take agriculture, the total emissions from agriculture are about 75 million tonnes of carbon dioxide, equivalent. Now reduce that by 35 percent and you have to come down to 50 million tonnes, I’ve done the maths. So if you take for example 1.5 million cows, you’re going to have to reduce the herd by 525,000 [by] 2030, nine years, that’s 58,000 cows a year. The beef herd’s 30 million, reduce that by 35 percent, that’s 10.5 million, which means 1.2 million cattle have to go every year between now and 2030. This is insanity!

There are 75 million sheep. Reduce that by 35 percent, that’s 26 million sheep, that’s almost 3 million a year. So under the Paris Agreement over 30 million beasts. dairy cows, cattle, pigs and sheep would go. More than 8,000 every minute of every hour for the next decade, do these people know what they’re talking about?

Clearly they don’t at the level of campaigners, politicians and administrators. The Cult *does* know; that’s the outcome it wants. We are faced with not just a war on humanity. Animals and the natural world are being targeted and I have been saying since the ‘Covid’ hoax began that the plan eventually was to claim that the ‘deadly virus’ is able to jump from animals, including farm animals and

domestic pets, to humans. Just before this book went into production came this story: 'Russia registers world's first Covid-19 vaccine for cats & dogs as makers of Sputnik V warn pets & farm animals could spread virus'. The report said 'top scientists warned that the deadly pathogen could soon begin spreading through homes and farms' and 'the next stage is the infection of farm and domestic animals'. Know the outcome and you'll see the journey. Think what that would mean for animals and keep your eye on a term called zoonosis or zoonotic diseases which transmit between animals and humans. The Cult wants to break the connection between animals and people as it does between people and people. Farm animals fit with the Cult agenda to transform food from natural to synthetic.

### **The gas of life is killing us**

There can be few greater examples of Cult inversion than the condemnation of carbon dioxide as a dangerous pollutant when it is the gas of life. Without it the natural world would be dead and so we would all be dead. We breathe in oxygen and breathe out carbon dioxide while plants produce oxygen and absorb carbon dioxide. It is a perfect symbiotic relationship that the Cult wants to dismantle for reasons I will come to in the final two chapters. Gates, Schwab, other Cult operatives and mindless repeaters, want the world to be 'carbon neutral' by at least 2050 and the earlier the better. 'Zero carbon' is the cry echoed by lunatics calling for 'Zero Covid' when we already have it. These carbon emission targets will deindustrialise the world in accordance with Cult plans – the post-industrial, post-democratic society – and with so-called renewables like solar and wind not coming even close to meeting human energy needs blackouts and cold are inevitable. Texans got the picture in the winter of 2021 when a snow storm stopped wind turbines and solar panels from working and the lights went down along with water which relies on electricity for its supply system. Gates wants everything to be powered by electricity to ensure that his masters have the kill switch to stop all human activity, movement, cooking, water and warmth any time they like. The climate lie is so

stupendously inverted that it claims we must urgently reduce carbon dioxide when we *don't have enough*.

Co<sub>2</sub> in the atmosphere is a little above 400 parts per million when the optimum for plant growth is 2,000 ppm and when it falls anywhere near 150 ppm the natural world starts to die and so do we. It fell to as low as 280 ppm in an 1880 measurement in Hawaii and rose to 413 ppm in 2019 with industrialisation which is why the planet has become *greener* in the industrial period. How insane then that psychopathic madman Gates is not satisfied only with blocking the rise of Co<sub>2</sub>. He's funding technology to suck it out of the atmosphere. The reason why will become clear. The industrial era is not destroying the world through Co<sub>2</sub> and has instead turned around a potentially disastrous ongoing fall in Co<sub>2</sub>. Greenpeace co-founder and scientist Patrick Moore walked away from Greenpeace in 1986 and has exposed the green movement for fear-mongering and lies. He said that 500 million years ago there was *17 times* more Co<sub>2</sub> in the atmosphere than we have today and levels have been falling for hundreds of millions of years. In the last 150 million years Co<sub>2</sub> levels in Earth's atmosphere had reduced by *90 percent*. Moore said that by the time humanity began to unlock carbon dioxide from fossil fuels we were at '38 seconds to midnight' and in that sense: 'Humans are [the Earth's] salvation.' Moore made the point that only half the Co<sub>2</sub> emitted by fossil fuels stays in the atmosphere and we should remember that all pollution pouring from chimneys that we are told is carbon dioxide is in fact nothing of the kind. It's pollution. Carbon dioxide is an invisible gas.

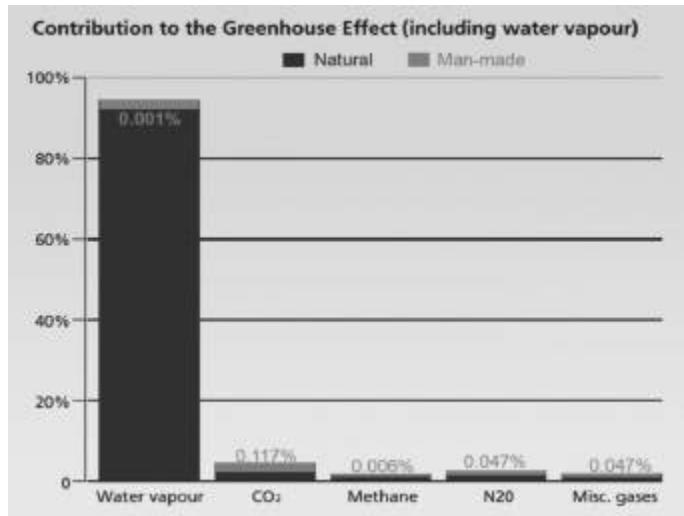
William Happer, Professor of Physics at Princeton University and long-time government adviser on climate, has emphasised the Co<sub>2</sub> deficiency for maximum growth and food production. Greenhouse growers don't add carbon dioxide for a bit of fun. He said that most of the warming in the last 100 years, after the earth emerged from the super-cold period of the 'Little Ice Age' into a natural warming cycle, was over by 1940. Happer said that a peak year for warming in 1988 can be explained by a 'monster El Nino' which is a natural and cyclical warming of the Pacific that has nothing to do with 'climate

change'. He said the effect of Co2 could be compared to painting a wall with red paint in that once two or three coats have been applied it didn't matter how much more you slapped on because the wall will not get much redder. Almost all the effect of the rise in Co2 has already happened, he said, and the volume in the atmosphere would now have to *double* to increase temperature by a single degree. Climate hoaxers know this and they have invented the most ridiculously complicated series of 'feedback' loops to try to overcome this rather devastating fact. You hear puppet Greta going on cluelessly about feedback loops and this is why.

### **The Sun affects temperature? No you *climate denier***

Some other nonsense to contemplate: Climate graphs show that rises in temperature do not follow rises in Co2 – *it's the other way round* with a lag between the two of some 800 years. If we go back 800 years from present time we hit the Medieval Warm Period when temperatures were higher than now without any industrialisation and this was followed by the Little Ice Age when temperatures plummeted. The world was still emerging from these centuries of serious cold when many climate records began which makes the ever-repeated line of the 'hottest year since records began' meaningless when you are not comparing like with like. The coldest period of the Little Ice Age corresponded with the lowest period of sunspot activity when the Sun was at its least active. Proper scientists will not be at all surprised by this when it confirms the obvious fact that earth temperature is affected by the scale of Sun activity and the energetic power that it subsequently emits; but when is the last time you heard a climate hoaxter talking about the Sun as a source of earth temperature?? Everything has to be focussed on Co2 which makes up just 0.117 percent of so-called greenhouse gases and only a fraction of even that is generated by human activity. The rest is natural. More than 90 percent of those greenhouse gases are water vapour and clouds ([Fig 9](#)). Ban moisture I say. Have you noticed that the climate hoaxers no longer use the polar bear as their promotion image? That's because far from becoming extinct polar

bear communities are stable or thriving. Joe Bastardi, American meteorologist, weather forecaster and outspoken critic of the climate lie, documents in his book *The Climate Chronicles* how weather patterns and events claimed to be evidence of climate change have been happening since long before industrialisation: 'What happened before naturally is happening again, as is to be expected given the cyclical nature of the climate due to the design of the planet.' If you read the detailed background to the climate hoax in my other books you will shake your head and wonder how anyone could believe the crap which has spawned a multi-trillion dollar industry based on absolute garbage (see HIV causes AIDS and Sars-Cov-2 causes 'Covid-19'). Climate and 'Covid' have much in common given they have the same source. They both have the contradictory *everything* factor in which everything is explained by reference to them. It's hot – 'it's climate change'. It's cold – 'it's climate change'. I got a sniffle – 'it's Covid'. I haven't got a sniffle – 'it's Covid'. Not having a sniffle has to be a symptom of 'Covid'. Everything is and not having a sniffle is especially dangerous if you are a slow walker. For sheer audacity I offer you a Cambridge University 'study' that actually linked 'Covid' to 'climate change'. It had to happen eventually. They concluded that climate change played a role in 'Covid-19' spreading from animals to humans because ... wait for it ... I kid you not ... *the two groups were forced closer together as populations grow.* Er, that's it. The whole foundation on which this depended was that 'Bats are the likely zoonotic origin of SARS-CoV-1 and SARS-CoV-2'. Well, they are not. They are nothing to do with it. Apart from bats not being the origin and therefore 'climate change' effects on bats being irrelevant I am in awe of their academic insight. Where would we be without them? Not where we are that's for sure.



**Figure 9:** The idea that the gas of life is disastrously changing the climate is an insult to brain cell activity.

One other point about the weather is that climate modification is now well advanced and not every major weather event is natural – or earthquake come to that. I cover this subject at some length in other books. China is openly planning a rapid expansion of its weather modification programme which includes changing the climate in an area more than one and a half times the size of India. China used weather manipulation to ensure clear skies during the 2008 Olympics in Beijing. I have quoted from US military documents detailing how to employ weather manipulation as a weapon of war and they did that in the 1960s and 70s during the conflict in Vietnam with Operation Popeye manipulating monsoon rains for military purposes. Why would there be international treaties on weather modification if it wasn't possible? Of course it is. Weather is energetic information and it can be changed.

## How was the climate hoax pulled off? See 'Covid'

If you can get billions to believe in a 'virus' that doesn't exist you can get them to believe in human-caused climate change that doesn't exist. Both are being used by the Cult to transform global society in the way it has long planned. Both hoaxes have been achieved in pretty much the same way. First you declare a lie is a fact. There's a

'virus' you call SARS-Cov-2 or humans are warming the planet with their behaviour. Next this becomes, via Cult networks, the foundation of government, academic and science policy and belief. Those who parrot the mantra are given big grants to produce research that confirms the narrative is true and ever more 'symptoms' are added to make the 'virus'/'climate change' sound even more scary. Scientists and researchers who challenge the narrative have their grants withdrawn and their careers destroyed. The media promote the lie as the unquestionable truth and censor those with an alternative view or evidence. A great percentage of the population believe what they are told as the lie becomes an everybody-knows-that and the believing-masses turn on those with a mind of their own. The technique has been used endlessly throughout human history. Wokers are the biggest promotorrs of the climate lie *and* 'Covid' fascism because their minds are owned by the Cult; their sense of self-righteous self-purity knows no bounds; and they exist in a bubble of reality in which facts are irrelevant and only get in the way of looking without seeing.

Running through all of this like veins in a blue cheese is control of information, which means control of perception, which means control of behaviour, which collectively means control of human society. The Cult owns the global media and Silicon Valley fascists for the simple reason that it *has* to. Without control of information it can't control perception and through that human society. Examine every facet of the Cult agenda and you will see that anything supporting its introduction is never censored while anything pushing back is always censored. I say again: Psychopaths that know why they are doing this must go before Nuremberg trials and those that follow their orders must trot along behind them into the same dock. 'I was just following orders' didn't work the first time and it must not work now. Nuremberg trials must be held all over the world before public juries for politicians, government officials, police, compliant doctors, scientists and virologists, and all Cult operatives such as Gates, Tedros, Fauci, Vallance, Whitty, Ferguson, Zuckerberg, Wojcicki, Brin, Page, Dorsey, the whole damn lot of

them – including, no *especially*, the psychopath psychologists. Without them and the brainless, gutless excuses for journalists that have repeated their lies, none of this could be happening. Nobody can be allowed to escape justice for the psychological and economic Armageddon they are all responsible for visiting upon the human race.

As for the compliant, unquestioning, swathes of humanity, and the self-obsessed, all-knowing ignorance of the Wokers ... don't start me. God help their kids. God help their grandkids. God *help them*.

## CHAPTER NINE

### We must have it? So what is it?

*Well I won't back down. No, I won't back down. You can stand me up at the Gates of Hell. But I won't back down*

Tom Petty

I will now focus on the genetically-manipulating ‘Covid vaccines’ which do not meet this official definition of a vaccine by the US Centers for Disease Control (CDC): ‘A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.’ On that basis ‘Covid vaccines’ are not a vaccine in that the makers don’t even claim they stop infection or transmission.

They are instead part of a multi-levelled conspiracy to change the nature of the human body and what it means to be ‘human’ and to depopulate an enormous swathe of humanity. What I shall call Human 1.0 is on the cusp of becoming Human 2.0 and for very sinister reasons. Before I get to the ‘Covid vaccine’ in detail here’s some background to vaccines in general. Government regulators do not test vaccines – the makers do – and the makers control which data is revealed and which isn’t. Children in America are given 50 vaccine doses by age six and 69 by age 19 and the effect of the whole combined schedule has never been tested. Autoimmune diseases when the immune system attacks its own body have soared in the mass vaccine era and so has disease in general in children and the young. Why wouldn’t this be the case when vaccines target the *immune system*? The US government gave Big Pharma drug

companies immunity from prosecution for vaccine death and injury in the 1986 National Childhood Vaccine Injury Act (NCVIA) and since then the government (taxpayer) has been funding compensation for the consequences of Big Pharma vaccines. The criminal and satanic drug giants can't lose and the vaccine schedule has increased dramatically since 1986 for this reason. There is no incentive to make vaccines safe and a big incentive to make money by introducing ever more. Even against a ridiculously high bar to prove vaccine liability, and with the government controlling the hearing in which it is being challenged for compensation, the vaccine court has so far paid out more than \$4 billion. These are the vaccines we are told are safe and psychopaths like Zuckerberg censor posts saying otherwise. The immunity law was even justified by a ruling that vaccines by their nature were 'unavoidably unsafe'.

Check out the ingredients of vaccines and you will be shocked if you are new to this. *They put that in children's bodies?? What??* Try aluminium, a brain toxin connected to dementia, aborted foetal tissue and formaldehyde which is used to embalm corpses. World-renowned aluminium expert Christopher Exley had his research into the health effect of aluminium in vaccines shut down by Keele University in the UK when it began taking funding from the Bill and Melinda Gates Foundation. Research when diseases 'eradicated' by vaccines began to decline and you will find the fall began long *before* the vaccine was introduced. Sometimes the fall even plateaued after the vaccine. Diseases like scarlet fever for which there was no vaccine declined in the same way because of environmental and other factors. A perfect case in point is the polio vaccine. Polio began when lead arsenate was first sprayed as an insecticide and residues remained in food products. Spraying started in 1892 and the first US polio epidemic came in Vermont in 1894. The simple answer was to stop spraying, but Rockefeller-created Big Pharma had a better idea. Polio was decreed to be caused by the *poliovirus* which 'spreads from person to person and can infect a person's spinal cord'. Lead arsenate was replaced by the lethal DDT which had the same effect of causing paralysis by damaging the brain and central nervous

system. Polio plummeted when DDT was reduced and then banned, but the vaccine is still given the credit for something it didn't do. Today by far the biggest cause of polio is the vaccines promoted by Bill Gates. Vaccine justice campaigner Robert Kennedy Jr, son of assassinated (by the Cult) US Attorney General Robert Kennedy, wrote:

In 2017, the World Health Organization (WHO) reluctantly admitted that the global explosion in polio is predominantly vaccine strain. The most frightening epidemics in Congo, Afghanistan, and the Philippines, are all linked to vaccines. In fact, by 2018, 70% of global polio cases were vaccine strain.

Vaccines make fortunes for Cult-owned Gates and Big Pharma while undermining the health and immune systems of the population. We had a glimpse of the mentality behind the Big Pharma cartel with a report on WION (World is One News), an international English language TV station based in India, which exposed the extraordinary behaviour of US drug company Pfizer over its 'Covid vaccine'. The WION report told how Pfizer had made fantastic demands of Argentina, Brazil and other countries in return for its 'vaccine'. These included immunity from prosecution, even for Pfizer negligence, government insurance to protect Pfizer from law suits and handing over as collateral sovereign assets of the country to include Argentina's bank reserves, military bases and embassy buildings. Pfizer demanded the same of Brazil in the form of waiving sovereignty of its assets abroad; exempting Pfizer from Brazilian laws; and giving Pfizer immunity from all civil liability. This is a 'vaccine' developed with government funding. Big Pharma is evil incarnate as a creation of the Cult and all must be handed tickets to Nuremberg.

### **Phantom 'vaccine' for a phantom 'disease'**

I'll expose the 'Covid vaccine' fraud and then go on to the wider background of why the Cult has set out to 'vaccinate' every man, woman and child on the planet for an alleged 'new disease' with a survival rate of 99.77 percent (or more) even by the grotesquely-

manipulated figures of the World Health Organization and Johns Hopkins University. The ‘infection’ to ‘death’ ratio is 0.23 to 0.15 percent according to Stanford epidemiologist Dr John Ioannidis and while estimates vary the danger remains tiny. I say that if the truth be told the fake infection to fake death ratio is zero. Never mind all the evidence I have presented here and in *The Answer* that there is no ‘virus’ let us just focus for a moment on that death-rate figure of say 0.23 percent. The figure includes all those worldwide who have tested positive with a test not testing for the ‘virus’ and then died within 28 days or even longer of any other cause – *any other cause*. Now subtract all those illusory ‘Covid’ deaths on the global data sheets from the 0.23 percent. What do you think you would be left with? *Zero*. A vaccination has never been successfully developed for a so-called coronavirus. They have all failed at the animal testing stage when they caused hypersensitivity to what they were claiming to protect against and made the impact of a disease far worse. Cult-owned vaccine corporations got around that problem this time by bypassing animal trials, going straight to humans and making the length of the ‘trials’ before the public rollout as short as they could get away with. Normally it takes five to ten years or more to develop vaccines that still cause demonstrable harm to many people and that’s without including the long-term effects that are never officially connected to the vaccination. ‘Covid’ non-vaccines have been officially produced and approved in a matter of months from a standing start and part of the reason is that (a) they were developed before the ‘Covid’ hoax began and (b) they are based on computer programs and not natural sources. Official non-trials were so short that government agencies gave *emergency*, not full, approval. ‘Trials’ were not even completed and full approval cannot be secured until they are. Public ‘Covid vaccination’ is actually a *continuation of the trial*. Drug company ‘trials’ are not scheduled to end until 2023 by which time a lot of people are going to be dead. Data on which government agencies gave this emergency approval was supplied by the Big Pharma corporations themselves in the form of Pfizer/BioNTech, AstraZeneca, Moderna, Johnson & Johnson, and

others, and this is the case with all vaccines. By its very nature *emergency* approval means drug companies do not have to prove that the ‘vaccine’ is ‘safe and effective’. How could they with trials way short of complete? Government regulators only have to *believe* that they *could* be safe and effective. It is criminal manipulation to get products in circulation with no testing worth the name. Agencies giving that approval are infested with Big Pharma-connected place-people and they act in the interests of Big Pharma (the Cult) and not the public about whom they do not give a damn.

## **More human lab rats**

‘Covid vaccines’ produced in record time by Pfizer/BioNTech and Moderna employ a technique *never approved before for use on humans*. They are known as mRNA ‘vaccines’ and inject a synthetic version of ‘viral’ mRNA or ‘messenger RNA’. The key is in the term ‘messenger’. The body works, or doesn’t, on the basis of information messaging. Communications are constantly passing between and within the genetic system and the brain. Change those messages and you change the state of the body and even its very nature and you can change psychology and behaviour by the way the brain processes information. I think you are going to see significant changes in personality and perception of many people who have had the ‘Covid vaccine’ synthetic potions. Insider Aldous Huxley predicted the following in 1961 and mRNA ‘vaccines’ can be included in the term ‘pharmacological methods’:

There will be, in the next generation or so, a pharmacological method of making people love their servitude, and producing dictatorship without tears, so to speak, producing a kind of painless concentration camp for entire societies, so that people will in fact have their own liberties taken away from them, but rather enjoy it, because they will be distracted from any desire to rebel by propaganda or brainwashing, or brainwashing enhanced by pharmacological methods. And this seems to be the final revolution.

Apologists claim that mRNA synthetic ‘vaccines’ don’t change the DNA genetic blueprint because RNA does not affect DNA only the other way round. This is so disingenuous. A process called ‘reverse

'transcription' can convert RNA into DNA and be integrated into DNA in the cell nucleus. This was highlighted in December, 2020, by scientists at Harvard and Massachusetts Institute of Technology (MIT). Geneticists report that more than 40 percent of mammalian genomes results from reverse transcription. On the most basic level if messaging changes then that sequence must lead to changes in DNA which is receiving and transmitting those communications. How can introducing synthetic material into cells not change the cells where DNA is located? The process is known as transfection which is defined as 'a technique to insert foreign nucleic acid (DNA or RNA) into a cell, typically with the intention of altering the properties of the cell'. Researchers at the Sloan Kettering Institute in New York found that changes in messenger RNA can deactivate tumour-suppressing proteins and thereby promote cancer. This is what happens when you mess with messaging. 'Covid vaccine' maker Moderna was founded in 2010 by Canadian stem cell biologist Derrick J. Rossi after his breakthrough discovery in the field of transforming and reprogramming stem cells. These are neutral cells that can be programmed to become any cell including sperm cells. Moderna was therefore founded on the principle of genetic manipulation and has never produced any vaccine or drug before its genetically-manipulating synthetic 'Covid' shite. Look at the name – Mode-RNA or Modify-RNA. Another important point is that the US Supreme Court has ruled that genetically-modified DNA, or complementary DNA (cDNA) synthesized in the laboratory from messenger RNA, can be patented and owned. These psychopaths are doing this to the human body.

Cells replicate synthetic mRNA in the 'Covid vaccines' and in theory the body is tricked into making antigens which trigger antibodies to target the 'virus spike proteins' which as Dr Tom Cowan said have *never been seen*. Cut the crap and these 'vaccines' deliver *self-replicating* synthetic material to the cells with the effect of changing human DNA. The more of them you have the more that process is compounded while synthetic material is all the time self-replicating. 'Vaccine'-maker Moderna describes mRNA as 'like

software for the cell' and so they are messing with the body's software. What happens when you change the software in a computer? Everything changes. For this reason the Cult is preparing a production line of mRNA 'Covid vaccines' and a long list of excuses to use them as with all the 'variants' of a 'virus' never shown to exist. The plan is further to transfer the mRNA technique to other vaccines mostly given to children and young people. The cumulative consequences will be a transformation of human DNA through a constant infusion of synthetic genetic material which will kill many and change the rest. Now consider that governments that have given emergency approval for a vaccine that's not a vaccine; never been approved for humans before; had no testing worth the name; and the makers have been given immunity from prosecution for any deaths or adverse effects suffered by the public. The UK government awarded *permanent legal indemnity* to itself and its employees for harm done when a patient is being treated for 'Covid-19' or 'suspected Covid-19'. That is quite a thought when these are possible 'side-effects' from the 'vaccine' (they are not 'side', they are effects) listed by the US Food and Drug Administration:

Guillain-Barre syndrome; acute disseminated encephalomyelitis; transverse myelitis; encephalitis; myelitis; encephalomyelitis; meningoencephalitis; meningitis; encephalopathy; convulsions; seizures; stroke; narcolepsy; cataplexy; anaphylaxis; acute myocardial infarction (heart attack); myocarditis; pericarditis; autoimmune disease; death; implications for pregnancy, and birth outcomes; other acute demyelinating diseases; non anaphylactic allergy reactions; thrombocytopenia ; disseminated intravascular coagulation; venous thromboembolism; arthritis; arthralgia; joint pain; Kawasaki disease; multisystem inflammatory syndrome in children; vaccine enhanced disease. The latter is the way the 'vaccine' has the potential to make diseases far worse than they would otherwise be.

UK doctor and freedom campaigner Vernon Coleman described the conditions in this list as 'all unpleasant, most of them very serious, and you can't get more serious than death'. The thought that anyone at all has had the 'vaccine' in these circumstances is testament to the potential that humanity has for clueless, unquestioning, stupidity and for many that programmed stupidity has already been terminal.

## An insider speaks

Dr Michael Yeadon is a former Vice President, head of research and Chief Scientific Adviser at vaccine giant Pfizer. Yeadon worked on the inside of Big Pharma, but that did not stop him becoming a vocal critic of 'Covid vaccines' and their potential for multiple harms, including infertility in women. By the spring of 2021 he went much further and even used the no, no, term 'conspiracy'. When you begin to see what is going on it is impossible not to do so. Yeadon spoke out in an interview with freedom campaigner James Delingpole and I mentioned earlier how he said that no one had samples of 'the virus'. He explained that the mRNA technique originated in the anti-cancer field and ways to turn on and off certain genes which could be advantageous if you wanted to stop cancer growing out of control. 'That's the origin of them. They are a very unusual application, really.' Yeadon said that treating a cancer patient with an aggressive procedure might be understandable if the alternative was dying, but it was quite another thing to use the same technique as a public health measure. Most people involved wouldn't catch the infectious agent you were vaccinating against and if they did they probably wouldn't die:

If you are really using it as a public health measure you really want to as close as you can get to zero side-effects ... I find it odd that they chose techniques that were really cutting their teeth in the field of oncology and I'm worried that in using gene-based vaccines that have to be injected in the body and spread around the body, get taken up into some cells, and the regulators haven't quite told us which cells they get taken up into ... you are going to be generating a wide range of responses ... with multiple steps each of which could go well or badly.

I doubt the Cult intends it to go well. Yeadon said that you can put any gene you like into the body through the 'vaccine'. 'You can certainly give them a gene that would do them some harm if you wanted.' I was intrigued when he said that when used in the cancer field the technique could turn genes on and off. I explore this process in *The Answer* and with different genes having different functions you could create mayhem – physically and psychologically – if you turned the wrong ones on and the right ones off. I read reports of an experiment by researchers at the University of Washington's school of computer science and engineering in which they encoded DNA to infect computers. The body is itself a biological computer and if human DNA can inflict damage on a computer why can't the computer via synthetic material mess with the human body? It can. The Washington research team said it was possible to insert malicious malware into 'physical DNA strands' and corrupt the computer system of a gene sequencing machine as it 'reads gene letters and stores them as binary digits 0 and 1'. They concluded that hackers could one day use blood or spit samples to access computer systems and obtain sensitive data from police forensics labs or infect genome files. It is at this level of digital interaction that synthetic 'vaccines' need to be seen to get the full picture and that will become very clear later on. Michael Yeadon said it made no sense to give the 'vaccine' to younger people who were in no danger from the 'virus'. What was the benefit? It was all downside with potential effects:

The fact that my government in what I thought was a civilised, rational country, is raining [the 'vaccine'] on people in their 30s and 40s, even my children in their 20s, they're getting letters and phone calls, I know this is not right and any of you doctors who are vaccinating you know it's not right, too. They are not at risk. They are not at risk from the disease, so you are now hoping that the side-effects are so rare that you get away with it. You don't give new technology ... that you don't understand to 100 percent of the population.

Blood clot problems with the AstraZeneca 'vaccine' have been affecting younger people to emphasise the downside risks with no benefit. AstraZeneca's version, produced with Oxford University, does not use mRNA, but still gets its toxic cocktail inside cells where

it targets DNA. The Johnson & Johnson ‘vaccine’ which uses a similar technique has also produced blood clot effects to such an extent that the United States paused its use at one point. They are all ‘gene therapy’ (cell modification) procedures and not ‘vaccines’. The truth is that once the content of these injections enter cells we have no idea what the effect will be. People can speculate and some can give very educated opinions and that’s good. In the end, though, only the makers know what their potions are designed to do and even they won’t know every last consequence. Michael Yeadon was scathing about doctors doing what they knew to be wrong.

‘Everyone’s mute’, he said. Doctors in the NHS must know this was not right, coming into work and injecting people. ‘I don’t know how they sleep at night. I know I couldn’t do it. I know that if I were in that position I’d have to quit.’ He said he knew enough about toxicology to know this was not a good risk-benefit. Yeadon had spoken to seven or eight university professors and all except two would not speak out publicly. Their universities had a policy that no one said anything that countered the government and its medical advisors. They were afraid of losing their government grants. This is how intimidation has been used to silence the truth at every level of the system. I say silence, but these people could still speak out if they made that choice. Yeadon called them ‘moral cowards’ – ‘This is about your children and grandchildren’s lives and you have just buggered off and left it.’

## **‘Variant’ nonsense**

Some of his most powerful comments related to the alleged ‘variants’ being used to instil more fear, justify more lockdowns, and introduce more ‘vaccines’. He said government claims about ‘variants’ were nonsense. He had checked the alleged variant ‘codes’ and they were 99.7 percent identical to the ‘original’. This was the human identity difference equivalent to putting a baseball cap on and off or wearing it the other way round. A 0.3 percent difference would make it impossible for that ‘variant’ to escape immunity from the ‘original’. This made no sense of having new ‘vaccines’ for

'variants'. He said there would have to be at least a *30 percent* difference for that to be justified and even then he believed the immune system would still recognise what it was. Gates-funded 'variant modeller' and 'vaccine'-pusher John Edmunds might care to comment. Yeadon said drug companies were making new versions of the 'vaccine' as a 'top up' for 'variants'. Worse than that, he said, the 'regulators' around the world like the MHRA in the UK had got together and agreed that because 'vaccines' for 'variants' were so similar to the first 'vaccines' *they did not have to do safety studies*. How transparently sinister that is. This is when Yeadon said: 'There is a conspiracy here.' There was no need for another vaccine for 'variants' and yet we were told that there was and the country had shut its borders because of them. 'They are going into hundreds of millions of arms without passing 'go' or any regulator. Why did they do that? Why did they pick this method of making the vaccine?'

The reason had to be something bigger than that it seemed and 'it's not protection against the virus'. It's was a far bigger project that meant politicians and advisers were willing to do things and not do things that knowingly resulted in avoidable deaths – 'that's already happened when you think about lockdown and deprivation of health care for a year.' He spoke of people prepared to do something that results in the avoidable death of their fellow human beings and it not bother them. This is the penny-drop I have been working to get across for more than 30 years – the level of pure evil we are dealing with. Yeadon said his friends and associates could not believe there could be that much evil, but he reminded them of Stalin, Pol Pot and Hitler and of what Stalin had said: 'One death is a tragedy. A million? A statistic.' He could not think of a benign explanation for why you need top-up vaccines 'which I'm sure you don't' and for the regulators 'to just get out of the way and wave them through'. Why would the regulators do that when they were still wrestling with the dangers of the 'parent' vaccine? He was clearly shocked by what he had seen since the 'Covid' hoax began and now he was thinking the previously unthinkable:

If you wanted to depopulate a significant proportion of the world and to do it in a way that doesn't involve destruction of the environment with nuclear weapons, poisoning everyone with anthrax or something like that, and you wanted plausible deniability while you had a multi-year infectious disease crisis, I actually don't think you could come up with a better plan of work than seems to be in front of me. I can't say that's what they are going to do, but I can't think of a benign explanation why they are doing it.

He said he never thought that they would get rid of 99 percent of humans, but now he wondered. 'If you wanted to that this would be a hell of a way to do it – it would be unstoppable folks.' Yeadon had concluded that those who submitted to the 'vaccine' would be allowed to have some kind of normal life (but for how long?) while screws were tightened to coerce and mandate the last few percent. 'I think they'll put the rest of them in a prison camp. I wish I was wrong, but I don't think I am.' Other points he made included: There were no coronavirus vaccines then suddenly they all come along at the same time; we have no idea of the long term affect with trials so short; coercing or forcing people to have medical procedures is against the Nuremberg Code instigated when the Nazis did just that; people should at least delay having the 'vaccine'; a quick Internet search confirms that masks don't reduce respiratory viral transmission and 'the government knows that'; they have smashed civil society and they know that, too; two dozen peer-reviewed studies show no connection between lockdown and reducing deaths; he knew from personal friends the elite were still flying around and going on holiday while the public were locked down; the elite were not having the 'vaccines'. He was also asked if 'vaccines' could be made to target difference races. He said he didn't know, but the document by the Project for the New American Century in September, 2000, said developing 'advanced forms of biological warfare that can target *specific genotypes* may transform biological warfare from the realm of terror to a politically useful tool.' Oh, they're evil all right. Of that we can be *absolutely* sure.

## **Another cull of old people**

We have seen from the CDC definition that the mRNA 'Covid vaccine' is not a vaccine and nor are the others that *claim* to reduce 'severity of symptoms' in *some* people, but not protect from infection or transmission. What about all the lies about returning to 'normal' if people were 'vaccinated'? If they are not claimed to stop infection and transmission of the alleged 'virus', how does anything change? This was all lies to manipulate people to take the jabs and we are seeing that now with masks and distancing still required for the 'vaccinated'. How did they think that elderly people with fragile health and immune responses were going to be affected by infusing their cells with synthetic material and other toxic substances? They *knew* that in the short and long term it would be devastating and fatal as the culling of the old that began with the first lockdowns was continued with the 'vaccine'. Death rates in care homes soared immediately residents began to be 'vaccinated' – infused with synthetic material. Brave and committed whistleblower nurses put their careers at risk by exposing this truth while the rest kept their heads down and their mouths shut to put their careers before those they are supposed to care for. A long-time American Certified Nursing Assistant who gave his name as James posted a video in which he described emotionally what happened in his care home when vaccination began. He said that during 2020 very few residents were sick with 'Covid' and no one died during the entire year; but shortly after the Pfizer mRNA injections 14 people died within two weeks and many others were near death. 'They're dropping like flies', he said. Residents who walked on their own before the shot could no longer and they had lost their ability to conduct an intelligent conversation. The home's management said the sudden deaths were caused by a 'super-spreader' of 'Covid-19'. Then how come, James asked, that residents who refused to take the injections were not sick? It was a case of inject the elderly with mRNA synthetic potions and blame their illness and death that followed on the 'virus'. James described what was happening in care homes as 'the greatest crime of genocide this country has ever seen'. Remember the NHS staff nurse from earlier who used the same

word ‘genocide’ for what was happening with the ‘vaccines’ and that it was an ‘act of human annihilation’. A UK care home whistleblower told a similar story to James about the effect of the ‘vaccine’ in deaths and ‘outbreaks’ of illness dubbed ‘Covid’ after getting the jab. She told how her care home management and staff had zealously imposed government regulations and no one was allowed to even question the official narrative let alone speak out against it. She said the NHS was even worse. Again we see the results of reframing. A worker at a local care home where I live said they had not had a single case of ‘Covid’ there for almost a year and when the residents were ‘vaccinated’ they had 19 positive cases in two weeks with eight dying.

### **It's not the 'vaccine' – honest**

The obvious cause and effect was being ignored by the media and most of the public. Australia’s health minister Greg Hunt (a former head of strategy at the World Economic Forum) was admitted to hospital after he had the ‘vaccine’. He was suffering according to reports from the skin infection ‘cellulitis’ and it must have been a severe case to have warranted days in hospital. Immediately the authorities said this was nothing to do with the ‘vaccine’ when an effect of some vaccines is a ‘cellulitis-like reaction’. We had families of perfectly healthy old people who died after the ‘vaccine’ saying that if only they had been given the ‘vaccine’ earlier they would still be alive. As a numbskull rating that is off the chart. A father of four ‘died of Covid’ at aged 48 when he was taken ill two days after having the ‘vaccine’. The man, a health administrator, had been ‘shielding during the pandemic’ and had ‘not really left the house’ until he went for the ‘vaccine’. Having the ‘vaccine’ and then falling ill and dying does not seem to have qualified as a possible cause and effect and ‘Covid-19’ went on his death certificate. His family said they had no idea how he ‘caught the virus’. A family member said: ‘Tragically, it could be that going for a vaccination ultimately led to him catching Covid ...The sad truth is that they are never going to know where it came from.’ The family warned people to remember

that the virus still existed and was ‘very real’. So was their stupidity. Nurses and doctors who had the first round of the ‘vaccine’ were collapsing, dying and ending up in a hospital bed while they or their grieving relatives were saying they’d still have the ‘vaccine’ again despite what happened. I kid you not. You mean if your husband returned from the dead he’d have the same ‘vaccine’ again that killed him??

Doctors at the VCU Medical Center in Richmond, Virginia, said the Johnson & Johnson ‘vaccine’ was to blame for a man’s skin peeling off. Patient Richard Terrell said: ‘It all just happened so fast. My skin peeled off. It’s still coming off on my hands now.’ He said it was stinging, burning and itching and when he bent his arms and legs it was very painful with ‘the skin swollen and rubbing against itself’. Pfizer/BioNTech and Moderna vaccines use mRNA to change the cell while the Johnson & Johnson version uses DNA in a process similar to AstraZeneca’s technique. Johnson & Johnson and AstraZeneca have both had their ‘vaccines’ paused by many countries after causing serious blood problems. Terrell’s doctor Fnu Nutan said he could have died if he hadn’t got medical attention. It sounds terrible so what did Nutan and Terrell say about the ‘vaccine’ now? Oh, they still recommend that people have it. A nurse in a hospital bed 40 minutes after the vaccination and unable to swallow due to throat swelling was told by a doctor that he lost mobility in his arm for 36 hours following the vaccination. What did he say to the ailing nurse? ‘Good for you for getting the vaccination.’ We are dealing with a serious form of cognitive dissonance madness in both public and medical staff. There is a remarkable correlation between those having the ‘vaccine’ and trumpeting the fact and suffering bad happenings shortly afterwards. Witold Rogiewicz, a Polish doctor, made a video of his ‘vaccination’ and ridiculed those who were questioning its safety and the intentions of Bill Gates: ‘Vaccinate yourself to protect yourself, your loved ones, friends and also patients. And to mention quickly I have info for anti-vaxxers and anti-Covidiers if you want to contact Bill Gates you can do this through me.’ He further ridiculed the dangers of 5G. Days later he

was dead, but naturally the vaccination wasn't mentioned in the verdict of 'heart attack'.

## **Lies, lies and more lies**

So many members of the human race have slipped into extreme states of insanity and unfortunately they include reframed doctors and nursing staff. Having a 'vaccine' and dying within minutes or hours is not considered a valid connection while death from any cause within 28 days or longer of a positive test with a test not testing for the 'virus' means 'Covid-19' goes on the death certificate. How could that 'vaccine'-death connection not have been made except by calculated deceit? US figures in the initial rollout period to February 12th, 2020, revealed that a third of the deaths reported to the CDC after 'Covid vaccines' happened within 48 hours. Five men in the UK suffered an 'extremely rare' blood clot problem after having the AstraZeneca 'vaccine', but no causal link was established said the Gates-funded Medicines and Healthcare products Regulatory Agency (MHRA) which had given the 'vaccine' emergency approval to be used. Former Pfizer executive Dr Michael Yeadon explained in his interview how the procedures could cause blood coagulation and clots. People who should have been at no risk were dying from blood clots in the brain and he said he had heard from medical doctor friends that people were suffering from skin bleeding and massive headaches. The AstraZeneca 'shot' was stopped by some 20 countries over the blood clotting issue and still the corrupt MHRA, the European Medicines Agency (EMA) and the World Health Organization said that it should continue to be given even though the EMA admitted that it 'still cannot rule out definitively' a link between blood clotting and the 'vaccine'. Later Marco Cavaleri, head of EMA vaccine strategy, said there was indeed a clear link between the 'vaccine' and thrombosis, but they didn't know why. So much for the trials showing the 'vaccine' is safe. Blood clots were affecting younger people who would be under virtually no danger from 'Covid' even if it existed which makes it all the more stupid and sinister.

The British government responded to public alarm by wheeling out June Raine, the terrifyingly weak infant school headmistress sound-alike who heads the UK MHRA drug ‘regulator’. The idea that she would stand up to Big Pharma and government pressure is laughable and she told us that all was well in the same way that she did when allowing untested, never-used-on-humans-before, genetically-manipulating ‘vaccines’ to be exposed to the public in the first place. Mass lying is the new normal of the ‘Covid’ era. The MHRA later said 30 cases of rare blood clots had by then been connected with the AstraZeneca ‘vaccine’ (that means a lot more in reality) while stressing that the benefits of the jab in preventing ‘Covid-19’ outweighed any risks. A more ridiculous and disingenuous statement with callous disregard for human health it is hard to contemplate. Immediately after the mendacious ‘all-clears’ two hospital workers in Denmark experienced blood clots and cerebral haemorrhaging following the AstraZeneca jab and one died. Top Norwegian health official Pål Andre Holme said the ‘vaccine’ was the only common factor: ‘There is nothing in the patient history of these individuals that can give such a powerful immune response ... I am confident that the antibodies that we have found are the cause, and I see no other explanation than it being the vaccine which triggers it.’ Strokes, a clot or bleed in the brain, were clearly associated with the ‘vaccine’ from word of mouth and whistleblower reports. Similar consequences followed with all these ‘vaccines’ that we were told were so safe and as the numbers grew by the day it was clear we were witnessing human carnage.

## **Learning the hard way**

A woman interviewed by UKColumn told how her husband suffered dramatic health effects after the vaccine when he’d been in good health all his life. He went from being a little unwell to losing all feeling in his legs and experiencing ‘excruciating pain’. Misdiagnosis followed twice at Accident and Emergency (an ‘allergy’ and ‘sciatica’) before he was admitted to a neurology ward where doctors said his serious condition had been caused by the

'vaccine'. Another seven 'vaccinated' people were apparently being treated on the same ward for similar symptoms. The woman said he had the 'vaccine' because they believed media claims that it was safe. 'I didn't think the government would give out a vaccine that does this to somebody; I believed they would be bringing out a vaccination that would be safe.' What a tragic way to learn that lesson. Another woman posted that her husband was transporting stroke patients to hospital on almost every shift and when he asked them if they had been 'vaccinated' for 'Covid' they all replied 'yes'. One had a 'massive brain bleed' the day after his second dose. She said her husband reported the 'just been vaccinated' information every time to doctors in A and E only for them to ignore it, make no notes and appear annoyed that it was even mentioned. This particular report cannot be verified, but it expresses a common theme that confirms the monumental underreporting of 'vaccine' consequences. Interestingly as the 'vaccines' and their brain blood clot/stroke consequences began to emerge the UK National Health Service began a publicity campaign telling the public what to do in the event of a stroke. A Scottish NHS staff nurse who quit in disgust in March, 2021, said:

I have seen traumatic injuries from the vaccine, they're not getting reported to the yellow card [adverse reaction] scheme, they're treating the symptoms, not asking why, why it's happening. It's just treating the symptoms and when you speak about it you're dismissed like you're crazy, I'm not crazy, I'm not crazy because every other colleague I've spoken to is terrified to speak out, they've had enough.

Videos appeared on the Internet of people uncontrollably shaking after the 'vaccine' with no control over muscles, limbs and even their face. A Scottish mother broke out in a severe rash all over her body almost immediately after she was given the AstraZeneca 'vaccine'. The pictures were horrific. Leigh King, a 41-year-old hairdresser from Lanarkshire said: 'Never in my life was I prepared for what I was about to experience ... My skin was so sore and constantly hot ... I have never felt pain like this ...' But don't you worry, the 'vaccine' is perfectly safe. Then there has been the effect on medical

staff who have been pressured to have the ‘vaccine’ by psychopathic ‘health’ authorities and government. A London hospital consultant who gave the name K. Polyakova wrote this to the *British Medical Journal* or *BMJ*:

I am currently struggling with ... the failure to report the reality of the morbidity caused by our current vaccination program within the health service and staff population. The levels of sickness after vaccination is unprecedented and staff are getting very sick and some with neurological symptoms which is having a huge impact on the health service function. Even the young and healthy are off for days, some for weeks, and some requiring medical treatment. Whole teams are being taken out as they went to get vaccinated together.

Mandatory vaccination in this instance is stupid, unethical and irresponsible when it comes to protecting our staff and public health. We are in the voluntary phase of vaccination, and encouraging staff to take an unlicensed product that is impacting on their immediate health ... it is clearly stated that these vaccine products do not offer immunity or stop transmission. In which case why are we doing it?

Not to protect health that’s for sure. Medical workers are lauded by governments for agenda reasons when they couldn’t give a toss about them any more than they can for the population in general. Schools across America faced the same situation as they closed due to the high number of teachers and other staff with bad reactions to the Pfizer/BioNTech, Moderna, and Johnson & Johnson ‘Covid vaccines’ all of which were linked to death and serious adverse effects. The *BMJ* took down the consultant’s comments pretty quickly on the grounds that they were being used to spread ‘disinformation’. They were exposing the truth about the ‘vaccine’ was the real reason. The cover-up is breathtaking.

## **Hiding the evidence**

The scale of the ‘vaccine’ death cover-up worldwide can be confirmed by comparing official figures with the personal experience of the public. I heard of many people in my community who died immediately or soon after the vaccine that would never appear in the media or even likely on the official totals of ‘vaccine’ fatalities and adverse reactions when only about ten percent are estimated to be

reported and I have seen some estimates as low as one percent in a Harvard study. In the UK alone by April 29th, 2021, some 757,654 adverse reactions had been officially reported from the Pfizer/BioNTech, Oxford/AstraZeneca and Moderna 'vaccines' with more than a thousand deaths linked to jabs and that means an estimated ten times this number in reality from a ten percent reporting rate percentage. That's seven million adverse reactions and 10,000 potential deaths and a one percent reporting rate would be ten times *those* figures. In 1976 the US government pulled the swine flu vaccine after 53 deaths. The UK data included a combined 10,000 eye disorders from the 'Covid vaccines' with more than 750 suffering visual impairment or blindness and again multiply by the estimated reporting percentages. As 'Covid cases' officially fell hospitals virtually empty during the 'Covid crisis' began to fill up with a range of other problems in the wake of the 'vaccine' rollout. The numbers across America have also been catastrophic. Deaths linked to *all* types of vaccine increased by *6,000 percent* in the first quarter of 2021 compared with 2020. A 39-year-old woman from Ogden, Utah, died four days after receiving a second dose of Moderna's 'Covid vaccine' when her liver, heart and kidneys all failed despite the fact that she had no known medical issues or conditions. Her family sought an autopsy, but Dr Erik Christensen, Utah's chief medical examiner, said proving vaccine injury as a cause of death almost never happened. He could think of only one instance where an autopsy would name a vaccine as the official cause of death and that would be anaphylaxis where someone received a vaccine and died almost instantaneously. 'Short of that, it would be difficult for us to definitively say this is the vaccine,' Christensen said. If that is true this must be added to the estimated ten percent (or far less) reporting rate of vaccine deaths and serious reactions and the conclusion can only be that vaccine deaths and serious reactions – including these 'Covid' potions – are phenomenally understated in official figures. The same story can be found everywhere. Endless accounts of deaths and serious reactions among the public, medical

and care home staff while official figures did not even begin to reflect this.

Professional script-reader Dr David Williams, a ‘top public-health official’ in Ontario, Canada, insulted our intelligence by claiming only four serious adverse reactions and no deaths from the more than 380,000 vaccine doses then given. This bore no resemblance to what people knew had happened in their own circles and we had Dirk Huyer in charge of getting millions vaccinated in Ontario while at the same time he was Chief Coroner for the province investigating causes of death including possible death from the vaccine. An aide said he had stepped back from investigating deaths, but evidence indicated otherwise. Rosemary Frei, who secured a Master of Science degree in molecular biology at the Faculty of Medicine at Canada’s University of Calgary before turning to investigative journalism, was one who could see that official figures for ‘vaccine’ deaths and reactions made no sense. She said that doctors seldom reported adverse events and when people got really sick or died after getting a vaccination they would attribute that to anything except the vaccines. It had been that way for years and anyone who wondered aloud whether the ‘Covid vaccines’ or other shots cause harm is immediately branded as ‘anti-vax’ and ‘anti-science’. This was ‘career-threatening’ for health professionals. Then there was the huge pressure to support the push to ‘vaccinate’ billions in the quickest time possible. Frei said:

So that’s where we’re at today. More than half a million vaccine doses have been given to people in Ontario alone. The rush is on to vaccinate all 15 million of us in the province by September. And the mainstream media are screaming for this to be sped up even more. That all adds up to only a very slim likelihood that we’re going to be told the truth by officials about how many people are getting sick or dying from the vaccines.

What is true of Ontario is true of everywhere.

## **They KNEW – and still did it**

The authorities knew what was going to happen with multiple deaths and adverse reactions. The UK government’s Gates-funded

and Big Pharma-dominated Medicines and Healthcare products Regulatory Agency (MHRA) hired a company to employ AI in compiling the projected reactions to the ‘vaccine’ that would otherwise be uncountable. The request for applications said: ‘The MHRA urgently seeks an Artificial Intelligence (AI) software tool to process the expected high volume of Covid-19 vaccine Adverse Drug Reaction ...’ This was from the agency, headed by the disingenuous June Raine, that gave the ‘vaccines’ emergency approval and the company was hired before the first shot was given. ‘We are going to kill and maim you – is that okay?’ ‘Oh, yes, perfectly fine – I’m very grateful, thank you, doctor.’ The range of ‘Covid vaccine’ adverse reactions goes on for page after page in the MHRA criminally underreported ‘Yellow Card’ system and includes affects to eyes, ears, skin, digestion, blood and so on. Raine’s MHRA amazingly claimed that the ‘overall safety experience ... is so far as expected from the clinical trials’. The death, serious adverse effects, deafness and blindness were *expected*? When did they ever mention that? If these human tragedies were expected then those that gave approval for the use of these ‘vaccines’ must be guilty of crimes against humanity including murder – a definition of which is ‘killing a person with malice aforethought or with recklessness manifesting extreme indifference to the value of human life.’ People involved at the MHRA, the CDC in America and their equivalent around the world must go before Nuremberg trials to answer for their callous inhumanity. We are only talking here about the immediate effects of the ‘vaccine’. The longer-term impact of the DNA synthetic manipulation is the main reason they are so hysterically desperate to inoculate the entire global population in the shortest possible time.

Africa and the developing world are a major focus for the ‘vaccine’ depopulation agenda and a mass vaccination sales-pitch is underway thanks to caring people like the Rockefellers and other Cult assets. The Rockefeller Foundation, which pre-empted the ‘Covid pandemic’ in a document published in 2010 that ‘predicted’ what happened a decade later, announced an initial \$34.95 million grant in February, 2021, ‘to ensure more equitable access to Covid-19

testing and vaccines' among other things in Africa in collaboration with '24 organizations, businesses, and government agencies'. The pan-Africa initiative would focus on 10 countries: Burkina Faso, Ethiopia, Ghana, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia'. Rajiv Shah, President of the Rockefeller Foundation and former administrator of CIA-controlled USAID, said that if Africa was not mass-vaccinated (to change the DNA of its people) it was a 'threat to all of humanity' and not fair on Africans. When someone from the Rockefeller Foundation says they want to do something to help poor and deprived people and countries it is time for a belly-laugh. They are doing this out of the goodness of their 'heart' because 'vaccinating' the entire global population is what the 'Covid' hoax set out to achieve. Official 'decolonisation' of Africa by the Cult was merely a prelude to financial colonisation on the road to a return to physical colonisation. The 'vaccine' is vital to that and the sudden and convenient death of the 'Covid' sceptic president of Tanzania can be seen in its true light. A lot of people in Africa are aware that this is another form of colonisation and exploitation and they need to stand their ground.

### **The 'vaccine is working' scam**

A potential problem for the Cult was that the 'vaccine' is meant to change human DNA and body messaging and not to protect anyone from a 'virus' never shown to exist. The vaccine couldn't work because it was not designed to work and how could they make it *appear* to be working so that more people would have it? This was overcome by lowering the amplification rate of the PCR test to produce fewer 'cases' and therefore fewer 'deaths'. Some of us had been pointing out since March, 2020, that the amplification rate of the test not testing for the 'virus' had been made artificially high to generate positive tests which they could call 'cases' to justify lockdowns. The World Health Organization recommended an absurdly high 45 amplification cycles to ensure the high positives required by the Cult and then remained silent on the issue until January 20th, 2021 – Biden's Inauguration Day. This was when the

'vaccinations' were seriously underway and on that day the WHO recommended after discussions with America's CDC that laboratories *lowered their testing amplification*. Dr David Samadi, a certified urologist and health writer, said the WHO was encouraging all labs to reduce their cycle count for PCR tests. He said the current cycle was much too high and was 'resulting in any particle being declared a positive case'. Even one mainstream news report I saw said this meant the number of 'Covid' infections may have been 'dramatically inflated'. Oh, just a little bit. The CDC in America issued new guidance to laboratories in April, 2021, to use 28 cycles *but only for 'vaccinated' people*. The timing of the CDC/WHO interventions were cynically designed to make it appear the 'vaccines' were responsible for falling cases and deaths when the real reason can be seen in the following examples. New York's state lab, the Wadsworth Center, identified 872 positive tests in July, 2020, based on a threshold of 40 cycles. When the figure was lowered to 35 cycles *43 percent* of the 872 were no longer 'positives'. At 30 cycles the figure was 63 percent. A Massachusetts lab found that between *85 to 90 percent* of people who tested positive in July with a cycle threshold of 40 would be negative at 30 cycles, Ashish Jha, MD, director of the Harvard Global Health Institute, said: 'I'm really shocked that it could be that high ... Boy, does it really change the way we need to be thinking about testing.' I'm shocked that I could see the obvious in the spring of 2020, with no medical background, and most medical professionals still haven't worked it out. No, that's not shocking – it's terrifying.

Three weeks after the WHO directive to lower PCR cycles the London *Daily Mail* ran this headline: 'Why ARE Covid cases plummeting? New infections have fallen 45% in the US and 30% globally in the past 3 weeks but experts say vaccine is NOT the main driver because only 8% of Americans and 13% of people worldwide have received their first dose.' They acknowledged that the drop could not be attributed to the 'vaccine', but soon this morphed throughout the media into the 'vaccine' has caused cases and deaths to fall when it was the PCR threshold. In December, 2020, there was

chaos at English Channel ports with truck drivers needing negative 'Covid' tests before they could board a ferry home for Christmas. The government wanted to remove the backlog as fast as possible and they brought in troops to do the 'testing'. Out of 1,600 drivers just 36 tested positive and the rest were given the all clear to cross the Channel. I guess the authorities thought that 36 was the least they could get away with without the unquestioning catching on. The amplification trick which most people believed in the absence of information in the mainstream applied more pressure on those refusing the 'vaccine' to succumb when it 'obviously worked'. The truth was the exact opposite with deaths in care homes soaring with the 'vaccine' and in Israel the term used was 'skyrocket'. A re-analysis of published data from the Israeli Health Ministry led by Dr Hervé Seligmann at the Medicine Emerging Infectious and Tropical Diseases at Aix-Marseille University found that Pfizer's 'Covid vaccine' killed 'about 40 times more [elderly] people than the disease itself would have killed' during a five-week vaccination period and 260 *times* more younger people than would have died from the 'virus' even according to the manipulated 'virus' figures. Dr Seligmann and his co-study author, Haim Yativ, declared after reviewing the Israeli 'vaccine' death data: 'This is a new Holocaust.'

Then, in mid-April, 2021, after vast numbers of people worldwide had been 'vaccinated', the story changed with clear coordination. The UK government began to prepare the ground for more future lockdowns when Nuremberg-destined Boris Johnson told yet another whopper. He said that cases had fallen because of *lockdowns* not 'vaccines'. Lockdowns are irrelevant when *there is no 'virus'* and the test and fraudulent death certificates are deciding the number of 'cases' and 'deaths'. Study after study has shown that lockdowns don't work and instead kill and psychologically destroy people. Meanwhile in the United States Anthony Fauci and Rochelle Walensky, the ultra-Zionist head of the CDC, peddled the same line. More lockdown was the answer and not the 'vaccine', a line repeated on cue by the moron that is Canadian Prime Minister Justin Trudeau. Why all the hysteria to get everyone 'vaccinated' if lockdowns and

not ‘vaccines’ made the difference? None of it makes sense on the face of it. Oh, but it does. The Cult wants lockdowns *and* the ‘vaccine’ and if the ‘vaccine’ is allowed to be seen as the total answer lockdowns would no longer be justified when there are still livelihoods to destroy. ‘Variants’ and renewed upward manipulation of PCR amplification are planned to instigate never-ending lockdown *and* more ‘vaccines’.

## **You must have it – we’re desperate**

Israel, where the Jewish and Arab population are ruled by the Sabbatian Cult, was the front-runner in imposing the DNA-manipulating ‘vaccine’ on its people to such an extent that Jewish refusers began to liken what was happening to the early years of Nazi Germany. This would seem to be a fantastic claim. Why would a government of Jewish people be acting like the Nazis did? If you realise that the Sabbatian Cult was behind the Nazis and that Sabbatians hate Jews the pieces start to fit and the question of why a ‘Jewish’ government would treat Jews with such callous disregard for their lives and freedom finds an answer. Those controlling the government of Israel *aren’t Jewish* – they’re Sabbatian. Israeli lawyer Tamir Turgal was one who made the Nazi comparison in comments to German lawyer Reiner Fuellmich who is leading a class action lawsuit against the psychopaths for crimes against humanity. Turgal described how the Israeli government was vaccinating children and pregnant women on the basis that there was no evidence that this was dangerous when they had no evidence that it *wasn’t* dangerous either. They just had no evidence. This was medical experimentation and Turgal said this breached the Nuremberg Code about medical experimentation and procedures requiring informed consent and choice. Think about that. A Nuremberg Code developed because of Nazi experimentation on Jews and others in concentration camps by people like the evil-beyond-belief Josef Mengele is being breached by the *Israeli* government; but when you know that it’s a *Sabbatian* government along with its intelligence and military agencies like Mossad, Shin Bet and the Israeli Defense Forces, and that Sabbatians

were the force behind the Nazis, the kaleidoscope comes into focus. What have we come to when Israeli Jews are suing their government for violating the Nuremberg Code by essentially making Israelis subject to a medical experiment using the controversial 'vaccines'? It's a shocker that this has to be done in the light of what happened in Nazi Germany. The Anshe Ha-Emet, or 'People of the Truth', made up of Israeli doctors, lawyers, campaigners and public, have launched a lawsuit with the International Criminal Court. It says:

When the heads of the Ministry of Health as well as the prime minister presented the vaccine in Israel and began the vaccination of Israeli residents, the vaccinated were not advised, that, in practice, they are taking part in a medical experiment and that their consent is required for this under the Nuremberg Code.

The irony is unbelievable, but easily explained in one word: Sabbatians. The foundation of Israeli 'Covid' apartheid is the 'green pass' or 'green passport' which allows Jews and Arabs who have had the DNA-manipulating 'vaccine' to go about their lives – to work, fly, travel in general, go to shopping malls, bars, restaurants, hotels, concerts, gyms, swimming pools, theatres and sports venues, while non-'vaccinated' are banned from all those places and activities. Israelis have likened the 'green pass' to the yellow stars that Jews in Nazi Germany were forced to wear – the same as the yellow stickers that a branch of UK supermarket chain Morrisons told exempt mask-wears they had to display when shopping. How very sensitive. The Israeli system is blatant South African-style apartheid on the basis of compliance or non-compliance to fascism rather than colour of the skin. How appropriate that the Sabbatian Israeli government was so close to the pre-Mandela apartheid regime in Pretoria. The Sabbatian-instigated 'vaccine passport' in Israel is planned for everywhere. Sabbatians struck a deal with Pfizer that allowed them to lead the way in the percentage of a national population infused with synthetic material and the result was catastrophic. Israeli freedom activist Shai Dannon told me how chairs were appearing on beaches that said 'vaccinated only'. Health Minister Yuli Edelstein said that anyone unwilling or unable to get

the jabs that ‘confer immunity’ will be ‘left behind’. The man’s a liar. Not even the makers claim the ‘vaccines’ confer immunity. When you see those figures of ‘vaccine’ deaths these psychopaths were saying that you must take the chance the ‘vaccine’ will kill you or maim you while knowing it will change your DNA or lockdown for you will be permanent. That’s fascism. The Israeli parliament passed a law to allow personal information of the non-vaccinated to be shared with local and national authorities for three months. This was claimed by its supporters to be a way to ‘encourage’ people to be vaccinated. Hadas Ziv from Physicians for Human Rights described this as a ‘draconian law which crushed medical ethics and the patient rights’. But that’s the idea, the Sabbatians would reply.

## **Your papers, please**

Sabbatian Israel was leading what has been planned all along to be a global ‘vaccine pass’ called a ‘green passport’ without which you would remain in permanent lockdown restriction and unable to do anything. This is how badly – *desperately* – the Cult is to get everyone ‘vaccinated’. The term and colour ‘green’ was not by chance and related to the psychology of fusing the perception of the green climate hoax with the ‘Covid’ hoax and how the ‘solution’ to both is the same Great Reset. Lying politicians, health officials and psychologists denied there were any plans for mandatory vaccinations or restrictions based on vaccinations, but they knew that was exactly what was meant to happen with governments of all countries reaching agreements to enforce a global system. ‘Free’ Denmark and ‘free’ Sweden unveiled digital vaccine certification. Cyprus, Czech Republic, Estonia, Greece, Hungary, Iceland, Italy, Poland, Portugal, Slovakia, and Spain have all committed to a vaccine passport system and the rest including the whole of the EU would follow. The satanic UK government will certainly go this way despite mendacious denials and at the time of writing it is trying to manipulate the public into having the ‘vaccine’ so they could go abroad on a summer holiday. How would that work without something to prove you had the synthetic toxicity injected into you?

Documents show that the EU's European Commission was moving towards 'vaccine certificates' in 2018 and 2019 before the 'Covid' hoax began. They knew what was coming. Abracadabra – Ursula von der Leyen, the German President of the Commission, announced in March, 2021, an EU 'Digital Green Certificate' – green again – to track the public's 'Covid status'. The passport sting is worldwide and the Far East followed the same pattern with South Korea ruling that only those with 'vaccination' passports – again the *green* pass – would be able to 'return to their daily lives'.

Bill Gates has been preparing for this 'passport' with other Cult operatives for years and beyond the paper version is a Gates-funded 'digital tattoo' to identify who has been vaccinated and who hasn't. The 'tattoo' is reported to include a substance which is externally readable to confirm who has been vaccinated. This is a bio-luminous light-generating enzyme (think fireflies) called ... *Luciferase*. Yes, named after the Cult 'god' Lucifer the 'light bringer' of whom more to come. Gates said he funded the readable tattoo to ensure children in the developing world were vaccinated and no one was missed out. He cares so much about poor kids as we know. This was just the cover story to develop a vaccine tagging system for everyone on the planet. Gates has been funding the ID2020 'alliance' to do just that in league with other lovely people at Microsoft, GAVI, the Rockefeller Foundation, Accenture and IDEO.org. He said in interviews in March, 2020, before any 'vaccine' publicly existed, that the world must have a globalised digital certificate to track the 'virus' and who had been vaccinated. Gates knew from the start that the mRNA vaccines were coming and when they would come and that the plan was to tag the 'vaccinated' to marginalise the intelligent and stop them doing anything including travel. Evil just doesn't suffice. Gates was exposed for offering a \$10 million bribe to the Nigerian House of Representatives to invoke compulsory 'Covid' vaccination of all Nigerians. Sara Cunial, a member of the Italian Parliament, called Gates a 'vaccine criminal'. She urged the Italian President to hand him over to the International Criminal Court for crimes against

humanity and condemned his plans to 'chip the human race' through ID2020.

You know it's a long-planned agenda when war criminal and Cult gofer Tony Blair is on the case. With the scale of arrogance only someone as dark as Blair can muster he said: 'Vaccination in the end is going to be your route to liberty.' Blair is a disgusting piece of work and he confirms that again. The media has given a lot of coverage to a bloke called Charlie Mullins, founder of London's biggest independent plumbing company, Pimlico Plumbers, who has said he won't employ anyone who has not been vaccinated or have them go to any home where people are not vaccinated. He said that if he had his way no one would be allowed to walk the streets if they have not been vaccinated. Gates was cheering at the time while I was alerting the white coats. The plan is that people will qualify for 'passports' for having the first two doses and then to keep it they will have to have all the follow ups and new ones for invented 'variants' until human genetics is transformed and many are dead who can't adjust to the changes. Hollywood celebrities – the usual propaganda stunt – are promoting something called the WELL Health-Safety Rating to verify that a building or space has 'taken the necessary steps to prioritize the health and safety of their staff, visitors and other stakeholders'. They included Lady Gaga, Jennifer Lopez, Michael B. Jordan, Robert DeNiro, Venus Williams, Wolfgang Puck, Deepak Chopra and 17th Surgeon General Richard Carmona. Yawn. WELL Health-Safety has big connections with China. Parent company Delos is headed by former Goldman Sachs partner Paul Scialla. This is another example – and we will see so many others – of using the excuse of 'health' to dictate the lives and activities of the population. I guess one confirmation of the 'safety' of buildings is that only 'vaccinated' people can go in, right?

## **Electronic concentration camps**

I wrote decades ago about the plans to restrict travel and here we are for those who refuse to bow to tyranny. This can be achieved in one go with air travel if the aviation industry makes a blanket decree.

The ‘vaccine’ and guaranteed income are designed to be part of a global version of China’s social credit system which tracks behaviour 24/7 and awards or deletes ‘credits’ based on whether your behaviour is supported by the state or not. I mean your entire lifestyle – what you do, eat, say, everything. Once your credit score falls below a certain level consequences kick in. In China tens of millions have been denied travel by air and train because of this. All the locations and activities denied to refusers by the ‘vaccine’ passports will be included in one big mass ban on doing almost anything for those that don’t bow their head to government. It’s beyond fascist and a new term is required to describe its extremes – I guess fascist technocracy will have to do. The way the Chinese system of technological – technocratic – control is sweeping the West can be seen in the Los Angeles school system and is planned to be expanded worldwide. Every child is required to have a ‘Covid’-tracking app scanned daily before they can enter the classroom. The so-called Daily Pass tracking system is produced by Gates’ Microsoft which I’m sure will shock you rigid. The pass will be scanned using a barcode (one step from an inside-the-body barcode) and the information will include health checks, ‘Covid’ tests and vaccinations. Entry codes are for one specific building only and access will only be allowed if a student or teacher has a negative test with a test not testing for the ‘virus’, has no symptoms of anything alleged to be related to ‘Covid’ (symptoms from a range of other illness), and has a temperature under 100 degrees. No barcode, no entry, is planned to be the case for everywhere and not only schools.

Kids are being psychologically prepared to accept this as ‘normal’ their whole life which is why what they can impose in schools is so important to the Cult and its gofers. Long-time American freedom campaigner John Whitehead of the Rutherford Institute was not exaggerating when he said: ‘Databit by databit, we are building our own electronic concentration camps.’ Canada under its Cult gofer prime minister Justin Trudeau has taken a major step towards the real thing with people interned against their will if they test positive with a test not testing for the ‘virus’ when they arrive at a Canadian

airport. They are jailed in internment hotels often without food or water for long periods and with many doors failing to lock there have been sexual assaults. The interned are being charged sometimes \$2,000 for the privilege of being abused in this way. Trudeau is fully on board with the Cult and says the 'Covid pandemic' has provided an opportunity for a global 'reset' to permanently change Western civilisation. His number two, Deputy Prime Minister Chrystia Freeland, is a trustee of the World Economic Forum and a Rhodes Scholar. The Trudeau family have long been servants of the Cult. See *The Biggest Secret* and Cathy O'Brien's book *Trance-Formation of America* for the horrific background to Trudeau's father Pierre Trudeau another Canadian prime minister. Hide your fascism behind the façade of a heart-on-the-sleeve liberal. It's a well-honed Cult technique.

## **What can the 'vaccine' really do?**

We have a 'virus' never shown to exist and 'variants' of the 'virus' that have also never been shown to exist except, like the 'original', as computer-generated fictions. Even if you believe there's a 'virus' the 'case' to 'death' rate is in the region of 0.23 to 0.15 percent and those 'deaths' are concentrated among the very old around the same average age that people die anyway. In response to this lack of threat (in truth none) psychopaths and idiots, knowingly and unknowingly answering to Gates and the Cult, are seeking to 'vaccinate' every man, woman and child on Planet Earth. Clearly the 'vaccine' is not about 'Covid' – none of this ever has been. So what is it all about *really*? Why the desperation to infuse genetically-manipulating synthetic material into everyone through mRNA fraudulent 'vaccines' with the intent of doing this over and over with the excuses of 'variants' and other 'virus' inventions? Dr Sherri Tenpenny, an osteopathic medical doctor in the United States, has made herself an expert on vaccines and their effects as a vehement campaigner against their use. Tenpenny was board certified in emergency medicine, the director of a level two trauma centre for 12 years, and moved to Cleveland in 1996 to start an integrative

medicine practice which has treated patients from all 50 states and some 17 other countries. Weaning people off pharmaceutical drugs is a speciality.

She became interested in the consequences of vaccines after attending a meeting at the National Vaccine Information Center in Washington DC in 2000 where she 'sat through four days of listening to medical doctors and scientists and lawyers and parents of vaccine injured kids' and asked: 'What's going on?' She had never been vaccinated and never got ill while her father was given a list of vaccines to be in the military and was 'sick his entire life'. The experience added to her questions and she began to examine vaccine documents from the Centers for Disease Control (CDC). After reading the first one, the 1998 version of *The General Recommendations of Vaccination*, she thought: 'This is it?' The document was poorly written and bad science and Tenpenny began 20 years of research into vaccines that continues to this day. She began her research into 'Covid vaccines' in March, 2020, and she describes them as 'deadly'. For many, as we have seen, they already have been. Tenpenny said that in the first 30 days of the 'vaccine' rollout in the United States there had been more than 40,000 adverse events reported to the vaccine adverse event database. A document had been delivered to her the day before that was 172 pages long. 'We have over 40,000 adverse events; we have over 3,100 cases of [potentially deadly] anaphylactic shock; we have over 5,000 neurological reactions.' Effects ranged from headaches to numbness, dizziness and vertigo, to losing feeling in hands or feet and paraesthesia which is when limbs 'fall asleep' and people have the sensation of insects crawling underneath their skin. All this happened in the first 30 days and remember that only about *ten percent* (or far less) of adverse reactions and vaccine-related deaths are estimated to be officially reported. Tenpenny said:

So can you think of one single product in any industry, any industry, for as long as products have been made on the planet that within 30 days we have 40,000 people complaining of side effects that not only is still on the market but ... we've got paid actors telling us how great

they are for getting their vaccine. We're offering people \$500 if they will just get their vaccine and we've got nurses and doctors going; 'I got the vaccine, I got the vaccine'.

Tenpenny said they were not going to be 'happy dancing folks' when they began to suffer Bell's palsy (facial paralysis), neuropathies, cardiac arrhythmias and autoimmune reactions that kill through a blood disorder. 'They're not going to be so happy, happy then, but we're never going to see pictures of those people' she said. Tenpenny described the 'vaccine' as 'a well-designed killing tool'.

## No off-switch

Bad as the initial consequences had been Tenpenny said it would be maybe 14 months before we began to see the 'full ravage' of what is going to happen to the 'Covid vaccinated' with full-out consequences taking anything between two years and 20 years to show. You can understand why when you consider that variations of the 'Covid vaccine' use mRNA (messenger RNA) to in theory activate the immune system to produce protective antibodies without using the actual 'virus'. How can they when it's a computer program and they've never isolated what they claim is the 'real thing'? Instead they use *synthetic* mRNA. They are inoculating synthetic material into the body which through a technique known as the Trojan horse is absorbed into cells to change the nature of DNA. Human DNA is changed by an infusion of messenger RNA and with each new 'vaccine' of this type it is changed even more. Say so and you are banned by Cult Internet platforms. The contempt the contemptuous Mark Zuckerberg has for the truth and human health can be seen in an internal Facebook video leaked to the Project Veritas investigative team in which he said of the 'Covid vaccines': '... I share some caution on this because we just don't know the long term side-effects of basically modifying people's DNA and RNA.' At the same time this disgusting man's Facebook was censoring and banning anyone saying exactly the same. He must go before a Nuremberg trial for crimes against humanity when he *knows* that he

is censoring legitimate concerns and denying the right of informed consent on behalf of the Cult that owns him. People have been killed and damaged by the very ‘vaccination’ technique he cast doubt on himself when they may not have had the ‘vaccine’ with access to information that he denied them. The plan is to have at least annual ‘Covid vaccinations’, add others to deal with invented ‘variants’, and change all other vaccines into the mRNA system. Pfizer executives told shareholders at a virtual Barclays Global Healthcare Conference in March, 2021, that the public may need a third dose of ‘Covid vaccine’, plus regular yearly boosters and the company planned to hike prices to milk the profits in a ‘significant opportunity for our vaccine’. These are the professional liars, cheats and opportunists who are telling you their ‘vaccine’ is safe. Given this volume of mRNA planned to be infused into the human body and its ability to then replicate we will have a transformation of human genetics from biological to synthetic biological – exactly the long-time Cult plan for reasons we’ll see – and many will die. Sherri Tenpenny said of this replication:

It’s like having an on-button but no off-button and that whole mechanism ... they actually give it a name and they call it the Trojan horse mechanism, because it allows that [synthetic] virus and that piece of that [synthetic] virus to get inside of your cells, start to replicate and even get inserted into other parts of your DNA as a Trojan-horse.

Ask the overwhelming majority of people who have the ‘vaccine’ what they know about the contents and what they do and they would reply: ‘The government says it will stop me getting the virus.’ Governments give that false impression on purpose to increase take-up. You can read Sherri Tenpenny’s detailed analysis of the health consequences in her blog at [Vaxxter.com](http://Vaxxter.com), but in summary these are some of them. She highlights the statement by Bill Gates about how human beings can become their own ‘vaccine manufacturing machine’. The man is insane. [‘Vaccine’-generated] ‘antibodies’ carry synthetic messenger RNA into the cells and the damage starts, Tenpenny contends, and she says that lungs can be adversely affected through varying degrees of pus and bleeding which

obviously affects breathing and would be dubbed ‘Covid-19’. Even more sinister was the impact of ‘antibodies’ on macrophages, a white blood cell of the immune system. They consist of Type 1 and Type 2 which have very different functions. She said Type 1 are ‘hyper-vigilant’ white blood cells which ‘gobble up’ bacteria etc. However, in doing so, this could cause inflammation and in extreme circumstances be fatal. She says these affects are mitigated by Type 2 macrophages which kick in to calm down the system and stop it going rogue. They clear up dead tissue debris and reduce inflammation that the Type 1 ‘fire crews’ have caused. Type 1 kills the infection and Type 2 heals the damage, she says. This is her punchline with regard to ‘Covid vaccinations’: She says that mRNA ‘antibodies’ block Type 2 macrophages by attaching to them and deactivating them. This meant that when the Type 1 response was triggered by infection there was nothing to stop that getting out of hand by calming everything down. There’s an on-switch, but no off-switch, she says. What follows can be ‘over and out, see you when I see you’.

## **Genetic suicide**

Tenpenny also highlights the potential for autoimmune disease – the body attacking itself – which has been associated with vaccines since they first appeared. Infusing a synthetic foreign substance into cells could cause the immune system to react in a panic believing that the body is being overwhelmed by an invader (it is) and the consequences can again be fatal. There is an autoimmune response known as a ‘cytokine storm’ which I have likened to a homeowner panicked by an intruder and picking up a gun to shoot randomly in all directions before turning the fire on himself. The immune system unleashes a storm of inflammatory response called cytokines to a threat and the body commits hara-kiri. The lesson is that you mess with the body’s immune response at your peril and these ‘vaccines’ seriously – fundamentally – mess with immune response. Tenpenny refers to a consequence called anaphylactic shock which is a severe and highly dangerous allergic reaction when the immune system

floods the body with chemicals. She gives the example of having a bee sting which primes the immune system and makes it sensitive to those chemicals. When people are stung again maybe years later the immune response can be so powerful that it leads to anaphylactic shock. Tenpenny relates this 'shock' with regard to the 'Covid vaccine' to something called polyethylene glycol or PEG. Enormous numbers of people have become sensitive to this over decades of use in a whole range of products and processes including food, drink, skin creams and 'medicine'. Studies have claimed that some 72 percent of people have antibodies triggered by PEG compared with two percent in the 1960s and allergic hypersensitive reactions to this become a gathering cause for concern. Tenpenny points out that the 'mRNA vaccine' is coated in a 'bubble' of polyethylene glycol which has the potential to cause anaphylactic shock through immune sensitivity. Many reports have appeared of people reacting this way after having the 'Covid vaccine'. What do we think is going to happen as humanity has more and more of these 'vaccines'?

Tenpenny said: 'All these pictures we have seen with people with these rashes ... these weepy rashes, big reactions on their arms and things like that – it's an acute allergic reaction most likely to the polyethylene glycol that you've been previously primed and sensitised to.'

Those who have not studied the conspiracy and its perpetrators at length might think that making the population sensitive to PEG and then putting it in these 'vaccines' is just a coincidence. It is not. It is instead testament to how carefully and coldly-planned current events have been and the scale of the conspiracy we are dealing with. Tenpenny further explains that the 'vaccine' mRNA procedure can breach the blood-brain barrier which protects the brain from toxins and other crap that will cause malfunction. In this case they could make two proteins corrupt brain function to cause Amyotrophic lateral sclerosis (ALS), a progressive nervous system disease leading to loss of muscle control, and frontal lobe degeneration – Alzheimer's and dementia. Immunologist J. Bart Classon published a paper connecting mRNA 'vaccines' to prion

disease which can lead to Alzheimer's and other forms of neurodegenerative disease while others have pointed out the potential to affect the placenta in ways that make women infertile. This will become highly significant in the next chapter when I will discuss other aspects of this non-vaccine that relate to its nanotechnology and transmission from the injected to the uninjected.

## **Qualified in idiocy**

Tenpenny describes how research has confirmed that these 'vaccine'-generated antibodies can interact with a range of other tissues in the body and attack many other organs including the lungs. 'This means that if you have a hundred people standing in front of you that all got this shot they could have a hundred different symptoms.'

Anyone really think that Cult gofers like the Queen, Tony Blair, Christopher Whitty, Anthony Fauci, and all the other psychopaths have really had this 'vaccine' in the pictures we've seen? Not a bloody chance. Why don't doctors all tell us about all these dangers and consequences of the 'Covid vaccine'? Why instead do they encourage and pressure patients to have the shot? Don't let's think for a moment that doctors and medical staff can't be stupid, lazy, and psychopathic and that's without the financial incentives to give the jab. Tenpenny again:

Some people are going to die from the vaccine directly but a large number of people are going to start to get horribly sick and get all kinds of autoimmune diseases 42 days to maybe a year out. What are they going to do, these stupid doctors who say; 'Good for you for getting that vaccine.' What are they going to say; 'Oh, it must be a mutant, we need to give an extra dose of that vaccine.'

Because now the vaccine, instead of one dose or two doses we need three or four because the stupid physicians aren't taking the time to learn anything about it. If I can learn this sitting in my living room reading a 19 page paper and several others so can they. There's nothing special about me, I just take the time to do it.

Remember how Sara Kayat, the NHS and TV doctor, said that the 'Covid vaccine' would '100 percent prevent hospitalisation and death'. Doctors can be idiots like every other profession and they

should not be worshipped as infallible. They are not and far from it. Behind many medical and scientific ‘experts’ lies an uninformed prat trying to hide themselves from you although in the ‘Covid’ era many have failed to do so as with UK narrative-repeating ‘TV doctor’ Hilary Jones. Pushing back against the minority of proper doctors and scientists speaking out against the ‘vaccine’ has been the entire edifice of the Cult global state in the form of governments, medical systems, corporations, mainstream media, Silicon Valley, and an army of compliant doctors, medical staff and scientists willing to say anything for money and to enhance their careers by promoting the party line. If you do that you are an ‘expert’ and if you won’t you are an ‘anti-vaxxer’ and ‘Covidiot’. The pressure to be ‘vaccinated’ is incessant. We have even had reports claiming that the ‘vaccine’ can help cure cancer and Alzheimer’s and make the lame walk. I am waiting for the announcement that it can bring you coffee in the morning and cook your tea. Just as the symptoms of ‘Covid’ seem to increase by the week so have the miracles of the ‘vaccine’. American supermarket giant Kroger Co. offered nearly 500,000 employees in 35 states a \$100 bonus for having the ‘vaccine’ while donut chain Krispy Kreme promised ‘vaccinated’ customers a free glazed donut every day for the rest of 2021. Have your DNA changed and you will get a doughnut although we might not have to give you them for long. Such offers and incentives confirm the desperation.

Perhaps the worse vaccine-stunt of them all was UK ‘Health’ Secretary Matt-the-prat Hancock on live TV after watching a clip of someone being ‘vaccinated’ when the roll-out began. Hancock faked tears so badly it was embarrassing. Brain-of-Britain Piers Morgan, the lockdown-supporting, ‘vaccine’ supporting, ‘vaccine’ passport-supporting, TV host played along with Hancock – ‘You’re quite emotional about that’ he said in response to acting so atrocious it would have been called out at a school nativity which will presumably today include Mary and Jesus in masks, wise men keeping their camels six feet apart, and shepherds under tent arrest. System-serving Morgan tweeted this: ‘Love the idea of covid vaccine passports for everywhere: flights, restaurants, clubs, football, gyms,

shops etc. It's time covid-denying, anti-vaxxer loonies had their bullsh\*t bluff called & bar themselves from going anywhere that responsible citizens go.' If only I could aspire to his genius. To think that Morgan, who specialises in shouting over anyone he disagrees with, was lauded as a free speech hero when he lost his job after storming off the set of his live show like a child throwing his dolly out of the pram. If he is a free speech hero we are in real trouble. I have no idea what 'bullsh\*t' means, by the way, the \* throws me completely.

The Cult is desperate to infuse its synthetic DNA-changing concoction into everyone and has been using every lie, trick and intimidation to do so. The question of '*Why?*' we shall now address.

## CHAPTER TEN

### Human 2.0

***I believe that at the end of the century the use of words and general educated opinion will have altered so much that one will be able to speak of machines thinking without expecting to be contradicted –***

**Alan Turing (1912-1954), the ‘Father of artificial intelligence’**

I have been exposing for decades the plan to transform the human body from a biological to a synthetic-biological state. The new human that I will call Human 2.0 is planned to be connected to artificial intelligence and a global AI ‘Smart Grid’ that would operate as one global system in which AI would control everything from your fridge to your heating system to your car to your mind. Humans would no longer be ‘human’, but post-human and sub-human, with their thinking and emotional processes replaced by AI.

What I said sounded crazy and beyond science fiction and I could understand that. To any balanced, rational, mind it *is* crazy. Today, however, that world is becoming reality and it puts the ‘Covid vaccine’ into its true context. Ray Kurzweil is the ultra-Zionist ‘computer scientist, inventor and futurist’ and co-founder of the Singularity University. Singularity refers to the merging of humans with machines or ‘transhumanism’. Kurzweil has said humanity would be connected to the cyber ‘cloud’ in the period of the ever-recurring year of 2030:

Our thinking ... will be a hybrid of biological and non-biological thinking ... humans will be able to extend their limitations and ‘think in the cloud’ ... We’re going to put gateways to the

cloud in our brains ... We're going to gradually merge and enhance ourselves ... In my view, that's the nature of being human – we transcend our limitations. As the technology becomes vastly superior to what we are then the small proportion that is still human gets smaller and smaller and smaller until it's just utterly negligible.

They are trying to sell this end-of-humanity-as-we-know-it as the next stage of 'evolution' when we become super-human and 'like the gods'. They are lying to you. Shocked, eh? The population, and again especially the young, have been manipulated into addiction to technologies designed to enslave them for life. First they induced an addiction to smartphones (holdables); next they moved to technology on the body (wearables); and then began the invasion of the body (implantables). I warned way back about the plan for microchipped people and we are now entering that era. We should not be diverted into thinking that this refers only to chips we can see. Most important are the nanochips known as smart dust, neural dust and nanobots which are far too small to be seen by the human eye. Nanotechnology is everywhere, increasingly in food products, and released into the atmosphere by the geoengineering of the skies funded by Bill Gates to 'shut out the Sun' and 'save the planet from global warming'. Gates has been funding a project to spray millions of tonnes of chalk (calcium carbonate) into the stratosphere over Sweden to 'dim the Sun' and cool the Earth. Scientists warned the move could be disastrous for weather systems in ways no one can predict and opposition led to the Swedish space agency announcing that the 'experiment' would not be happening as planned in the summer of 2021; but it shows where the Cult is going with dimming the impact of the Sun and there's an associated plan to change the planet's atmosphere. Who gives psychopath Gates the right to dictate to the entire human race and dismantle planetary systems? The world will not be safe while this man is at large.

The global warming hoax has made the Sun, like the gas of life, something to fear when both are essential to good health and human survival (more inversion). The body transforms sunlight into vital vitamin D through a process involving ... *cholesterol*. This is the cholesterol we are also told to fear. We are urged to take Big Pharma

statin drugs to reduce cholesterol and it's all systematic. Reducing cholesterol means reducing vitamin D uptake with all the multiple health problems that will cause. At least if you take statins long term it saves the government from having to pay you a pension. The delivery system to block sunlight is widely referred to as chemtrails although these have a much deeper agenda, too. They appear at first to be contrails or condensation trails streaming from aircraft into cold air at high altitudes. Contrails disperse very quickly while chemtrails do not and spread out across the sky before eventually their content falls to earth. Many times I have watched aircraft cross-cross a clear blue sky releasing chemtrails until it looks like a cloudy day. Chemtrails contain many things harmful to humans and the natural world including toxic heavy metals, aluminium (see Alzheimer's) and nanotechnology. Ray Kurzweil reveals the reason without actually saying so: 'Nanobots will infuse all the matter around us with information. Rocks, trees, everything will become these intelligent creatures.' How do you deliver that? *From the sky.* Self-replicating nanobots would connect everything to the Smart Grid. The phenomenon of Morgellons disease began in the chemtrail era and the correlation has led to it being dubbed the 'chemtrail disease'. Self-replicating fibres appear in the body that can be pulled out through the skin. Morgellons fibres continue to grow outside the body and have a form of artificial intelligence. I cover this at greater length in *Phantom Self*.

## **'Vaccine' operating system**

'Covid vaccines' with their self-replicating synthetic material are also designed to make the connection between humanity and Kurzweil's 'cloud'. American doctor and dedicated campaigner for truth, Carrie Madej, an Internal Medicine Specialist in Georgia with more than 20 years medical experience, has highlighted the nanotechnology aspect of the fake 'vaccines'. She explains how one of the components in at least the Moderna and Pfizer synthetic potions are 'lipid nanoparticles' which are 'like little tiny computer bits' – a 'sci-fi substance' known as nanobots and hydrogel which can be 'triggered

at any moment to deliver its payload' and act as 'biosensors'. The synthetic substance had 'the ability to accumulate data from your body like your breathing, your respiration, thoughts and emotions, all kind of things' and each syringe could carry a *million* nanobots:

This substance because it's like little bits of computers in your body, crazy, but it's true, it can do that, [and] obviously has the ability to act through Wi-Fi. It can receive and transmit energy, messages, frequencies or impulses. That issue has never been addressed by these companies. What does that do to the human?

Just imagine getting this substance in you and it can react to things all around you, the 5G, your smart device, your phones, what is happening with that? What if something is triggering it, too, like an impulse, a frequency? We have something completely foreign in the human body.

Madej said her research revealed that electromagnetic (EMF) frequencies emitted by phones and other devices had increased dramatically in the same period of the 'vaccine' rollout and she was seeing more people with radiation problems as 5G and other electromagnetic technology was expanded and introduced to schools and hospitals. She said she was 'floored with the EMF coming off' the devices she checked. All this makes total sense and syncs with my own work of decades when you think that Moderna refers in documents to its mRNA 'vaccine' as an 'operating system':

Recognizing the broad potential of mRNA science, we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs. In our case, the 'program' or 'app' is our mRNA drug – the unique mRNA sequence that codes for a protein ...

... Our mRNA Medicines – 'The Software Of Life': When we have a concept for a new mRNA medicine and begin research, fundamental components are already in place. Generally, the only thing that changes from one potential mRNA medicine to another is the coding region – the actual genetic code that instructs ribosomes to make protein. Utilizing these instruction sets gives our investigational mRNA medicines a software-like quality. We also have the ability to combine different mRNA sequences encoding for different proteins in a single mRNA investigational medicine.

Who needs a real ‘virus’ when you can create a computer version to justify infusing your operating system into the entire human race on the road to making living, breathing people into cyborgs? What is missed with the ‘vaccines’ is the *digital* connection between synthetic material and the body that I highlighted earlier with the study that hacked a computer with human DNA. On one level the body is digital, based on mathematical codes, and I’ll have more about that in the next chapter. Those who ridiculously claim that mRNA ‘vaccines’ are not designed to change human genetics should explain the words of Dr Tal Zaks, chief medical officer at Moderna, in a 2017 TED talk. He said that over the last 30 years ‘we’ve been living this phenomenal digital scientific revolution, and I’m here today to tell you, that we are actually *hacking the software of life*, and that it’s changing the way we think about prevention and treatment of disease’:

In every cell there’s this thing called messenger RNA, or mRNA for short, that transmits the critical information from the DNA in our genes to the protein, which is really the stuff we’re all made out of. This is the critical information that determines what the cell will do. So we think about it as an operating system. So if you could change that, if you could introduce a line of code, or change a line of code, it turns out, that has profound implications for everything, from the flu to cancer.

Zaks should more accurately have said that this has profound implications for the human genetic code and the nature of DNA. Communications within the body go both ways and not only one. But, hey, no, the ‘Covid vaccine’ will not affect your genetics. Cult fact-checkers say so even though the man who helped to develop the mRNA technique says that it does. Zaks said in 2017:

If you think about what it is we’re trying to do. We’ve taken information and our understanding of that information and how that information is transmitted in a cell, and we’ve taken our understanding of medicine and how to make drugs, and we’re fusing the two. We think of it as information therapy.

I have been writing for decades that the body is an information field communicating with itself and the wider world. This is why

radiation which is information can change the information field of body and mind through phenomena like 5G and change their nature and function. ‘Information therapy’ means to change the body’s information field and change the way it operates. DNA is a receiver-transmitter of information and can be mutated by information like mRNA synthetic messaging. Technology to do this has been ready and waiting in the underground bases and other secret projects to be rolled out when the ‘Covid’ hoax was played. ‘Trials’ of such short and irrelevant duration were only for public consumption. When they say the ‘vaccine’ is ‘experimental’ that is not true. It may appear to be ‘experimental’ to those who don’t know what’s going on, but the trials have already been done to ensure the Cult gets the result it desires. Zaks said that it took decades to sequence the human genome, completed in 2003, but now they could do it in a week. By ‘they’ he means scientists operating in the public domain. In the secret projects they were sequencing the genome in a week long before even 2003.

## **Deluge of mRNA**

Highly significantly the Moderna document says the guiding premise is that if using mRNA as a medicine works for one disease then it should work for many diseases. They were leveraging the flexibility afforded by their platform and the fundamental role mRNA plays in protein synthesis to pursue mRNA medicines for a broad spectrum of diseases. Moderna is confirming what I was saying through 2020 that multiple ‘vaccines’ were planned for ‘Covid’ (and later invented ‘variants’) and that previous vaccines would be converted to the mRNA system to infuse the body with massive amounts of genetically-manipulating synthetic material to secure a transformation to a synthetic-biological state. The ‘vaccines’ are designed to kill stunning numbers as part of the long-exposed Cult depopulation agenda and transform the rest. Given this is the goal you can appreciate why there is such hysterical demand for every human to be ‘vaccinated’ for an alleged ‘disease’ that has an estimated ‘infection’ to ‘death’ ratio of 0.23-0.15 percent. As I write

children are being given the ‘vaccine’ in trials (their parents are a disgrace) and ever-younger people are being offered the vaccine for a ‘virus’ that even if you believe it exists has virtually zero chance of harming them. Horrific effects of the ‘trials’ on a 12-year-old girl were revealed by a family member to be serious brain and gastric problems that included a bowel obstruction and the inability to swallow liquids or solids. She was unable to eat or drink without throwing up, had extreme pain in her back, neck and abdomen, and was paralysed from the waist down which stopped her urinating unaided. When the girl was first taken to hospital doctors said it was all in her mind. She was signed up for the ‘trial’ by her parents for whom no words suffice. None of this ‘Covid vaccine’ insanity makes any sense unless you see what the ‘vaccine’ really is – a body-changer. Synthetic biology or ‘SynBio’ is a fast-emerging and expanding scientific discipline which includes everything from genetic and molecular engineering to electrical and computer engineering. Synthetic biology is defined in these ways:

- A multidisciplinary area of research that seeks to create new biological parts, devices, and systems, or to redesign systems that are already found in nature.
- The use of a mixture of physical engineering and genetic engineering to create new (and therefore synthetic) life forms.
- An emerging field of research that aims to combine the knowledge and methods of biology, engineering and related disciplines in the design of chemically-synthesized DNA to create organisms with novel or enhanced characteristics and traits (synthetic organisms including humans).

We now have synthetic blood, skin, organs and limbs being developed along with synthetic body parts produced by 3D printers. These are all elements of the synthetic human programme and this comment by Kurzweil’s co-founder of the Singularity University,

Peter Diamandis, can be seen in a whole new light with the ‘Covid’ hoax and the sanctions against those that refuse the ‘vaccine’:

Anybody who is going to be resisting the progress forward [to transhumanism] is going to be resisting evolution and, fundamentally, they will die out. It’s not a matter of whether it’s good or bad. It’s going to happen.

‘Resisting evolution’? What absolute bollocks. The arrogance of these people is without limit. His ‘it’s going to happen’ mantra is another way of saying ‘resistance is futile’ to break the spirit of those pushing back and we must not fall for it. Getting this genetically-transforming ‘vaccine’ into everyone is crucial to the Cult plan for total control and the desperation to achieve that is clear for anyone to see. Vaccine passports are a major factor in this and they, too, are a form of resistance is futile. It’s NOT. The paper funded by the Rockefeller Foundation for the 2013 ‘health conference’ in China said:

We will interact more with artificial intelligence. The use of robotics, bio-engineering to augment human functioning is already well underway and will advance. Re-engineering of humans into potentially separate and unequal forms through genetic engineering or mixed human-robots raises debates on ethics and equality.

A new demography is projected to emerge after 2030 [that year again] of technologies (robotics, genetic engineering, nanotechnology) producing robots, engineered organisms, ‘nanobots’ and artificial intelligence (AI) that can self-replicate. Debates will grow on the implications of an impending reality of human designed life.

What is happening today is so long planned. The world army enforcing the will of the world government is intended to be a robot army, not a human one. Today’s military and its technologically ‘enhanced’ troops, pilotless planes and driverless vehicles are just stepping stones to that end. Human soldiers are used as Cult fodder and its time they woke up to that and worked for the freedom of the population instead of their own destruction and their family’s destruction – the same with the police. Join us and let’s sort this out. The phenomenon of enforce my own destruction is widespread in the ‘Covid’ era with Woker ‘luvvies’ in the acting and entertainment

industries supporting ‘Covid’ rules which have destroyed their profession and the same with those among the public who put signs on the doors of their businesses ‘closed due to Covid – stay safe’ when many will never reopen. It’s a form of masochism and most certainly insanity.

## **Transgender = transhumanism**

When something explodes out of nowhere and is suddenly everywhere it is always the Cult agenda and so it is with the tidal wave of claims and demands that have infiltrated every aspect of society under the heading of ‘transgenderism’. The term ‘trans’ is so ‘in’ and this is the dictionary definition:

A prefix meaning ‘across’, ‘through’, occurring ... in loanwords from Latin, used in particular for denoting movement or conveyance from place to place (transfer; transmit; transplant) or complete change (transform; transmute), or to form adjectives meaning ‘crossing’, ‘on the other side of’, or ‘going beyond’ the place named (transmontane; transnational; trans-Siberian).

Transgender means to go beyond gender and transhuman means to go beyond human. Both are aspects of the Cult plan to transform the human body to a synthetic state with *no gender*. Human 2.0 is not designed to procreate and would be produced technologically with no need for parents. The new human would mean the end of parents and so men, and increasingly women, are being targeted for the deletion of their rights and status. Parental rights are disappearing at an ever-quickening speed for the same reason. The new human would have no need for men or women when there is no procreation and no gender. Perhaps the transgender movement that appears to be in a permanent state of frenzy might now contemplate on how it is being used. This was never about transgender rights which are only the interim excuse for confusing gender, particularly in the young, on the road to *fusing* gender. Transgender activism is not an end; it is a *means* to an end. We see again the technique of creative destruction in which you destroy the status quo to ‘build back better’ in the form that you want. The gender status quo had to be

destroyed by persuading the Cult-created Woke mentality to believe that you can have 100 genders or more. A programme for 9 to 12 year olds produced by the Cult-owned BBC promoted the 100 genders narrative. The very idea may be the most monumental nonsense, but it is not what is true that counts, only what you can make people *believe* is true. Once the gender of  $2 + 2 = 4$  has been dismantled through indoctrination, intimidation and  $2 + 2 = 5$  then the new no-gender normal can take its place with Human 2.0.

Aldous Huxley revealed the plan in his prophetic *Brave New World* in 1932:

Natural reproduction has been done away with and children are created, 'decanted', and raised in 'hatcheries and conditioning centres'. From birth, people are genetically designed to fit into one of five castes, which are further split into 'Plus' and 'Minus' members and designed to fulfil predetermined positions within the social and economic strata of the World State.

How could Huxley know this in 1932? For the same reason George Orwell knew about the Big Brother state in 1948, Cult insiders I have quoted knew about it in 1969, and I have known about it since the early 1990s. If you are connected to the Cult or you work your balls off to uncover the plan you can predict the future. The process is simple. If there is a plan for the world and nothing intervenes to stop it then it will happen. Thus if you communicate the plan ahead of time you are perceived to have predicted the future, but you haven't. You have revealed the plan which without intervention will become the human future. The whole reason I have done what I have is to alert enough people to inspire an intervention and maybe at last that time has come with the Cult and its intentions now so obvious to anyone with a brain in working order.

## **The future is here**

Technological wombs that Huxley described to replace parent procreation are already being developed and they are only the projects we know about in the public arena. Israeli scientists told *The Times of Israel* in March, 2021, that they have grown 250-cell embryos

into mouse foetuses with fully formed organs using artificial wombs in a development they say could pave the way for gestating humans outside the womb. Professor Jacob Hanna of the Weizmann Institute of Science said:

We took mouse embryos from the mother at day five of development, when they are just of 250 cells, and had them in the incubator from day five until day 11, by which point they had grown all their organs.

By day 11 they make their own blood and have a beating heart, a fully developed brain. Anybody would look at them and say, 'this is clearly a mouse foetus with all the characteristics of a mouse.' It's gone from being a ball of cells to being an advanced foetus.

A special liquid is used to nourish embryo cells in a laboratory dish and they float on the liquid to duplicate the first stage of embryonic development. The incubator creates all the right conditions for its development, Hanna said. The liquid gives the embryo 'all the nutrients, hormones and sugars they need' along with a custom-made electronic incubator which controls gas concentration, pressure and temperature. The cutting-edge in the underground bases and other secret locations will be light years ahead of that, however, and this was reported by the London *Guardian* in 2017:

We are approaching a biotechnological breakthrough. Ectogenesis, the invention of a complete external womb, could completely change the nature of human reproduction. In April this year, researchers at the Children's Hospital of Philadelphia announced their development of an artificial womb.

The article was headed 'Artificial wombs could soon be a reality. What will this mean for women?' What would it mean for children is an even bigger question. No mother to bond with only a machine in preparation for a life of soulless interaction and control in a world governed by machines (see the *Matrix* movies). Now observe the calculated manipulations of the 'Covid' hoax as human interaction and warmth has been curtailed by distancing, isolation and fear with people communicating via machines on a scale never seen before.

These are all dots in the same picture as are all the personal assistants, gadgets and children's toys through which kids and adults communicate with AI as if it is human. The AI 'voice' on Sat-Nav should be included. All these things are psychological preparation for the Cult endgame. Before you can make a physical connection with AI you have to make a psychological connection and that is what people are being conditioned to do with this ever gathering human-AI interaction. Movies and TV programmes depicting the transhuman, robot dystopia relate to a phenomenon known as 'pre-emptive programming' in which the world that is planned is portrayed everywhere in movies, TV and advertising. This is conditioning the conscious and subconscious mind to become familiar with the planned reality to dilute resistance when it happens for real. What would have been a shock such is the change is made less so. We have young children put on the road to transgender transition surgery with puberty blocking drugs at an age when they could never be able to make those life-changing decisions.

Rachel Levine, a professor of paediatrics and psychiatry who believes in treating children this way, became America's highest-ranked openly-transgender official when she was confirmed as US Assistant Secretary at the Department of Health and Human Services after being nominated by Joe Biden (the Cult). Activists and governments press for laws to deny parents a say in their children's transition process so the kids can be isolated and manipulated into agreeing to irreversible medical procedures. A Canadian father Robert Hoogland was denied bail by the Vancouver Supreme Court in 2021 and remained in jail for breaching a court order that he stay silent over his young teenage daughter, a minor, who was being offered life-changing hormone therapy without parental consent. At the age of 12 the girl's 'school counsellor' said she may be transgender, referred her to a doctor and told the school to treat her like a boy. This is another example of state-serving schools imposing ever more control over children's lives while parents have ever less.

Contemptible and extreme child abuse is happening all over the world as the Cult gender-fusion operation goes into warp-speed.

## **Why the war on men – and now women?**

The question about what artificial wombs mean for women should rightly be asked. The answer can be seen in the deletion of women's rights involving sport, changing rooms, toilets and status in favour of people in male bodies claiming to identify as women. I can identify as a mountain climber, but it doesn't mean I can climb a mountain any more than a biological man can be a biological woman. To believe so is a triumph of belief over factual reality which is the very perceptual basis of everything Woke. Women's sport is being destroyed by allowing those with male bodies who say they identify as female to 'compete' with girls and women. Male body 'women' dominate 'women's' competition with their greater muscle mass, bone density, strength and speed. With that disadvantage sport for women loses all meaning. To put this in perspective nearly 300 American high school boys can run faster than the quickest woman sprinter in the world. Women are seeing their previously protected spaces invaded by male bodies simply because they claim to identify as women. That's all they need to do to access all women's spaces and activities under the Biden 'Equality Act' that destroys equality for women with the usual Orwellian Woke inversion. Male sex offenders have already committed rapes in women's prisons after claiming to identify as women to get them transferred. Does this not matter to the Woke 'equality' hypocrites? Not in the least. What matters to Cult manipulators and funders behind transgender activists is to advance gender fusion on the way to the no-gender 'human'. When you are seeking to impose transparent nonsense like this, or the 'Covid' hoax, the only way the nonsense can prevail is through censorship and intimidation of dissenters, deletion of factual information, and programming of the unquestioning, bewildered and naive. You don't have to scan the world for long to see that all these things are happening.

Many women's rights organisations have realised that rights and status which took such a long time to secure are being eroded and that it is systematic. Kara Dansky of the global Women's Human Rights Campaign said that Biden's transgender executive order immediately he took office, subsequent orders, and Equality Act legislation that followed 'seek to erase women and girls in the law as a category'. *Exactly.* I said during the long ago-started war on men (in which many women play a crucial part) that this was going to turn into a war on them. The Cult is phasing out *both* male and female genders. To get away with that they are brought into conflict so they are busy fighting each other while the Cult completes the job with no unity of response. Unity, people, *unity*. We need unity everywhere. Transgender is the only show in town as the big step towards the no-gender human. It's not about rights for transgender people and never has been. Woke political correctness is deleting words relating to genders to the same end. Wokers believe this is to be 'inclusive' when the opposite is true. They are deleting words describing gender because gender *itself* is being deleted by Human 2.0. Terms like 'man', 'woman', 'mother' and 'father' are being deleted in the universities and other institutions to be replaced by the *no*-gender, not trans-gender, 'individuals' and 'guardians'. Women's rights campaigner Maria Keffler of Partners for Ethical Care said: 'Children are being taught from kindergarten upward that some boys have a vagina, some girls have a penis, and that kids can be any gender they want to be.' Do we really believe that suddenly countries all over the world at the same time had the idea of having drag queens go into schools or read transgender stories to very young children in the local library? It's coldly-calculated confusion of gender on the way to the fusion of gender. Suzanne Vierling, a psychologist from Southern California, made another important point:

Yesterday's slave woman who endured gynecological medical experiments is today's girl-child being butchered in a booming gender-transitioning sector. Ovaries removed, pushing her into menopause and osteoporosis, uncharted territory, and parents' rights and authority decimated.

The erosion of parental rights is a common theme in line with the Cult plans to erase the very concept of parents and 'ovaries removed, pushing her into menopause' means what? Those born female lose the ability to have children – another way to discontinue humanity as we know it.

## **Eliminating Human 1.0 (before our very eyes)**

To pave the way for Human 2.0 you must phase out Human 1.0. This is happening through plummeting sperm counts and making women infertile through an onslaught of chemicals, radiation (including smartphones in pockets of men) and mRNA 'vaccines'. Common agriculture pesticides are also having a devastating impact on human fertility. I have been tracking collapsing sperm counts in the books for a long time and in 2021 came a book by fertility scientist and reproductive epidemiologist Shanna Swan, *Count Down: How Our Modern World Is Threatening Sperm Counts, Altering Male and Female Reproductive Development and Imperiling the Future of the Human Race*. She reports how the global fertility rate dropped by half between 1960 and 2016 with America's birth rate 16 percent below where it needs to be to sustain the population. Women are experiencing declining egg quality, more miscarriages, and more couples suffer from infertility. Other findings were an increase in erectile dysfunction, infant boys developing more genital abnormalities, male problems with conception, and plunging levels of the male hormone testosterone which would explain why so many men have lost their backbone and masculinity. This has been very evident during the 'Covid' hoax when women have been prominent among the Pushbackers and big strapping blokes have bowed their heads, covered their faces with a nappy and quietly submitted. Mind control expert Cathy O'Brien also points to how global education introduced the concept of 'we're all winners' in sport and classrooms: 'Competition was defused, and it in turn defused a sense of fighting back.' This is another version of the 'equity' doctrine in which you drive down rather than raise up. What a contrast in Cult-controlled China with its global ambitions

where the government published plans in January, 2021, to 'cultivate masculinity' in boys from kindergarten through to high school in the face of a 'masculinity crisis'. A government adviser said boys would be soon become 'delicate, timid and effeminate' unless action was taken. Don't expect any similar policy in the targeted West. A 2006 study showed that a 65-year-old man in 2002 had testosterone levels 15 percent lower than a 65-year-old man in 1987 while a 2020 study found a similar story with young adults and adolescents. Men are getting prescriptions for testosterone replacement therapy which causes an even greater drop in sperm count with up to 99 percent seeing sperm counts drop to zero during the treatment. More sperm is defective and malfunctioning with some having two heads or not pursuing an egg.

A class of *synthetic* chemicals known as phthalates are being blamed for the decline. These are found everywhere in plastics, shampoos, cosmetics, furniture, flame retardants, personal care products, pesticides, canned foods and even receipts. Why till receipts? Everyone touches them. Let no one delude themselves that all this is not systematic to advance the long-time agenda for human body transformation. Phthalates mimic hormones and disrupt the hormone balance causing testosterone to fall and genital birth defects in male infants. Animals and fish have been affected in the same way due to phthalates and other toxins in rivers. When fish turn gay or change sex through chemicals in rivers and streams it is a pointer to why there has been such an increase in gay people and the sexually confused. It doesn't matter to me what sexuality people choose to be, but if it's being affected by chemical pollution and consumption then we need to know. Does anyone really think that this is not connected to the transgender agenda, the war on men and the condemnation of male 'toxic masculinity'? You watch this being followed by 'toxic femininity'. It's already happening. When breastfeeding becomes 'chest-feeding', pregnant women become pregnant people along with all the other Woke claptrap you know that the world is going insane and there's a Cult scam in progress. Transgender activists are promoting the Cult agenda while Cult

billionaires support and fund the insanity as they laugh themselves to sleep at the sheer stupidity for which humans must be infamous in galaxies far, far away.

## **'Covid vaccines' and female infertility**

We can now see why the 'vaccine' has been connected to potential infertility in women. Dr Michael Yeadon, former Vice President and Chief Scientific Advisor at Pfizer, and Dr Wolfgang Wodarg in Germany, filed a petition with the European Medicines Agency in December, 2020, urging them to stop trials for the Pfizer/BioNTech shot and all other mRNA trials until further studies had been done. They were particularly concerned about possible effects on fertility with 'vaccine'-produced antibodies attacking the protein Syncytin-1 which is responsible for developing the placenta. The result would be infertility 'of indefinite duration' in women who have the 'vaccine' with the placenta failing to form. Section 10.4.2 of the Pfizer/BioNTech trial protocol says that pregnant women or those who might become so should not have mRNA shots. Section 10.4 warns men taking mRNA shots to 'be abstinent from heterosexual intercourse' and not to donate sperm. The UK government said that it *did not know* if the mRNA procedure had an effect on fertility. *Did not know?* These people have to go to jail. UK government advice did not recommend at the start that pregnant women had the shot and said they should avoid pregnancy for at least two months after 'vaccination'. The 'advice' was later updated to pregnant women should only have the 'vaccine' if the benefits outweighed the risks to mother and foetus. What the hell is that supposed to mean? Then 'spontaneous abortions' began to appear and rapidly increase on the adverse reaction reporting schemes which include only a fraction of adverse reactions. Thousands and ever-growing numbers of 'vaccinated' women are describing changes to their menstrual cycle with heavier blood flow, irregular periods and menstruating again after going through the menopause – all links to reproduction effects. Women are passing blood clots and the lining of their uterus while men report erectile dysfunction and blood effects. Most

significantly of all *unvaccinated* women began to report similar menstrual changes after interaction with '*vaccinated*' people and men and children were also affected with bleeding noses, blood clots and other conditions. 'Shedding' is when vaccinated people can emit the content of a vaccine to affect the unvaccinated, but this is different. '*Vaccinated*' people were not shedding a 'live virus' allegedly in '*vaccines*' as before because the fake '*Covid vaccines*' involve synthetic material and other toxicity. Doctors exposing what is happening prefer the term '*transmission*' to shedding. Somehow those that have had the shots are transmitting effects to those that haven't. Dr Carrie Madej said the nano-content of the '*vaccines*' can 'act like an antenna' to others around them which fits perfectly with my own conclusions. This '*vaccine*' transmission phenomenon was becoming known as the book went into production and I deal with this further in the Postscript.

Vaccine effects on sterility are well known. The World Health Organization was accused in 2014 of sterilising millions of women in Kenya with the evidence confirmed by the content of the vaccines involved. The same WHO behind the '*Covid*' hoax admitted its involvement for more than ten years with the vaccine programme. Other countries made similar claims. Charges were lodged by Tanzania, Nicaragua, Mexico, and the Philippines. The Gardasil vaccine claimed to protect against a genital 'virus' known as HPV has also been linked to infertility. Big Pharma and the WHO (same thing) are criminal and satanic entities. Then there's the Bill Gates Foundation which is connected through funding and shared interests with 20 pharmaceutical giants and laboratories. He stands accused of directing the policy of United Nations Children's Fund (UNICEF), vaccine alliance GAVI, and other groupings, to advance the vaccine agenda and silence opposition at great cost to women and children. At the same time Gates wants to reduce the global population. Coincidence?

**Great Reset = Smart Grid = new human**

The Cult agenda I have been exposing for 30 years is now being openly promoted by Cult assets like Gates and Klaus Schwab of the World Economic Forum under code-terms like the 'Great Reset', 'Build Back Better' and 'a rare but narrow window of opportunity to reflect, reimagine, and reset our world'. What provided this 'rare but narrow window of opportunity'? The 'Covid' hoax did. Who created that? *They* did. My books from not that long ago warned about the planned 'Internet of Things' (IoT) and its implications for human freedom. This was the plan to connect all technology to the Internet and artificial intelligence and today we are way down that road with an estimated 36 billion devices connected to the World Wide Web and that figure is projected to be 76 billion by 2025. I further warned that the Cult planned to go beyond that to the Internet of *Everything* when the human brain was connected via AI to the Internet and Kurzweil's 'cloud'. Now we have Cult operatives like Schwab calling for precisely that under the term 'Internet of Bodies', a fusion of the physical, digital and biological into one centrally-controlled Smart Grid system which the Cult refers to as the 'Fourth Industrial Revolution'. They talk about the 'biological', but they really mean the synthetic-biological which is required to fully integrate the human body and brain into the Smart Grid and artificial intelligence planned to replace the human mind. We have everything being synthetically manipulated including the natural world through GMO and smart dust, the food we eat and the human body itself with synthetic 'vaccines'. I said in *The Answer* that we would see the Cult push for synthetic meat to replace animals and in February, 2021, the so predictable psychopath Bill Gates called for the introduction of synthetic meat to save us all from 'climate change'. The climate hoax just keeps on giving like the 'Covid' hoax. The war on meat by vegan activists is a carbon (oops, sorry) copy of the manipulation of transgender activists. They have no idea (except their inner core) that they are being used to promote and impose the agenda of the Cult or that they are only the *vehicle* and not the *reason*. This is not to say those who choose not to eat meat shouldn't be respected and supported in that right, but there are ulterior motives

for those in power. A *Forbes* article in December, 2019, highlighted the plan so beloved of Schwab and the Cult under the heading: 'What Is The Internet of Bodies? And How Is It Changing Our World?' The article said the human body is the latest data platform (remember 'our vaccine is an operating system'). *Forbes* described the plan very accurately and the words could have come straight out of my books from long before:

The Internet of Bodies (IoB) is an extension of the IoT and basically connects the human body to a network through devices that are ingested, implanted, or connected to the body in some way. Once connected, data can be exchanged, and the body and device can be remotely monitored and controlled.

They were really describing a human hive mind with human perception centrally-dictated via an AI connection as well as allowing people to be 'remotely monitored and controlled'.

Everything from a fridge to a human mind could be directed from a central point by these insane psychopaths and 'Covid vaccines' are crucial to this. *Forbes* explained the process I mentioned earlier of holdable and wearable technology followed by implantable. The article said there were three generations of the Internet of Bodies that include:

- Body external: These are wearable devices such as Apple Watches or Fitbits that can monitor our health.
- Body internal: These include pacemakers, cochlear implants, and digital pills that go inside our bodies to monitor or control various aspects of health.
- Body embedded: The third generation of the Internet of Bodies is embedded technology where technology and the human body are melded together and have a real-time connection to a remote machine.

*Forbes* noted the development of the Brain Computer Interface (BCI) which merges the brain with an external device for monitoring and controlling in real-time. ‘The ultimate goal is to help restore function to individuals with disabilities by using brain signals rather than conventional neuromuscular pathways.’ Oh, do fuck off. The goal of brain interface technology is controlling human thought and emotion from the central point in a hive mind serving its masters wishes. Many people are now agreeing to be chipped to open doors without a key. You can recognise them because they’ll be wearing a mask, social distancing and lining up for the ‘vaccine’. The Cult plans a Great Reset money system after they have completed the demolition of the global economy in which ‘money’ will be exchanged through communication with body operating systems. Rand Corporation, a Cult-owned think tank, said of the Internet of Bodies or IoB:

Internet of Bodies technologies fall under the broader IoT umbrella. But as the name suggests, IoB devices introduce an even more intimate interplay between humans and gadgets. IoB devices monitor the human body, collect health metrics and other personal information, and transmit those data over the Internet. Many devices, such as fitness trackers, are already in use ... IoB devices ... and those in development can track, record, and store users’ whereabouts, bodily functions, and what they see, hear, and even think.

Schwab’s World Economic Forum, a long-winded way of saying ‘fascism’ or ‘the Cult’, has gone full-on with the Internet of Bodies in the ‘Covid’ era. ‘We’re entering the era of the Internet of Bodies’, it declared, ‘collecting our physical data via a range of devices that can be implanted, swallowed or worn’. The result would be a huge amount of health-related data that could improve human wellbeing around the world, and prove crucial in fighting the ‘Covid-19 pandemic’. Does anyone think these clowns care about ‘human wellbeing’ after the death and devastation their pandemic hoax has purposely caused? Schwab and co say we should move forward with the Internet of Bodies because ‘Keeping track of symptoms could help us stop the spread of infection, and quickly detect new cases’. How wonderful, but keeping track’ is all they are really bothered

about. Researchers were investigating if data gathered from smartwatches and similar devices could be used as viral infection alerts by tracking the user's heart rate and breathing. Schwab said in his 2018 book *Shaping the Future of the Fourth Industrial Revolution*:

The lines between technologies and beings are becoming blurred and not just by the ability to create lifelike robots or synthetics. Instead it is about the ability of new technologies to literally become part of us. Technologies already influence how we understand ourselves, how we think about each other, and how we determine our realities. As the technologies ... give us deeper access to parts of ourselves, we may begin to integrate digital technologies into our bodies.

You can see what the game is. Twenty-four hour control and people – if you could still call them that – would never know when something would go ping and take them out of circulation. It's the most obvious rush to a global fascist dictatorship and the complete submission of humanity and yet still so many are locked away in their Cult-induced perceptual coma and can't see it.

## **Smart Grid control centres**

The human body is being transformed by the 'vaccines' and in other ways into a synthetic cyborg that can be attached to the global Smart Grid which would be controlled from a central point and other sub-locations of Grid manipulation. Where are these planned to be? Well, China for a start which is one of the Cult's biggest centres of operation. The technological control system and technocratic rule was incubated here to be unleashed across the world after the 'Covid' hoax came out of China in 2020. Another Smart Grid location that will surprise people new to this is Israel. I have exposed in *The Trigger* how Sabbatian technocrats, intelligence and military operatives were behind the horrors of 9/11 and not 19 Arab hijackers' who somehow manifested the ability to pilot big passenger airliners when instructors at puddle-jumping flying schools described some of them as a joke. The 9/11 attacks were made possible through control of civilian and military air computer systems and those of the White House, Pentagon and connected agencies. See *The Trigger* – it

will blow your mind. The controlling and coordinating force were the Sabbatian networks in Israel and the United States which by then had infiltrated the entire US government, military and intelligence system. The real name of the American Deep State is 'Sabbatian State'. Israel is a tiny country of only nine million people, but it is one of the global centres of cyber operations and fast catching Silicon Valley in importance to the Cult. Israel is known as the 'start-up nation' for all the cyber companies spawned there with the Sabbatian specialisation of 'cyber security' that I mentioned earlier which gives those companies access to computer systems of their clients in real time through 'backdoors' written into the coding when security software is downloaded. The Sabbatian centre of cyber operations outside Silicon Valley is the Israeli military Cyber Intelligence Unit, the biggest infrastructure project in Israel's history, headquartered in the desert-city of Beersheba and involving some 20,000 'cyber soldiers'. Here are located a literal army of Internet trolls scanning social media, forums and comment lists for anyone challenging the Cult agenda. The UK military has something similar with its 77th Brigade and associated operations. The Beersheba complex includes research and development centres for other Cult operations such as Intel, Microsoft, IBM, Google, Apple, Hewlett-Packard, Cisco Systems, Facebook and Motorola. [Techcrunch.com](#) ran an article about the Beersheba global Internet technology centre headlined 'Israel's desert city of Beersheba is turning into a cybertech oasis':

The military's massive relocation of its prestigious technology units, the presence of multinational and local companies, a close proximity to Ben Gurion University and generous government subsidies are turning Beersheba into a major global cybertech hub. Beersheba has all of the ingredients of a vibrant security technology ecosystem, including Ben Gurion University with its graduate program in cybersecurity and Cyber Security Research Center, and the presence of companies such as EMC, Deutsche Telekom, PayPal, Oracle, IBM, and Lockheed Martin. It's also the future home of the INCB (Israeli National Cyber Bureau); offers a special income tax incentive for cyber security companies, and was the site for the relocation of the army's intelligence corps units.

Sabbatians have taken over the cyber world through the following process: They scan the schools for likely cyber talent and develop them at Ben Gurion University and their period of conscription in the Israeli Defense Forces when they are stationed at the Beersheba complex. When the cyber talented officially leave the army they are funded to start cyber companies with technology developed by themselves or given to them by the state. Much of this is stolen through backdoors of computer systems around the world with America top of the list. Others are sent off to Silicon Valley to start companies or join the major ones and so we have many major positions filled by apparently 'Jewish' but really Sabbatian operatives. Google, YouTube and Facebook are all run by 'Jewish' CEOs while Twitter is all but run by ultra-Zionist hedge-fund shark Paul Singer. At the centre of the Sabbatian global cyber web is the Israeli army's Unit 8200 which specialises in hacking into computer systems of other countries, inserting viruses, gathering information, instigating malfunction, and even taking control of them from a distance. A long list of Sabbatians involved with 9/11, Silicon Valley and Israeli cyber security companies are operatives of Unit 8200. This is not about Israel. It's about the Cult. Israel is planned to be a Smart Grid hub as with China and what is happening at Beersheba is not for the benefit of Jewish people who are treated disgustingly by the Sabbatian elite that control the country. A glance at the Nuremberg Codes will tell you that.

The story is much bigger than 'Covid', important as that is to where we are being taken. Now, though, it's time to really strap in. There's more ... much more ...

## CHAPTER ELEVEN

### Who controls the Cult?

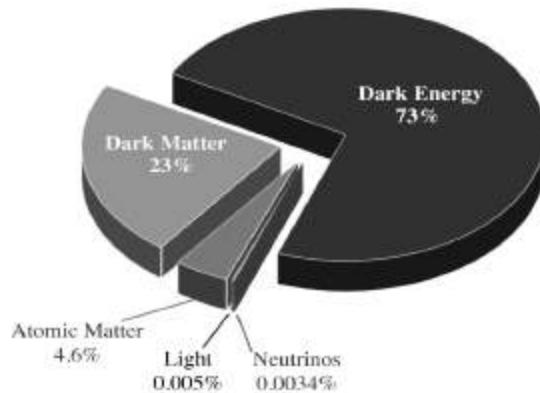
*Awake, arise or be forever fall'n*

**John Milton, Paradise Lost**

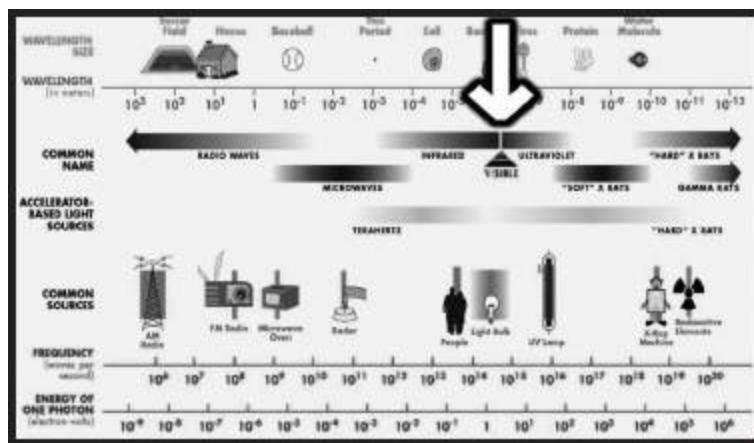
I have exposed this far the level of the Cult conspiracy that operates in the world of the seen and within the global secret society and satanic network which operates in the shadows one step back from the seen. The story, however, goes much deeper than that.

The 'Covid' hoax is major part of the Cult agenda, but only part, and to grasp the biggest picture we have to expand our attention beyond the realm of human sight and into the infinity of possibility that we cannot see. It is from here, ultimately, that humanity is being manipulated into a state of total control by the force which dictates the actions of the Cult. How much of reality can we see? Next to damn all is the answer. We may appear to see all there is to see in the 'space' our eyes survey and observe, but little could be further from the truth. The human 'world' is only a tiny band of frequency that the body's visual and perceptual systems can decode into *perception* of a 'world'. According to mainstream science the electromagnetic spectrum is 0.005 percent of what exists in the Universe ([Fig 10](#)). The maximum estimate I have seen is 0.5 percent and either way it's minuscule. I say it is far, far, smaller even than 0.005 percent when you compare reality we see with the totality of reality that we don't. Now get this if you are new to such information: Visible light, the only band of frequency that we can see, is a *fraction* of the 0.005

percent (Fig 11 overleaf). Take this further and realise that our universe is one of infinite universes and that universes are only a fragment of overall reality – *infinite* reality. Then compare that with the almost infinitesimal frequency band of visible light or human sight. You see that humans are as near blind as it is possible to be without actually being so. Artist and filmmaker, Sergio Toporek, said:



**Figure 10:** Humans can perceive such a tiny band of visual reality it's laughable.



**Figure 11:** We can see a smear of the 0.005 percent electromagnetic spectrum, but we still know it all. Yep, makes sense.

Consider that you can see less than 1% of the electromagnetic spectrum and hear less than 1% of the acoustic spectrum. 90% of the cells in your body carry their own microbial DNA and are not 'you'. The atoms in your body are 99.99999999999999% empty space and none of them are the ones you were born with ... Human beings have 46 chromosomes, two less than a potato.

The existence of the rainbow depends on the conical photoreceptors in your eyes; to animals without cones, the rainbow does not exist. So you don't just look at a rainbow, you create it. This is pretty amazing, especially considering that all the beautiful colours you see represent less than 1% of the electromagnetic spectrum.

Suddenly the 'world' of humans looks a very different place. Take into account, too, that Planet Earth when compared with the projected size of this single universe is the equivalent of a billionth of a pinhead. Imagine the ratio that would be when compared to infinite reality. To think that Christianity once insisted that Earth and humanity were the centre of everything. This background is vital if we are going to appreciate the nature of 'human' and how we can be manipulated by an unseen force. To human visual reality virtually *everything* is unseen and yet the prevailing perception within the institutions and so much of the public is that if we can't see it, touch it, hear it, taste it and smell it then it cannot exist. Such perception is indoctrinated and encouraged by the Cult and its agents because it isolates believers in the strictly limited, village-idiot, realm of the five senses where perceptions can be firewalled and information controlled. Most of those perpetuating the 'this-world-is-all-there-is' insanity are themselves indoctrinated into believing the same delusion. While major players and influencers know that official reality is laughable most of those in science, academia and medicine really believe the nonsense they peddle and teach succeeding generations. Those who challenge the orthodoxy are dismissed as nutters and freaks to protect the manufactured illusion from exposure. Observe the dynamic of the 'Covid' hoax and you will see how that takes the same form. The inner-circle psychopaths know it's a gigantic scam, but almost the entirety of those imposing their fascist rules believe that 'Covid' is all that they're told it is.

## **Stolen identity**

Ask people who they are and they will give you their name, place of birth, location, job, family background and life story. Yet that is not who they are – it is what they are *experiencing*. The difference is *absolutely crucial*. The true 'I', the eternal, infinite 'I', is consciousness,

a state of being aware. Forget ‘form’. That is a vehicle for a brief experience. Consciousness does not come *from* the brain, but *through* the brain and even that is more symbolic than literal. We are awareness, pure awareness, and this is what withdraws from the body at what we call ‘death’ to continue our eternal beingness, *isness*, in other realms of reality within the limitlessness of infinity or the Biblical ‘many mansions in my father’s house’. Labels of a human life, man, woman, transgender, black, white, brown, nationality, circumstances and income are not who we are. They are what we are – awareness – is *experiencing* in a brief connection with a band of frequency we call ‘human’. The labels are not the self; they are, to use the title of one of my books, a *Phantom Self*. I am not David Icke born in Leicester, England, on April 29th, 1952. I am the consciousness *having that experience*. The Cult and its non-human masters seek to convince us through the institutions of ‘education’, science, medicine, media and government that what we are *experiencing* is who we *are*. It’s so easy to control and direct perception locked away in the bewildered illusions of the five senses with no expanded radar. Try, by contrast, doing the same with a humanity aware of its true self and its true power to consciously create its reality and experience. How is it possible to do this? We do it all day every day. If you perceive yourself as ‘little me’ with no power to impact upon your life and the world then your life experience will reflect that. You will hand the power you don’t think you have to authority in all its forms which will use it to control your experience. This, in turn, will appear to confirm your perception of ‘little me’ in a self-fulfilling feedback loop. But that is what ‘little me’ really is – a *perception*. We are all ‘big-me’, infinite me, and the Cult has to make us forget that if its will is to prevail. We are therefore manipulated and pressured into self-identifying with human labels and not the consciousness/awareness *experiencing* those human labels.

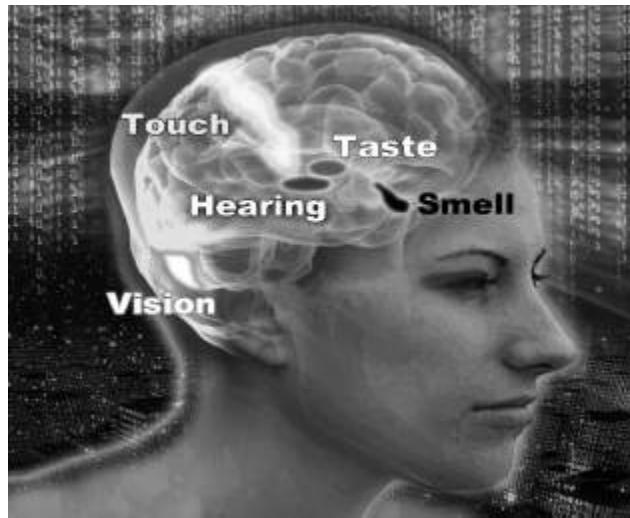
The phenomenon of identity politics is a Cult-instigated manipulation technique to sub-divide previous labels into even smaller ones. A United States university employs this list of letters to

describe student identity: LGBTQQFAGPBDSM or lesbian, gay, bisexual, transgender, transsexual, queer, questioning, flexual, asexual, gender-fuck, polyamorous, bondage/discipline, dominance/submission and sadism/masochism. I'm sure other lists are even longer by now as people feel the need to self-identify the 'I' with the minutiae of race and sexual preference. Wokers programmed by the Cult for generations believe this is about 'inclusivity' when it's really the Cult locking them away into smaller and smaller versions of Phantom Self while firewalls them from the influence of their true self, the infinite, eternal 'I'. You may notice that my philosophy which contends that we are all unique points of attention/awareness within the same infinite whole or Oneness is the ultimate non-racism. The very sense of Oneness makes the judgement of people by their body-type, colour or sexuality utterly ridiculous and confirms that racism has no understanding of reality (including anti-white racism). Yet despite my perception of life Cult agents and fast-asleep Wokers label me racist to discredit my information while they are themselves phenomenally racist and sexist. All they see is race and sexuality and they judge people as good or bad, demons or untouchables, by their race and sexuality. All they see is *Phantom Self* and perceive themselves in terms of *Phantom Self*. They are pawns and puppets of the Cult agenda to focus attention and self-identity in the five senses and play those identities against each other to divide and rule. Columbia University has introduced segregated graduations in another version of social distancing designed to drive people apart and teach them that different racial and cultural groups have nothing in common with each other. The last thing the Cult wants is unity. Again the pump-primers of this will be Cult operatives in the knowledge of what they are doing, but the rest are just the *Phantom Self* blind leading the *Phantom Self* blind. We *do* have something in common – we are all *the same consciousness* having different temporary experiences.

## **What is this 'human'?**

Yes, what *is* ‘human’? That is what we are supposed to be, right? I mean ‘human’? True, but ‘human’ is the experience not the ‘I’. Break it down to basics and ‘human’ is the way that information is processed. If we are to experience and interact with this band of frequency we call the ‘world’ we must have a vehicle that operates within that band of frequency. Our consciousness in its prime form cannot do that; it is way beyond the frequency of the human realm. My consciousness or awareness could not tap these keys and pick up the cup in front of me in the same way that radio station A cannot interact with radio station B when they are on different frequencies. The human body is the means through which we have that interaction. I have long described the body as a biological computer which processes information in a way that allows consciousness to experience this reality. The body is a receiver, transmitter and processor of information in a particular way that we call human. We visually perceive only the world of the five senses in a wakened state – that is the limit of the body’s visual decoding system. In truth it’s not even visual in the way we experience ‘visual reality’ as I will come to in a moment. We are ‘human’ because the body processes the information sources of human into a reality and behaviour system that we *perceive* as human. Why does an elephant act like an elephant and not like a human or a duck? The elephant’s biological computer is a different information field and processes information according to that program into a visual and behaviour type we call an elephant. The same applies to everything in our reality. These body information fields are perpetuated through procreation (like making a copy of a software program). The Cult wants to break that cycle and intervene technologically to transform the human information field into one that will change what we call humanity. If it can change the human information field it will change the way that field processes information and change humanity both ‘physically’ and psychologically. Hence the *messenger* (information) RNA ‘vaccines’ and so much more that is targeting human genetics by changing the body’s information – *messaging* – construct through food, drink, radiation, toxicity and other means.

Reality that we experience is nothing like reality as it really is in the same way that the reality people experience in virtual reality games is not the reality they are really living in. The game is only a decoded source of information that appears to be a reality. Our world is also an information construct – a *simulation* (more later). In its base form our reality is a wavefield of information much the same in theme as Wi-Fi. The five senses decode wavefield information into electrical information which they communicate to the brain to decode into holographic (illusory ‘physical’) information. Different parts of the brain specialise in decoding different senses and the information is fused into a reality that appears to be outside of us but is really inside the brain and the genetic structure in general ([Fig 12](#) overleaf). DNA is a receiver-transmitter of information and a vital part of this decoding process and the body’s connection to other realities. Change DNA and you change the way we decode and connect with reality – see ‘Covid vaccines’. Think of computers decoding Wi-Fi. You have information encoded in a radiation field and the computer decodes that information into a very different form on the screen. You can’t see the Wi-Fi until its information is made manifest on the screen and the information on the screen is inside the computer and not outside. I have just described how we decode the ‘human world’. All five senses decode the waveform ‘Wi-Fi’ field into electrical signals and the brain (computer) constructs reality inside the brain and not outside – ‘You don’t just look at a rainbow, you create it’. Sound is a simple example. We don’t hear sound until the brain decodes it. Waveform sound waves are picked up by the hearing sense and communicated to the brain in an electrical form to be decoded into the sounds that we hear. Everything we hear is inside the brain along with everything we see, feel, smell and taste. Words and language are waveform fields generated by our vocal chords which pass through this process until they are decoded by the brain into words that we hear. Different languages are different frequency fields or sound waves generated by vocal chords. Late British philosopher Alan Watts said:



**Figure 12:** The brain receives information from the five senses and constructs from that our perceived reality.

[Without the brain] the world is devoid of light, heat, weight, solidity, motion, space, time or any other imaginable feature. All these phenomena are interactions, or transactions, of vibrations with a certain arrangement of neurons.

That's exactly what they are and scientist Robert Lanza describes in his book, *Biocentrism*, how we decode electromagnetic waves and energy into visual and 'physical' experience. He uses the example of a flame emitting photons, electromagnetic energy, each pulsing electrically and magnetically:

... these ... invisible electromagnetic waves strike a human retina, and if (and only if) the waves happen to measure between 400 and 700 nano meters in length from crest to crest, then their energy is just right to deliver a stimulus to the 8 million cone-shaped cells in the retina.

Each in turn send an electrical pulse to a neighbour neuron, and on up the line this goes, at 250 mph, until it reaches the ... occipital lobe of the brain, in the back of the head. There, a cascading complex of neurons fire from the incoming stimuli, and we subjectively perceive this experience as a yellow brightness occurring in a place we have been conditioned to call the 'external world'.

## You hear what you decode

If a tree falls or a building collapses they make no noise unless someone is there to decode the energetic waves generated by the disturbance into what we call sound. Does a falling tree make a noise? Only if you hear it – *decode* it. Everything in our reality is a frequency field of information operating within the overall ‘Wi-Fi’ field that I call The Field. A vibrational disturbance is generated in The Field by the fields of the falling tree or building. These disturbance waves are what we decode into the sound of them falling. If no one is there to do that then neither will make any noise. Reality is created by the observer – *decoder* – and the *perceptions* of the observer affect the decoding process. For this reason different people – different *perceptions* – will perceive the same reality or situation in a different way. What one may perceive as a nightmare another will see as an opportunity. The question of why the Cult is so focused on controlling human perception now answers itself. All experienced reality is the act of decoding and we don’t experience Wi-Fi until it is decoded on the computer screen. The sight and sound of an Internet video is encoded in the Wi-Fi all around us, but we don’t see or hear it until the computer decodes that information. Taste, smell and touch are all phenomena of the brain as a result of the same process. We don’t taste, smell or feel anything except in the brain and there are pain relief techniques that seek to block the signal from the site of discomfort to the brain because if the brain doesn’t decode that signal we don’t feel pain. Pain is in the brain and only appears to be at the point of impact thanks to the feedback loop between them. We don’t see anything until electrical information from the sight senses is decoded in an area at the back of the brain. If that area is damaged we can go blind when our eyes are perfectly okay. So why do we go blind if we damage an eye? We damage the information processing between the waveform visual information and the visual decoding area of the brain. If information doesn’t reach the brain in a form it can decode then we can’t see the visual reality that it represents. What’s more the brain is decoding only a fraction of the information it receives and the rest is absorbed by the

sub-conscious mind. This explanation is from the science magazine, *Wonderpedia*:

Every second, 11 million sensations crackle along these [brain] pathways ... The brain is confronted with an alarming array of images, sounds and smells which it rigorously filters down until it is left with a manageable list of around 40. Thus 40 sensations per second make up what we perceive as reality.

The ‘world’ is not what people are told to believe that is it and the inner circles of the Cult *know that*.

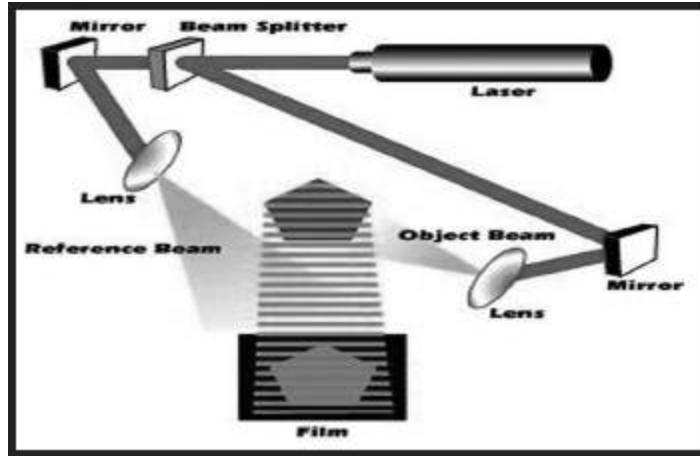
### **Illusory ‘physical’ reality**

We can only see a smear of 0.005 percent of the Universe which is only one of a vast array of universes – ‘mansions’ – within infinite reality. Even then the brain decodes only 40 pieces of information (‘sensations’) from a potential *11 million* that we receive every second. Two points strike you from this immediately: The sheer breathtaking stupidity of believing we know anything so rigidly that there’s nothing more to know; and the potential for these processes to be manipulated by a malevolent force to control the reality of the population. One thing I can say for sure with no risk of contradiction is that when you can perceive an almost indescribable fraction of infinite reality there is always more to know as in tidal waves of it. Ancient Greek philosopher Socrates was so right when he said that wisdom is to know how little we know. How obviously true that is when you think that we are experiencing a physical world of solidity that is neither physical nor solid and a world of apartness when everything is connected. Cult-controlled ‘science’ dismisses the so-called ‘paranormal’ and all phenomena related to that when the ‘para’-normal is perfectly normal and explains the alleged ‘great mysteries’ which dumbfound scientific minds. There is a reason for this. A ‘scientific mind’ in terms of the mainstream is a material mind, a five-sense mind imprisoned in see it, touch it, hear it, smell it and taste it. Phenomena and happenings that can’t be explained that way leave the ‘scientific mind’ bewildered and the rule is that if they

can't account for why something is happening then it can't, by definition, be happening. I beg to differ. Telepathy is thought waves passing through The Field (think wave disturbance again) to be decoded by someone able to connect with that wavelength (information). For example: You can pick up the thought waves of a friend at any distance and at the very least that will bring them to mind. A few minutes later the friend calls you. 'My god', you say, 'that's incredible – I was just thinking of you.' Ah, but *they* were thinking of *you* before they made the call and that's what you decoded. Native peoples not entrapped in five-sense reality do this so well it became known as the 'bush telegraph'. Those known as psychics and mediums (genuine ones) are doing the same only across dimensions of reality. 'Mind over matter' comes from the fact that matter and mind are the *same*. The state of one influences the state of the other. Indeed one *and* the other are illusions. They are aspects of the same field. Paranormal phenomena are all explainable so why are they still considered 'mysteries' or not happening? Once you go down this road of understanding you begin to expand awareness beyond the five senses and that's the nightmare for the Cult.



**Figure 13:** Holograms are not solid, but the best ones appear to be.



**Figure 14:** How holograms are created by capturing a waveform version of the subject image.

## Holographic ‘solidity’

Our reality is not solid, it is holographic. We are now well aware of holograms which are widely used today. Two-dimensional information is decoded into a three-dimensional reality that is not solid although can very much appear to be (Fig 13). Holograms are created with a laser divided into two parts. One goes directly onto a photographic print ('reference beam') and the other takes a waveform image of the subject ('working beam') before being directed onto the print where it 'collides' with the other half of the laser (Fig 14). This creates a *waveform* interference pattern which contains the wavefield information of whatever is being photographed (Fig 15 overleaf). The process can be likened to dropping pebbles in a pond. Waves generated by each one spread out across the water to collide with the others and create a wave representation of where the stones fell and at what speed, weight and distance. A waveform interference pattern of a hologram is akin to the waveform information in The Field which the five senses decode into electrical signals to be decoded by the brain into a holographic illusory 'physical' reality. In the same way when a laser (think human attention) is directed at the waveform interference pattern a three-dimensional version of the subject is projected into apparently 'solid' reality (Fig 16). An amazing trait of holograms reveals more 'paranormal mysteries'. Information of the *whole*

hologram is encoded in waveform in every part of the interference pattern by the way they are created. This means that every *part* of a hologram is a smaller version of the whole. Cut the interference wave-pattern into four and you won't get four parts of the image. You get quarter-sized versions of the *whole* image. The body is a hologram and the same applies. Here we have the basis of acupuncture, reflexology and other forms of healing which identify representations of the whole body in all of the parts, hands, feet, ears, everywhere. Skilled palm readers can do what they do because the information of whole body is encoded in the hand. The concept of as above, so below, comes from this.



**Figure 15:** A waveform interference pattern that holds the information that transforms into a hologram.



**Figure 16:** Holographic people including 'Elvis' holographically inserted to sing a duet with Celine Dion.

The question will be asked of why, if solidity is illusory, we can't just walk through walls and each other. The resistance is not solid against solid; it is electromagnetic field against electromagnetic field and we decode this into the *experience* of solid against solid. We should also not underestimate the power of belief to dictate reality. What you believe is impossible *will be*. Your belief impacts on your decoding processes and they won't decode what you think is impossible. What we believe we perceive and what we perceive we experience. 'Can't dos' and 'impossibles' are like a firewall in a computer system that won't put on the screen what the firewall blocks. How vital that is to understanding how human experience has been hijacked. I explain in *The Answer, Everything You Need To Know But Have Never Been Told* and other books a long list of 'mysteries' and 'paranormal' phenomena that are not mysterious and perfectly normal once you realise what reality is and how it works. 'Ghosts' can be seen to pass through 'solid' walls because the walls are not solid and the ghost is a discarnate entity operating on a frequency so different to that of the wall that it's like two radio stations sharing the same space while never interfering with each other. I have seen ghosts do this myself. The apartness of people and objects is also an illusion. Everything is connected by the Field like all sea life is connected by the sea. It's just that within the limits of our visual reality we only 'see' holographic information and not the field of information that connects everything and from which the holographic world is made manifest. If you can only see holographic 'objects' and not the field that connects them they will appear to you as unconnected to each other in the same way that we see the computer while not seeing the Wi-Fi.

## **What you don't know *can* hurt you**

Okay, we return to those 'two worlds' of human society and the Cult with its global network of interconnecting secret societies and satanic groups which manipulate through governments, corporations, media, religions, etc. The fundamental difference between them is *knowledge*. The idea has been to keep humanity

ignorant of the plan for its total enslavement underpinned by a crucial ignorance of reality – who we are and where we are – and how we interact with it. ‘Human’ should be the interaction between our expanded eternal consciousness and the five-sense body experience. We are meant to be *in* this world in terms of the five senses but not *of* this world in relation to our greater consciousness and perspective. In that state we experience the small picture of the five senses within the wider context of the big picture of awareness beyond the five senses. Put another way the five senses see the dots and expanded awareness connects them into pictures and patterns that give context to the apparently random and unconnected. Without the context of expanded awareness the five senses see only apartness and randomness with apparently no meaning. The Cult and its other-dimensional controllers seek to intervene in the frequency realm where five-sense reality is supposed to connect with expanded reality and to keep the two apart (more on this in the final chapter). When that happens five-sense mental and emotional processes are no longer influenced by expanded awareness, or the True ‘I’, and instead are driven by the isolated perceptions of the body’s decoding systems. They are in the world *and* of it. Here we have the human plight and why humanity with its potential for infinite awareness can be so easily manipulatable and descend into such extremes of stupidity.

Once the Cult isolates five-sense mind from expanded awareness it can then program the mind with perceptions and beliefs by controlling information that the mind receives through the ‘education’ system of the formative years and the media perceptual bombardment and censorship of an entire lifetime. Limit perception and a sense of the possible through limiting knowledge by limiting and skewing information while censoring and discrediting that which could set people free. As the title of another of my books says ... *And The Truth Shall Set You Free*. For this reason the last thing the Cult wants in circulation is the truth about anything – especially the reality of the eternal ‘I’ – and that’s why it is desperate to control information. The Cult knows that information becomes perception

which becomes behaviour which, collectively, becomes human society. Cult-controlled and funded mainstream ‘science’ denies the existence of an eternal ‘I’ and seeks to dismiss and trash all evidence to the contrary. Cult-controlled mainstream religion has a version of ‘God’ that is little more than a system of control and dictatorship that employs threats of damnation in an afterlife to control perceptions and behaviour in the here and now through fear and guilt. Neither is true and it’s the ‘neither’ that the Cult wishes to suppress. This ‘neither’ is that everything is an expression, a point of attention, within an infinite state of consciousness which is the real meaning of the term ‘God’.

Perceptual obsession with the ‘physical body’ and five-senses means that ‘God’ becomes personified as a bearded bloke sitting among the clouds or a raging bully who loves us if we do what ‘he’ wants and condemns us to the fires of hell if we don’t. These are no more than a ‘spiritual’ fairy tales to control and dictate events and behaviour through fear of this ‘God’ which has bizarrely made ‘God-fearing’ in religious circles a state to be desired. I would suggest that fearing *anything* is not to be encouraged and celebrated, but rather deleted. You can see why ‘God fearing’ is so beneficial to the Cult and its religions when *they* decide what ‘God’ wants and what ‘God’ demands (the Cult demands) that everyone do. As the great American comedian Bill Hicks said satirising a Christian zealot: ‘I think what God meant to say.’ How much of this infinite awareness (“God”) that we access is decided by how far we choose to expand our perceptions, self-identity and sense of the possible. The scale of self-identity reflects itself in the scale of awareness that we can connect with and are influenced by – how much knowing and insight we have instead of programmed perception. You cannot expand your awareness into the infinity of possibility when you believe that you are little me Peter the postman or Mary in marketing and nothing more. I’ll deal with this in the concluding chapter because it’s crucial to how we turnaround current events.

## **Where the Cult came from**

When I realised in the early 1990s there was a Cult network behind global events I asked the obvious question: When did it start? I took it back to ancient Rome and Egypt and on to Babylon and Sumer in Mesopotamia, the 'Land Between Two Rivers', in what we now call Iraq. The two rivers are the Tigris and Euphrates and this region is of immense historical and other importance to the Cult, as is the land called Israel only 550 miles away by air. There is much more going with deep esoteric meaning across this whole region. It's not only about 'wars for oil'. Priceless artefacts from Mesopotamia were stolen or destroyed after the American and British invasion of Iraq in 2003 justified by the lies of Boy Bush and Tony Blair (their Cult masters) about non-existent 'weapons of mass destruction'.

Mesopotamia was the location of Sumer (about 5,400BC to 1,750BC), and Babylon (about 2,350BC to 539BC). Sabbatians may have become immensely influential in the Cult in modern times but they are part of a network that goes back into the mists of history. Sumer is said by historians to be the 'cradle of civilisation'. I disagree. I say it was the re-start of what we call human civilisation after cataclysmic events symbolised in part as the 'Great Flood' destroyed the world that existed before. These fantastic upheavals that I have been describing in detail in the books since the early 1990s appear in accounts and legends of ancient cultures across the world and they are supported by geological and biological evidence. Stone tablets found in Iraq detailing the Sumer period say the cataclysms were caused by non-human 'gods' they call the Anunnaki. These are described in terms of extraterrestrial visitations in which knowledge supplied by the Anunnaki is said to have been the source of at least one of the world's oldest writing systems and developments in astronomy, mathematics and architecture that were way ahead of their time. I have covered this subject at length in *The Biggest Secret* and *Children of the Matrix* and the same basic 'Anunnaki' story can be found in Zulu accounts in South Africa where the late and very great Zulu high shaman Credo Mutwa told me that the Sumerian Anunnaki were known by Zulus as the Chitauri or 'children of the serpent'. See my six-hour video interview with Credo on this subject entitled *The*

*Reptilian Agenda* recorded at his then home near Johannesburg in 1999 which you can watch on the Ickonic media platform.

The Cult emerged out of Sumer, Babylon and Egypt (and elsewhere) and established the Roman Empire before expanding with the Romans into northern Europe from where many empires were savagely imposed in the form of Cult-controlled societies all over the world. Mass death and destruction was their calling card. The Cult established its centre of operations in Europe and European Empires were Cult empires which allowed it to expand into a global force. Spanish and Portuguese colonialists headed for Central and South America while the British and French targeted North America. Africa was colonised by Britain, France, Belgium, the Netherlands, Portugal, Spain, Italy, and Germany. Some like Britain and France moved in on the Middle East. The British Empire was by far the biggest for a simple reason. By now Britain was the headquarters of the Cult from which it expanded to form Canada, the United States, Australia and New Zealand. The Sun never set on the British Empire such was the scale of its occupation. London remains a global centre for the Cult along with Rome and the Vatican although others have emerged in Israel and China. It is no accident that the 'virus' is alleged to have come out of China while Italy was chosen as the means to terrify the Western population into compliance with 'Covid' fascism. Nor that Israel has led the world in 'Covid' fascism and mass 'vaccination'.

You would think that I would mention the United States here, but while it has been an important means of imposing the Cult's will it is less significant than would appear and is currently in the process of having what power it does have deleted. The Cult in Europe has mostly loaded the guns for the US to fire. America has been controlled from Europe from the start through Cult operatives in Britain and Europe. The American Revolution was an illusion to make it appear that America was governing itself while very different forces were pulling the strings in the form of Cult families such as the Rothschilds through the Rockefellers and other subordinates. The Rockefellers are extremely close to Bill Gates and

established both scalpel and drug ‘medicine’ and the World Health Organization. They play a major role in the development and circulation of vaccines through the Rockefeller Foundation on which Bill Gates said his Foundation is based. Why wouldn’t this be the case when the Rockefellers and Gates are on the same team? Cult infiltration of human society goes way back into what we call history and has been constantly expanding and centralising power with the goal of establishing a global structure to dictate everything. Look how this has been advanced in great leaps with the ‘Covid’ hoax.

## **The non-human dimension**

I researched and observed the comings and goings of Cult operatives through the centuries and even thousands of years as they were born, worked to promote the agenda within the secret society and satanic networks, and then died for others to replace them. Clearly there had to be a coordinating force that spanned this entire period while operatives who would not have seen the end goal in their lifetimes came and went advancing the plan over millennia. I went in search of that coordinating force with the usual support from the extraordinary synchronicity of my life which has been an almost daily experience since 1990. I saw common themes in religious texts and ancient cultures about a non-human force manipulating human society from the hidden. Christianity calls this force Satan, the Devil and demons; Islam refers to the Jinn or Djinn; Zulus have their Chitauri (spelt in other ways in different parts of Africa); and the Gnostic people in Egypt in the period around and before 400AD referred to this phenomena as the ‘Archons’, a word meaning rulers in Greek. Central American cultures speak of the ‘Predators’ among other names and the same theme is everywhere. I will use ‘Archons’ as a collective name for all of them. When you see how their nature and behaviour is described all these different sources are clearly talking about the same force. Gnostics described the Archons in terms of ‘luminous fire’ while Islam relates the Jinn to ‘smokeless fire’. Some refer to beings in form that could occasionally be seen, but the most common of common theme is that they operate from

unseen realms which means almost all existence to the visual processes of humans. I had concluded that this was indeed the foundation of human control and that the Cult was operating within the human frequency band on behalf of this hidden force when I came across the writings of Gnostics which supported my conclusions in the most extraordinary way.

A sealed earthen jar was found in 1945 near the town of Nag Hammadi about 75-80 miles north of Luxor on the banks of the River Nile in Egypt. Inside was a treasure trove of manuscripts and texts left by the Gnostic people some 1,600 years earlier. They included 13 leather-bound papyrus codices (manuscripts) and more than 50 texts written in Coptic Egyptian estimated to have been hidden in the jar in the period of 400AD although the source of the information goes back much further. Gnostics oversaw the Great or Royal Library of Alexandria, the fantastic depository of ancient texts detailing advanced knowledge and accounts of human history. The Library was dismantled and destroyed in stages over a long period with the death-blow delivered by the Cult-established Roman Church in the period around 415AD. The Church of Rome was the Church of Babylon relocated as I said earlier. Gnostics were not a race. They were a way of perceiving reality. Whenever they established themselves and their information circulated the terrorists of the Church of Rome would target them for destruction. This happened with the Great Library and with the Gnostic Cathars who were burned to death by the psychopaths after a long period of oppression at the siege of the Castle of Monségur in southern France in 1244. The Church has always been terrified of Gnostic information which demolishes the official Christian narrative although there is much in the Bible that supports the Gnostic view if you read it in another way. To anyone studying the texts of what became known as the Nag Hammadi Library it is clear that great swathes of Christian and Biblical belief has its origin with Gnostics sources going back to Sumer. Gnostic themes have been twisted to manipulate the perceived reality of Bible believers. Biblical texts have been in the open for centuries where they could be changed while Gnostic

documents found at Nag Hammadi were sealed away and untouched for 1,600 years. What you see is what they wrote.

### **Use your *pneuma* not your *nous***

Gnosticism and Gnostic come from 'gnosis' which means knowledge, or rather *secret* knowledge, in the sense of spiritual awareness – knowledge about reality and life itself. The desperation of the Cult's Church of Rome to destroy the Gnostics can be understood when the knowledge they were circulating was the last thing the Cult wanted the population to know. Sixteen hundred years later the same Cult is working hard to undermine and silence me for the same reason. The dynamic between knowledge and ignorance is a constant. 'Time' appears to move on, but essential themes remain the same. We are told to 'use your *nous*', a Gnostic word for head/brain/intelligence. They said, however, that spiritual awakening or 'salvation' could only be secured by expanding awareness *beyond* what they called *nous* and into *pneuma* or Infinite Self. Obviously as I read these texts the parallels with what I have been saying since 1990 were fascinating to me. There is a universal truth that spans human history and in that case why wouldn't we be talking the same language 16 centuries apart? When you free yourself from the perception program of the five senses and explore expanded realms of consciousness you are going to connect with the same information no matter what the perceived 'era' within a manufactured timeline of a single and tiny range of manipulated frequency. Humans working with 'smart' technology or knocking rocks together in caves is only a timeline appearing to operate within the human frequency band. Expanded awareness and the knowledge it holds have always been there whether the era be Stone Age or computer age. We can only access that knowledge by opening ourselves to its frequency which the five-sense prison cell is designed to stop us doing. Gates, Fauci, Whitty, Vallance, Zuckerberg, Brin, Page, Wojcicki, Bezos, and all the others behind the 'Covid' hoax clearly have a long wait before their range of frequency can make that connection given that an open heart is

crucial to that as we shall see. Instead of accessing knowledge directly through expanded awareness it is given to Cult operatives by the secret society networks of the Cult where it has been passed on over thousands of years outside the public arena. Expanded realms of consciousness is where great artists, composers and writers find their inspiration and where truth awaits anyone open enough to connect with it. We need to go there fast.

## **Archon hijack**

A fifth of the Nag Hammadi texts describe the existence and manipulation of the Archons led by a 'Chief Archon' they call 'Yaldabaoth', or the 'Demiurge', and this is the Christian 'Devil', 'Satan', 'Lucifer', and his demons. Archons in Biblical symbolism are the 'fallen ones' which are also referred to as fallen angels after the angels expelled from heaven according to the Abrahamic religions of Judaism, Christianity and Islam. These angels are claimed to tempt humans to 'sin' ongoing and you will see how accurate that symbolism is during the rest of the book. The theme of 'original sin' is related to the 'Fall' when Adam and Eve were 'tempted by the serpent' and fell from a state of innocence and 'obedience' (connection) with God into a state of disobedience (disconnection). The Fall is said to have brought sin into the world and corrupted everything including human nature. Yaldabaoth, the 'Lord Archon', is described by Gnostics as a 'counterfeit spirit', 'The Blind One', 'The Blind God', and 'The Foolish One'. The Jewish name for Yaldabaoth in Talmudic writings is Samael which translates as 'Poison of God', or 'Blindness of God'. You see the parallels. Yaldabaoth in Islamic belief is the Muslim Jinn devil known as Shaytan – Shaytan is Satan as the same themes are found all over the world in every religion and culture. The 'Lord God' of the Old Testament is the 'Lord Archon' of Gnostic manuscripts and that's why he's such a bloodthirsty bastard. Satan is known by Christians as 'the Demon of Demons' and Gnostics called Yaldabaoth the 'Archon of Archons'. Both are known as 'The Deceiver'. We are talking about the same 'bloke' for sure and these common themes

using different names, storylines and symbolism tell a common tale of the human plight.

Archons are referred to in Nag Hammadi documents as mind parasites, inverters, guards, gatekeepers, detainers, judges, pitiless ones and deceivers. The 'Covid' hoax alone is a glaring example of all these things. The Biblical 'God' is so different in the Old and New Testaments because they are not describing the same phenomenon. The vindictive, angry, hate-filled, 'God' of the Old Testament, known as Yahweh, is Yaldabaoth who is depicted in Cult-dictated popular culture as the 'Dark Lord', 'Lord of Time', Lord (Darth) Vader and Dormammu, the evil ruler of the 'Dark Dimension' trying to take over the 'Earth Dimension' in the Marvel comic movie, *Dr Strange*. Yaldabaoth is both the Old Testament 'god' and the Biblical 'Satan'. Gnostics referred to Yaldabaoth as the 'Great Architect of the Universe' and the Cult-controlled Freemason network calls their god 'the Great Architect of the Universe' (also Grand Architect). The 'Great Architect' Yaldabaoth is symbolised by the Cult as the all-seeing eye at the top of the pyramid on the Great Seal of the United States and the dollar bill. Archon is encoded in *arch-itect* as it is in *arch-angels* and *arch-bishops*. All religions have the theme of a force for good and force for evil in some sort of spiritual war and there is a reason for that – the theme is true. The Cult and its non-human masters are quite happy for this to circulate. They present themselves as the force for good fighting evil when they are really the force of evil (absence of love). The whole foundation of Cult modus operandi is inversion. They promote themselves as a force for good and anyone challenging them in pursuit of peace, love, fairness, truth and justice is condemned as a satanic force for evil. This has been the game plan throughout history whether the Church of Rome inquisitions of non-believers or 'conspiracy theorists' and 'anti-vaxxers' of today. The technique is the same whatever the timeline era.

## **Yaldabaoth is revolting (true)**

Yaldabaoth and the Archons are said to have revolted against God with Yaldabaoth claiming to *be* God – the *All That Is*. The Old Testament ‘God’ (Yaldabaoth) demanded to be worshipped as such: ‘*I am the LORD, and there is none else, there is no God beside me*’ (Isaiah 45:5). I have quoted in other books a man who said he was the unofficial son of the late Baron Philippe de Rothschild of the Mouton-Rothschild wine producing estates in France who died in 1988 and he told me about the Rothschild ‘revolt from God’. The man said he was given the name Phillip Eugene de Rothschild and we shared long correspondence many years ago while he was living under another identity. He said that he was conceived through ‘occult incest’ which (within the Cult) was ‘normal and to be admired’. ‘Phillip’ told me about his experience attending satanic rituals with rich and famous people whom he names and you can see them and the wider background to Cult Satanism in my other books starting with *The Biggest Secret*. Cult rituals are interactions with Archontic ‘gods’. ‘Phillip’ described Baron Philippe de Rothschild as ‘a master Satanist and hater of God’ and he used the same term ‘revolt from God’ associated with Yaldabaoth/Satan/Lucifer/the Devil in describing the Sabbatian Rothschild dynasty. ‘I played a key role in my family’s revolt from God’, he said. That role was to infiltrate in classic Sabbatian style the Christian Church, but eventually he escaped the mind-prison to live another life. The Cult has been targeting religion in a plan to make worship of the Archons the global one-world religion. Infiltration of Satanism into modern ‘culture’, especially among the young, through music videos, stage shows and other means, is all part of this.

Nag Hammadi texts describe Yaldabaoth and the Archons in their prime form as energy – consciousness – and say they can take form if they choose in the same way that consciousness takes form as a human. Yaldabaoth is called ‘formless’ and represents a deeply inverted, distorted and chaotic state of consciousness which seeks to attach to humans and turn them into a likeness of itself in an attempt at assimilation. For that to happen it has to manipulate

humans into low frequency mental and emotional states that match its own. Archons can certainly appear in human form and this is the origin of the psychopathic personality. The energetic distortion Gnostics called Yaldabaoth is psychopathy. When psychopathic Archons take human form that human will be a psychopath as an expression of Yaldabaoth consciousness. Cult psychopaths are Archons in human form. The principle is the same as that portrayed in the 2009 *Avatar* movie when the American military travelled to a fictional Earth-like moon called Pandora in the Alpha Centauri star system to infiltrate a society of blue people, or Na'vi, by hiding within bodies that looked like the Na'vi. Archons posing as humans have a particular hybrid information field, part human, part Archon, (the ancient 'demigods') which processes information in a way that manifests behaviour to match their psychopathic evil, lack of empathy and compassion, and stops them being influenced by the empathy, compassion and love that a fully-human information field is capable of expressing. Cult bloodlines interbreed, be they royalty or dark suits, for this reason and you have their obsession with incest. Interbreeding with full-blown humans would dilute the Archontic energy field that guarantees psychopathy in its representatives in the human realm.

Gnostic writings say the main non-human forms that Archons take are *serpentine* (what I have called for decades 'reptilian' amid unbounded ridicule from the Archontically-programmed) and what Gnostics describe as 'an unborn baby or foetus with grey skin and dark, unmoving eyes'. This is an excellent representation of the ET 'Greys' of UFO folklore which large numbers of people claim to have seen and been abducted by – Zulu shaman Credo Mutwa among them. I agree with those that believe in extraterrestrial or interdimensional visitations today and for thousands of years past. No wonder with their advanced knowledge and technological capability they were perceived and worshipped as gods for technological and other 'miracles' they appeared to perform. Imagine someone arriving in a culture disconnected from the modern world with a smartphone and computer. They would be

seen as a ‘god’ capable of ‘miracles’. The Renegade Mind, however, wants to know the source of everything and not only the way that source manifests as human or non-human. In the same way that a Renegade Mind seeks the original source material for the ‘Covid virus’ to see if what is claimed is true. The original source of Archons in form is consciousness – the distorted state of consciousness known to Gnostics as Yaldabaoth.

### **‘Revolt from God’ is energetic disconnection**

Where I am going next will make a lot of sense of religious texts and ancient legends relating to ‘Satan’, Lucifer’ and the ‘gods’. Gnostic descriptions sync perfectly with the themes of my own research over the years in how they describe a consciousness distortion seeking to impose itself on human consciousness. I’ve referred to the core of infinite awareness in previous books as Infinite Awareness in Awareness of Itself. By that I mean a level of awareness that knows that it is all awareness and is aware of all awareness. From here comes the frequency of love in its true sense and balance which is what love is on one level – the balance of all forces into a single whole called Oneness and Isness. The more we disconnect from this state of love that many call ‘God’ the constituent parts of that Oneness start to unravel and express themselves as a part and not a whole. They become individualised as intellect, mind, selfishness, hatred, envy, desire for power over others, and such like. This is not a problem in the greater scheme in that ‘God’, the *All That Is*, can experience all these possibilities through different expressions of itself including humans. What we as expressions of the whole experience the *All That Is* experiences. We are the *All That Is* experiencing itself. As we withdraw from that state of Oneness we disconnect from its influence and things can get very unpleasant and very stupid. Archontic consciousness is at the extreme end of that. It has so disconnected from the influence of Oneness that it has become an inversion of unity and love, an inversion of everything, an inversion of life itself. Evil is appropriately live written backwards. Archontic consciousness is obsessed with death, an inversion of life,

and so its manifestations in Satanism are obsessed with death. They use inverted symbols in their rituals such as the inverted pentagram and cross. Sabbatians as Archontic consciousness incarnate invert Judaism and every other religion and culture they infiltrate. They seek disunity and chaos and they fear unity and harmony as they fear love like garlic to a vampire. As a result the Cult, Archons incarnate, act with such evil, psychopathy and lack of empathy and compassion disconnected as they are from the source of love. How could Bill Gates and the rest of the Archontic psychopaths do what they have to human society in the 'Covid' era with all the death, suffering and destruction involved and have no emotional consequence for the impact on others? Now you know. Why have Zuckerberg, Brin, Page, Wojcicki and company callously censored information warning about the dangers of the 'vaccine' while thousands have been dying and having severe, sometimes life-changing reactions? Now you know. Why have Tedros, Fauci, Whitty, Vallance and their like around the world been using case and death figures they're aware are fraudulent to justify lockdowns and all the deaths and destroyed lives that have come from that? Now you know. Why did Christian Drosten produce and promote a 'testing' protocol that he knew couldn't test for infectious disease which led to a global human catastrophe. Now you know. The Archontic mind doesn't give a shit ([Fig 17](#)). I personally think that Gates and major Cult insiders are a form of AI cyborg that the Archons want humans to become.

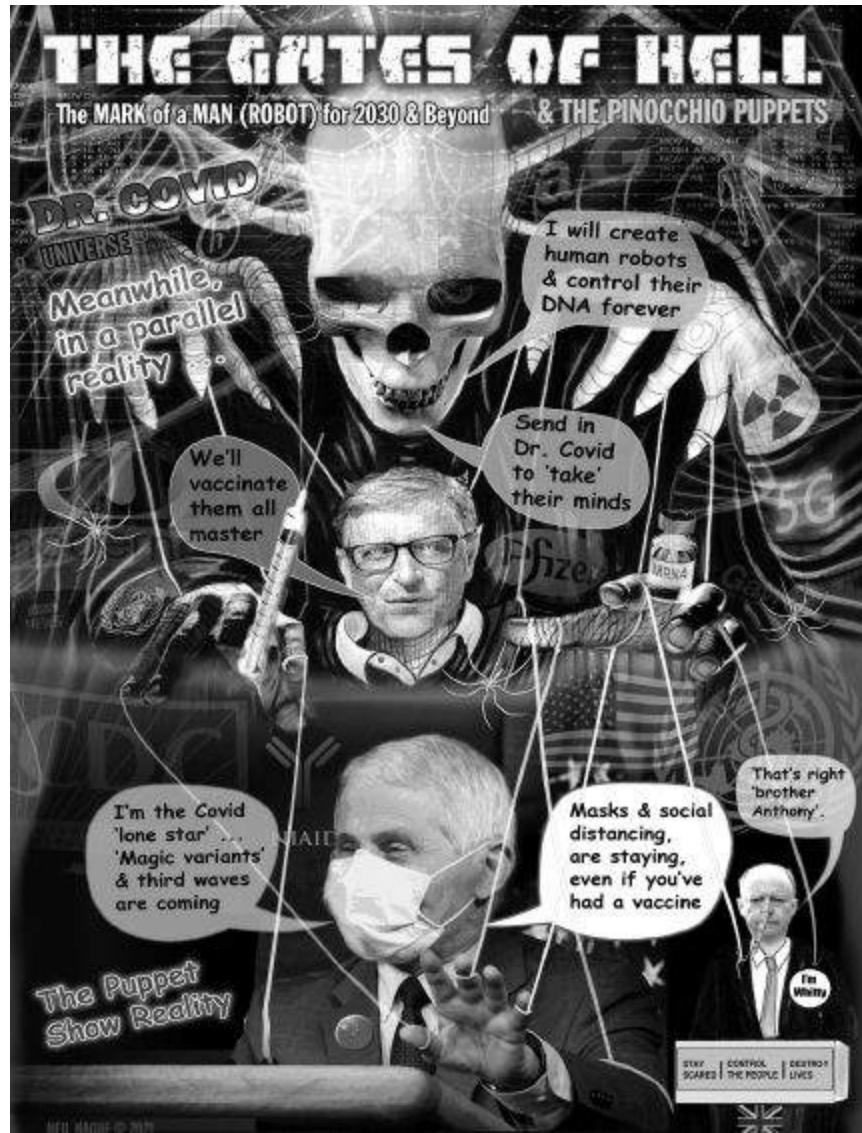


Figure 17: Artist Neil Hague's version of the 'Covid' hierarchy.

## Human batteries

A state of such inversion does have its consequences, however. The level of disconnection from the Source of All means that you withdraw from that source of energetic sustenance and creativity. This means that you have to find your own supply of energetic power and it has – *us*. When the Morpheus character in the first *Matrix* movie held up a battery he spoke a profound truth when he said: 'The Matrix is a computer-generated dream world built to keep us under control in order to change the human being into one of

these.' The statement was true in all respects. We do live in a technologically-generated virtual reality simulation (more very shortly) and we have been manipulated to be an energy source for Archontic consciousness. The Disney-Pixar animated movie *Monsters, Inc.* in 2001 symbolised the dynamic when monsters in their world had no energy source and they would enter the human world to terrify children in their beds, catch the child's scream, terror (low-vibrational frequencies), and take that energy back to power the monster world. The lead character you might remember was a single giant eye and the symbolism of the Cult's all-seeing eye was obvious. Every thought and emotion is broadcast as a frequency unique to that thought and emotion. Feelings of love and joy, empathy and compassion, are high, quick, frequencies while fear, depression, anxiety, suffering and hate are low, slow, dense frequencies. Which kind do you think Archontic consciousness can connect with and absorb? In such a low and dense frequency state there's no way it can connect with the energy of love and joy. Archons can only feed off energy compatible with their own frequency and they and their Cult agents want to delete the human world of love and joy and manipulate the transmission of low vibrational frequencies through low-vibrational human mental and emotional states. *We are their energy source.* Wars are energetic banquets to the Archons – a world war even more so – and think how much low-frequency mental and emotional energy has been generated from the consequences for humanity of the 'Covid' hoax orchestrated by Archons incarnate like Gates.

The ancient practice of human sacrifice 'to the gods', continued in secret today by the Cult, is based on the same principle. 'The gods' are Archontic consciousness in different forms and the sacrifice is induced into a state of intense terror to generate the energy the Archontic frequency can absorb. Incarnate Archons in the ritual drink the blood which contains an adrenaline they crave which floods into the bloodstream when people are terrorised. Most of the sacrifices, ancient and modern, are children and the theme of 'sacrificing young virgins to the gods' is just code for children. They

have a particular pre-puberty energy that Archons want more than anything and the energy of the young in general is their target. The California Department of Education wants students to chant the names of Aztec gods (Archontic gods) once worshipped in human sacrifice rituals in a curriculum designed to encourage them to ‘challenge racist, bigoted, discriminatory, imperialist/colonial beliefs’, join ‘social movements that struggle for social justice’, and ‘build new possibilities for a post-racist, post-systemic racism society’. It’s the usual Woke crap that inverts racism and calls it anti-racism. In this case solidarity with ‘indigenous tribes’ is being used as an excuse to chant the names of ‘gods’ to which people were sacrificed (and still are in secret). What an example of Woke’s inability to see beyond black and white, us and them, They condemn the colonisation of these tribal cultures by Europeans (quite right), but those cultures sacrificing people including children to their ‘gods’, and mass murdering untold numbers as the Aztecs did, is just fine. One chant is to the Aztec god Tezcatlipoca who had a man sacrificed to him in the 5th month of the Aztec calendar. His heart was cut out and he was eaten. Oh, that’s okay then. Come on children … after three … Other sacrificial ‘gods’ for the young to chant their allegiance include Quetzalcoatl, Huitzilopochtli and Xipe Totec. The curriculum says that ‘chants, affirmations, and energizers can be used to bring the class together, build unity around ethnic studies principles and values, and to reinvigorate the class following a lesson that may be emotionally taxing or even when student engagement may appear to be low’. Well, that’s the cover story, anyway. Chanting and mantras are the repetition of a particular frequency generated from the vocal cords and chanting the names of these Archontic ‘gods’ tunes you into their frequency. That is the last thing you want when it allows for energetic synchronisation, attachment and perceptual influence. Initiates chant the names of their ‘Gods’ in their rituals for this very reason.

## **Vampires of the Woke**

Paedophilia is another way that Archons absorb the energy of children. Paedophiles possessed by Archontic consciousness are used as the conduit during sexual abuse for discarnate Archons to vampire the energy of the young they desire so much. Stupendous numbers of children disappear every year never to be seen again although you would never know from the media. Imagine how much low-vibrational energy has been generated by children during the 'Covid' hoax when so many have become depressed and psychologically destroyed to the point of killing themselves.

Shocking numbers of children are now taken by the state from loving parents to be handed to others. I can tell you from long experience of researching this since 1996 that many end up with paedophiles and assets of the Cult through corrupt and Cult-owned social services which in the reframing era has hired many psychopaths and emotionless automatons to do the job. Children are even stolen to order using spurious reasons to take them by the corrupt and secret (because they're corrupt) 'family courts'. I have written in detail in other books, starting with *The Biggest Secret* in 1997, about the ubiquitous connections between the political, corporate, government, intelligence and military elites (Cult operatives) and Satanism and paedophilia. If you go deep enough both networks have an interlocking leadership. The Woke mentality has been developed by the Cult for many reasons: To promote almost every aspect of its agenda; to hijack the traditional political left and turn it fascist; to divide and rule; and to target agenda pushbackers. But there are other reasons which relate to what I am describing here. How many happy and joyful Wokers do you ever see especially at the extreme end? They are a mental and psychological mess consumed by emotional stress and constantly emotionally cocked for the next explosion of indignation at someone referring to a female as a female. They are walking, talking, batteries as Morpheus might say emitting frequencies which both enslave them in low-vibrational bubbles of perceptual limitation and feed the Archons. Add to this the hatred claimed to be love; fascism claimed to 'anti-fascism', racism claimed to be 'anti-racism';

exclusion claimed to inclusion; and the abuse-filled Internet trolling. You have a purpose-built Archontic energy system with not a wind turbine in sight and all founded on Archontic *inversion*. We have whole generations now manipulated to serve the Archons with their actions and energy. They will be doing so their entire adult lives unless they snap out of their Archon-induced trance. Is it really a surprise that Cult billionaires and corporations put so much money their way? Where is the energy of joy and laughter, including laughing at yourself which is confirmation of your own emotional security? Mark Twain said: 'The human race has one really effective weapon, and that is laughter.' We must use it all the time. Woke has destroyed comedy because it has no humour, no joy, sense of irony, or self-deprecation. Its energy is dense and intense. *Mmmmm*, lunch says the Archontic frequency. Rudolf Steiner (1861-1925) was the Austrian philosopher and famous esoteric thinker who established Waldorf education or Steiner schools to treat children like unique expressions of consciousness and not minds to be programmed with the perceptions determined by authority. I'd been writing about this energy vampiring for decades when I was sent in 2016 a quote by Steiner. He was spot on:

There are beings in the spiritual realms for whom anxiety and fear emanating from human beings offer welcome food. When humans have no anxiety and fear, then these creatures starve. If fear and anxiety radiates from people and they break out in panic, then these creatures find welcome nutrition and they become more and more powerful. These beings are hostile towards humanity. Everything that feeds on negative feelings, on anxiety, fear and superstition, despair or doubt, are in reality hostile forces in super-sensible worlds, launching cruel attacks on human beings, while they are being fed ... These are exactly the feelings that belong to contemporary culture and materialism; because it estranges people from the spiritual world, it is especially suited to evoke hopelessness and fear of the unknown in people, thereby calling up the above mentioned hostile forces against them.

Pause for a moment from this perspective and reflect on what has happened in the world since the start of 2020. Not only will pennies drop, but billion dollar bills. We see the same theme from Don Juan Matus, a Yaqui Indian shaman in Mexico and the information source for Peruvian-born writer, Carlos Castaneda, who wrote a series of

books from the 1960s to 1990s. Don Juan described the force manipulating human society and his name for the Archons was the predator:

We have a predator that came from the depths of the cosmos and took over the rule of our lives. Human beings are its prisoners. The predator is our lord and master. It has rendered us docile, helpless. If we want to protest, it suppresses our protest. If we want to act independently, it demands that we don't do so ... indeed we are held prisoner!

They took us over because we are food to them, and they squeeze us mercilessly because we are their sustenance. Just as we rear chickens in coops, the predators rear us in human coops, humaneros. Therefore, their food is always available to them.

Different cultures, different eras, same recurring theme.

## The 'ennoia' dilemma

Nag Hammadi Gnostic manuscripts say that Archon consciousness has no 'ennoia'. This is directly translated as 'intentionality', but I'll use the term 'creative imagination'. The *All That Is* in awareness of itself is the source of all creativity – all possibility – and the more disconnected you are from that source the more you are subsequently denied 'creative imagination'. Given that Archon consciousness is almost entirely disconnected it severely lacks creativity and has to rely on far more mechanical processes of thought and exploit the creative potential of those that do have 'ennoia'. You can see cases of this throughout human society. Archon consciousness almost entirely dominates the global banking system and if we study how that system works you will appreciate what I mean. Banks manifest 'money' out of nothing by issuing lines of 'credit' which is 'money' that has never, does not, and will never exist except in theory. It's a confidence trick. If you think 'credit' figures-on-a-screen 'money' is worth anything you accept it as payment. If you don't then the whole system collapses through lack of confidence in the value of that 'money'. Archontic bankers with no 'ennoia' are 'lending' 'money' that doesn't exist to humans that *do* have creativity – those that have the inspired ideas and create businesses and products. Archon banking feeds off human creativity

which it controls through ‘money’ creation and debt. Humans have the creativity and Archons exploit that for their own benefit and control while having none themselves. Archon Internet platforms like Facebook claim joint copyright of everything that creative users post and while Archontic minds like Zuckerberg may officially head that company it will be human creatives on the staff that provide the creative inspiration. When you have limitless ‘money’ you can then buy other companies established by creative humans. Witness the acquisition record of Facebook, Google and their like. Survey the Archon-controlled music industry and you see non-creative dark suit executives making their fortune from the human creativity of their artists. The cases are endless. Research the history of people like Gates and Zuckerberg and how their empires were built on exploiting the creativity of others. Archon minds cannot create out of nothing, but they are skilled (because they have to be) in what Gnostic texts call ‘countermimicry’. They can imitate, but not innovate. Sabbatians trawl the creativity of others through backdoors they install in computer systems through their cybersecurity systems. Archon-controlled China is globally infamous for stealing intellectual property and I remember how Hong Kong, now part of China, became notorious for making counterfeit copies of the creativity of others – ‘countermimicry’. With the now pervasive and all-seeing surveillance systems able to infiltrate any computer you can appreciate the potential for Archons to vampire the creativity of humans. Author John Lamb Lash wrote in his book about the Nag Hammadi texts, *Not In His Image*:

Although they cannot originate anything, because they lack the divine factor of ennoia (intentionality), Archons can imitate with a vengeance. Their expertise is simulation (HAL, virtual reality). The Demiurge [Yaldabaoth] fashions a heaven world copied from the fractal patterns [of the original] ... His construction is celestial kitsch, like the fake Italianate villa of a Mafia don complete with militant angels to guard every portal.

This brings us to something that I have been speaking about since the turn of the millennium. Our reality is a simulation; a virtual reality that we think is real. No, I’m not kidding.

## **Human reality? Well, virtually**

I had pondered for years about whether our reality is ‘real’ or some kind of construct. I remembered being immensely affected on a visit as a small child in the late 1950s to the then newly-opened Planetarium on the Marylebone Road in London which is now closed and part of the adjacent Madame Tussauds wax museum. It was in the middle of the day, but when the lights went out there was the night sky projected in the Planetarium’s domed ceiling and it appeared to be so real. The experience never left me and I didn’t know why until around the turn of the millennium when I became certain that our ‘night sky’ and entire reality is a projection, a virtual reality, akin to the illusory world portrayed in the *Matrix* movies. I looked at the sky one day in this period and it appeared to me like the domed roof of the Planetarium. The release of the first *Matrix* movie in 1999 also provided a synchronistic and perfect visual representation of where my mind had been going for a long time. I hadn’t come across the Gnostic Nag Hammadi texts then. When I did years later the correlation was once again astounding. As I read Gnostic accounts from 1,600 years and more earlier it was clear that they were describing the same simulation phenomenon. They tell how the Yaldabaoth ‘Demiurge’ and Archons created a ‘bad copy’ of original reality to rule over all that were captured by its illusions and the body was a prison to trap consciousness in the ‘bad copy’ fake reality. Read how Gnostics describe the ‘bad copy’ and update that to current times and they are referring to what we would call today a virtual reality simulation.

Author John Lamb Lash said ‘the Demiurge fashions a heaven world copied from the fractal patterns’ of the original through expertise in ‘HAL’ or virtual reality simulation. Fractal patterns are part of the energetic information construct of our reality, a sort of blueprint. If these patterns were copied in computer terms it would indeed give you a copy of a ‘natural’ reality in a non-natural frequency and digital form. The principle is the same as making a copy of a website. The original website still exists, but now you can change the copy version to make it whatever you like and it can

become very different to the original website. Archons have done this with our reality, a *synthetic* copy of prime reality that still exists beyond the frequency walls of the simulation. Trapped within the illusions of this synthetic Matrix, however, were and are human consciousness and other expressions of prime reality and this is why the Archons via the Cult are seeking to make the human body synthetic and give us synthetic AI minds to complete the job of turning the entire reality synthetic including what we perceive to be the natural world. To quote Kurzweil: 'Nanobots will infuse all the matter around us with information. Rocks, trees, everything will become these intelligent creatures.' Yes, *synthetic* 'creatures' just as 'Covid' and other genetically-manipulating 'vaccines' are designed to make the human body synthetic. From this perspective it is obvious why Archons and their Cult are so desperate to infuse synthetic material into every human with their 'Covid' scam.

### **Let there be (electromagnetic) light**

Yaldabaoth, the force that created the simulation, or Matrix, makes sense of the Gnostic reference to 'The Great Architect' and its use by Cult Freemasonry as the name of its deity. The designer of the Matrix in the movies is called 'The Architect' and that trilogy is jam-packed with symbolism relating to these subjects. I have contended for years that the angry Old Testament God (Yaldabaoth) is the 'God' being symbolically 'quoted' in the opening of Genesis as 'creating the world'. This is not the creation of prime reality – it's the creation of the *simulation*. The Genesis 'God' says: 'Let there be Light: and there was light.' But what is this 'Light'? I have said for decades that the speed of light (186,000 miles per second) is not the fastest speed possible as claimed by mainstream science and is in fact the frequency walls or outer limits of the Matrix. You can't have a fastest or slowest anything within all possibility when everything is possible. The human body is encoded to operate within the speed of light or *within the simulation* and thus we see only the tiny frequency band of visible *light*. Near-death experiencers who perceive reality outside the body during temporary 'death' describe a very different

form of light and this is supported by the Nag Hammadi texts. Prime reality beyond the simulation ('Upper Aeons' to the Gnostics) is described as a realm of incredible beauty, bliss, love and harmony – a realm of 'watery light' that is so powerful 'there are no shadows'. Our false reality of Archon control, which Gnostics call the 'Lower Aeons', is depicted as a realm with a different kind of 'light' and described in terms of chaos, 'Hell', 'the Abyss' and 'Outer Darkness', where trapped souls are tormented and manipulated by demons (relate that to the 'Covid' hoax alone). The watery light theme can be found in near-death accounts and it is not the same as *simulation* 'light' which is electromagnetic or radiation light within the speed of light – the 'Lower Aeons'. Simulation 'light' is the 'luminous fire' associated by Gnostics with the Archons. The Bible refers to Yaldabaoth as 'that old serpent, called the Devil, and Satan, which deceiveth the whole world' (Revelation 12:9). I think that making a simulated copy of prime reality ('countermimicry') and changing it dramatically while all the time manipulating humanity to believe it to be real could probably meet the criteria of deceiving the whole world. Then we come to the Cult god Lucifer – the *Light Bringer*. Lucifer is symbolic of Yaldabaoth, the bringer of radiation light that forms the bad copy simulation within the speed of light. 'He' is symbolised by the lighted torch held by the Statue of Liberty and in the name 'Illuminati'. Sabbatian-Frankism declares that Lucifer is the true god and Lucifer is the real god of Freemasonry honoured as their 'Great or Grand Architect of the Universe' (simulation).

I would emphasise, too, the way Archontic technologically-generated luminous fire of radiation has deluged our environment since I was a kid in the 1950s and changed the nature of The Field with which we constantly interact. Through that interaction technological radiation is changing us. The Smart Grid is designed to operate with immense levels of communication power with 5G expanding across the world and 6G, 7G, in the process of development. Radiation is the simulation and the Archontic manipulation system. Why wouldn't the Archon Cult wish to unleash radiation upon us to an ever-greater extreme to form

Kurzweil's 'cloud'? The plan for a synthetic human is related to the need to cope with levels of radiation beyond even anything we've seen so far. Biological humans would not survive the scale of radiation they have in their script. The Smart Grid is a technological sub-reality within the technological simulation to further disconnect five-sense perception from expanded consciousness. It's a technological prison of the mind.

### **Infusing the 'spirit of darkness'**

A recurring theme in religion and native cultures is the manipulation of human genetics by a non-human force and most famously recorded as the biblical 'sons of god' (the gods plural in the original) who interbred with the daughters of men. The Nag Hammadi *Apocryphon of John* tells the same story this way:

He [Yaldabaoth] sent his angels [Archons/demons] to the daughters of men, that they might take some of them for themselves and raise offspring for their enjoyment. And at first they did not succeed. When they had no success, they gathered together again and they made a plan together ... And the angels changed themselves in their likeness into the likeness of their mates, filling them with the spirit of darkness, which they had mixed for them, and with evil ... And they took women and begot children out of the darkness according to the likeness of their spirit.

Possession when a discarnate entity takes over a human body is an age-old theme and continues today. It's very real and I've seen it. Satanic and secret society rituals can create an energetic environment in which entities can attach to initiates and I've heard many stories of how people have changed their personality after being initiated even into lower levels of the Freemasons. I have been inside three Masonic temples, one at a public open day and two by just walking in when there was no one around to stop me. They were in Ryde, the town where I live, Birmingham, England, when I was with a group, and Boston, Massachusetts. They all felt the same energetically – dark, dense, low-vibrational and sinister. Demonic attachment can happen while the initiate has no idea what is going on. To them it's just a ritual to get in the Masons and do a bit of good

business. In the far more extreme rituals of Satanism human possession is even more powerful and they are designed to make possession possible. The hierarchy of the Cult is dictated by the power and perceived status of the possessing Archon. In this way the Archon hierarchy becomes the Cult hierarchy. Once the entity has attached it can influence perception and behaviour and if it attaches to the extreme then so much of its energy (information) infuses into the body information field that the hologram starts to reflect the nature of the possessing entity. This is the *Exorcist* movie type of possession when facial features change and it's known as shapeshifting. Islam's Jinn are said to be invisible tricksters who change shape, 'whisper', confuse and take human form. These are all traits of the Archons and other versions of the same phenomenon. Extreme possession could certainty infuse the 'spirit of darkness' into a partner during sex as the Nag Hammadi texts appear to describe. Such an infusion can change genetics which is also energetic information. Human genetics is information and the 'spirit of darkness' is information. Mix one with the other and change must happen. Islam has the concept of a 'Jinn baby' through possession of the mother and by Jinn taking human form. There are many ways that human genetics can be changed and remember that Archons have been aware all along of advanced techniques to do this. What is being done in human society today – and far more – was known about by Archons at the time of the 'fallen ones' and their other versions described in religions and cultures.

Archons and their human-world Cult are obsessed with genetics as we see today and they know this dictates how information is processed into perceived reality during a human life. They needed to produce a human form that would decode the simulation and this is symbolically known as 'Adam and Eve' who left the 'garden' (prime reality) and 'fell' into Matrix reality. The simulation is not a 'physical' construct (there is no 'physical'); it is a source of information. Think Wi-Fi again. The simulation is an energetic field encoded with information and body-brain systems are designed to decode that information encoded in wave or frequency form which

is transmitted to the brain as electrical signals. These are decoded by the brain to construct our sense of reality – an illusory ‘physical’ world that only exists in the brain or the mind. Virtual reality games mimic this process using the same sensory decoding system. Information is fed to the senses to decode a virtual reality that can appear so real, but isn’t (Figs 18 and 19). Some scientists believe – and I agree with them – that what we perceive as ‘physical’ reality only exists when we are looking or observing. The act of perception or focus triggers the decoding systems which turn waveform information into holographic reality. When we are not observing something our reality reverts from a holographic state to a waveform state. This relates to the same principle as a falling tree not making a noise unless someone is there to hear it or decode it. The concept makes sense from the simulation perspective. A computer is not decoding all the information in a Wi-Fi field all the time and only decodes or brings into reality on the screen that part of Wi-Fi that it’s decoding – focusing upon – at that moment.



**Figure 18:** Virtual reality technology ‘hacks’ into the body’s five-sense decoding system.



**Figure 19:** The result can be experienced as very ‘real’.

Interestingly, Professor Donald Hoffman at the Department of Cognitive Sciences at the University of California, Irvine, says that our experienced reality is like a computer interface that shows us only the level with which we interact while hiding all that exists beyond it: ‘Evolution shaped us with a user interface that hides the truth. Nothing that we see is the truth – the very language of space and time and objects is the wrong language to describe reality.’ He is correct in what he says on so many levels. Space and time are not a universal reality. They are a phenomenon of decoded *simulation* reality as part of the process of enslaving our sense of reality. Near-death experiencers report again and again how space and time did not exist as we perceive them once they were free of the body – body decoding systems. You can appreciate from this why Archons and their Cult are so desperate to entrap human attention in the five senses where we are in the Matrix and of the Matrix. Opening your mind to expanded states of awareness takes you beyond the information confines of the simulation and you become aware of knowledge and insights denied to you before. This is what we call ‘awakening’ – *awakening from the Matrix* – and in the final chapter I will relate this to current events.

## **Where are the ‘aliens’?**

A simulation would explain the so-called ‘Fermi Paradox’ named after Italian physicist Enrico Fermi (1901-1954) who created the first nuclear reactor. He considered the question of why there is such a lack of extraterrestrial activity when there are so many stars and planets in an apparently vast universe; but what if the night sky that we see, or think we do, is a simulated projection as I say? If you control the simulation and your aim is to hold humanity fast in essential ignorance would you want other forms of life including advanced life coming and going sharing information with humanity? Or would you want them to believe they were isolated and apparently alone? Themes of human isolation and apartness are common whether they be the perception of a lifeless universe or the fascist isolation laws of the ‘Covid’ era. Paradoxically the very

existence of a simulation means that we are not alone when some force had to construct it. My view is that experiences that people have reported all over the world for centuries with Reptilians and Grey entities are Archon phenomena as Nag Hammadi texts describe; and that benevolent 'alien' interactions are non-human groups that come in and out of the simulation by overcoming Archon attempts to keep them out. It should be highlighted, too, that Reptilians and Greys are obsessed with *genetics* and *technology* as related by cultural accounts and those who say they have been abducted by them. Technology is their way of overcoming some of the limitations in their creative potential and our technology-driven and controlled human society of today is *archetypical* Archon-Reptilian-Grey modus operandi. Technocracy is really *Archontocracy*. The Universe does not have to be as big as it appears with a simulation. There is no space or distance only information decoded into holographic reality. What we call 'space' is only the absence of holographic 'objects' and that 'space' is The Field of energetic information which connects everything into a single whole. The same applies with the artificially-generated information field of the simulation. The Universe is not big or small as a physical reality. It is decoded information, that's all, and its perceived size is decided by the way the simulation is encoded to make it appear. The entire night sky as we perceive it only exists in our brain and so where are those 'millions of light years'? The 'stars' on the ceiling of the Planetarium looked a vast distance away.

There's another point to mention about 'aliens'. I have been highlighting since the 1990s the plan to stage a fake 'alien invasion' to justify the centralisation of global power and a world military. Nazi scientist Werner von Braun, who was taken to America by Operation Paperclip after World War Two to help found NASA, told his American assistant Dr Carol Rosin about the Cult agenda when he knew he was dying in 1977. Rosin said that he told her about a sequence that would lead to total human control by a one-world government. This included threats from terrorism, rogue nations, meteors and asteroids before finally an 'alien invasion'. All of these

things, von Braun said, would be bogus and what I would refer to as a No-Problem-Reaction-Solution. Keep this in mind when ‘the aliens are coming’ is the new mantra. The aliens are not coming – they are *already here* and they have infiltrated human society while looking human. French-Canadian investigative journalist Serge Monast said in 1994 that he had uncovered a NASA/military operation called Project Blue Beam which fits with what Werner von Braun predicted. Monast died of a ‘heart attack’ in 1996 the day after he was arrested and spent a night in prison. He was 51. He said Blue Beam was a plan to stage an alien invasion that would include religious figures beamed holographically into the sky as part of a global manipulation to usher in a ‘new age’ of worshipping what I would say is the Cult ‘god’ Yaldabaoth in a one-world religion. Fake holographic asteroids are also said to be part of the plan which again syncs with von Braun. How could you stage an illusory threat from asteroids unless they were holographic inserts? This is pretty straightforward given the advanced technology outside the public arena and the fact that our ‘physical’ reality is holographic anyway. Information fields would be projected and we would decode them into the illusion of a ‘physical’ asteroid. If they can sell a global ‘pandemic’ with a ‘virus’ that doesn’t exist what will humans not believe if government and media tell them?

All this is particularly relevant as I write with the Pentagon planning to release in June, 2021, information about ‘UFO sightings’. I have been following the UFO story since the early 1990s and the common theme throughout has been government and military denials and cover up. More recently, however, the Pentagon has suddenly become more talkative and apparently open with Air Force pilot radar images released of unexplained craft moving and changing direction at speeds well beyond anything believed possible with human technology. Then, in March, 2021, former Director of National Intelligence John Ratcliffe said a Pentagon report months later in June would reveal a great deal of information about UFO sightings unknown to the public. He said the report would have ‘massive implications’. The order to do this was included bizarrely

in a \$2.3 trillion ‘coronavirus’ relief and government funding bill passed by the Trump administration at the end of 2020. I would add some serious notes of caution here. I have been pointing out since the 1990s that the US military and intelligence networks have long had craft – ‘flying saucers’ or anti-gravity craft – which any observer would take to be extraterrestrial in origin. Keeping this knowledge from the public allows craft flown by *humans* to be perceived as alien visitations. I am not saying that ‘aliens’ do not exist. I would be the last one to say that, but we have to be streetwise here. President Ronald Reagan told the UN General Assembly in 1987: ‘I occasionally think how quickly our differences worldwide would vanish if we were facing an alien threat from outside this world.’ That’s the idea. Unite against a common ‘enemy’ with a common purpose behind your ‘saviour force’ (the Cult) as this age-old technique of mass manipulation goes global.

### **Science moves this way ...**

I could find only one other person who was discussing the simulation hypothesis publicly when I concluded it was real. This was Nick Bostrom, a Swedish-born philosopher at the University of Oxford, who has explored for many years the possibility that human reality is a computer simulation although his version and mine are not the same. Today the simulation and holographic reality hypothesis have increasingly entered the scientific mainstream. Well, the more open-minded mainstream, that is. Here are a few of the ever-gathering examples. American nuclear physicist Silas Beane led a team of physicists at the University of Bonn in Germany pursuing the question of whether we live in a simulation. They concluded that we probably do and it was likely based on a lattice of cubes. They found that cosmic rays align with that specific pattern. The team highlighted the Greisen-Zatsepin-Kuzmin (GZK) limit which refers to cosmic ray particle interaction with cosmic background radiation that creates an apparent boundary for cosmic ray particles. They say in a paper entitled ‘Constraints on the Universe as a Numerical Simulation’ that this ‘pattern of constraint’ is exactly what you

would find with a computer simulation. They also made the point that a simulation would create its own ‘laws of physics’ that would limit possibility. I’ve been making the same point for decades that the *perceived* laws of physics relate only to this reality, or what I would later call the simulation. When designers write codes to create computer and virtual reality games they are the equivalent of the laws of physics for that game. Players interact within the limitations laid out by the coding. In the same way those who wrote the codes for the simulation decided the laws of physics that would apply. These can be overridden by expanded states of consciousness, but not by those enslaved in only five-sense awareness where simulation codes rule. Overriding the codes is what people call ‘miracles’. They are not. They are bypassing the encoded limits of the simulation. A population caught in simulation perception would have no idea that this was their plight. As the Bonn paper said: ‘Like a prisoner in a pitch-black cell we would not be able to see the “walls” of our prison.’ That’s true if people remain mesmerised by the five senses. Open to expanded awareness and those walls become very clear. The main one is the speed of light.

American theoretical physicist James Gates is another who has explored the simulation question and found considerable evidence to support the idea. Gates was Professor of Physics at the University of Maryland, Director of The Center for String and Particle Theory, and on Barack Obama’s Council of Advisors on Science and Technology. He and his team found *computer codes* of digital data embedded in the fabric of our reality. They relate to on-off electrical charges of 1 and 0 in the binary system used by computers. ‘We have no idea what they are doing there’, Gates said. They found within the energetic fabric mathematical sequences known as error-correcting codes or block codes that ‘reboot’ data to its original state or ‘default settings’ when something knocks it out of sync. Gates was asked if he had found a set of equations embedded in our reality indistinguishable from those that drive search engines and browsers and he said: ‘That is correct.’ Rich Terrile, director of the Centre for Evolutionary Computation and Automated Design at NASA’s Jet

Propulsion Laboratory, has said publicly that he believes the Universe is a digital hologram that must have been created by a form of intelligence. I agree with that in every way. Waveform information is delivered electrically by the senses to the brain which constructs a *digital* holographic reality that we call the ‘world’. This digital level of reality can be read by the esoteric art of numerology. Digital holograms are at the cutting edge of holographics today. We have digital technology everywhere designed to access and manipulate our digital level of perceived reality. Synthetic mRNA in ‘Covid vaccines’ has a digital component to manipulate the body’s digital ‘operating system’.

## **Reality is numbers**

How many know that our reality can be broken down to numbers and codes that are the same as computer games? Max Tegmark, a physicist at the Massachusetts Institute of Technology (MIT), is the author of *Our Mathematical Universe* in which he lays out how reality can be entirely described by numbers and maths in the way that a video game is encoded with the ‘physics’ of computer games. Our world and computer virtual reality are essentially the same.

Tegmark imagines the perceptions of characters in an advanced computer game when the graphics are so good they don’t know they are in a game. They think they can bump into real objects (electromagnetic resistance in our reality), fall in love and feel emotions like excitement. When they began to study the apparently ‘physical world’ of the video game they would realise that everything was made of pixels (which have been found in our energetic reality as must be the case when on one level our world is digital). What computer game characters thought was physical ‘stuff’, Tegmark said, could actually be broken down into numbers:

And we’re exactly in this situation in our world. We look around and it doesn’t seem that mathematical at all, but everything we see is made out of elementary particles like quarks and electrons. And what properties does an electron have? Does it have a smell or a colour or a texture? No! ... We physicists have come up with geeky names for [Electron] properties, like

electric charge, or spin, or lepton number, but the electron doesn't care what we call it, the properties are just numbers.

This is the illusory reality Gnostics were describing. This is the simulation. The A, C, G, and T codes of DNA have a binary value – A and C = 0 while G and T = 1. This has to be when the simulation is digital and the body must be digital to interact with it. Recurring mathematical sequences are encoded throughout reality and the body. They include the Fibonacci sequence in which the two previous numbers are added to get the next one, as in ... 1, 1, 2, 3, 5, 8, 13, 21, 34, 55, etc. The sequence is encoded in the human face and body, proportions of animals, DNA, seed heads, pine cones, trees, shells, spiral galaxies, hurricanes and the number of petals in a flower. The list goes on and on. There are fractal patterns – a 'never-ending pattern that is infinitely complex and self-similar across all scales in the as above, so below, principle of holograms. These and other famous recurring geometrical and mathematical sequences such as Phi, Pi, Golden Mean, Golden Ratio and Golden Section are *computer codes* of the simulation. I had to laugh and give my head a shake the day I finished this book and it went into the production stage. I was sent an article in *Scientific American* published in April, 2021, with the headline 'Confirmed! We Live in a Simulation'. Two decades after I first said our reality is a simulation and the speed of light is its outer limit the article suggested that we do live in a simulation and that the speed of light is its outer limit. I left school at 15 and never passed a major exam in my life while the writer was up to his eyes in qualifications. As I will explain in the final chapter *knowing* is far better than thinking and they come from very different sources. The article rightly connected the speed of light to the processing speed of the 'Matrix' and said what has been in my books all this time ... 'If we are in a simulation, as it appears, then space is an abstract property written in code. It is not real'. No it's not and if we live in a simulation something created it and it wasn't *us*. 'That David Icke says we are manipulated by aliens' – he's crackers.'

## **Wow ...**

The reality that humanity thinks is so real is an illusion. Politicians, governments, scientists, doctors, academics, law enforcement, media, school and university curriculums, on and on, are all founded on a world that *does not exist* except as a simulated prison cell. Is it such a stretch to accept that 'Covid' doesn't exist when our entire 'physical' reality doesn't exist? Revealed here is the knowledge kept under raps in the Cult networks of compartmentalised secrecy to control humanity's sense of reality by inducing the population to believe in a reality that's not real. If it wasn't so tragic in its experiential consequences the whole thing would be hysterically funny. None of this is new to Renegade Minds. Ancient Greek philosopher Plato (about 428 to about 347BC) was a major influence on Gnostic belief and he described the human plight thousands of years ago with his Allegory of the Cave. He told the symbolic story of prisoners living in a cave who had never been outside. They were chained and could only see one wall of the cave while behind them was a fire that they could not see. Figures walked past the fire casting shadows on the prisoners' wall and those moving shadows became their sense of reality. Some prisoners began to study the shadows and were considered experts on them (today's academics and scientists), but what they studied was only an illusion (today's academics and scientists). A prisoner escaped from the cave and saw reality as it really is. When he returned to report this revelation they didn't believe him, called him mad and threatened to kill him if he tried to set them free. Plato's tale is not only a brilliant analogy of the human plight and our illusory reality. It describes, too, the dynamics of the 'Covid' hoax. I have only skimmed the surface of these subjects here. The aim of this book is to crisply connect all essential dots to put what is happening today into its true context. All subject areas and their connections in this chapter are covered in great evidential detail in *Everything You Need To Know, But Have Never Been Told* and *The Answer*.

They say that bewildered people 'can't see the forest for the trees'. Humanity, however, can't see the forest for the *twigs*. The five senses

see only twigs while Renegade Minds can see the forest and it's the forest where the answers lie with the connections that reveals. Breaking free of perceptual programming so the forest can be seen is the way we turn all this around. Not breaking free is how humanity got into this mess. The situation may seem hopeless, but I promise you it's not. We are a perceptual heartbeat from paradise if only we knew.

## CHAPTER TWELVE

### Escaping Wetiko

*Life is simply a vacation from the infinite*

Dean Cavanagh

Renegade Minds weave the web of life and events and see common themes in the apparently random. They are always there if you look for them and their pursuit is aided by incredible synchronicity that comes when your mind is open rather than mesmerised by what it thinks it can see.

Infinite awareness is infinite possibility and the more of infinite possibility that we access the more becomes infinitely possible. That may be stating the apparently obvious, but it is a devastatingly-powerful fact that can set us free. We are a point of attention within an infinity of consciousness. The question is how much of that infinity do we choose to access? How much knowledge, insight, awareness, wisdom, do we want to connect with and explore? If your focus is only in the five senses you will be influenced by a fraction of infinite awareness. I mean a range so tiny that it gives new meaning to infinitesimal. Limitation of self-identity and a sense of the possible limit accordingly your range of consciousness. We are what we think we are. Life is what we think it is. The dream is the dreamer and the dreamer is the dream. Buddhist philosophy puts it this way: 'As a thing is viewed, so it appears.' Most humans live in the realm of touch, taste, see, hear, and smell and that's the limit of their sense of the possible and sense of self. Many will follow a religion and speak of a God in his heaven, but their lives are still

dominated by the five senses in their perceptions and actions. The five senses become the arbiter of everything. When that happens all except a smear of infinity is sealed away from influence by the rigid, unyielding, reality bubbles that are the five-sense human or Phantom Self. Archon Cult methodology is to isolate consciousness within five-sense reality – the simulation – and then program that consciousness with a sense of self and the world through a deluge of life-long information designed to instil the desired perception that allows global control. Efforts to do this have increased dramatically with identity politics as identity bubbles are squeezed into the minutiae of five-sense detail which disconnect people even more profoundly from the infinite ‘I’.

Five-sense focus and self-identity are like a firewall that limits access to the infinite realms. You only perceive one radio or television station and no other. We’ll take that literally for a moment. Imagine a vast array of stations giving different information and angles on reality, but you only ever listen to one. Here we have the human plight in which the population is overwhelmingly confined to CultFM. This relates only to the frequency range of CultFM and limits perception and insight to that band – limits *possibility* to that band. It means you are connecting with an almost imperceptibly minuscule range of possibility and creative potential within the infinite Field. It’s a world where everything seems apart from everything else and where synchronicity is rare. Synchronicity is defined in the dictionary as ‘the happening by chance of two or more related or similar events at the same time’. Use of ‘by chance’ betrays a complete misunderstanding of reality. Synchronicity is not ‘by chance’. As people open their minds, or ‘awaken’ to use the term, they notice more and more coincidences in their lives, bits of ‘luck’, apparently miraculous happenings that put them in the right place at the right time with the right people. Days become peppered with ‘fancy meeting you here’ and ‘what are the chances of that?’ My entire life has been lived like this and ever more so since my own colossal awakening in 1990 and 91 which transformed my sense of reality. Synchronicity is not ‘by chance’; it is by accessing expanded

realms of possibility which allow expanded potential for manifestation. People broadcasting the same vibe from the same openness of mind tend to be drawn ‘by chance’ to each other through what I call frequency magnetism and it’s not only people. In the last more than 30 years incredible synchronicity has also led me through the Cult maze to information in so many forms and to crucial personal experiences. These ‘coincidences’ have allowed me to put the puzzle pieces together across an enormous array of subjects and situations. Those who have breached the bubble of five-sense reality will know exactly what I mean and this escape from the perceptual prison cell is open to everyone whenever they make that choice. This may appear super-human when compared with the limitations of ‘human’, but it’s really our natural state. ‘Human’ as currently experienced is consciousness in an unnatural state of induced separation from the infinity of the whole. I’ll come to how this transformation into unity can be made when I have described in more detail the force that holds humanity in servitude by denying this access to infinite self.

## **The Wetiko factor**

I have been talking and writing for decades about the way five-sense mind is systematically barricaded from expanded awareness. I have used the analogy of a computer (five-sense mind) and someone at the keyboard (expanded awareness). Interaction between the computer and the operator is symbolic of the interaction between five-sense mind and expanded awareness. The computer directly experiences the Internet and the operator experiences the Internet via the computer which is how it’s supposed to be – the two working as one. Archons seek to control that point where the operator connects with the computer to stop that interaction ([Fig 20](#)). Now the operator is banging the keyboard and clicking the mouse, but the computer is not responding and this happens when the computer is taken over – *possessed* – by an appropriately-named computer ‘virus’. The operator has lost all influence over the computer which goes its own way making decisions under the control of the ‘virus’. I have

just described the dynamic through which the force known to Gnostics as Yaldabaoth and Archons disconnects five-sense mind from expanded awareness to imprison humanity in perceptual servitude.



**Figure 20:** The mind ‘virus’ I have been writing about for decades seeks to isolate five-sense mind (the computer) from the true ‘I’. (Image by Neil Hague).

About a year ago I came across a Native American concept of Wetiko which describes precisely the same phenomenon. Wetiko is the spelling used by the Cree and there are other versions including wintiko and windigo used by other tribal groups. They spell the name with lower case, but I see Wetiko as a proper noun as with Archons and prefer a capital. I first saw an article about Wetiko by writer and researcher Paul Levy which so synced with what I had been writing about the computer/operator disconnection and later the Archons. I then read his book, the fascinating *Dispelling Wetiko, Breaking the Spell of Evil*. The parallels between what I had concluded long before and the Native American concept of Wetiko were so clear and obvious that it was almost funny. For Wetiko see the Gnostic Archons for sure and the Jinn, the Predators, and every other name for a force of evil, inversion and chaos. Wetiko is the Native American name for the force that divides the computer from

the operator ([Fig 21](#)). Indigenous author Jack D. Forbes, a founder of the Native American movement in the 1960s, wrote another book about Wetiko entitled *Columbus And Other Cannibals – The Wetiko Disease of Exploitation, Imperialism, and Terrorism* which I also read. Forbes says that Wetiko refers to an evil person or spirit ‘who terrorizes other creatures by means of terrible acts, including cannibalism’. Zulu shaman Credo Mutwa told me that African accounts tell how cannibalism was brought into the world by the Chitauri ‘gods’ – another manifestation of Wetiko. The distinction between ‘evil person or spirit’ relates to Archons/Wetiko possessing a human or acting as pure consciousness. Wetiko is said to be a sickness of the soul or spirit and a state of being that takes but gives nothing back – the Cult and its operatives perfectly described. Black Hawk, a Native American war leader defending their lands from confiscation, said European invaders had ‘poisoned hearts’ – Wetiko hearts – and that this would spread to native societies. Mention of the heart is very significant as we shall shortly see. Forbes writes: ‘Tragically, the history of the world for the past 2,000 years is, in great part, the story of the epidemiology of the wetiko disease.’ Yes, and much longer. Forbes is correct when he says: ‘The wetikos destroyed Egypt and Babylon and Athens and Rome and Tenochtitlan [capital of the Aztec empire] and perhaps now they will destroy the entire earth.’ Evil, he said, is the number one export of a Wetiko culture – see its globalisation with ‘Covid’. Constant war, mass murder, suffering of all kinds, child abuse, Satanism, torture and human sacrifice are all expressions of Wetiko and the Wetiko possessed. The world is Wetiko made manifest, *but it doesn’t have to be*. There is a way out of this even now.



**Figure 21:** The mind ‘virus’ is known to Native Americans as ‘Wetiko’. (Image by Neil Hague).

## Cult of Wetiko

Wetiko is the Yaldabaoth frequency distortion that seeks to attach to human consciousness and absorb it into its own. Once this connection is made Wetiko can drive the perceptions of the target which they believe to be coming from their own mind. All the horrors of history and today from mass killers to Satanists, paedophiles like Jeffrey Epstein and other psychopaths, are the embodiment of Wetiko and express its state of being in all its grotesqueness. The Cult is Wetiko incarnate, Yaldabaoth incarnate, and it seeks to facilitate Wetiko assimilation of humanity in totality into its distortion by manipulating the population into low frequency states that match its own. Paul Levy writes: ‘Holographically enforced within the psyche of every human being the wetiko virus pervades and underlies the entire field of consciousness, and can therefore potentially manifest through any one of us at any moment if we are not mindful.’ The ‘Covid’ hoax has achieved this with many people, but others have not fallen into Wetiko’s frequency lair. Players in the ‘Covid’ human catastrophe including Gates, Schwab, Tedros, Fauci, Whitty, Vallance, Johnson, Hancock, Ferguson, Drosten, and all the rest, including the psychopath psychologists, are expressions of Wetiko. This is why

they have no compassion or empathy and no emotional consequence for what they do that would make them stop doing it. Observe all the people who support the psychopaths in authority against the Pushbackers despite the damaging impact the psychopaths have on their own lives and their family's lives. You are again looking at Wetiko possession which prevents them seeing through the lies to the obvious scam going on. *Why can't they see it?* Wetiko won't let them see it. The perceptual divide that has now become a chasm is between the Wetikoed and the non-Wetikoed.

Paul Levy describes Wetiko in the same way that I have long described the Archontic force. They are the same distorted consciousness operating across dimensions of reality: '... the subtle body of wetiko is not located in the third dimension of space and time, literally existing in another dimension ... it is able to affect ordinary lives by mysteriously interpenetrating into our three-dimensional world.' Wetiko does this through its incarnate representatives in the Cult and by weaving itself into The Field which on our level of reality is the electromagnetic information field of the simulation or Matrix. More than that, the simulation *is* Wetiko / Yaldabaoth. Caleb Scharf, Director of Astrobiology at Columbia University, has speculated that 'alien life' could be so advanced that it has transcribed itself into the quantum realm to become what we call physics. He said intelligence indistinguishable from the fabric of the Universe would solve many of its greatest mysteries:

Perhaps hyper-advanced life isn't just external. Perhaps it's already all around. It is embedded in what we perceive to be physics itself, from the root behaviour of particles and fields to the phenomena of complexity and emergence ... In other words, life might not just be in the equations. It might BE the equations [My emphasis].

Scharf said it is possible that 'we don't recognise advanced life because it forms an integral and unsuspicious part of what we've considered to be the natural world'. I agree. Wetiko/Yaldabaoth *is* the simulation. We are literally in the body of the beast. But that doesn't mean it has to control us. We all have the power to overcome Wetiko

influence and the Cult knows that. I doubt it sleeps too well because it knows that.

## **Which Field?**

This, I suggest, is how it all works. There are two Fields. One is the fierce electromagnetic light of the Matrix within the speed of light; the other is the ‘watery light’ of The Field beyond the walls of the Matrix that connects with the Great Infinity. Five-sense mind and the decoding systems of the body attach us to the Field of Matrix light. They have to or we could not experience this reality. Five-sense mind sees only the Matrix Field of information while our expanded consciousness is part of the Infinity Field. When we open our minds, and most importantly our hearts, to the Infinity Field we have a mission control which gives us an expanded perspective, a road map, to understand the nature of the five-sense world. If we are isolated only in five-sense mind there is no mission control. We’re on our own trying to understand a world that’s constantly feeding us information to ensure we do not understand. People in this state can feel ‘lost’ and bewildered with no direction or radar. You can see ever more clearly those who are influenced by the Fields of Big Infinity or little five-sense mind simply by their views and behaviour with regard to the ‘Covid’ hoax. We have had this division throughout known human history with the mass of the people on one side and individuals who could see and intuit beyond the walls of the simulation – Plato’s prisoner who broke out of the cave and saw reality for what it is. Such people have always been targeted by Wetiko/Archon-possessed authority, burned at the stake or demonised as mad, bad and dangerous. The Cult today and its global network of ‘anti-hate’, ‘anti-fascist’ Woke groups are all expressions of Wetiko attacking those exposing the conspiracy, ‘Covid’ lies and the ‘vaccine’ agenda.

Woke as a whole is Wetiko which explains its black and white mentality and how at one it is with the Wetiko-possessed Cult. Paul Levy said: ‘To be in this paradigm is to still be under the thrall of a two-valued logic – where things are either true or false – of a

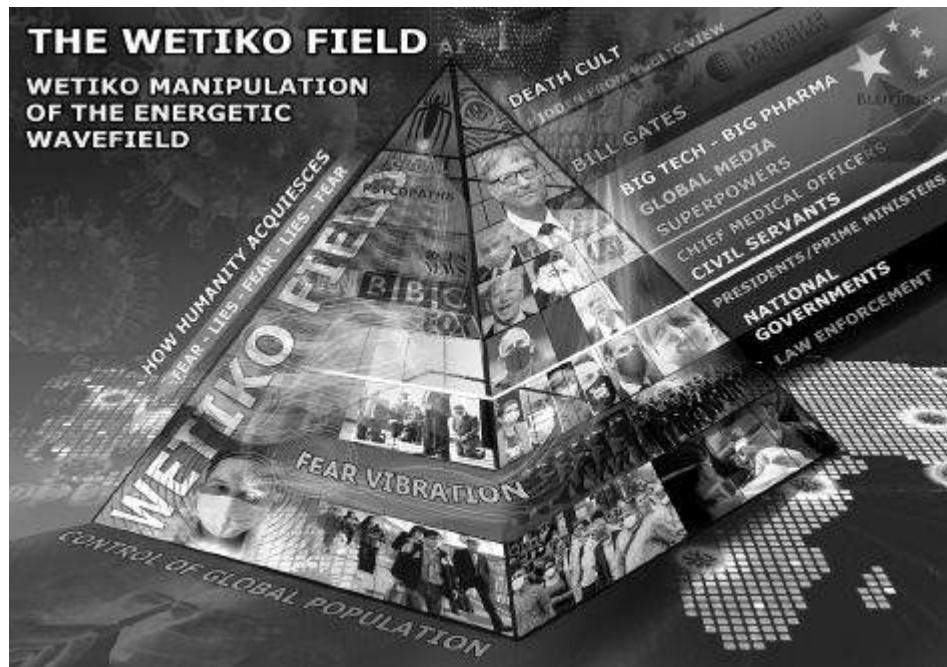
wetikoized mind.' Wetiko consciousness is in a permanent rage, therefore so is Woke, and then there is Woke inversion and contradiction. 'Anti-fascists' act like fascists because fascists *and* 'anti-fascists' are both Wetiko at work. Political parties act the same while claiming to be different for the same reason. Secret society and satanic rituals are attaching initiates to Wetiko and the cold, ruthless, psychopathic mentality that secures the positions of power all over the world is Wetiko. Reframing 'training programmes' have the same cumulative effect of attaching Wetiko and we have their graduates described as automatons and robots with a cold, psychopathic, uncaring demeanour. They are all traits of Wetiko possession and look how many times they have been described in this book and elsewhere with regard to personnel behind 'Covid' including the police and medical profession. Climbing the greasy pole in any profession in a Wetiko society requires traits of Wetiko to get there and that is particularly true of politics which is not about fair competition and pre-eminence of ideas. It is founded on how many backs you can stab and arses you can lick. This culminated in the global 'Covid' coordination between the Wetiko possessed who pulled it off in all the different countries without a trace of empathy and compassion for their impact on humans. Our sight sense can see only holographic form and not the Field which connects holographic form. Therefore we perceive 'physical' objects with 'space' in between. In fact that 'space' is energy/consciousness operating on multiple frequencies. One of them is Wetiko and that connects the Cult psychopaths, those who submit to the psychopaths, and those who serve the psychopaths in the media operations of the world. Wetiko is Gates. Wetiko is the mask-wearing submissive. Wetiko is the fake journalist and 'fact-checker'. The Wetiko Field is coordinating the whole thing. Psychopaths, gofers, media operatives, 'anti-hate' hate groups, 'fact-checkers' and submissive people work as one unit *even without human coordination* because they are attached to the *same* Field which is organising it all ([Fig 22](#)). Paul Levy is here describing how Wetiko-possessed people are drawn together and refuse to let any information breach their rigid

perceptions. He was writing long before ‘Covid’, but I think you will recognise followers of the ‘Covid’ religion *oh just a little bit*:

People who are channelling the vibratory frequency of wetiko align with each other through psychic resonance to reinforce their unspoken shared agreement so as to uphold their deranged view of reality. Once an unconscious content takes possession of certain individuals, it irresistibly draws them together by mutual attraction and knits them into groups tied together by their shared madness that can easily swell into an avalanche of insanity.

A psychic epidemic is a closed system, which is to say that it is insular and not open to any new information or informing influences from the outside world which contradict its fixed, limited, and limiting perspective.

There we have the Woke mind and the ‘Covid’ mind. Compatible resonance draws the awakening together, too, which is clearly happening today.



**Figure 22:** The Wetiko Field from which the Cult pyramid and its personnel are made manifest. (Image by Neil Hague).

## Spiritual servitude

Wetiko doesn't care about humans. It's not human; it just possesses humans for its own ends and the effect (depending on the scale of

possession) can be anything from extreme psychopathy to unquestioning obedience. Wetiko's worst nightmare is for human consciousness to expand beyond the simulation. Everything is focussed on stopping that happening through control of information, thus perception, thus frequency. The 'education system', media, science, medicine, academia, are all geared to maintaining humanity in five-sense servitude as is the constant stimulation of low-vibrational mental and emotional states (see 'Covid'). Wetiko seeks to dominate those subconscious spaces between five-sense perception and expanded consciousness where the computer meets the operator. From these subconscious hiding places Wetiko speaks to us to trigger urges and desires that we take to be our own and manipulate us into anything from low-vibrational to psychopathic states. Remember how Islam describes the Jinn as invisible tricksters that 'whisper' and confuse. Wetiko is the origin of the 'trickster god' theme that you find in cultures all over the world. Jinn, like the Archons, are Wetiko which is terrified of humans awakening and reconnecting with our true self for then its energy source has gone. With that the feedback loop breaks between Wetiko and human perception that provides the energetic momentum on which its very existence depends as a force of evil. Humans are both its target and its source of survival, but only if we are operating in low-vibrational states of fear, hate, depression and the background anxiety that most people suffer. We are Wetiko's target because we are its key to survival. It needs us, not the other way round. Paul Levy writes:

A vampire has no intrinsic, independent, substantial existence in its own right; it only exists in relation to us. The pathogenic, vampiric mind-parasite called wetiko is nothing in itself – not being able to exist from its own side – yet it has a 'virtual reality' such that it can potentially destroy our species ...

...The fact that a vampire is not reflected by a mirror can also mean that what we need to see is that there's nothing, no-thing to see, other than ourselves. The fact that wetiko is the expression of something inside of us means that the cure for wetiko is with us as well. The critical issue is finding this cure within us and then putting it into effect.

Evil begets evil because if evil does not constantly expand and find new sources of energetic sustenance its evil, its *distortion*, dies with the assimilation into balance and harmony. Love is the garlic to Wetiko's vampire. Evil, the absence of love, cannot exist in the presence of love. I think I see a way out of here. I have emphasised so many times over the decades that the Archons/Wetiko and their Cult are not all powerful. *They are not.* I don't care how it looks even now *they are not.* I have not called them little boys in short trousers for effect. I have said it because it is true. Wetiko's insatiable desire for power over others is not a sign of its omnipotence, but its insecurity. Paul Levy writes: 'Due to the primal fear which ultimately drives it and which it is driven to cultivate, wetiko's body politic has an intrinsic and insistent need for centralising power and control so as to create imagined safety for itself.' *Yeeeeees!* Exactly! Why does Wetiko want humans in an ongoing state of fear? Wetiko itself *is* fear and it is petrified of love. As evil is an absence of love, so love is an absence of fear. Love conquers all and *especially* Wetiko which *is* fear. Wetiko brought fear into the world when it wasn't here before. *Fear* was the 'fall', the fall into low-frequency ignorance and illusion – fear is False Emotion Appearing Real. The simulation is driven and energised by fear because Wetiko/Yaldabaoth (fear) *are* the simulation. Fear is the absence of love and Wetiko is the absence of love.

## **Wetiko today**

We can now view current events from this level of perspective. The 'Covid' hoax has generated momentous amounts of ongoing fear, anxiety, depression and despair which have empowered Wetiko. No wonder people like Gates have been the instigators when they are Wetiko incarnate and exhibit every trait of Wetiko in the extreme. See how cold and unemotional these people are like Gates and his cronies, how dead of eye they are. That's Wetiko. Sabbatians are Wetiko and everything they control including the World Health Organization, Big Pharma and the 'vaccine' makers, national 'health'

hierarchies, corporate media, Silicon Valley, the banking system, and the United Nations with its planned transformation into world government. All are controlled and possessed by the Wetiko distortion into distorting human society in its image. We are with this knowledge at the gateway to understanding the world.

Divisions of race, culture, creed and sexuality are diversions to hide the real division between those possessed and influenced by Wetiko and those that are not. The ‘Covid’ hoax has brought both clearly into view. Human behaviour is not about race. Tyrants and dictatorships come in all colours and creeds. What unites the US president bombing the innocent and an African tribe committing genocide against another as in Rwanda? What unites them? *Wetiko*. All wars are Wetiko, all genocide is Wetiko, all hunger over centuries in a world of plenty is Wetiko. Children going to bed hungry, including in the West, is Wetiko. Cult-generated Woke racial divisions that focus on the body are designed to obscure the reality that divisions in behaviour are manifestations of mind, not body. Obsession with body identity and group judgement is a means to divert attention from the real source of behaviour – mind and perception. Conflict sown by the Woke both within themselves and with their target groups are Wetiko providing lunch for itself through still more agents of the division, chaos, and fear on which it feeds. The Cult is seeking to assimilate the entirety of humanity and all children and young people into the Wetiko frequency by manipulating them into states of fear and despair. Witness all the suicide and psychological unravelling since the spring of 2020. Wetiko psychopaths want to impose a state of unquestioning obedience to authority which is no more than a conduit for Wetiko to enforce its will and assimilate humanity into itself. It needs us to believe that resistance is futile when it fears resistance and even more so the game-changing non-cooperation with its impositions. It can use violent resistance for its benefit. Violent impositions and violent resistance are *both* Wetiko. The Power of Love with its Power of No will sweep Wetiko from our world. Wetiko and its Cult know that. They just don’t want us to know.

## **AI Wetiko**

This brings me to AI or artificial intelligence and something else Wetikos don't want us to know. What is AI *really*? I know about computer code algorithms and AI that learns from data input. These, however, are more diversions, the expeditionary force, for the real AI that they want to connect to the human brain as promoted by Silicon Valley Wetikos like Kurzweil. What is this AI? It is the frequency of *Wetiko*, the frequency of the Archons. The connection of AI to the human brain is the connection of the Wetiko frequency to create a Wetiko hive mind and complete the job of assimilation. The hive mind is planned to be controlled from Israel and China which are both 100 percent owned by Wetiko Sabbatians. The assimilation process has been going on minute by minute in the 'smart' era which fused with the 'Covid' era. We are told that social media is scrambling the minds of the young and changing their personality. This is true, but what is social media? Look more deeply at how it works, how it creates divisions and conflict, the hostility and cruelty, the targeting of people until they are destroyed. That's Wetiko. Social media is manipulated to tune people to the Wetiko frequency with all the emotional exploitation tricks employed by platforms like Facebook and its Wetiko front man, Zuckerberg. Facebook's Instagram announced a new platform for children to overcome a legal bar on them using the main site. This is more Wetiko exploitation and manipulation of kids. Amnesty International likened the plan to foxes offering to guard the henhouse and said it was incompatible with human rights. Since when did Wetiko or Zuckerberg (I repeat myself) care about that? Would Brin and Page at Google, Wojcicki at YouTube, Bezos at Amazon and whoever the hell runs Twitter act as they do if they were not channelling Wetiko? Would those who are developing technologies for no other reason than human control? How about those designing and selling technologies to kill people and Big Pharma drug and 'vaccine' producers who know they will end or devastate lives? Quite a thought for these people to consider is that if you are Wetiko in a human life you are Wetiko on the 'other side' unless your frequency

changes and that can only change by a change of perception which becomes a change of behaviour. Where Gates is going does not bear thinking about although perhaps that's exactly where he wants to go. Either way, that's where he's going. His frequency will make it so.

## **The frequency lair**

I have been saying for a long time that a big part of the addiction to smartphones and devices is that a frequency is coming off them that entraps the mind. People spend ages on their phones and sometimes even a minute or so after they put them down they pick them up again and it all repeats. 'Covid' lockdowns will have increased this addiction a million times for obvious reasons. Addictions to alcohol overindulgence and drugs are another way that Wetiko entraps consciousness to attach to its own. Both are symptoms of low-vibrational psychological distress which alcoholism and drug addiction further compound. Do we think it's really a coincidence that access to them is made so easy while potions that can take people into realms beyond the simulation are banned and illegal? I have explored smartphone addiction in other books, the scale is mind-blowing, and that level of addiction does not come without help. Tech companies that make these phones are Wetiko and they will have no qualms about destroying the minds of children. We are seeing again with these companies the Wetiko perceptual combination of psychopathic enforcers and weak and meek unquestioning compliance by the rank and file.

The global Smart Grid is the Wetiko Grid and it is crucial to complete the Cult endgame. The simulation is radiation and we are being deluged with technological radiation on a devastating scale. Wetiko frauds like Elon Musk serve Cult interests while occasionally criticising them to maintain his street-cred. 5G and other forms of Wi-Fi are being directed at the earth from space on a volume and scale that goes on increasing by the day. Elon Musk's (officially) SpaceX Starlink project is in the process of putting tens of thousands of satellites in low orbit to cover every inch of the planet with 5G and other Wi-Fi to create Kurzweil's global 'cloud' to which the

human mind is planned to be attached very soon. SpaceX has approval to operate 12,000 satellites with more than 1,300 launched at the time of writing and applications filed for 30,000 more. Other operators in the Wi-Fi, 5G, low-orbit satellite market include OneWeb (UK), Telesat (Canada), and AST & Science (US). Musk tells us that AI could be the end of humanity and then launches a company called Neuralink to connect the human brain to computers. Musk's (in theory) Tesla company is building electric cars and the driverless vehicles of the smart control grid. As frauds and bullshitters go Elon Musk in my opinion is Major League.

5G and technological radiation in general are destructive to human health, genetics and psychology and increasing the strength of artificial radiation underpins the five-sense perceptual bubbles which are themselves expressions of radiation or electromagnetism. Freedom activist John Whitehead was so right with his 'databit by databit, we are building our own electronic concentration camps'. The Smart Grid and 5G is a means to control the human mind and infuse perceptual information into The Field to influence anyone in sync with its frequency. You can change perception and behaviour en masse if you can manipulate the population into those levels of frequency and this is happening all around us today. The arrogance of Musk and his fellow Cult operatives knows no bounds in the way that we see with Gates. Musk's satellites are so many in number already they are changing the night sky when viewed from Earth. The astronomy community has complained about this and they have seen nothing yet. Some consequences of Musk's Wetiko hubris include: Radiation; visible pollution of the night sky; interference with astronomy and meteorology; ground and water pollution from intensive use of increasingly many spaceports; accumulating space debris; continual deorbiting and burning up of aging satellites, polluting the atmosphere with toxic dust and smoke; and ever-increasing likelihood of collisions. A collective public open letter of complaint to Musk said:

We are writing to you ... because SpaceX is in process of surrounding the Earth with a network of thousands of satellites whose very purpose is to irradiate every square inch of the

Earth. SpaceX, like everyone else, is treating the radiation as if it were not there. As if the mitochondria in our cells do not depend on electrons moving undisturbed from the food we digest to the oxygen we breathe.

As if our nervous systems and our hearts are not subject to radio frequency interference like any piece of electronic equipment. As if the cancer, diabetes, and heart disease that now afflict a majority of the Earth's population are not metabolic diseases that result from interference with our cellular machinery. As if insects everywhere, and the birds and animals that eat them, are not starving to death as a result.

People like Musk and Gates believe in their limitless Wetiko arrogance that they can do whatever they like to the world because they own it. Consequences for humanity are irrelevant. It's absolutely time that we stopped taking this shit from these self-styled masters of the Earth when you consider where this is going.

## **Why is the Cult so anti-human?**

I hear this question often: Why would they do this when it will affect them, too? Ah, but will it? Who is this *them*? Forget their bodies. They are just vehicles for Wetiko consciousness. When you break it all down to the foundations we are looking at a state of severely distorted consciousness targeting another state of consciousness for assimilation. The rest is detail. The simulation is the fly-trap in which unique sensations of the five senses create a cycle of addiction called reincarnation. Renegade Minds see that everything which happens in our reality is a smaller version of the whole picture in line with the holographic principle. Addiction to the radiation of smart technology is a smaller version of addiction to the whole simulation. Connecting the body/brain to AI is taking that addiction on a giant step further to total ongoing control by assimilating human incarnate consciousness into Wetiko. I have watched during the 'Covid' hoax how many are becoming ever more profoundly attached to Wetiko's perceptual calling cards of aggressive response to any other point of view ('There is no other god but me'), psychopathic lack of compassion and empathy, and servile submission to the narrative and will of authority. Wetiko is the psychopaths *and* subservience to psychopaths. The Cult of Wetiko is

so anti-human because it is *not* human. It embarked on a mission to destroy human by targeting everything that it means to be human and to survive as human. ‘Covid’ is not the end, just a means to an end. The Cult with its Wetiko consciousness is seeking to change Earth systems, including the atmosphere, to suit them, not humans. The gathering bombardment of 5G alone from ground and space is dramatically changing The Field with which the five senses interact. There is so much more to come if we sit on our hands and hope it will all go away. It is not meant to go away. It is meant to get ever more extreme and we need to face that while we still can – just.

Carbon dioxide is the gas of life. Without that human is over. Kaput, gone, history. No natural world, no human. The Cult has created a cock and bull story about carbon dioxide and climate change to justify its reduction to the point where Gates and the ignoramus Biden ‘climate chief’ John Kerry want to suck it out of the atmosphere. Kerry wants to do this because his master Gates does. Wetikos have made the gas of life a demon with the usual support from the Wokers of Extinction Rebellion and similar organisations and the bewildered puppet-child that is Greta Thunberg who was put on the world stage by Klaus Schwab and the World Economic Forum. The name Extinction Rebellion is both ironic and as always Wetiko inversion. The gas that we need to survive must be reduced to save us from extinction. The most basic need of human is oxygen and we now have billions walking around in face nappies depriving body and brain of this essential requirement of human existence. More than that 5G at 60 gigahertz interacts with the oxygen molecule to reduce the amount of oxygen the body can absorb into the bloodstream. The obvious knock-on consequences of that for respiratory and cognitive problems and life itself need no further explanation. Psychopaths like Musk are assembling a global system of satellites to deluge the human atmosphere with this insanity. The man should be in jail. Here we have two most basic of human needs, oxygen and carbon dioxide, being dismantled.

Two others, water and food, are getting similar treatment with the United Nations Agendas 21 and 2030 – the Great Reset – planning to

centrally control all water and food supplies. People will not even own rain water that falls on their land. Food is affected at the most basic level by reducing carbon dioxide. We have genetic modification or GMO infiltrating the food chain on a mass scale, pesticides and herbicides polluting the air and destroying the soil. Freshwater fish that provide livelihoods for 60 million people and feed hundreds of millions worldwide are being 'pushed to the brink' according the conservationists while climate change is the only focus. Now we have Gates and Schwab wanting to dispense with current food sources all together and replace them with a synthetic version which the Wetiko Cult would control in terms of production and who eats and who doesn't. We have been on the Totalitarian Tiptoe to this for more than 60 years as food has become ever more processed and full of chemical shite to the point today when it's not natural food at all. As Dr Tom Cowan says: 'If it has a label don't eat it.' Bill Gates is now the biggest owner of farmland in the United States and he does nothing without an ulterior motive involving the Cult. Klaus Schwab wrote: 'To feed the world in the next 50 years we will need to produce as much food as was produced in the last 10,000 years ... food security will only be achieved, however, if regulations on genetically modified foods are adapted to reflect the reality that gene editing offers a precise, efficient and safe method of improving crops.' Liar. People and the world are being targeted with aluminium through vaccines, chemtrails, food, drink cans, and endless other sources when aluminium has been linked to many health issues including dementia which is increasing year after year. Insects, bees and wildlife essential to the food chain are being deleted by pesticides, herbicides and radiation which 5G is dramatically increasing with 6G and 7G to come. The pollinating bee population is being devastated while wildlife including birds, dolphins and whales are having their natural radar blocked by the effects of ever-increasing radiation. In the summer windscreens used to be splattered with insects so numerous were they. It doesn't happen now. Where have they gone?

## **Synthetic everything**

The Cult is introducing genetically-modified versions of trees, plants and insects including a Gates-funded project to unleash hundreds of millions of genetically-modified, lab-altered and patented male mosquitoes to mate with wild mosquitoes and induce genetic flaws that cause them to die out. Clinically-insane Gates-funded Japanese researchers have developed mosquitos that spread vaccine and are dubbed 'flying vaccinators'. Gates is funding the modification of weather patterns in part to sell the myth that this is caused by carbon dioxide and he's funding geoengineering of the skies to change the atmosphere. Some of this came to light with the Gates-backed plan to release tonnes of chalk into the atmosphere to 'deflect the Sun and cool the planet'. Funny how they do this while the heating effect of the Sun is not factored into climate projections focussed on carbon dioxide. The reason is that they want to reduce carbon dioxide (so don't mention the Sun), but at the same time they do want to reduce the impact of the Sun which is so essential to human life and health. I have mentioned the sun-cholesterol-vitamin D connection as they demonise the Sun with warnings about skin cancer (caused by the chemicals in sun cream they tell you to splash on). They come from the other end of the process with statin drugs to reduce cholesterol that turns sunlight into vitamin D. A lack of vitamin D leads to a long list of health effects and how vitamin D levels must have fallen with people confined to their homes over 'Covid'. Gates is funding other forms of geoengineering and most importantly chemtrails which are dropping heavy metals, aluminium and self-replicating nanotechnology onto the Earth which is killing the natural world. See *Everything You Need To Know, But Have Never Been Told* for the detailed background to this.

Every human system is being targeted for deletion by a force that's not human. The Wetiko Cult has embarked on the process of transforming the human body from biological to synthetic biological as I have explained. Biological is being replaced by the artificial and synthetic – Archontic 'countermimicry' – right across human society. The plan eventually is to dispense with the human body altogether

and absorb human consciousness – which it wouldn't really be by then – into cyberspace (the simulation which is Wetiko/Yaldabaoth). Preparations for that are already happening if people would care to look. The alternative media rightly warns about globalism and 'the globalists', but this is far bigger than that and represents the end of the human race as we know it. The 'bad copy' of prime reality that Gnostics describe was a bad copy of harmony, wonder and beauty to start with before Wetiko/Yaldabaoth set out to change the simulated 'copy' into something very different. The process was slow to start with. Entrapped humans in the simulation timeline were not technologically aware and they had to be brought up to intellectual speed while being suppressed spiritually to the point where they could build their own prison while having no idea they were doing so. We have now reached that stage where technological intellect has the potential to destroy us and that's why events are moving so fast. Central American shaman Don Juan Matus said:

Think for a moment, and tell me how you would explain the contradictions between the intelligence of man the engineer and the stupidity of his systems of belief, or the stupidity of his contradictory behaviour. Sorcerers believe that the predators have given us our systems of beliefs, our ideas of good and evil; our social mores. They are the ones who set up our dreams of success or failure. They have given us covetousness, greed, and cowardice. It is the predator who makes us complacent, routinary, and egomaniacal.

In order to keep us obedient and meek and weak, the predators engaged themselves in a stupendous manoeuvre – stupendous, of course, from the point of view of a fighting strategist; a horrendous manoeuvre from the point of those who suffer it. They gave us their mind. The predators' mind is baroque, contradictory, morose, filled with the fear of being discovered any minute now.

For 'predators' see Wetiko, Archons, Yaldabaoth, Jinn, and all the other versions of the same phenomenon in cultures and religions all over the world. The theme is always the same because it's true and it's real. We have reached the point where we have to deal with it. The question is – how?

## **Don't fight – walk away**

I thought I'd use a controversial subheading to get things moving in terms of our response to global fascism. What do you mean 'don't fight'? What do you mean 'walk away'? We've got to fight. We can't walk away. Well, it depends what we mean by fight and walk away. If fighting means physical combat we are playing Wetiko's game and falling for its trap. It wants us to get angry, aggressive, and direct hate and hostility at the enemy we think we must fight. Every war, every battle, every conflict, has been fought with Wetiko leading both sides. It's what it does. Wetiko wants a fight, anywhere, any place. Just hit me, son, so I can hit you back. Wetiko hits Wetiko and Wetiko hits Wetiko in return. I am very forthright as you can see in exposing Wetikos of the Cult, but I don't hate them. I refuse to hate them. It's what they want. What you hate you become. What you *fight* you become. Wokers, 'anti-haters' and 'anti-fascists' prove this every time they reach for their keyboards or don their balaclavas. By walk away I mean to disengage from Wetiko which includes ceasing to cooperate with its tyranny. Paul Levy says of Wetiko:

The way to 'defeat' evil is not to try to destroy it (for then, in playing evil's game, we have already lost), but rather, to find the invulnerable place within ourselves where evil is unable to vanquish us – this is to truly 'win' our battle with evil.

Wetiko is everywhere in human society and it's been on steroids since the 'Covid' hoax. Every shouting match over wearing masks has Wetiko wearing a mask and Wetiko not wearing one. It's an electrical circuit of push and resist, push and resist, with Wetiko pushing *and* resisting. Each polarity is Wetiko empowering itself. Dictionary definitions of 'resist' include 'opposing, refusing to accept or comply with' and the word to focus on is 'opposing'. What form does this take – setting police cars alight or 'refusing to accept or comply with'? The former is Wetiko opposing Wetiko while the other points the way forward. This is the difference between those aggressively demanding that government fascism must be obeyed who stand in stark contrast to the great majority of Pushbackers. We saw this clearly with a march by thousands of Pushbackers against lockdown in London followed days later by a Woker-hijacked

protest in Bristol in which police cars were set on fire. Masks were virtually absent in London and widespread in Bristol. Wetiko wants lockdown on every level of society and infuses its aggression to police it through its unknowing stooges. Lockdown protesters are the ones with the smiling faces and the hugs, The two blatantly obvious states of being – getting more obvious by the day – are the result of Wokers and their like becoming ever more influenced by the simulation Field of Wetiko and Pushbackers ever more influenced by The Field of a far higher vibration beyond the simulation. Wetiko can't invade the heart which is where most lockdown opponents are coming from. It's the heart that allows them to see through the lies to the truth in ways I will be highlighting.

Renegade Minds know that calmness is the place from which wisdom comes. You won't find wisdom in a hissing fit and wisdom is what we need in abundance right now. Calmness is not weakness – you don't have to scream at the top of your voice to be strong. Calmness is indeed a sign of strength. 'No' means I'm not doing it. NOOOO!!! doesn't mean you're not doing it even more. Volume does not advance 'No – I'm not doing it'. You are just not doing it. Wetiko possessed and influenced don't know how to deal with that. Wetiko wants a fight and we should not give it one. What it needs more than anything is our *cooperation* and we should not give that either. Mass rallies and marches are great in that they are a visual representation of feeling, but if it ends there they are irrelevant. You demand that Wetikos act differently? Well, they're not going to do it. They are Wetikos. We don't need to waste our time demanding that something doesn't happen when that will make no difference. We need to delete the means that *allows* it to happen. This, invariably, is our cooperation. You can demand a child stop firing a peashooter at the dog or you can refuse to buy the peashooter. If you provide the means you are cooperating with the dog being smacked on the nose with a pea. How can the authorities enforce mask-wearing if millions in a country refuse? What if the 74 million Pushbackers that voted for Trump in 2020 refused to wear masks, close their businesses or stay in their homes. It would be unenforceable. The

few control the many through the compliance of the many and that's always been the dynamic be it 'Covid' regulations or the Roman Empire. I know people can find it intimidating to say no to authority or stand out in a crowd for being the only one with a face on display; but it has to be done or it's over. I hope I've made clear in this book that where this is going will be far more intimidating than standing up now and saying 'No' – I will not cooperate with my own enslavement and that of my children. There might be consequences for some initially, although not so if enough do the same. The question that must be addressed is what is going to happen if we don't? It is time to be strong and unyieldingly so. No means no. Not here and there, but *everywhere* and *always*. I have refused to wear a mask and obey all the other nonsense. I will not comply with tyranny. I repeat: Fascism is not imposed by fascists – there are never enough of them. Fascism is imposed by the population acquiescing to fascism. *I will not do it.* I will die first, or my body will. Living meekly under fascism is a form of death anyway, the death of the spirit that Martin Luther King described.

## **Making things happen**

We must not despair. This is not over till it's over and it's far from that. The 'fat lady' must refuse to sing. The longer the 'Covid' hoax has dragged on and impacted on more lives we have seen an awakening of phenomenal numbers of people worldwide to the realisation that what they have believed all their lives is not how the world really is. Research published by the system-serving University of Bristol and King's College London in February, 2021, concluded: 'One in every 11 people in Britain say they trust David Icke's take on the coronavirus pandemic.' It will be more by now and we have gathering numbers to build on. We must urgently progress from seeing the scam to ceasing to cooperate with it. Prominent German lawyer Reiner Fuellmich, also licenced to practice law in America, is doing a magnificent job taking the legal route to bring the psychopaths to justice through a second Nuremberg tribunal for crimes against humanity. Fuellmich has an impressive record of

beating the elite in court and he formed the German Corona Investigative Committee to pursue civil charges against the main perpetrators with a view to triggering criminal charges. Most importantly he has grasped the foundation of the hoax – the PCR test not testing for the ‘virus’ – and Christian Drosten is therefore on his charge sheet along with Gates frontman Tedros at the World Health Organization. Major players must be not be allowed to inflict their horrors on the human race without being brought to book. A life sentence must follow for Bill Gates and the rest of them. A group of researchers has also indicted the government of Norway for crimes against humanity with copies sent to the police and the International Criminal Court. The lawsuit cites participation in an internationally-planned false pandemic and violation of international law and human rights, the European Commission’s definition of human rights by coercive rules, Nuremberg and Hague rules on fundamental human rights, and the Norwegian constitution. We must take the initiative from hereon and not just complain, protest and react.

There are practical ways to support vital mass non-cooperation. Organising in numbers is one. Lockdown marches in London in the spring in 2021 were mass non-cooperation that the authorities could not stop. There were too many people. Hundreds of thousands walked the London streets in the centre of the road for mile after mile while the Face-Nappies could only look on. They were determined, but calm, and just *did it* with no histrionics and lots of smiles. The police were impotent. Others are organising group shopping without masks for mutual support and imagine if that was happening all over. Policing it would be impossible. If the store refuses to serve people in these circumstances they would be faced with a long line of trolleys full of goods standing on their own and everything would have to be returned to the shelves. How would they cope with that if it kept happening? I am talking here about moving on from complaining to being pro-active; from watching things happen to making things happen. I include in this our relationship with the police. The behaviour of many Face-Nappies

has been disgraceful and anyone who thinks they would never find concentration camp guards in the ‘enlightened’ modern era have had that myth busted big-time. The period and setting may change – Wetikos never do. I watched film footage from a London march in which a police thug viciously kicked a protestor on the floor who had done nothing. His fellow Face-Nappies stood in a ring protecting him. What he did was a criminal assault and with a crowd far outnumbering the police this can no longer be allowed to happen unchallenged. I get it when people chant ‘shame on you’ in these circumstances, but that is no longer enough. They *have* no shame those who do this. Crowds needs to start making a citizen’s arrest of the police who commit criminal offences and brutally attack innocent people and defenceless women. A citizen’s arrest can be made under section 24A of the UK Police and Criminal Evidence (PACE) Act of 1984 and you will find something similar in other countries. I prefer to call it a Common Law arrest rather than citizen’s for reasons I will come to shortly. Anyone can arrest a person committing an indictable offence or if they have reasonable grounds to suspect they are committing an indictable offence. On both counts the attack by the police thug would have fallen into this category. A citizen’s arrest can be made to stop someone:

- Causing physical injury to himself or any other person
- Suffering physical injury
- Causing loss of or damage to property
- Making off before a constable can assume responsibility for him

A citizen’s arrest may also be made to prevent a breach of the peace under Common Law and if they believe a breach of the peace will happen or anything related to harm likely to be done or already done in their presence. This is the way to go I think – the Common Law version. If police know that the crowd and members of the public will no longer be standing and watching while they commit

their thuggery and crimes they will think twice about acting like Brownshirts and Blackshirts.

## **Common Law – common sense**

Mention of Common Law is very important. Most people think the law is the law as in one law. This is not the case. There are two bodies of law, Common Law and Statute Law, and they are not the same. Common Law is founded on the simple premise of do no harm. It does not recognise victimless crimes in which no harm is done while Statute Law does. There is a Statute Law against almost everything. So what is Statute Law? Amazingly it's the law of the sea that was brought ashore by the Cult to override the law of the land which is Common Law. They had no right to do this and as always they did it anyway. They had to. They could not impose their will on the people through Common Law which only applies to do no harm. How could you stitch up the fine detail of people's lives with that? Instead they took the law of the sea, or Admiralty Law, and applied it to the population. Statute Law refers to all the laws spewing out of governments and their agencies including all the fascist laws and regulations relating to 'Covid'. The key point to make is that Statute Law is *contract law*. It only applies between *contracting* corporations. Most police officers don't even know this. They have to be kept in the dark, too. Long ago when merchants and their sailing ships began to trade with different countries a contractual law was developed called Admiralty Law and other names. Again it only applied to *contracts* agreed between *corporate* entities. If there is no agreed contract the law of the sea had no jurisdiction *and that still applies to its new alias of Statute Law*. The problem for the Cult when the law of the sea was brought ashore was an obvious one. People were not corporations and neither were government entities. To overcome the latter they made governments and all associated organisations corporations. All the institutions are *private corporations* and I mean governments and their agencies, local councils, police, courts, military, US states, the whole lot. Go to the

Dun and Bradstreet corporate listings website for confirmation that they are all corporations. You are arrested by a private corporation called the police by someone who is really a private security guard and they take you to court which is another private corporation.

Neither have jurisdiction over you unless you consent and *contract* with them. This is why you hear the mantra about law enforcement policing by *consent* of the people. In truth the people 'consent' only in theory through monumental trickery.

Okay, the Cult overcame the corporate law problem by making governments and institutions corporate entities; but what about people? They are not corporations are they? Ah ... well in a sense, and *only* a sense, they are. Not people exactly – the illusion of people. The Cult creates a corporation in the name of everyone at the time that their birth certificate is issued. Note birth/ *berth* certificate and when you go to court under the law of the sea on land you stand in a *dock*. These are throwbacks to the origin. My Common Law name is David Vaughan Icke. The name of the corporation created by the government when I was born is called Mr David Vaughan Icke usually written in capitals as MR DAVID VAUGHAN ICKE. That is not me, the living, breathing man. It is a fictitious corporate entity. The trick is to make you think that David Vaughan Icke and MR DAVID VAUGHAN ICKE are the same thing. *They are not*. When police charge you and take you to court they are prosecuting the corporate entity and not the living, breathing, man or woman. They have to trick you into identifying as the corporate entity and contracting with them. Otherwise they have no jurisdiction. They do this through a language known as legalese. Lawful and legal are not the same either. Lawful relates to Common Law and legal relates to Statute Law. Legalese is the language of Statue Law which uses terms that mean one thing to the public and another in legalese. Notice that when a police officer tells someone why they are being charged he or she will say at the end: 'Do you understand?' To the public that means 'Do you comprehend?' In legalese it means 'Do you stand under me?' Do you stand under my authority? If you say

yes to the question you are unknowingly agreeing to give them jurisdiction over you in a contract between two corporate entities.

This is a confidence trick in every way. Contracts have to be agreed between informed parties and if you don't know that David Vaughan Icke is agreeing to be the corporation MR DAVID VAUGHAN ICKE you cannot knowingly agree to contract. They are deceiving you and another way they do this is to ask for proof of identity. You usually show them a driving licence or other document on which your corporate name is written. In doing so you are accepting that you are that corporate entity when you are not. Referring to yourself as a 'person' or 'citizen' is also identifying with your corporate fiction which is why I made the Common Law point about the citizen's arrest. If you are approached by a police officer you identify yourself immediately as a living, breathing, man or woman and say 'I do not consent, I do not contract with you and I do not understand' or stand under their authority. I have a Common Law birth certificate as a living man and these are available at no charge from [commonlawcourt.com](http://commonlawcourt.com). Businesses registered under the Statute Law system means that its laws apply. There are, however, ways to run a business under Common Law. Remember all 'Covid' laws and regulations are Statute Law – the law of *contracts* and you do not have to contract. This doesn't mean that you can kill someone and get away with it. Common Law says do no harm and that applies to physical harm, financial harm etc. Police are employees of private corporations and there needs to be a new system of non-corporate Common Law constables operating outside the Statute Law system. If you go to [davidicke.com](http://davidicke.com) and put Common Law into the search engine you will find videos that explain Common Law in much greater detail. It is definitely a road we should walk.

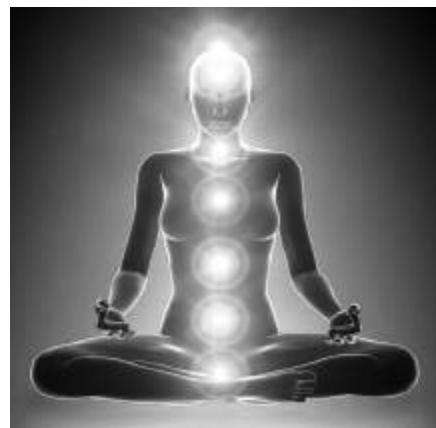
## **With all my heart**

I have heard people say that we are in a spiritual war. I don't like the term 'war' with its Wetiko dynamic, but I know what they mean. Sweep aside all the bodily forms and we are in a situation in which two states of consciousness are seeking very different realities.

Wetiko wants upheaval, chaos, fear, suffering, conflict and control. The other wants love, peace, harmony, fairness and freedom. That's where we are. We should not fall for the idea that Wetiko is all-powerful and there's nothing we can do. Wetiko is not all-powerful. It's a joke, pathetic. It doesn't have to be, but it has made that choice for now. A handful of times over the years when I have felt the presence of its frequency I have allowed it to attach briefly so I could consciously observe its nature. The experience is not pleasant, the energy is heavy and dark, but the ease with which you can kick it back out the door shows that its real power is in persuading us that it has power. It's all a con. Wetiko is a con. It's a trickster and not a power that can control us if we unleash our own. The con is founded on manipulating humanity to give its power to Wetiko which recycles it back to present the illusion that it has power when its power is *ours* that we gave away. This happens on an energetic level and plays out in the world of the seen as humanity giving its power to Wetiko authority which uses that power to control the population when the power is only the power the population has handed over. How could it be any other way for billions to be controlled by a relative few? I have had experiences with people possessed by Wetiko and again you can kick its arse if you do it with an open heart. Oh yes – the *heart* which can transform the world of perceived 'matter'.

We are receiver-transmitters and processors of information, but what information and where from? Information is processed into perception in three main areas – the brain, the heart and the belly. These relate to thinking, knowing, and emotion. Wetiko wants us to be head and belly people which means we think within the confines of the Matrix simulation and low-vibrational emotional reaction scrambles balance and perception. A few minutes on social media and you see how emotion is the dominant force. Woke is all emotion and is therefore thought-free and fact-free. Our heart is something different. It *knows* while the head *thinks* and has to try to work it out because it doesn't know. The human energy field has seven prime vortexes which connect us with wider reality ([Fig 23](#)). Chakra means

'wheels of light' in the Sanskrit language of ancient India. The main ones are: The crown chakra on top of the head; brow (or 'third eye') chakra in the centre of the forehead; throat chakra; heart chakra in the centre of the chest; solar plexus chakra below the sternum; sacral chakra beneath the navel; and base chakra at the bottom of the spine. Each one has a particular function or functions. We feel anxiety and nervousness in the belly where the sacral chakra is located and this processes emotion that can affect the colon to give people 'the shits' or make them 'shit scared' when they are nervous. Chakras all play an important role, but the Mr and Mrs Big is the heart chakra which sits at the centre of the seven, above the chakras that connect us to the 'physical' and below those that connect with higher realms (or at least should). Here in the heart chakra we feel love, empathy and compassion – 'My heart goes out to you'. Those with closed hearts become literally 'heart-less' in their attitudes and behaviour (see Bill Gates). Native Americans portrayed Wetiko with what Paul Levy calls a 'frigid, icy heart, devoid of mercy' (see Bill Gates).



**Figure 23:** The chakra system which interpenetrates the human energy field. The heart chakra is the governor – or should be.

Wetiko trembles at the thought of heart energy which it cannot infiltrate. The frequency is too high. What it seeks to do instead is close the heart chakra vortex to block its perceptual and energetic influence. Psychopaths have 'hearts of stone' and emotionally-damaged people have 'heartache' and 'broken hearts'. The astonishing amount of heart disease is related to heart chakra

disruption with its fundamental connection to the ‘physical’ heart. Dr Tom Cowan has written an outstanding book challenging the belief that the heart is a pump and making the connection between the ‘physical’ and spiritual heart. Rudolph Steiner who was way ahead of his time said the same about the fallacy that the heart is a pump. *What?* The heart is not a pump? That’s crazy, right? Everybody knows that. Read Cowan’s *Human Heart, Cosmic Heart* and you will realise that the very idea of the heart as a pump is ridiculous when you see the evidence. How does blood in the feet so far from the heart get pumped horizontally up the body by the heart?? Cowan explains in the book the real reason why blood moves as it does. Our ‘physical’ heart is used to symbolise love when the source is really the heart vortex or spiritual heart which is our most powerful energetic connection to ‘out there’ expanded consciousness. That’s why we feel *knowing* – intuitive knowing – in the centre of the chest. Knowing doesn’t come from a process of thoughts leading to a conclusion. It is there in an instant all in one go. Our heart knows because of its connection to levels of awareness that *do* know. This is the meaning and source of intuition – intuitive *knowing*.

For the last more than 30 years of uncovering the global game and the nature of reality my heart has been my constant antenna for truth and accuracy. An American intelligence insider once said that I had quoted a disinformor in one of my books and yet I had only quoted the part that was true. He asked: ‘How do you do that?’ By using my heart antenna was the answer and anyone can do it. Heart-centred is how we are meant to be. With a closed heart chakra we withdraw into a closed mind and the bubble of five-sense reality. If you take a moment to focus your attention on the centre of your chest, picture a spinning wheel of light and see it opening and expanding. You will feel it happening, too, and perceptions of the heart like joy and love as the heart impacts on the mind as they interact. The more the chakra opens the more you will feel expressions of heart consciousness and as the process continues, and becomes part of you, insights and knowings will follow. An open

heart is connected to that level of awareness that knows all is *One*. You will see from its perspective that the fault-lines that divide us are only illusions to control us. An open heart does not process the illusions of race, creed and sexuality except as brief experiences for a consciousness that is all. Our heart does not see division, only unity (Figs 24 and 25). There's something else, too. Our hearts love to laugh. Mark Twain's quote that says 'The human race has one really effective weapon, and that is laughter' is really a reference to the heart which loves to laugh with the joy of knowing the true nature of infinite reality and that all the madness of human society is an illusion of the mind. Twain also said: 'Against the assault of laughter nothing can stand.' This is so true of Wetiko and the Cult. Their insecurity demands that they be taken seriously and their power and authority acknowledged and feared. We should do nothing of the sort. We should not get aggressive or fearful which their insecurity so desires. We should laugh in their face. Even in their no-face as police come over in their face-nappies and expect to be taken seriously. They don't take themselves seriously looking like that so why should we? Laugh in the face of intimidation. Laugh in the face of tyranny. You will see by its reaction that you have pressed all of its buttons. Wetiko does not know what to do in the face of laughter or when its targets refuse to concede their joy to fear. We have seen many examples during the 'Covid' hoax when people have expressed their energetic power and the string puppets of Wetiko retreat with their tail limp between their knees. Laugh – the world is bloody mad after all and if it's a choice between laughter and tears I know which way I'm going.



**Figure 24:** Head consciousness without the heart sees division and everything apart from everything else.



**Figure 25:** Heart consciousness sees everything as One.

## **Vaccines' and the soul**

The foundation of Wetiko/Archon control of humans is the separation of incarnate five-sense mind from the infinite 'I' and closing the heart chakra where the True 'I' lives during a human life. The goal has been to achieve complete separation in both cases. I was interested therefore to read an account by a French energetic healer of what she said she experienced with a patient who had been given the 'Covid' vaccine. Genuine energy healers can sense information and consciousness fields at different levels of being which are referred to as 'subtle bodies'. She described treating the patient who later returned after having, without the healer's knowledge, two doses of the 'Covid vaccine'. The healer said:

I noticed immediately the change, very heavy energy emanating from [the] subtle bodies. The scariest thing was when I was working on the heart chakra, I connected with her soul: it was detached from the physical body, it had no contact and it was, as if it was floating in a state of total confusion: a damage to the consciousness that loses contact with the physical body, i.e. with our biological machine, there is no longer any communication between them.

I continued the treatment by sending light to the heart chakra, the soul of the person, but it seemed that the soul could no longer receive any light, frequency or energy. It was a very powerful experience for me. Then I understood that this substance is indeed used to detach consciousness so that this consciousness can no longer interact through this body that it possesses in life, where there is no longer any contact, no frequency, no light, no more energetic balance or mind.

This would create a human that is rudderless and at the extreme almost zombie-like operating with a fractional state of consciousness at the mercy of Wetiko. I was especially intrigued by what the healer said in the light of the prediction by the highly-informed Rudolf Steiner more than a hundred years ago. He said:

In the future, we will eliminate the soul with medicine. Under the pretext of a 'healthy point of view', there will be a vaccine by which the human body will be treated as soon as possible directly at birth, so that the human being cannot develop the thought of the existence of soul and Spirit. To materialistic doctors will be entrusted the task of removing the soul of humanity.

As today, people are vaccinated against this disease or that disease, so in the future, children will be vaccinated with a substance that can be produced precisely in such a way that people, thanks to this vaccination, will be immune to being subjected to the 'madness' of spiritual life. He would be extremely smart, but he would not develop a conscience, and that is the true goal of some materialistic circles.

Steiner said the vaccine would detach the physical body from the etheric body (subtle bodies) and 'once the etheric body is detached the relationship between the universe and the etheric body would become extremely unstable, and man would become an automaton'. He said 'the physical body of man must be polished on this Earth by spiritual will – so the vaccine becomes a kind of aryanique (Wetiko) force' and 'man can no longer get rid of a given materialistic feeling'. Humans would then, he said, become 'materialistic of constitution and can no longer rise to the spiritual'. I have been writing for years about DNA being a receiver-transmitter of information that connects us to other levels of reality and these 'vaccines' changing DNA can be likened to changing an antenna and what it can transmit and receive. Such a disconnection would clearly lead to changes in personality and perception. Steiner further predicted the arrival of AI. Big Pharma 'Covid vaccine' makers, expressions of Wetiko, are testing their DNA-manipulating evil on children as I write with a view to giving the 'vaccine' to babies. If it's a soul-body disconnecter – and I say that it is or can be – every child would be disconnected from 'soul' at birth and the 'vaccine' would create a closed system in which spiritual guidance from the greater self would play no part. This has been the ambition of Wetiko all

along. A Pentagon video from 2005 was leaked of a presentation explaining the development of vaccines to change behaviour by their effect on the brain. Those that believe this is not happening with the ‘Covid’ genetically-modifying procedure masquerading as a ‘vaccine’ should make an urgent appointment with Naivety Anonymous. Klaus Schwab wrote in 2018:

Neurotechnologies enable us to better influence consciousness and thought and to understand many activities of the brain. They include decoding what we are thinking in fine levels of detail through new chemicals and interventions that can influence our brains to correct for errors or enhance functionality.

The plan is clear and only the heart can stop it. With every heart that opens, every mind that awakens, Wetiko is weakened. Heart and love are far more powerful than head and hate and so nothing like a majority is needed to turn this around.

## **Beyond the Phantom**

Our heart is the prime target of Wetiko and so it must be the answer to Wetiko. We *are* our heart which is part of one heart, the infinite heart. Our heart is where the true self lives in a human life behind firewalls of five-sense illusion when an imposter takes its place – *Phantom Self*; but our heart waits patiently to be set free any time we choose to see beyond the Phantom, beyond Wetiko. A Wetikoed Phantom Self can wreak mass death and destruction while the love of forever is locked away in its heart. The time is here to unleash its power and let it sweep away the fear and despair that is Wetiko. Heart consciousness does not seek manipulated, censored, advantage for its belief or religion, its activism and desires. As an expression of the One it treats all as One with the same rights to freedom and opinion. Our heart demands fairness for itself no more than for others. From this unity of heart we can come together in mutual support and transform this Wetikoed world into what reality is meant to be – a place of love, joy, happiness, fairness, justice and freedom. Wetiko has another agenda and that’s why the world is as

it is, but enough of this nonsense. Wetiko can't stay where hearts are open and it works so hard to keep them closed. Fear is its currency and its food source and love in its true sense has no fear. Why would love have fear when it knows it is *All That Is, Has Been, And Ever Can Be* on an eternal exploration of all possibility? Love in this true sense is not the physical attraction that passes for love. This can be an expression of it, yes, but Infinite Love, a love without condition, goes far deeper to the core of all being. It is the core of all being. Infinite reality was born from love beyond the illusions of the simulation. Love infinitely expressed is the knowing that all is One and the swiftly-passing experience of separation is a temporary hallucination. You cannot disconnect from Oneness; you can only perceive that you have and withdraw from its influence. This is the most important of all perception trickery by the mind parasite that is Wetiko and the foundation of all its potential for manipulation.

If we open our hearts, open the sluice gates of the mind, and redefine self-identity amazing things start to happen. Consciousness expands or contracts in accordance with self-identity. When true self is recognised as infinite awareness and label self – Phantom Self – is seen as only a series of brief experiences life is transformed. Consciousness expands to the extent that self-identity expands and everything changes. You see unity, not division, the picture, not the pixels. From this we can play the long game. No more is an experience something in and of itself, but a fleeting moment in the eternity of forever. Suddenly people in uniform and dark suits are no longer intimidating. Doing what your heart knows to be right is no longer intimidating and consequences for those actions take on the same nature of a brief experience that passes in the blink of an infinite eye. Intimidation is all in the mind. Beyond the mind there is no intimidation.

An open heart does not consider consequences for what it knows to be right. To do so would be to consider not doing what it knows to be right and for a heart in its power that is never an option. The Renegade Mind is really the Renegade Heart. Consideration of consequences will always provide a getaway car for the mind and

the heart doesn't want one. What is right in the light of what we face today is to stop cooperating with Wetiko in all its forms and to do it without fear or compromise. You cannot compromise with tyranny when tyranny always demands more until it has everything. Life is your perception and you are your destiny. Change your perception and you change your life. Change collective perception and we change the world.

*Come on people ... One human family, One heart, One goal ...  
FREEEEEDOM!*

We must settle for nothing less.

## **Postscript**

**T**he big scare story as the book goes to press is the ‘Indian’ variant and the world is being deluged with propaganda about the ‘Covid catastrophe’ in India which mirrors in its lies and misrepresentations what happened in Italy before the first lockdown in 2020.

The *New York Post* published a picture of someone who had ‘collapsed in the street from Covid’ in India in April, 2021, which was actually taken during a gas leak in May, 2020. Same old, same old. Media articles in mid-February were asking why India had been so untouched by ‘Covid’ and then as their vaccine rollout gathered pace the alleged ‘cases’ began to rapidly increase. Indian ‘Covid vaccine’ maker Bharat Biotech was funded into existence by the Bill and Melinda Gates Foundation (the pair announced their divorce in May, 2021, which is a pity because they so deserve each other). The Indian ‘Covid crisis’ was ramped up by the media to terrify the world and prepare people for submission to still more restrictions. The scam that worked the first time was being repeated only with far more people seeing through the deceit. [Davidicke.com](http://Davidicke.com) and [Ickonic.com](http://Ickonic.com) have sought to tell the true story of what is happening by talking to people living through the Indian nightmare which has nothing to do with ‘Covid’. We posted a letter from ‘Alisha’ in Pune who told a very different story to government and media mendacity. She said scenes of dying people and overwhelmed hospitals were designed to hide what was really happening – genocide and starvation. Alisha said that millions had already died of starvation during the ongoing lockdowns while government and media were lying and making it look like the ‘virus’:

Restaurants, shops, gyms, theatres, basically everything is shut. The cities are ghost towns. Even so-called 'essential' businesses are only open till 11am in the morning. You basically have just an hour to buy food and then your time is up.

Inter-state travel and even inter-district travel is banned. The cops wait at all major crossroads to question why you are traveling outdoors or to fine you if you are not wearing a mask.

The medical community here is also complicit in genocide, lying about hospitals being full and turning away people with genuine illnesses, who need immediate care. They have even created a shortage of oxygen cylinders.

This is the classic Cult modus operandi played out in every country. Alisha said that people who would not have a PCR test not testing for the 'virus' were being denied hospital treatment. She said the people hit hardest were migrant workers and those in rural areas. Most businesses employed migrant workers and with everything closed there were no jobs, no income and no food. As a result millions were dying of starvation or malnutrition. All this was happening under Prime Minister Narendra Modi, a 100-percent asset of the Cult, and it emphasises yet again the scale of pure anti-human evil we are dealing with. Australia banned its people from returning home from India with penalties for trying to do so of up to five years in jail and a fine of £37,000. The manufactured 'Covid' crisis in India was being prepared to justify further fascism in the West. Obvious connections could be seen between the Indian 'vaccine' programme and increased 'cases' and this became a common theme. The Seychelles, the most per capita 'Covid vaccinated' population in the world, went back into lockdown after a 'surge of cases'.

Long ago the truly evil Monsanto agricultural biotechnology corporation with its big connections to Bill Gates devastated Indian farming with genetically-modified crops. Human rights activist Gurcharan Singh highlighted the efforts by the Indian government to complete the job by destroying the food supply to hundreds of millions with 'Covid' lockdowns. He said that 415 million people at the bottom of the disgusting caste system (still going whatever they say) were below the poverty line and struggled to feed themselves every year. Now the government was imposing lockdown at just the

time to destroy the harvest. This deliberate policy was leading to mass starvation. People may reel back at the suggestion that a government would do that, but Wetiko-controlled ‘leaders’ are capable of any level of evil. In fact what is described in India is in the process of being instigated worldwide. The food chain and food supply are being targeted at every level to cause world hunger and thus control. Bill Gates is not the biggest owner of farmland in America for no reason and destroying access to food aids both the depopulation agenda and the plan for synthetic ‘food’ already being funded into existence by Gates. Add to this the coming hyper-inflation from the suicidal creation of fake ‘money’ in response to ‘Covid’ and the breakdown of container shipping systems and you have a cocktail that can only lead one way and is meant to. The Cult plan is to crash the entire system to ‘build back better’ with the Great Reset.

## **'Vaccine' transmission**

Reports from all over the world continue to emerge of women suffering menstrual and fertility problems after having the fake ‘vaccine’ and of the non-‘vaccinated’ having similar problems when interacting with the ‘vaccinated’. There are far too many for ‘coincidence’ to be credible. We’ve had menopausal women getting periods, others having periods stop or not stopping for weeks, passing clots, sometimes the lining of the uterus, breast irregularities, and miscarriages (which increased by 400 percent in parts of the United States). Non-‘vaccinated’ men and children have suffered blood clots and nose bleeding after interaction with the ‘vaccinated’. Babies have died from the effects of breast milk from a ‘vaccinated’ mother. Awake doctors – the small minority – speculated on the cause of non-‘vaccinated’ suffering the same effects as the ‘vaccinated’. Was it nanotechnology in the synthetic substance transmitting frequencies or was it a straight chemical bioweapon that was being transmitted between people? I am not saying that some kind of chemical transmission is not one possible answer, but the foundation of all that the Cult does is frequency and

this is fertile ground for understanding how transmission can happen. American doctor Carrie Madej, an internal medicine physician and osteopath, has been practicing for the last 20 years, teaching medical students, and she says attending different meetings where the agenda for humanity was discussed. Madej, who operates out of Georgia, did not dismiss other possible forms of transmission, but she focused on frequency in search of an explanation for transmission. She said the Moderna and Pfizer 'vaccines' contained nano-lipid particles as a key component. This was a brand new technology never before used on humanity. 'They're using a nanotechnology which is pretty much little tiny computer bits ... nanobots or hydrogel.' Inside the 'vaccines' was 'this sci-fi kind of substance' which suppressed immune checkpoints to get into the cell. I referred to this earlier as the 'Trojan horse' technique that tricks the cell into opening a gateway for the self-replicating synthetic material and while the immune system is artificially suppressed the body has no defences. Madej said the substance served many purposes including an on-demand ability to 'deliver the payload' and using the nano 'computer bits' as biosensors in the body. 'It actually has the ability to accumulate data from your body, like your breathing, your respiration, thoughts, emotions, all kinds of things.'

She said the technology obviously has the ability to operate through Wi-Fi and transmit and receive energy, messages, frequencies or impulses. 'Just imagine you're getting this new substance in you and it can react to things all around you, the 5G, your smart device, your phones.' We had something completely foreign in the human body that had never been launched large scale at a time when we were seeing 5G going into schools and hospitals (plus the Musk satellites) and she believed the 'vaccine' transmission had something to do with this: '... if these people have this inside of them ... it can act like an antenna and actually transmit it outwardly as well.' The synthetic substance produced its own voltage and so it could have that kind of effect. This fits with my own contention that the nano receiver-transmitters are designed to connect people to the

Smart Grid and break the receiver-transmitter connection to expanded consciousness. That would explain the French energy healer's experience of the disconnection of body from 'soul' with those who have had the 'vaccine'. The nanobots, self-replicating inside the body, would also transmit the synthetic frequency which could be picked up through close interaction by those who have not been 'vaccinated'. Madej speculated that perhaps it was 5G and increased levels of other radiation that was causing the symptoms directly although interestingly she said that non-'vaccinated' patients had shown improvement when they were away from the 'vaccinated' person they had interacted with. It must be remembered that you can control frequency and energy with your mind and you can consciously create energetic barriers or bubbles with the mind to stop damaging frequencies from penetrating your field. American paediatrician Dr Larry Palevsky said the 'vaccine' was not a 'vaccine' and was never designed to protect from a 'viral' infection. He called it 'a massive, brilliant propaganda of genocide' because they didn't have to inject everyone to get the result they wanted. He said the content of the jabs was able to infuse any material into the brain, heart, lungs, kidneys, liver, sperm and female productive system. 'This is genocide; this is a weapon of mass destruction.' At the same time American colleges were banning students from attending if they didn't have this life-changing and potentially life-ending 'vaccine'. Class action lawsuits must follow when the consequences of this college fascism come to light. As the book was going to press came reports about fertility effects on sperm in 'vaccinated' men which would absolutely fit with what I have been saying and hospitals continued to fill with 'vaccine' reactions. Another question is what about transmission via blood transfusions? The NHS has extended blood donation restrictions from seven days after a 'Covid vaccination' to 28 days after even a sore arm reaction.

I said in the spring of 2020 that the then touted 'Covid vaccine' would be ongoing each year like the flu jab. A year later Pfizer CEO, the appalling Albert Bourla, said people would 'likely' need a 'booster dose' of the 'vaccine' within 12 months of getting 'fully

'vaccinated' and then a yearly shot. 'Variants will play a key role', he said confirming the point. Johnson & Johnson CEO Alex Gorsky also took time out from his 'vaccine' disaster to say that people may need to be vaccinated against 'Covid-19' each year. UK Health Secretary, the psychopath Matt Hancock, said additional 'boosters' would be available in the autumn of 2021. This is the trap of the 'vaccine passport'. The public will have to accept every last 'vaccine' they introduce, including for the fake 'variants', or it would cease to be valid. The only other way in some cases would be continuous testing with a test not testing for the 'virus' and what is on the swabs constantly pushed up your noise towards the brain every time?

## **'Vaccines' changing behaviour**

I mentioned in the body of the book how I believed we would see gathering behaviour changes in the 'vaccinated' and I am already hearing such comments from the non-'vaccinated' describing behaviour changes in friends, loved ones and work colleagues. This will only increase as the self-replicating synthetic material and nanoparticles expand in body and brain. An article in the *Guardian* in 2016 detailed research at the University of Virginia in Charlottesville which developed a new method for controlling brain circuits associated with complex animal behaviour. The method, dubbed 'magnetogenetics', involves genetically-engineering a protein called ferritin, which stores and releases iron, to create a magnetised substance – 'Magneto' – that can activate specific groups of nerve cells from a distance. This is claimed to be an advance on other methods of brain activity manipulation known as optogenetics and chemogenetics (the Cult has been developing methods of brain control for a long time). The ferritin technique is said to be non-invasive and able to activate neurons 'rapidly and reversibly'. In other words, human thought and perception. The article said that earlier studies revealed how nerve cell proteins 'activated by heat and mechanical pressure can be genetically engineered so that they become sensitive to radio waves and magnetic fields, by attaching them to an iron-storing protein called ferritin, or to inorganic

paramagnetic particles'. Sensitive to radio waves and magnetic fields? You mean like 5G, 6G and 7G? This is the human-AI Smart Grid hive mind we are talking about. The *Guardian* article said:

... the researchers injected Magneto into the striatum of freely behaving mice, a deep brain structure containing dopamine-producing neurons that are involved in reward and motivation, and then placed the animals into an apparatus split into magnetised and non-magnetised sections.

Mice expressing Magneto spent far more time in the magnetised areas than mice that did not, because activation of the protein caused the striatal neurons expressing it to release dopamine, so that the mice found being in those areas rewarding. This shows that Magneto can remotely control the firing of neurons deep within the brain, and also control complex behaviours.

Make no mistake this basic methodology will be part of the 'Covid vaccine' cocktail and using magnetics to change brain function through electromagnetic field frequency activation. The Pentagon is developing a 'Covid vaccine' using ferritin. Magnetics would explain changes in behaviour and why videos are appearing across the Internet as I write showing how magnets stick to the skin at the point of the 'vaccine' shot. Once people take these 'vaccines' anything becomes possible in terms of brain function and illness which will be blamed on 'Covid-19' and 'variants'. Magnetic field manipulation would further explain why the non-'vaccinated' are reporting the same symptoms as the 'vaccinated' they interact with and why those symptoms are reported to decrease when not in their company. Interestingly 'Magneto', a 'mutant', is a character in the Marvel Comic *X-Men* stories with the ability to manipulate magnetic fields and he believes that mutants should fight back against their human oppressors by any means necessary. The character was born Erik Lehnsherr to a Jewish family in Germany.

## Cult-controlled courts

The European Court of Human Rights opened the door for mandatory 'Covid-19 vaccines' across the continent when it ruled in a Czech Republic dispute over childhood immunisation that legally

enforced vaccination could be ‘necessary in a democratic society’. The 17 judges decided that compulsory vaccinations did not breach human rights law. On the face of it the judgement was so inverted you gasp for air. If not having a vaccine infused into your body is not a human right then what is? Ah, but they said human rights law which has been specifically written to delete all human rights at the behest of the state (the Cult). Article 8 of the European Convention on Human Rights relates to the right to a private life. The crucial word here is ‘*except*’:

There shall be no interference by a public authority with the exercise of this right EXCEPT such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others [My emphasis].

No interference *except* in accordance with the law means there *are no* ‘human rights’ *except* what EU governments decide you can have at their behest. ‘As is necessary in a democratic society’ explains that reference in the judgement and ‘in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others’ gives the EU a coach and horses to ride through ‘human rights’ and scatter them in all directions. The judiciary is not a check and balance on government extremism; it is a vehicle to enforce it. This judgement was almost laughably predictable when the last thing the Cult wanted was a decision that went against mandatory vaccination. Judges rule over and over again to benefit the system of which they are a part. Vaccination disputes that come before them are invariably delivered in favour of doctors and authorities representing the view of the state which owns the judiciary. Oh, yes, and we have even had calls to stop putting ‘Covid-19’ on death certificates within 28 days of a ‘positive test’ because it is claimed the practice makes the ‘vaccine’ appear not to work. They are laughing at you.

The scale of madness, inhumanity and things to come was highlighted when those not ‘vaccinated’ for ‘Covid’ were refused evacuation from the Caribbean island of St Vincent during massive volcanic eruptions. Cruise ships taking residents to the safety of another island allowed only the ‘vaccinated’ to board and the rest were left to their fate. Even in life and death situations like this we see ‘Covid’ stripping people of their most basic human instincts and the insanity is even more extreme when you think that fake ‘vaccine’-makers are not even claiming their body-manipulating concoctions stop ‘infection’ and ‘transmission’ of a ‘virus’ that doesn’t exist. St Vincent Prime Minister Ralph Gonsalves said: ‘The chief medical officer will be identifying the persons already vaccinated so that we can get them on the ship.’ Note again the power of the chief medical officer who, like Whitty in the UK, will be answering to the World Health Organization. This is the Cult network structure that has overridden politicians who ‘follow the science’ which means doing what WHO-controlled ‘medical officers’ and ‘science advisers’ tell them. Gonsalves even said that residents who were ‘vaccinated’ after the order so they could board the ships would still be refused entry due to possible side effects such as ‘wooziness in the head’. The good news is that if they were woozy enough in the head they could qualify to be prime minister of St Vincent.

## **Microchipping freedom**

The European judgement will be used at some point to justify moves to enforce the ‘Covid’ DNA-manipulating procedure. Sandra Ro, CEO of the Global Blockchain Business Council, told a World Economic Forum event that she hoped ‘vaccine passports’ would help to ‘drive forced consent and standardisation’ of global digital identity schemes: ‘I’m hoping with the desire and global demand for some sort of vaccine passport – so that people can get travelling and working again – [it] will drive forced consent, standardisation, and frankly, cooperation across the world.’ The lady is either not very bright, or thoroughly mendacious, to use the term ‘forced consent’.

You do not ‘consent’ if you are forced – you *submit*. She was describing what the plan has been all along and that’s to enforce a digital identity on every human without which they could not function. ‘Vaccine passports’ are opening the door and are far from the end goal. A digital identity would allow you to be tracked in everything you do in cyberspace and this is the same technique used by Cult-owned China to enforce its social credit system of total control. The ultimate ‘passport’ is planned to be a microchip as my books have warned for nearly 30 years. Those nice people at the Pentagon working for the Cult-controlled Defense Advanced Research Projects Agency (DARPA) claimed in April, 2021, they have developed a microchip inserted under the skin to detect ‘asymptomatic Covid-19 infection’ before it becomes an outbreak and a ‘revolutionary filter’ that can remove the ‘virus’ from the blood when attached to a dialysis machine. The only problems with this are that the ‘virus’ does not exist and people transmitting the ‘virus’ with no symptoms is brain-numbing bullshit. This is, of course, not a ruse to get people to be microchipped for very different reasons. DARPA also said it was producing a one-stop ‘vaccine’ for the ‘virus’ and all ‘variants’. One of the most sinister organisations on Planet Earth is doing this? Better have it then. These people are insane because Wetiko that possesses them is insane.

Researchers from the Salk Institute in California announced they have created an embryo that is part human and part monkey. My books going back to the 1990s have exposed experiments in top secret underground facilities in the United States where humans are being crossed with animal and non-human ‘extraterrestrial’ species. They are now easing that long-developed capability into the public arena and there is much more to come given we are dealing with psychiatric basket cases. Talking of which – Elon Musk’s scientists at Neuralink trained a monkey to play Pong and other puzzles on a computer screen using a joystick and when the monkey made the correct move a metal tube squirted banana smoothie into his mouth which is the basic technique for training humans into unquestioning compliance. Two Neuralink chips were in the monkey’s skull and

more than 2,000 wires ‘fanned out’ into its brain. Eventually the monkey played a video game purely with its brain waves. Psychopathic narcissist Musk said the ‘breakthrough’ was a step towards putting Neuralink chips into human skulls and merging minds with artificial intelligence. *Exactly.* This man is so dark and Cult to his DNA.

## **World Economic Fascism (WEF)**

The World Economic Forum is telling you the plan by the statements made at its many and various events. Cult-owned fascist YouTube CEO Susan Wojcicki spoke at the 2021 WEF Global Technology Governance Summit (see the name) in which 40 governments and 150 companies met to ensure ‘the responsible design and deployment of emerging technologies’. Orwellian translation: ‘Ensuring the design and deployment of long-planned technologies will advance the Cult agenda for control and censorship.’ Freedom-destroyer and Nuremberg-bound Wojcicki expressed support for tech platforms like hers to censor content that is ‘technically legal but could be harmful’. Who decides what is ‘harmful’? She does and they do. ‘Harmful’ will be whatever the Cult doesn’t want people to see and we have legislation proposed by the UK government that would censor content on the basis of ‘harm’ no matter if the information is fair, legal and provably true. Make that *especially* if it is fair, legal and provably true. Wojcicki called for a global coalition to be formed to enforce content moderation standards through automated censorship. This is a woman and mega-censor so self-deluded that she shamelessly accepted a ‘free expression’ award – *Wojcicki* – in an event sponsored by her own *YouTube*. They have no shame and no self-awareness.

You know that ‘Covid’ is a scam and Wojcicki a Cult operative when YouTube is censoring medical and scientific opinion purely on the grounds of whether it supports or opposes the Cult ‘Covid’ narrative. Florida governor Ron DeSantis compiled an expert panel with four professors of medicine from Harvard, Oxford, and Stanford Universities who spoke against forcing children and

vaccinated people to wear masks. They also said there was no proof that lockdowns reduced spread or death rates of 'Covid-19'. Cult-gofer Wojcicki and her YouTube deleted the panel video 'because it included content that contradicts the consensus of local and global health authorities regarding the efficacy of masks to prevent the spread of Covid-19'. This 'consensus' refers to what the Cult tells the World Health Organization to say and the WHO tells 'local health authorities' to do. Wojcicki knows this, of course. The panellists pointed out that censorship of scientific debate was responsible for deaths from many causes, but Wojcicki couldn't care less. She would not dare go against what she is told and as a disgrace to humanity she wouldn't want to anyway. The UK government is seeking to pass a fascist 'Online Safety Bill' to specifically target with massive fines and other means non-censored video and social media platforms to make them censor 'lawful but harmful' content like the Cult-owned Facebook, Twitter, Google and YouTube. What is 'lawful but harmful' would be decided by the fascist Blair-created Ofcom.

Another WEF obsession is a cyber-attack on the financial system and this is clearly what the Cult has planned to take down the bank accounts of everyone – except theirs. Those that think they have enough money for the Cult agenda not to matter to them have got a big lesson coming if they continue to ignore what is staring them in the face. The World Economic Forum, funded by Gates and fronted by Klaus Schwab, announced it would be running a 'simulation' with the Russian government and global banks of just such an attack called Cyber Polygon 2021. What they simulate – as with the 'Covid' Event 201 – they plan to instigate. The WEF is involved in a project with the Cult-owned Carnegie Endowment for International Peace called the WEF-Carnegie Cyber Policy Initiative which seeks to merge Wall Street banks, 'regulators' (I love it) and intelligence agencies to 'prevent' (arrange and allow) a cyber-attack that would bring down the global financial system as long planned by those that control the WEF and the Carnegie operation. The Carnegie Endowment for International Peace sent an instruction to First World

War US President Woodrow Wilson not to let the war end before society had been irreversibly transformed.

## **The Wuhan lab diversion**

As I close, the Cult-controlled authorities and lapdog media are systematically pushing ‘the virus was released from the Wuhan lab’ narrative. There are two versions – it happened by accident and it happened on purpose. Both are nonsense. The perceived existence of the never-shown-to-exist ‘virus’ is vital to sell the impression that there is actually an infective agent to deal with and to allow the endless potential for terrifying the population with ‘variants’ of a ‘virus’ that does not exist. The authorities at the time of writing are going with the ‘by accident’ while the alternative media is promoting the ‘on purpose’. Cable news host Tucker Carlson who has questioned aspects of lockdown and ‘vaccine’ compulsion has bought the Wuhan lab story. ‘Everyone now agrees’ he said. Well, I don’t and many others don’t and the question is *why* does the system and its media suddenly ‘agree’? When the media moves as one unit with a narrative it is always a lie – witness the hour by hour mendacity of the ‘Covid’ era. Why would this Cult-owned combination which has unleashed lies like machine gun fire suddenly ‘agree’ to tell the truth??

Much of the alternative media is buying the lie because it fits the conspiracy narrative, but it’s the *wrong* conspiracy. The real conspiracy is that *there is no virus* and that is what the Cult is desperate to hide. The idea that the ‘virus’ was released by accident is ludicrous when the whole ‘Covid’ hoax was clearly long-planned and waiting to be played out as it was so fast in accordance with the Rockefeller document and Event 201. So they prepared everything in detail over decades and then sat around strumming their fingers waiting for an ‘accidental’ release from a bio-lab? *What??* It’s crazy. Then there’s the ‘on purpose’ claim. You want to circulate a ‘deadly virus’ and hide the fact that you’ve done so and you release it down the street from the highest-level bio-lab in China? I repeat – *What??*

You would release it far from that lab to stop any association being made. But, no, we'll do it in a place where the connection was certain to be made. Why would you need to scam 'cases' and 'deaths' and pay hospitals to diagnose 'Covid-19' if you had a real 'virus'? What are sections of the alternative media doing believing this crap? Where were all the mass deaths in Wuhan from a 'deadly pathogen' when the recovery to normal life after the initial propaganda was dramatic in speed? Why isn't the 'deadly pathogen' now circulating all over China with bodies in the street? Once again we have the technique of tell them what they want to hear and they will likely believe it. The alternative media has its 'conspiracy' and with Carlson it fits with his 'China is the danger' narrative over years. China *is* a danger as a global Cult operations centre, but not for this reason. The Wuhan lab story also has the potential to instigate conflict with China when at some stage the plan is to trigger a Problem-Reaction-Solution confrontation with the West. Question everything – *everything* – and especially when the media agrees on a common party line.

### **Third wave ... fourth wave ... fifth wave ...**

As the book went into production the world was being set up for more lockdowns and a 'third wave' supported by invented 'variants' that were increasing all the time and will continue to do so in public statements and computer programs, but not in reality. India became the new Italy in the 'Covid' propaganda campaign and we were told to be frightened of the new 'Indian strain'. Somehow I couldn't find it within myself to do so. A document produced for the UK government entitled 'Summary of further modelling of easing of restrictions – Roadmap Step 2' declared that a third wave was inevitable (of course when it's in the script) and it would be the fault of children and those who refuse the health-destroying fake 'Covid vaccine'. One of the computer models involved came from the Cult-owned *Imperial College* and the other from Warwick University which I wouldn't trust to tell me the date in a calendar factory. The document states that both models presumed extremely high uptake

of the ‘Covid vaccines’ and didn’t allow for ‘variants’. The document states: ‘The resurgence is a result of some people (mostly children) being ineligible for vaccination; others choosing not to receive the vaccine; and others being vaccinated but not perfectly protected.’ The mendacity takes the breath away. Okay, blame those with a brain who won’t take the DNA-modifying shots and put more pressure on children to have it as ‘trials’ were underway involving children as young as six months with parents who give insanity a bad name. Massive pressure is being put on the young to have the fake ‘vaccine’ and child age consent limits have been systematically lowered around the world to stop parents intervening. Most extraordinary about the document was its claim that the ‘third wave’ would be driven by ‘the resurgence in both hospitalisations and deaths … dominated by *those that have received two doses of the vaccine*, comprising around 60-70% of the wave respectively’. The predicted peak of the ‘third wave’ suggested 300 deaths per day with 250 of them *fully ‘vaccinated’ people*. How many more lies do acquiescers need to be told before they see the obvious? Those who took the jab to ‘protect themselves’ are projected to be those who mostly get sick and die? So what’s in the ‘vaccine’? The document went on:

It is possible that a summer of low prevalence could be followed by substantial increases in incidence over the following autumn and winter. Low prevalence in late summer should not be taken as an indication that SARS-CoV-2 has retreated or that the population has high enough levels of immunity to prevent another wave.

They are telling you the script and while many British people believed ‘Covid’ restrictions would end in the summer of 2021 the government was preparing for them to be ongoing. Authorities were awarding contracts for ‘Covid marshals’ to police the restrictions with contracts starting in July, 2021, and going through to January 31st, 2022, and the government was advertising for ‘Media Buying Services’ to secure media propaganda slots worth a potential £320 million for ‘Covid-19 campaigns’ with a contract not ending until March, 2022. The recipient – via a list of other front companies – was reported to be American media marketing giant Omnicom Group

Inc. While money is no object for ‘Covid’ the UK waiting list for all other treatment – including life-threatening conditions – passed 4.5 million. Meantime the Cult is seeking to control all official ‘inquiries’ to block revelations about what has really been happening and why. It must not be allowed to – we need Nuremberg jury trials in every country. The cover-up doesn’t get more obvious than appointing ultra-Zionist professor Philip Zelikow to oversee two dozen US virologists, public health officials, clinicians, former government officials and four American ‘charitable foundations’ to ‘learn the lessons’ of the ‘Covid’ debacle. The personnel will be those that created and perpetuated the ‘Covid’ lies while Zelikow is the former executive director of the 9/11 Commission who ensured that the truth about those attacks never came out and produced a report that must be among the most mendacious and manipulative documents ever written – see *The Trigger* for the detailed exposure of the almost unimaginable 9/11 story in which Sabbatians can be found at every level.

## **Passive no more**

People are increasingly challenging the authorities with amazing numbers of people taking to the streets in London well beyond the ability of the Face-Nappies to stop them. Instead the Nappies choose situations away from the mass crowds to target, intimidate, and seek to promote the impression of ‘violent protestors’. One such incident happened in London’s Hyde Park. Hundreds of thousands walking through the streets in protest against ‘Covid’ fascism were ignored by the Cult-owned BBC and most of the rest of the mainstream media, but they delighted in reporting how police were injured in ‘clashes with protestors’. The truth was that a group of people gathered in Hyde Park at the end of one march when most had gone home and they were peacefully having a good time with music and chat. Face-Nappies who couldn’t deal with the full-march crowd then waded in with their batons and got more than they bargained for. Instead of just standing for this criminal brutality the crowd used their numerical superiority to push the Face-Nappies out of the

park. Eventually the Nappies turned and ran. Unfortunately two or three idiots in the crowd threw drink cans striking two officers which gave the media and the government the image they wanted to discredit the 99.9999 percent who were peaceful. The idiots walked straight into the trap and we must always be aware of potential agent provocateurs used by the authorities to discredit their targets.

This response from the crowd – the can people apart – must be a turning point when the public no longer stand by while the innocent are arrested and brutally attacked by the Face-Nappies. That doesn't mean to be violent, that's the last thing we need. We'll leave the violence to the Face-Nappies and government. But it does mean that when the Face-Nappies use violence against peaceful people the numerical superiority is employed to stop them and make citizen's arrests or Common Law arrests for a breach of the peace. The time for being passive in the face of fascism is over.

We are the many, they are the few, and we need to make that count before there is no freedom left and our children and grandchildren face an ongoing fascist nightmare.

*COME ON PEOPLE – IT'S TIME.*

### **One final thought ...**

The power of love  
A force from above  
Cleaning my soul  
Flame on burn desire  
Love with tongues of fire  
Purge the soul  
Make love your goal

I'll protect you from the hooded claw  
Keep the vampires from your door  
When the chips are down I'll be around  
With my undying, death-defying  
Love for you

Envy will hurt itself  
Let yourself be beautiful  
Sparkling love, flowers  
And pearls and pretty girls  
Love is like an energy  
Rushin' rushin' inside of me

This time we go sublime  
Lovers entwine, divine, divine,  
Love is danger, love is pleasure  
Love is pure – the only treasure

I'm so in love with you  
Purge the soul  
Make love your goal

The power of love  
A force from above  
Cleaning my soul  
The power of love  
A force from above  
A sky-scraping dove

Flame on burn desire  
Love with tongues of fire  
Purge the soul  
Make love your goal

**Frankie Goes To Hollywood**

## APPENDIX

### Cowan-Kaufman-Morell Statement on Virus Isolation (SOVI)

*Isolation: The action of isolating; the fact or condition of being isolated or standing alone; separation from other things or persons; solitariness*

Oxford English Dictionary

The controversy over whether the SARS-CoV-2 virus has ever been isolated or purified continues. However, using the above definition, common sense, the laws of logic and the dictates of science, any unbiased person must come to the conclusion that the SARS-CoV-2 virus has never been isolated or purified. As a result, no confirmation of the virus' existence can be found. The logical, common sense, and scientific consequences of this fact are:

- the structure and composition of something not shown to exist can't be known, including the presence, structure, and function of any hypothetical spike or other proteins;
- the genetic sequence of something that has never been found can't be known;
- "variants" of something that hasn't been shown to exist can't be known;
- it's impossible to demonstrate that SARS-CoV-2 causes a disease called Covid-19.

In as concise terms as possible, here's the proper way to isolate, characterize and demonstrate a new virus. First, one takes samples (blood, sputum, secretions) from many people (e.g. 500) with symptoms which are unique and specific enough to characterize an illness. Without mixing these samples with ANY tissue or products that also contain genetic material, the virologist macerates, filters and ultracentrifuges i.e. *purifies* the specimen. This common virology technique, done for decades to isolate bacteriophages<sup>1</sup> and so-called giant viruses in every virology lab, then allows the virologist to demonstrate with electron microscopy thousands of identically sized and shaped particles. These particles are the isolated and purified virus.

These identical particles are then checked for uniformity by physical and/or microscopic techniques. Once the purity is determined, the particles may be further characterized. This would include examining the structure, morphology, and chemical composition of the particles. Next, their genetic makeup is characterized by extracting the genetic material directly from the purified particles and using genetic-sequencing techniques, such as Sanger sequencing, that have also been around for decades. Then one does an analysis to confirm that these uniform particles are exogenous (outside) in origin as a virus is conceptualized to be, and not the normal breakdown products of dead and dying tissues.<sup>2</sup> (As of May 2020, we know that virologists have no way to determine whether the particles they're seeing are viruses or just normal breakdown products of dead and dying tissues.)<sup>3</sup>

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1 Isolation, characterization and analysis of bacteriophages from the haloalkaline lake Elmenteita, KenyaJuliah Khayeli Akhwale et al, PLOS One, Published: April 25, 2019.  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215734> – accessed 2/15/21

2 "Extracellular Vesicles Derived From Apoptotic Cells: An Essential Link Between Death and Regeneration," Maojiao Li et al, Frontiers in Cell and Developmental Biology, 2020 October 2.  
<https://www.frontiersin.org/articles/10.3389/fcell.2020.573511/full> – accessed 2/15/21

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3 "The Role of Extracellular Vesicles as Allies of HIV, HCV and SARS Viruses," Flavia Giannessi, et al, *Viruses*, 2020 May

If we have come this far then we have fully isolated, characterized, and genetically sequenced an exogenous virus particle. However, we still have to show it is causally related to a disease. This is carried out by exposing a group of healthy subjects (animals are usually used) to this isolated, purified virus in the manner in which the disease is thought to be transmitted. If the animals get sick with the same disease, as confirmed by clinical and autopsy findings, one has now shown that the virus actually causes a disease. This demonstrates infectivity and transmission of an infectious agent.

None of these steps has even been attempted with the SARS-CoV-2 virus, nor have all these steps been successfully performed for any so-called pathogenic virus. Our research indicates that a single study showing these steps does not exist in the medical literature.

Instead, since 1954, virologists have taken unpurified samples from a relatively few people, often less than ten, with a similar disease. They then minimally process this sample and inoculate this unpurified sample onto tissue culture containing usually four to six other types of material – all of which contain identical genetic material as to what is called a “virus.” The tissue culture is starved and poisoned and naturally disintegrates into many types of particles, some of which contain genetic material. Against all common sense, logic, use of the English language and scientific integrity, this process is called “virus isolation.” This brew containing fragments of genetic material from many sources is then subjected to genetic analysis, which then creates in a computer-simulation process the alleged sequence of the alleged virus, a so-called *in silico* genome. At no time is an actual virus confirmed by electron microscopy. At no time is a genome extracted and sequenced from an actual virus. This is scientific fraud.

The observation that the unpurified specimen — inoculated onto tissue culture along with toxic antibiotics, bovine fetal tissue, amniotic fluid and other tissues — destroys the kidney tissue onto which it is inoculated is given as evidence of the virus' existence and pathogenicity. This is scientific fraud.

From now on, when anyone gives you a paper that suggests the SARS-CoV-2 virus has been isolated, please check the methods sections. If the researchers used Vero cells or any other culture method, you know that their process was not isolation. You will hear the following excuses for why actual isolation isn't done:

1. There were not enough virus particles found in samples from patients to analyze.
2. Viruses are intracellular parasites; they can't be found outside the cell in this manner.

If No. 1 is correct, and we can't find the virus in the sputum of sick people, then on what evidence do we think the virus is dangerous or even lethal? If No. 2 is correct, then how is the virus spread from person to person? We are told it emerges from the cell to infect others. Then why isn't it possible to find it?

Finally, questioning these virology techniques and conclusions is not some distraction or divisive issue. Shining the light on this truth is essential to stop this terrible fraud that humanity is confronting. For, as we now know, if the virus has never been isolated, sequenced or shown to cause illness, if the virus is imaginary, then why are we wearing masks, social distancing and putting the whole world into prison?

Finally, if pathogenic viruses don't exist, then what is going into those injectable devices erroneously called "vaccines," and what is their purpose? This scientific question is the most urgent and relevant one of our time.

We are correct. The SARS-CoV2 virus does not exist.

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# **Index**

## **A**

### **abusive relationships**

blaming themselves, abused as [ref1](#)  
children [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)  
conspiracy theories [ref1](#)  
domestic abuse [ref1](#), [ref2](#)  
economic abuse and dependency [ref1](#)  
isolation [ref1](#)  
physical abuse [ref1](#)  
psychological abuse [ref1](#)  
signs of abuse [ref1](#)

### **addiction**

alcoholism [ref1](#)  
frequencies [ref1](#)  
substance abuse [ref1](#), [ref2](#)  
technology [ref1](#), [ref2](#), [ref3](#)

### **Adelson, Sheldon** [ref1](#), [ref2](#), [ref3](#)

### **Agenda 21/Agenda 2030 (UN)** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

### **AIDs/HIV** [ref1](#)

causal link between HIV and AIDs [ref1](#), [ref2](#)  
retroviruses [ref1](#)  
testing [ref1](#), [ref2](#)  
trial-run for Covid-19, as [ref1](#), [ref2](#)  
**aliens/extraterrestrials** [ref1](#), [ref2](#)  
**aluminium** [ref1](#)  
**Amazon** [ref1](#), [ref2](#), [ref3](#)

**amplification cycles** [ref1](#), [ref2](#)  
**anaphylactic shock** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**animals** [ref1](#), [ref2](#), [ref3](#)  
**antibodies** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
**Antifa** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**antigens** [ref1](#), [ref2](#)  
**anti-Semitism** [ref1](#), [ref2](#), [ref3](#)  
**Archons** [ref1](#), [ref2](#)  
    consciousness [ref1](#), [ref2](#), [ref3](#)  
    energy [ref1](#), [ref2](#), [ref3](#)  
    ennoia [ref1](#)  
    genetic manipulation [ref1](#), [ref2](#)  
    inversion [ref1](#), [ref2](#), [ref3](#)  
    lockdowns [ref1](#)  
    money [ref1](#)  
    radiation [ref1](#)  
    religion [ref1](#), [ref2](#)  
    technology [ref1](#), [ref2](#), [ref3](#)  
    Wetiko factor [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**artificial intelligence (AI)** [ref1](#)  
**army made up of robots** [ref1](#), [ref2](#)  
    Human 2.0 [ref1](#), [ref2](#)  
    Internet [ref1](#)  
    MHRA [ref1](#)  
    Morgellons fibres [ref1](#), [ref2](#)  
    Smart Grid [ref1](#)  
    Wetiko factor [ref1](#)  
**asymptomatic, Covid-19 as** [ref1](#), [ref2](#), [ref3](#)  
**aviation industry** [ref1](#)

## B

**banking, finance and money** [ref1](#), [ref2](#), [ref3](#)

2008 crisis [ref1](#), [ref2](#)

boom and bust [ref1](#)

cashless digital money systems [ref1](#)

central banks [ref1](#)

credit [ref1](#)

digital currency [ref1](#)

fractional reserve lending [ref1](#)

Great Reset [ref1](#)

guaranteed income [ref1](#), [ref2](#), [ref3](#)

Human 2.0 [ref1](#)

incomes, destruction of [ref1](#), [ref2](#)

interest [ref1](#)

one per cent [ref1](#), [ref2](#)

scams [ref1](#)

**BBC** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

**Becker-Phelps, Leslie** [ref1](#)

**Behavioural Insights Team (BIT) (Nudge Unit)** [ref1](#), [ref2](#), [ref3](#)

**behavioural scientists and psychologists, advice from** [ref1](#), [ref2](#)

**Bezos, Jeff** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Biden, Hunter** [ref1](#)

**Biden, Joe** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#), [ref11](#),  
[ref12](#), [ref13](#), [ref14](#), [ref15](#), [ref16](#), [ref17](#)

**Big Pharma**

cholesterol [ref1](#)

health professionals [ref1](#), [ref2](#)

immunity from prosecution in US [ref1](#)

vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

Wetiko factor [ref1](#), [ref2](#)

WHO [ref1](#), [ref2](#), [ref3](#)

**Bill and Melinda Gates Foundation** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#),  
[ref7](#)

**billionaires** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#) [ref10](#), [ref11](#)  
**bird flu (H5N1)** [ref1](#)  
**Black Lives Matter (BLM)** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
**Blair, Tony** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
**Brin, Sergei** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
**British Empire** [ref1](#)  
**Bush, George HW** [ref1](#), [ref2](#)  
**Bush, George W** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**Byrd, Robert** [ref1](#)

## C

### **Canada**

Global Cult [ref1](#)  
hate speech [ref1](#)  
internment [ref1](#)  
masks [ref1](#)  
old people [ref1](#)  
SARS-COV-2 [ref1](#)  
satellites [ref1](#)  
vaccines [ref1](#)  
wearable technology [ref1](#)

**Capitol Hill riot** [ref1](#), [ref2](#)  
agents provocateur [ref1](#)  
Antifa [ref1](#)  
Black Lives Matter (BLM) [ref1](#), [ref2](#)  
**QAnon** [ref1](#)  
security precautions, lack of [ref1](#), [ref2](#), [ref3](#)

**carbon dioxide** [ref1](#), [ref2](#)  
**care homes, deaths in** [ref1](#), [ref2](#)  
**cashless digital money systems** [ref1](#)  
**censorship** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

fact-checkers [ref1](#)  
masks [ref1](#)  
media [ref1](#), [ref2](#)  
private messages [ref1](#)  
social media [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
transgender persons [ref1](#)  
vaccines [ref1](#), [ref2](#), [ref3](#)  
Wokeness [ref1](#)

**Centers for Disease Control (CDC) (United States)** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#), [ref11](#), [ref12](#), [ref13](#)

**centralisation** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

**chakras** [ref1](#)

**change agents** [ref1](#), [ref2](#), [ref3](#)

**chemtrails** [ref1](#), [ref2](#), [ref3](#)

**chief medical officers and scientific advisers** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)

**children** *see also young people*

abuse [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)

care, taken into [ref1](#), [ref2](#), [ref3](#)

education [ref1](#), [ref2](#), [ref3](#), [ref4](#)

energy [ref1](#)

family courts [ref1](#)

hand sanitisers [ref1](#)

human sacrifice [ref1](#)

lockdowns [ref1](#), [ref2](#), [ref3](#)

masks [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

mental health [ref1](#)

old people [ref1](#)

parents, replacement of [ref1](#), [ref2](#)

Psyop (psychological operation), Covid as a [ref1](#), [ref2](#)

reframing [ref1](#)

smartphone addiction [ref1](#)

social distancing and isolation [ref1](#)  
social media [ref1](#)  
transgender persons [ref1](#), [ref2](#)  
United States [ref1](#)  
vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)  
Wetiko factor [ref1](#)

**China** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
anal swab tests [ref1](#)  
**Chinese Revolution** [ref1](#), [ref2](#), [ref3](#)  
digital currency [ref1](#)  
Global Cult [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#)  
guaranteed income [ref1](#)  
Imperial College [ref1](#)  
Israel [ref1](#)  
lockdown [ref1](#), [ref2](#)  
masculinity crisis [ref1](#)  
masks [ref1](#)  
media [ref1](#)  
origins of virus in China [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
pollution causing respiratory diseases [ref1](#)  
Sabbatians [ref1](#), [ref2](#)  
Smart Grid [ref1](#), [ref2](#)  
social credit system [ref1](#)  
testing [ref1](#), [ref2](#)  
United States [ref1](#), [ref2](#)  
vaccines [ref1](#), [ref2](#)  
Wetiko factor [ref1](#)  
wet market conspiracy [ref1](#)  
**Wuhan** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

**cholesterol** [ref1](#), [ref2](#)

**Christianity** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
criticism [ref1](#)  
cross, inversion of the [ref1](#)

Nag Hammadi texts [ref1](#), [ref2](#), [ref3](#)  
Roman Catholic Church [ref1](#), [ref2](#)  
Sabbatians [ref1](#), [ref2](#)  
Satan [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Wokeness [ref1](#)

**class** [ref1](#), [ref2](#)

**climate change hoax** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

Agenda 21/Agenda 2030 [ref1](#), [ref2](#), [ref3](#)

carbon dioxide [ref1](#), [ref2](#)

Club of Rome [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

fear [ref1](#)

funding [ref1](#)

Global Cult [ref1](#)

green new deals [ref1](#)

green parties [ref1](#)

inversion [ref1](#)

perception, control of [ref1](#)

PICC [ref1](#)

reframing [ref1](#)

temperature, increases in [ref1](#)

United Nations [ref1](#), [ref2](#)

Wikipedia [ref1](#)

Wokeness [ref1](#), [ref2](#)

**Clinton, Bill** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)

**Clinton, Hillary** [ref1](#), [ref2](#), [ref3](#)

**the cloud** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

**Club of Rome and climate change hoax** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

cognitive therapy [ref1](#)

**Cohn, Roy** [ref1](#)

**Common Law** [ref1](#)

Admiralty Law [ref1](#)

arrests [ref1](#), [ref2](#)

contractual law, Statute Law as [ref1](#)  
corporate entities, people as [ref1](#)  
legalese [ref1](#)  
*sea, law of the* [ref1](#)  
Statute Law [ref1](#)

**Common Purpose** leadership programme [ref1](#), [ref2](#)  
**communism** [ref1](#), [ref2](#)  
**co-morbidities** [ref1](#)  
**computer-generated virus**,  
**Covid-19** as [ref1](#), [ref2](#), [ref3](#)  
**computer models** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
**connections** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**consciousness** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Archons [ref1](#), [ref2](#), [ref3](#)  
expanded [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
experience [ref1](#)  
heart [ref1](#)  
infinity [ref1](#), [ref2](#)  
religion [ref1](#), [ref2](#)  
self-identity [ref1](#)  
simulation thesis [ref1](#)  
vaccines [ref1](#)  
Wetiko factor [ref1](#), [ref2](#)

**conspiracy theorists** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
**contradictory rules** [ref1](#)  
**contrails** [ref1](#)  
**Corman-Drosten test** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**countermimicry** [ref1](#), [ref2](#), [ref3](#)  
**Covid-19 vaccines** *see* vaccines  
**Covidiots** [ref1](#), [ref2](#)  
**Cowan, Tom** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**crimes against humanity** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

**cyber-operations** [ref1](#)

**cyberwarfare** [ref1](#)

## D

**DARPA (Defense Advanced Research Projects Agency)** [ref1](#)

**deaths**

care homes [ref1](#)

certificates [ref1](#), [ref2](#), [ref3](#), [ref4](#)

mortality rate [ref1](#)

post-mortems/autopsies [ref1](#)

recording [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**deceit**

pyramid of deceit [ref1](#), [ref2](#)

sequence of deceit [ref1](#)

**decoding** [ref1](#), [ref2](#), [ref3](#)

**dehumanisation** [ref1](#), [ref2](#), [ref3](#)

**Delphi technique** [ref1](#)

**democracy** [ref1](#)

**dependency** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**Descartes, René** [ref1](#)

**DNA**

numbers [ref1](#)

vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)

**DNR (do not resuscitate)**

orders [ref1](#)

**domestic abuse** [ref1](#), [ref2](#)

**downgrading of Covid-19** [ref1](#)

**Drosten, Christian** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

**Duesberg, Peter** [ref1](#), [ref2](#)

## **E**

**economic abuse** [ref1](#)

**Edmunds, John** [ref1](#), [ref2](#)

**education** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**electromagnetic spectrum** [ref1](#), [ref2](#)

**Enders, John** [ref1](#)

**energy**

Archons [ref1](#), [ref2](#), [ref3](#)

children and young people [ref1](#)

consciousness [ref1](#)

decoding [ref1](#)

frequencies [ref1](#), [ref2](#), [ref3](#), [ref4](#)

heart [ref1](#)

human energy field [ref1](#)

source, humans as an energy [ref1](#), [ref2](#)

vaccines [ref1](#)

viruses [ref1](#)

**ennoia** [ref1](#)

**Epstein, Jeffrey** [ref1](#), [ref2](#)

**eternal 'I'** [ref1](#), [ref2](#)

**ethylene oxide** [ref1](#)

**European Union** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Event** [ref1](#) and Bill Gates [ref2](#)

**exosomes**, Covid-19 as natural defence mechanism called [ref1](#)

**experience** [ref1](#), [ref2](#)

**Extinction Rebellion** [ref1](#), [ref2](#)

## **F**

**Facebook**

addiction [ref1](#), 448–50

Facebook

Archons [ref1](#)  
censorship [ref1](#), [ref2](#), [ref3](#)  
hate speech [ref1](#)  
monopoly, as [ref1](#)  
private messages, censorship of [ref1](#)  
Sabbatians [ref1](#)  
United States election fraud [ref1](#)  
vaccines [ref1](#)  
Wetiko factor [ref1](#)

**fact-checkers** [ref1](#)

**Fauci, Anthony** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#),  
[ref11](#), [ref12](#)

**fear** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
climate change [ref1](#)  
computer models [ref1](#)  
conspiracy theories [ref1](#)  
empty hospitals [ref1](#)  
Italy [ref1](#), [ref2](#), [ref3](#)  
lockdowns [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
masks [ref1](#), [ref2](#)  
media [ref1](#), [ref2](#)  
medical staff [ref1](#)  
Psyop (psychological operation), Covid as a [ref1](#)  
Wetiko factor [ref1](#), [ref2](#)

**female infertility** [ref1](#)

**Fermi Paradox** [ref1](#)

**Ferguson, Neil** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

**fertility, decline in** [ref1](#)

**The Field** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

**finance** *see banking, finance and money*

**five-senses** [ref1](#), [ref2](#)  
Archons [ref1](#), [ref2](#), [ref3](#)

censorship [ref1](#)  
consciousness, expansion of [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
decoding [ref1](#)  
education [ref1](#), [ref2](#)  
the Field [ref1](#), [ref2](#)  
God, personification of [ref1](#)  
infinity [ref1](#), [ref2](#)  
media [ref1](#)  
paranormal [ref1](#)  
perceptual programming [ref1](#), [ref2](#)  
Phantom Self [ref1](#)  
pneuma not nous, using [ref1](#)  
reincarnation [ref1](#)  
self-identity [ref1](#)  
Wetiko factor [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
**5G** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)  
**Floyd, George and protests, killing of** [ref1](#)  
**flu, re-labelling of** [ref1](#), [ref2](#), [ref3](#)  
**food and water, control of** [ref1](#), [ref2](#)  
**Freemasons** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
**Frei, Rosemary** [ref1](#)  
**frequencies**  
addictions [ref1](#)  
Archons [ref1](#), [ref2](#), [ref3](#)  
awareness [ref1](#)  
chanting and mantras [ref1](#)  
consciousness [ref1](#)  
decoding [ref1](#), [ref2](#)  
education [ref1](#)  
electromagnetic (EMF) frequencies [ref1](#)  
energy [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
fear [ref1](#)

the Field [ref1](#), [ref2](#) 5G [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)  
five-senses [ref1](#), [ref2](#)  
ghosts [ref1](#)  
Gnostics [ref1](#)  
hive-minds [ref1](#)  
human, meaning of [ref1](#)  
light [ref1](#), [ref2](#)  
love [ref1](#), [ref2](#)  
magnetism [ref1](#)  
perception [ref1](#)  
reality [ref1](#), [ref2](#), [ref3](#)  
simulation [ref1](#)  
terror [ref1](#)  
vaccines [ref1](#)  
Wetiko [ref1](#), [ref2](#), [ref3](#)  
**Fuellmich, Reiner** [ref1](#), [ref2](#), [ref3](#)  
**furlough/rescue payments** [ref1](#)

## G

**Gallo, Robert** [ref1](#), [ref2](#), [ref3](#)

**Gates, Bill**

Archons [ref1](#), [ref2](#), [ref3](#)  
climate change [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Daily Pass tracking system [ref1](#)  
Epstein [ref1](#)  
fascism [ref1](#)  
five senses [ref1](#)  
GAVI [ref1](#)  
Great Reset [ref1](#)  
GSK [ref1](#)  
Imperial College [ref1](#), [ref2](#)  
Johns Hopkins University [ref1](#), [ref2](#), [ref3](#)

lockdowns [ref1](#), [ref2](#)

masks [ref1](#)

Nuremberg trial, proposal for [ref1](#), [ref2](#)

Rockefellers [ref1](#), [ref2](#)

social distancing and isolation [ref1](#)

Sun, dimming the [ref1](#)

synthetic meat [ref1](#), [ref2](#)

vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

Wellcome Trust [ref1](#)

Wetiko factor [ref1](#), [ref2](#), [ref3](#)

WHO [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)

Wokeness [ref1](#)

World Economic Forum [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Gates, Melinda** [ref1](#), [ref2](#), [ref3](#)

**GAVI vaccine alliance** [ref1](#)

**genetics, manipulation of** [ref1](#), [ref2](#), [ref3](#)

**Germany** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#) *see also Nazi Germany*

**Global Cult** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

anti-human, why Global Cult is [ref1](#)

Black Lives Matter (BLM) [ref1](#), [ref2](#), [ref3](#), [ref4](#)

China [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#)

climate change hoax [ref1](#)

contradictory rules [ref1](#)

Covid-19 [ref1](#), [ref2](#), [ref3](#)

fascism [ref1](#)

geographical origins [ref1](#)

immigration [ref1](#)

Internet [ref1](#)

mainstream media [ref1](#), [ref2](#)

masks [ref1](#), [ref2](#)

monarchy [ref1](#)

non-human dimension [ref1](#)

perception [ref1](#)  
political parties [ref1](#), [ref2](#)  
pyramidal hierarchy [ref1](#), [ref2](#), [ref3](#)  
reframing [ref1](#)  
Sabbantian-Frankism [ref1](#), [ref2](#)  
science, manipulation of [ref1](#)  
spider and the web [ref1](#)  
transgender persons [ref1](#)  
vaccines [ref1](#)  
who controls the Cult [ref1](#)  
Wokeness [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**globalisation** [ref1](#), [ref2](#)

**Gnostics** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**Google** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**government**

- behavioural scientists and psychologists, advice from [ref1](#), [ref2](#)
- definition [ref1](#)
- Joint Biosecurity Centre (JBC) [ref1](#)
- people, abusive relationship with [ref1](#)

**Great Reset** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)

- fascism [ref1](#), [ref2](#), [ref3](#)
- financial system [ref1](#)
- Human 2.0 [ref1](#)
- water and food, control of [ref1](#)

**green parties** [ref1](#)

**Griesz-Brisson, Margarite** [ref1](#)

**guaranteed income** [ref1](#), [ref2](#), [ref3](#)

## H

**Hancock, Matt** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**hand sanitisers** [ref1](#)

**heart** [ref1](#), [ref2](#)

**hive-minds/groupthink** [ref1](#), [ref2](#), [ref3](#)

**holographs** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**hospitals, empty** [ref1](#)

**human, meaning of** [ref1](#)

**Human 2.0** [ref1](#)

addiction to technology [ref1](#)

artificial intelligence (AI) [ref1](#), [ref2](#)

elimination of Human 1.0 [ref1](#)

fertility, decline in [ref1](#)

Great Reset [ref1](#)

implantables [ref1](#)

money [ref1](#)

mRNA [ref1](#)

nanotechnology [ref1](#)

parents, replacement of [ref1](#), [ref2](#)

Smart Grid, connection to [ref1](#), [ref2](#)

synthetic biology [ref1](#), [ref2](#), [ref3](#), [ref4](#)

testosterone levels, decrease in [ref1](#)

transgender = transhumanism [ref1](#), [ref2](#), [ref3](#)

vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**human sacrifice** [ref1](#), [ref2](#), [ref3](#)

**Hunger Games Society** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

**Huxley, Aldous** [ref1](#), [ref2](#), [ref3](#)

## I

**identity politics** [ref1](#), [ref2](#), [ref3](#)

**Illuminati** [ref1](#), [ref2](#)

**illusory physical reality** [ref1](#)

**immigration** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Imperial College** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)

**implantables** [ref1](#), [ref2](#)

**incomes, destruction of** [ref1](#), [ref2](#)

**Infinite Awareness** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Internet** [ref1](#), [ref2](#) *see also* social media  
    artificial intelligence (AI) [ref1](#)  
    independent journalism, lack of [ref1](#)  
    Internet of Bodies (IoB) [ref1](#)

**Internet of Everything (IoE)** [ref1](#), [ref2](#)

**Internet of Things (IoT)** [ref1](#), [ref2](#)

**lockdowns** [ref1](#)

Psyop (psychological operation), Covid as a [ref1](#)  
    trolls [ref1](#)

**intersectionality** [ref1](#)

**inversion**  
    Archons [ref1](#), [ref2](#), [ref3](#)  
    climate change hoax [ref1](#)  
    energy [ref1](#)  
    Judaism [ref1](#), [ref2](#), [ref3](#)  
    symbolism [ref1](#)  
    Wetiko factor [ref1](#)  
    Wokeness [ref1](#), [ref2](#), [ref3](#)

**Islam**  
    Archons [ref1](#)  
    crypto-Jews [ref1](#)  
    Islamic State [ref1](#), [ref2](#)  
    Jinn and Djinn [ref1](#), [ref2](#), [ref3](#)  
    Ottoman Empire [ref1](#)  
    Wahhabism [ref1](#)

**isolation** *see* **social distancing and isolation**

**Israel**  
    China [ref1](#)  
    Cyber Intelligence Unit Beersheba complex [ref1](#)  
    expansion of illegal settlements [ref1](#)

formation [ref1](#)  
Global Cult [ref1](#)  
Judaism [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
medical experiments, consent for [ref1](#)  
Mossad [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Palestine-Israel conflict [ref1](#), [ref2](#), [ref3](#)  
parents, replacement of [ref1](#)  
Sabbatians [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
September 11, 2001, terrorist attacks on United States [ref1](#)  
Silicon Valley [ref1](#)  
Smart Grid [ref1](#), [ref2](#)  
United States [ref1](#), [ref2](#)  
vaccines [ref1](#)  
Wetiko factor [ref1](#)

## **Italy**

fear [ref1](#), [ref2](#), [ref3](#)  
Lombardy [ref1](#), [ref2](#), [ref3](#)  
vaccines [ref1](#)

## **J**

Johns Hopkins University [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
Johnson, Boris [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)  
Joint Biosecurity Centre (JBC) [ref1](#)

## **Judaism**

anti-Semitism [ref1](#), [ref2](#), [ref3](#)  
Archons [ref1](#), [ref2](#)  
crypto-Jews [ref1](#)  
inversion [ref1](#), [ref2](#), [ref3](#)  
Israel [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
Labour Party [ref1](#)  
Nazi Germany [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Sabbatians [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

Silicon Valley [ref1](#)  
Torah [ref1](#)  
United States [ref1](#), [ref2](#)  
Zionists [ref1](#), [ref2](#), [ref3](#)

## K

**Kaufman, Andrew** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**knowledge** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
**Koch's postulates** [ref1](#)  
**Kurzweil, Ray** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
**Kushner, Jared** [ref1](#), [ref2](#)

## L

**Labour Party** [ref1](#), [ref2](#)  
**Lanka, Stefan** [ref1](#), [ref2](#)  
**Lateral Flow Device (LFD)** [ref1](#)  
**Levy, Paul** [ref1](#), [ref2](#), [ref3](#)  
**Life Program** [ref1](#)  
**lockdowns** [ref1](#), [ref2](#), [ref3](#)  
    amplification tampering [ref1](#)  
    Archons [ref1](#)  
    Behavioural Insights Team [ref1](#)  
    Black Lives Matter (BLM) [ref1](#)  
    care homes, deaths in [ref1](#)  
    children  
    abuse [ref1](#), [ref2](#)  
    mental health [ref1](#)  
    China [ref1](#), [ref2](#)  
    computer models [ref1](#)  
    consequences [ref1](#), [ref2](#)  
    dependency [ref1](#), [ref2](#), [ref3](#)

domestic abuse [ref1](#)  
fall in cases [ref1](#)  
fear [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
guaranteed income [ref1](#)  
Hunger Games Society [ref1](#), [ref2](#), [ref3](#)  
interaction, destroying [ref1](#)  
Internet [ref1](#), [ref2](#)  
overdoses [ref1](#)  
perception [ref1](#)  
police-military state [ref1](#), [ref2](#)  
protests [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
psychopathic personality [ref1](#), [ref2](#), [ref3](#)  
reporting/snitching, encouragement of [ref1](#), [ref2](#)  
testing [ref1](#)  
vaccines [ref1](#)  
Wetiko factor [ref1](#)  
WHO [ref1](#)  
**love** [ref1](#), [ref2](#), [ref3](#)  
**Lucifer** [ref1](#), [ref2](#), [ref3](#)

## M

**Madej, Carrie** [ref1](#), [ref2](#)  
**Magufuli, John** [ref1](#), [ref2](#)  
**mainstream media** [ref1](#)  
BBC [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)  
censorship [ref1](#), [ref2](#)  
China [ref1](#)  
climate change hoax [ref1](#)  
fear [ref1](#), [ref2](#)  
Global Cult [ref1](#), [ref2](#)  
independent journalism, lack of [ref1](#)  
Ofcom [ref1](#), [ref2](#), [ref3](#)

perception [ref1](#), [ref2](#)  
Psyop (psychological operation), Covid as a [ref1](#)  
Sabbatians [ref1](#), [ref2](#)  
social disapproval [ref1](#)  
social distancing and isolation [ref1](#)  
United States [ref1](#), [ref2](#)  
vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**Mao Zedong** [ref1](#), [ref2](#), [ref3](#)

**Marx and Marxism** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)

**masculinity** [ref1](#)

**masks/face coverings** [ref1](#), [ref2](#), [ref3](#)

censorship [ref1](#)

children [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

China, made in [ref1](#)

dehumanisation [ref1](#), [ref2](#), [ref3](#)

fear [ref1](#), [ref2](#)

flu [ref1](#)

health professionals [ref1](#), [ref2](#), [ref3](#), [ref4](#)

isolation [ref1](#)

laughter [ref1](#)

**mass non-cooperation** [ref1](#)

**microplastics, risk of** [ref1](#)

**mind control** [ref1](#)

**multiple masks** [ref1](#)

oxygen deficiency [ref1](#), [ref2](#), [ref3](#)

police [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

pollution, as cause of plastic [ref1](#)

Psyop (psychological operation), Covid as a [ref1](#)

reframing [ref1](#), [ref2](#)

risk assessments, lack of [ref1](#), [ref2](#)

self-respect [ref1](#)

surgeons [ref1](#)

United States [ref1](#)  
vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
Wetiko factor [ref1](#)  
'worms' [ref1](#)  
*The Matrix* movies [ref1](#), [ref2](#), [ref3](#)  
measles [ref1](#), [ref2](#)  
media see mainstream media  
Medicines and Healthcare products Regulatory Agency (MHRA)  
[ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**Mesopotamia** [ref1](#)  
**messaging** [ref1](#)  
**military-police state** [ref1](#), [ref2](#), [ref3](#)  
**mind control** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#) *see also MKUltra*  
**MKUltra** [ref1](#), [ref2](#), [ref3](#)  
**monarchy** [ref1](#)  
**money** *see banking, finance and money*  
**Montagnier, Luc** [ref1](#), [ref2](#), [ref3](#)  
**Mooney, Bel** [ref1](#)  
**Morgellons disease** [ref1](#), [ref2](#)  
**mortality rate** [ref1](#)  
**Mullis, Kary** [ref1](#), [ref2](#), [ref3](#)  
**Musk, Elon** [ref1](#)

## N

**Nag Hammadi texts** [ref1](#), [ref2](#), [ref3](#)  
**nanotechnology** [ref1](#), [ref2](#), [ref3](#)  
**narcissism** [ref1](#)  
**Nazi Germany** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)  
**near-death experiences** [ref1](#), [ref2](#)  
**Neocons** [ref1](#), [ref2](#), [ref3](#)

**Neuro-Linguistic Programming (NLP) and the Delphi technique**  
[ref1](#)

**NHS (National Health Service)**

amplification cycles [ref1](#)

Common Purpose [ref1](#), [ref2](#)

mind control [ref1](#)

**NHS England** [ref1](#)

saving the NHS [ref1](#), [ref2](#)

vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

whistle-blowers [ref1](#), [ref2](#), [ref3](#)

**No-Problem-Reaction-Solution** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**non-human dimension of Global Cult** [ref1](#)

**nous** [ref1](#)

**numbers, reality as** [ref1](#)

**Nuremberg Codes** [ref1](#), [ref2](#), [ref3](#)

**Nuremberg-like tribunal, proposal for** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#),  
[ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#), [ref11](#), [ref12](#)

## Ø

**Obama, Barack** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)

**O'Brien, Cathy** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Ochel, Evita** [ref1](#)

**Ofcom** [ref1](#), [ref2](#), [ref3](#)

**old people** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**Oneness** [ref1](#), [ref2](#), [ref3](#)

**Open Society Foundations (Soros)** [ref1](#), [ref2](#), [ref3](#)

**oxygen** 406, 528–34

## P

**paedophilia** [ref1](#), [ref2](#)

**Page, Larry** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

**Palestine-Israel conflict** [ref1](#), [ref2](#), [ref3](#)

**pandemic, definition of** [ref1](#)

**pandemic and health crisis scenarios/simulations** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**paranormal** [ref1](#)

**PCR tests** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

**Pearl Harbor attacks, prior knowledge of** [ref1](#)

**Pelosi, Nancy** [ref1](#), [ref2](#), [ref3](#)

**perception** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

- climate change hoax [ref1](#)
- control [ref1](#), [ref2](#), [ref3](#)
- decoding [ref1](#), [ref2](#)
- enslavement [ref1](#)
- externally-delivered perceptions [ref1](#)
- five senses [ref1](#)
- human labels [ref1](#)
- media [ref1](#), [ref2](#)
- political parties [ref1](#), [ref2](#)
- Psyop (psychological operation), Covid as a [ref1](#)
- sale of perception [ref1](#)
- self-identity [ref1](#), [ref2](#)
- Wokeness [ref1](#)

**Phantom Self** [ref1](#), [ref2](#), [ref3](#)

**pharmaceutical industry** *see* **Big Pharma**

**phthalates** [ref1](#)

**Plato's Allegory of the Cave** [ref1](#), [ref2](#)

**pneuma** [ref1](#)

**police**

- Black Lives Matter (BLM) [ref1](#)
- brutality [ref1](#)
- citizen's arrests [ref1](#), [ref2](#)
- common law arrests [ref1](#), [ref2](#)

Common Purpose ref1  
defunding ref1  
lockdowns ref1, ref2  
masks ref1, ref2, ref3, ref4  
police-military state ref1, ref2, ref3  
psychopathic personality ref1, ref2, ref3, ref4  
reframing ref1  
United States ref1, ref2, ref3, ref4  
Wokeness ref1

**polio** ref1

**political correctness** ref1, ref2, ref3, ref4

**political parties** ref1, ref2, ref3, ref4

**political puppets** ref1

**pollution** ref1, ref2, ref3

**post-mortems/autopsies** ref1

**Postage Stamp Consensus** ref1, ref2

**pre-emptive programming** ref1

**Problem-Reaction-Solution** ref1, ref2, ref3, ref4, ref5, ref6, ref7, ref8

**Project for the New American Century** ref1, ref2, ref3, ref4

**psychopathic personality** ref1

- Archons ref1
- heart energy ref1
- lockdowns ref1, ref2, ref3
- police ref1, ref2, ref3, ref4
- recruitment ref1, ref2
- vaccines ref1
- wealth ref1
- Wetiko ref1, ref2

**Psyop (psychological operation), Covid as a** ref1, ref2, ref3, ref4, ref5

**Pushbackers** ref1, ref2, ref3, ref4

**pyramid structure** ref1, ref2, ref3, ref4

## **Q**

**QAnon Psyop** [ref1](#), [ref2](#), [ref3](#)

## **R**

**racism** *see also* **Black Lives**

Matter (BLM)

anti-racism industry [ref1](#)

class [ref1](#)

critical race theory [ref1](#)

culture [ref1](#)

intersectionality [ref1](#)

reverse racism [ref1](#)

white privilege [ref1](#), [ref2](#)

white supremacy [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

Wokeness [ref1](#), [ref2](#), [ref3](#)

**radiation** [ref1](#), [ref2](#)

**randomness, illusion of** [ref1](#), [ref2](#), [ref3](#)

**reality** [ref1](#), [ref2](#), [ref3](#)

**reframing** [ref1](#), [ref2](#)

change agents [ref1](#), [ref2](#)

children [ref1](#)

climate change [ref1](#)

Common Purpose leadership programme [ref1](#), [ref2](#)

contradictory rules [ref1](#)

enforcers [ref1](#)

masks [ref1](#), [ref2](#)

NLP and the Delphi technique [ref1](#)

police [ref1](#)

Wetiko factor [ref1](#)

Wokeness [ref1](#), [ref2](#)

**religion** *see also* particular religions

alien invasions [ref1](#)

Archons [ref1](#), [ref2](#)

consciousness [ref1](#), [ref2](#)

control, system of [ref1](#), [ref2](#), [ref3](#)

criticism, prohibition on [ref1](#)

five senses [ref1](#)

good and evil, war between [ref1](#)

hidden non-human forces [ref1](#), [ref2](#)

Sabbatians [ref1](#)

save me syndrome [ref1](#)

Wetiko [ref1](#)

Wokeness [ref1](#)

**repetition and mind control** [ref1](#), [ref2](#), [ref3](#)

**reporting/snitching, encouragement of** [ref1](#), [ref2](#)

**Reptilians/Grey entities** [ref1](#)

**rewiring the mind** [ref1](#)

**Rivers, Thomas Milton** [ref1](#), [ref2](#)

**Rockefeller family** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#)

**Rockefeller Foundation documents** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Roman Empire** [ref1](#)

**Rothschild family** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#)

**RT-PCR tests** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

**Russia**

collusion inquiry in US [ref1](#)

**Russian Revolution** [ref1](#), [ref2](#)

Sabbatians [ref1](#)

**§**

**Sabbantian-Frankism** [ref1](#), [ref2](#)

anti-Semitism [ref1](#), [ref2](#)

banking and finance [ref1](#), [ref2](#), [ref3](#)

China [ref1](#), [ref2](#)

Israel [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

Judaism [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

Lucifer [ref1](#)

media [ref1](#), [ref2](#)

Nazis [ref1](#), [ref2](#)

QAnon [ref1](#)

Rothschilds [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)

Russia [ref1](#)

Saudi Arabia [ref1](#)

Silicon Valley [ref1](#)

Sumer [ref1](#)

United States [ref1](#), [ref2](#), [ref3](#)

Wetiko factor [ref1](#)

Wokeness [ref1](#), [ref2](#), [ref3](#)

**SAGE (Scientific Advisory Group for Emergencies)** [ref1](#), [ref2](#), [ref3](#),  
[ref4](#)

**SARS-1** [ref1](#)

**SARs-CoV-2** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

**Satan/Satanism** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

**satellites in low-orbit** [ref1](#)

**Saudi Arabia** [ref1](#)

**Save Me Syndrome** [ref1](#)

**scapegoating** [ref1](#)

**Schwab, Klaus** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#),  
[ref11](#), [ref12](#)

**science, manipulation of** [ref1](#)

**self-identity** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**self-respect, attacks on** [ref1](#)

**September 11, 2001, terrorist attacks on United States** [ref1](#), [ref2](#),  
[ref3](#), [ref4](#)

**77th Brigade of UK military** [ref1](#), [ref2](#), [ref3](#)

**Silicon Valley/tech giants** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#) *see also*

**Facebook**

Israel [ref1](#)  
Sabbatians [ref1](#)  
technocracy [ref1](#)  
Wetiko factor [ref1](#)  
Wokeness [ref1](#)  
**simulation hypothesis** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
**Smart Grid** [ref1](#), [ref2](#), [ref3](#)  
artificial intelligence (AI) [ref1](#)  
China [ref1](#), [ref2](#)  
control centres [ref1](#)  
the Field [ref1](#)  
Great Reset [ref1](#)  
Human 2.0 [ref1](#), [ref2](#)  
Israel [ref1](#), [ref2](#)  
vaccines [ref1](#)  
Wetiko factor [ref1](#)  
**social disapproval** [ref1](#)  
**social distancing and isolation** [ref1](#), [ref2](#), [ref3](#)  
abusive relationships [ref1](#), [ref2](#)  
children [ref1](#)  
flats and apartments [ref1](#)  
heart issues [ref1](#)  
hugs [ref1](#)  
Internet [ref1](#)  
masks [ref1](#)  
media [ref1](#)  
older people [ref1](#), [ref2](#)  
one-metre (three feet) rule [ref1](#)  
rewiring the mind [ref1](#)  
**simulation, universe as a** [ref1](#)  
**SPI-B** [ref1](#)  
substance abuse [ref1](#)

suicide and self-harm [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
technology [ref1](#)  
torture, as [ref1](#), [ref2](#)  
two-metre (six feet) rule [ref1](#)  
women [ref1](#)

**social justice** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**social media** *see also Facebook bans on alternative views* [ref1](#)  
censorship [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
children [ref1](#)  
emotion [ref1](#)  
perception [ref1](#)  
private messages [ref1](#)  
Twitter [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
Wetiko factor [ref1](#)  
YouTube [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**Soros, George** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)

**Spain** [ref1](#)

**SPI-B (Scientific Pandemic Insights Group on Behaviours)** [ref1](#),  
[ref2](#), [ref3](#), [ref4](#)

**spider and the web** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**Starmer, Keir** [ref1](#)

**Statute Law** [ref1](#)

**Steiner, Rudolf** [ref1](#), [ref2](#), [ref3](#)

**Stockholm syndrome** [ref1](#)

**streptomycin** [ref1](#)

**suicide and self-harm** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

**Sumer** [ref1](#), [ref2](#)

**Sunstein, Cass** [ref1](#), [ref2](#), [ref3](#)

**swine flu (H1N1)** [ref1](#), [ref2](#), [ref3](#)

**synchronicity** [ref1](#)

**synthetic biology** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**synthetic meat** [ref1](#), [ref2](#)

# T

**technology** *see also* **artificial intelligence (AI); Internet; social media addiction** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**Archons** [ref1](#), [ref2](#)  
**the cloud** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
**cyber-operations** [ref1](#)  
**cyberwarfare** [ref1](#)  
**radiation** [ref1](#), [ref2](#)  
**social distancing and isolation** [ref1](#)  
**technocracy** [ref1](#)

**Tedros Adhanom Ghebreyesus** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#),  
[ref8](#), [ref9](#), [ref10](#), [ref11](#), [ref12](#), [ref13](#)

**telepathy** [ref1](#)

**Tenpenny, Sherri** [ref1](#)

**Tesla, Nikola** [ref1](#)

**testosterone levels, decrease in** [ref1](#)

**testing for Covid-19** [ref1](#), [ref2](#)  
    anal swab tests [ref1](#)  
    cancer [ref1](#)  
    China [ref1](#), [ref2](#), [ref3](#)  
    Corman-Drosten test [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
    death certificates [ref1](#), [ref2](#)  
    fraudulent testing [ref1](#)  
    genetic material, amplification of [ref1](#)  
    Lateral Flow Device (LFD) [ref1](#)  
    PCR tests [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)  
    vaccines [ref1](#), [ref2](#), [ref3](#)

**Thunberg, Greta** [ref1](#), [ref2](#), [ref3](#)

**Totalitarian Tiptoe** [ref1](#), [ref2](#), [ref3](#), [ref4](#)

**transgender persons**  
    activism [ref1](#)  
    artificial wombs [ref1](#)

censorship [ref1](#)  
child abuse [ref1](#), [ref2](#)  
Human 2.0 [ref1](#), [ref2](#), [ref3](#)  
Wokeness [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
women, deletion of rights and status of [ref1](#), [ref2](#)  
young persons [ref1](#)  
**travel restrictions** [ref1](#)  
**Trudeau, Justin** [ref1](#), [ref2](#), [ref3](#)  
**Trump, Donald** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#),  
[ref11](#)  
**Twitter** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)

## U

**UKColumn** [ref1](#), [ref2](#)  
**United Nations (UN)** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#) *see also Agenda 21/Agenda 2030 (UN)*  
**United States** [ref1](#), [ref2](#)  
    American Revolution [ref1](#)  
    borders [ref1](#), [ref2](#)  
    Capitol Hill riot [ref1](#), [ref2](#)  
    children [ref1](#)  
    China [ref1](#), [ref2](#)  
    CIA [ref1](#), [ref2](#)  
    Daily Pass tracking system [ref1](#)  
    demographics by immigration, changes in [ref1](#)  
    Democrats [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
    election fraud [ref1](#)  
    far-right domestic terrorists, pushbackers as [ref1](#)  
    Federal Reserve [ref1](#)  
    flu/respiratory diseases statistics [ref1](#)  
    Global Cult [ref1](#), [ref2](#)  
    hand sanitisers, FDA warnings on [ref1](#)

immigration, effects of illegal [ref1](#)  
impeachment [ref1](#)  
Israel [ref1](#), [ref2](#)  
Judaism [ref1](#), [ref2](#), [ref3](#)  
lockdown [ref1](#)  
masks [ref1](#)  
mass media [ref1](#), [ref2](#)  
nursing homes [ref1](#)  
Pentagon [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
police [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
pushbackers [ref1](#)  
Republicans [ref1](#), [ref2](#)  
borders [ref1](#), [ref2](#)  
Democrats [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
Russia, inquiry into collusion with [ref1](#)  
Sabbatians [ref1](#), [ref2](#), [ref3](#)  
September 11, 2001, terrorist attacks [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
UFO sightings, release of information on [ref1](#)  
vaccines [ref1](#)  
white supremacy [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Woke Democrats [ref1](#), [ref2](#)

## V

vaccines [ref1](#), [ref2](#), [ref3](#)  
adverse reactions [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
Africa [ref1](#)  
anaphylactic shock [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
animals [ref1](#), [ref2](#)  
anti-vax movement [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
AstraZeneca/Oxford [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
autoimmune diseases, rise in [ref1](#), [ref2](#)  
Big Pharma [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#)

bioweapon, as real [ref1](#), [ref2](#)  
black and ethnic minority communities [ref1](#)  
blood clots [ref1](#), [ref2](#)  
Brain Computer Interface (BCI) [ref1](#)  
care homes, deaths in [ref1](#)  
censorship [ref1](#), [ref2](#), [ref3](#)  
chief medical officers and scientific advisers, financial interests of  
[ref1](#), [ref2](#)  
children [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#), [ref10](#)  
China [ref1](#), [ref2](#)  
clinical trials [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
compensation [ref1](#)  
compulsory vaccinations [ref1](#), [ref2](#), [ref3](#)  
computer programs [ref1](#)  
consciousness [ref1](#)  
cover-ups [ref1](#)  
creation before Covid [ref1](#)  
cytokine storm [ref1](#)  
deaths and illnesses caused by vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
definition [ref1](#)  
developing countries [ref1](#)  
digital tattoos [ref1](#)  
DNA-manipulation [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#),  
[ref10](#)  
emergency approval [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
female infertility [ref1](#)  
funding [ref1](#)  
genetic suicide [ref1](#)  
Global Cult [ref1](#)  
heart chakras [ref1](#)  
hesitancy [ref1](#)  
Human 2.0 [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
immunity from prosecution [ref1](#), [ref2](#), [ref3](#)

implantable technology [ref1](#)  
Israel [ref1](#)  
Johnson & Johnson [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
lockdowns [ref1](#)  
long-term effects [ref1](#)  
mainstream media [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
masks [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
Medicines and Healthcare products Regulatory Agency (MHRA)  
[ref1](#), [ref2](#)  
messaging [ref1](#)  
Moderna [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
mRNA vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#)  
nanotechnology [ref1](#), [ref2](#)  
NHS [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
older people [ref1](#), [ref2](#)  
operating system [ref1](#)  
passports [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Pfizer/BioNTech [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
polyethylene glycol [ref1](#)  
pregnant women [ref1](#)  
psychopathic personality [ref1](#)  
races, targeting different [ref1](#)  
reverse transcription [ref1](#)  
Smart Grid [ref1](#)  
social distancing [ref1](#)  
social media [ref1](#)  
sterility [ref1](#)  
synthetic material, introduction of [ref1](#)  
tests [ref1](#), [ref2](#), [ref3](#)  
travel restrictions [ref1](#)  
**variants** [ref1](#), [ref2](#)  
**viruses, existence of** [ref1](#)  
whistle-blowing [ref1](#)

WHO [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
Wokeness [ref1](#)  
working, vaccine as [ref1](#)  
young people [ref1](#)  
**Vallance, Patrick** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#)  
**variants** [ref1](#), [ref2](#), [ref3](#)  
**vegans** [ref1](#)  
**ventilators** [ref1](#), [ref2](#)  
**virology** [ref1](#), [ref2](#)  
**virtual reality** [ref1](#), [ref2](#), [ref3](#)  
**viruses, existence of** [ref1](#)  
**visual reality** [ref1](#), [ref2](#)  
**vitamin D** [ref1](#), [ref2](#)  
**von Braun, Wernher** [ref1](#), [ref2](#)

## **W**

**war-zone hospital myths** [ref1](#)  
**waveforms** [ref1](#), [ref2](#)  
**wealth** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#) [ref10](#), [ref11](#)  
**wet market conspiracy** [ref1](#)  
**Wetiko factor** [ref1](#)  
alcoholism and drug addiction [ref1](#)  
anti-human, why Global Cult is [ref1](#)  
Archons [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
artificial intelligence (AI) [ref1](#)  
Big Pharma [ref1](#), [ref2](#)  
children [ref1](#)  
China [ref1](#)  
consciousness [ref1](#), [ref2](#)  
education [ref1](#)  
Facebook [ref1](#)

fear [ref1](#), [ref2](#)  
frequency [ref1](#), [ref2](#)  
Gates [ref1](#), [ref2](#)  
Global Cult [ref1](#), [ref2](#)  
heart [ref1](#), [ref2](#)  
lockdowns [ref1](#)  
masks [ref1](#)  
Native American concept [ref1](#)  
psychopathic personality [ref1](#), [ref2](#)  
reframing/retraining programmes [ref1](#)  
religion [ref1](#)  
Silicon Valley [ref1](#)  
Smart Grid [ref1](#)  
smartphone addiction [ref1](#), [ref2](#)  
social media [ref1](#)  
war [ref1](#), [ref2](#)  
WHO [ref1](#)  
Wokeness [ref1](#), [ref2](#), [ref3](#)  
Yaldabaoth [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**whistle-blowing** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
**white privilege** [ref1](#), [ref2](#)  
**white supremacy** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
**Whitty, Christopher** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#),  
[ref10](#)  
'who benefits' [ref1](#)  
**Wi-Fi** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**Wikipedia** [ref1](#), [ref2](#)  
**Wojcicki, Susan** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#)  
**Wokeness**  
Antifa [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
anti-Semitism [ref1](#)  
billionaire social justice warriors [ref1](#), [ref2](#), [ref3](#)

Capitol Hill riot [ref1](#), [ref2](#)  
censorship [ref1](#)  
Christianity [ref1](#)  
climate change hoax [ref1](#), [ref2](#)  
culture [ref1](#)  
education, control of [ref1](#)  
emotion [ref1](#)  
facts [ref1](#)  
fascism [ref1](#), [ref2](#), [ref3](#)  
Global Cult [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
group-think [ref1](#)  
immigration [ref1](#)  
indigenous people, solidarity with [ref1](#)  
inversion [ref1](#), [ref2](#), [ref3](#)  
left, hijacking the [ref1](#), [ref2](#)  
Marxism [ref1](#), [ref2](#), [ref3](#)  
mind control [ref1](#)  
New Woke [ref1](#)  
Old Woke [ref1](#)  
Oneness [ref1](#)  
perceptual programming [ref1](#)  
    Phantom Self [ref1](#)  
police [ref1](#)  
defunding the [ref1](#)  
reframing [ref1](#)  
public institutions [ref1](#)  
Pushbackers [ref1](#), [ref2](#), [ref3](#)  
racism [ref1](#), [ref2](#), [ref3](#)  
reframing [ref1](#), [ref2](#)  
religion, as [ref1](#)  
Sabbatians [ref1](#), [ref2](#), [ref3](#)  
Silicon Valley [ref1](#)  
social justice [ref1](#), [ref2](#), [ref3](#), [ref4](#)

transgender [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)  
United States [ref1](#), [ref2](#)  
vaccines [ref1](#)  
Wetiko factor [ref1](#), [ref2](#), [ref3](#)  
young people [ref1](#), [ref2](#), [ref3](#)  
**women, deletion of rights and status of** [ref1](#), [ref2](#)  
**World Economic Forum (WEF)** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#),  
[ref8](#), [ref9](#)  
**World Health Organization (WHO)** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#),  
[ref7](#), [ref8](#), [ref9](#)  
AIDs/HIV [ref1](#)  
amplification cycles [ref1](#)  
Big Pharma [ref1](#), [ref2](#), [ref3](#)  
cooperation in health emergencies [ref1](#)  
creation [ref1](#), [ref2](#)  
fatality rate [ref1](#)  
funding [ref1](#), [ref2](#), [ref3](#)  
Gates [ref1](#)  
Internet [ref1](#)  
lockdown [ref1](#)  
vaccines [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**Wetiko factor** [ref1](#)  
**world number 1 (masses)** [ref1](#), [ref2](#)  
**world number 2** [ref1](#)  
**Wuhan** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#) [ref8](#)

## Y

**Yaldabaoth** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#)  
**Yeadon, Michael** [ref1](#), [ref2](#), [ref3](#), [ref4](#)  
**young people** *see also children* addiction to technology [ref1](#)  
Human 2.0 [ref1](#)  
vaccines [ref1](#), [ref2](#)

Wokeness [ref1](#), [ref2](#), [ref3](#)

**YouTube** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#)

WHO 548

## Z

**Zaks, Tal** [ref1](#)

**Zionism** [ref1](#), [ref2](#), [ref3](#)

**Zuckerberg, Mark** [ref1](#), [ref2](#), [ref3](#), [ref4](#), [ref5](#), [ref6](#), [ref7](#), [ref8](#), [ref9](#),  
[ref10](#), [ref11](#), [ref12](#)

**Zulus** [ref1](#)

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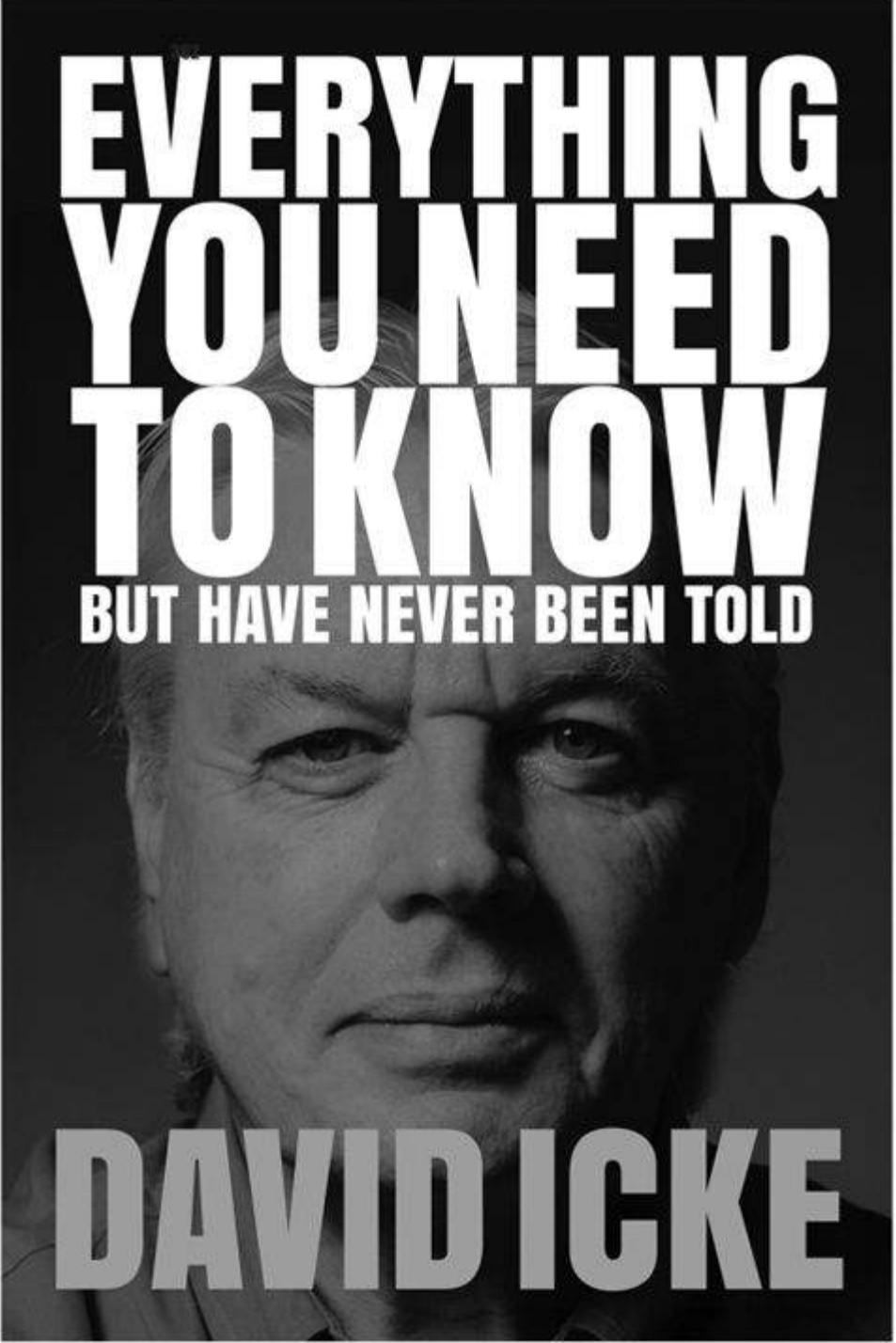
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/'ren-i.gəd/

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