

the controversy that has dogged this field. By means of legal processes the entire field of study has been called into question, and clinicians specializing in the remediation of DID have been discredited. Mental health specialists have been accused of excessive zeal in unearthing presumptive early childhood trauma, and the malleability of memory has been used to discredit such clinical reports wholesale.

It is therefore appropriate to review the basis for the existence of systematic, deliberate early childhood abuse, and for other mind control techniques of considerable reach. The need for secrecy with respect to such techniques by perpetrators, and the natural skepticism that nearly everyone else brings to the topic, makes it exceedingly difficult to document and prove the full scope of such troubling activities.

The significance for neurofeedback practitioners is that they should be prepared to see cases of this kind in their offices from time to time. Neurofeedback has been successfully used to help stabilize victims of this abuse, but until their mind control programming is dismantled they are still at risk. Although clinical progress can be made with the usual methods, these people may ultimately be refractory to even the best interventions aiming at trauma recovery. Professionals treating victims need to be aware of the signs and symptoms in order to avoid further harm.

Information from “Mind Control—An Introduction” (Oglevie 2004) will help to inform mental health professionals of the signs and symptoms of mind control in their clients. Referral to experts in trauma recovery may be appropriate in conjunction with neurofeedback.

Introduction

In view of the notoriety and controversy surrounding the subject of mind control, it is appropriate to begin with a review of the evidence for the historical existence of techniques of gaining external and systematic control of the mind and actions of another. This is the underlying rationale that can explain the subjection of even very young children to unbelievable terror. In addition to the information shared in this article, an extensive resource listing is included that will begin to authenticate this subject matter, which for years now has often been publicly discredited and clinically misunderstood. Despite years of carefully guarding the secret of its existence by those both centrally and peripherally involved, the evidence of this attempt to gain control of the human mind is becoming more available, and methods of helping the victims of mind control are emerging. This article is an attempt to provide the information professionals will need to recognize the signs and symptoms of this abuse.

A Review of the History of Mind Control Technologies

Beginning in the late 1980's hundred's, if not thousands of victims of a heinous form of early childhood abuse known as ritual trauma, satanic ritual abuse, and/or mind control began flooding mental hospitals and the offices of mental health professionals. The problem became so prevalent that in certain areas of the country special dissociative disorders units were created in hospitals and the staff became quite familiar with this form of abuse through their exposure to victims, most of whom were also suffering from DID (Dissociative Identity Disorder), DSM-IV 300.14

In 1988, in an effort to educate professionals and public alike with their findings on this subject, the Los Angeles Commission For Women formed the Task Force on Ritual Abuse and a group of professionals from the field of medicine, mental health, education, law enforcement, prosecution, and religion, served together with adult survivors and created a report entitled: Ritual Abuse, Definitions, Glossary, The Use of Mind Control (Ritual Abuse Task Force, Los Angeles County Commission For Women, 1991). Upon learning of this abuse, many other professionals began to engage with this work clinically so that victims could receive proper treatment. This author was a member (often peripherally) of the Los Angeles County Commission for Women when the Ritual Abuse Task Force put its report together.

Myra Riddell, LCSW, Chair of the Task Force on Ritual Abuse states in her introduction,

“Ritual abuse is a serious and growing problem in our community and our nation. Ritual abuse is not a new problem, but society is only just beginning to recognize the gravity and scope of this problem. We are all in need of education on this issue. Parents need to be educated about the hallmarks of this abuse occurring in preschools and day care centers. Many professionals are seeing victims of ritual abuse and not yet recognizing the patterns of this abuse. The concept of ritual abuse, that groups of adults would terrorize and torture children in order to control them, is frightening and controversial, raising for all of us problems of denial and fear of the consequences of such information.

Despite detailed evidence of ritual abuse coming from child victims and their families, from adult victims, and from the professionals working with them, and despite the remarkable consistency of these reports both nationally and internationally, society at large resists believing that ritual abuse really occurs. There remains the mistaken belief that satanic and other cult activity is isolated and rare.” (Los Angeles County Commission For Women, 1991)

History of Official Involvement in Mind Control Research in the United States

In 2000, Psychiatrist Colin A. Ross, MD published another in a series of books on the treatment of dissociative disorders, ritual abuse and mind control, entitled “BLUEBIRD; Deliberate Creation of Multiple Personality By Psychiatrists.” This book was based on 15,000 pages of documents regarding mind control projects that were obtained from the CIA through the Freedom of Information Act (Ross, 2000). This book documents the involvement of the intelligence agencies in the research of mind control techniques, and renders obvious the continuing effort to diminish the significance of the work, to suggest that such research is no longer being pursued, and to persuade that it is therefore of only passing historical interest. Anyone knowledgeable about the power of neurofeedback to effect state change, and to produce learning of new states will find it difficult to believe that the intelligence agencies have lost interest in these methods.

Since World War II, the United States government, led by the Central Intelligence Agency (CIA), searched covertly for ways to control human behavior and human minds (John Marks, 1979). At the end of the war, with the Nuremberg trials barely finished, the United States government began immigrating to the U.S. hundreds of German and Austrian scientists under the project code-named “Paperclip” (Linda Hunt, 1945-1990). Ever since then the U.S. government has successfully promoted the view that Paperclip was a short-term, harmless operation (Linda Hunt, 1945-1990). But through the Freedom of Information Act, formerly classified CIA documents now reveal the abuse of thousands of human beings in the course of mind control experiments through Project Paperclip and its successors. CIA programs

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were not only an extension of the OSS quest for a “truth drug,” but during the Cold War they led the way in effective means to control the mind.

Early research in this country was spearheaded by a Dr. Green (Gruenbaum in German), who was recruited to serve in the US Army and to teach psychiatrists the mind control techniques he had developed. He also taught in England, and on a number of U.S. Air Force bases. “Their experiments with children raised in various environments demonstrated that certain types of trauma focused on wounding specific aspects of the intrapsychic world.” (Oglevie, 2004). “Recognizing that each child is unique, early researchers into mind control were able to make some identification of the specific traumas during the various developmental states in the life of the child that would cause sufficient wounding, and of the specific nurturing experiences during those same developmental states that were necessary to prevent trauma-induced schizophrenia, narcissistic personality disorder, psychopathic personality, as well as other mental disorders.” (Oglevie, 2004). Dr. Green taught these doctors about the human brain and mind, techniques to create alternate personalities in children, and how to install a program system in a child. The only papers published were studies of animals, and not the studies that were actually performed on humans.

The bad news is that together these doctors programmed thousands of children. The good news, it has been said, is that Dr. Green had the foresight to realize what this technology could do to humanity and apparently taught a deliberately flawed method of mind control. It is reported that in 1976, at 60 years of age, he committed suicide rather than comply with requests to teach how to “fix the programming flaws.” By this time, breakdowns in programming were surfacing. Many of these doctors’ mind control victims have been successfully deprogrammed and now live to tell what happened. It is also clear from the modern neurofeedback perspective that minor traumatic brain injury can in principle disrupt such installed constructs and allow the surfacing of phenomenology that was to remain hidden from the subject. Similarly, a new traumatizing event can have the effect of kindling the recovery of a prior trauma. In this manner, programmed individuals are coming randomly into contact with their prior abuse histories.

Documentation of Mind Control by Colin Ross, MD

In his latest book, psychiatrist Colin Ross, MD [who is a psychiatrist specializing in dissociative disorders, which include Multiple Personality Disorder] states, “The major goal of the Cold War mind control programs was to create dissociative symptoms and disorders, including full multiple personality disorder. The capabilities postulated in the first Manchurian Candidate are fact, not fiction, and were created by the CIA in the 1950’s under BLUEBIRD and ARTICHOKE mind control programs. Experiments with LSD, sensory deprivation, electro-convulsive treatment, brain electrode implants and hypnosis were designed to create amnesia, depersonalization, changes in identity and altered states of consciousness.” (Ross, 2000)

While the major medical schools and universities were teaching their graduate students that multiple personality disorder was rare, the psychiatrists participating in the CIA mind control projects were busy learning how to create controlled dissociation in their experimental subjects. The goal of course was complete control of the mind of these subjects for their purposes. Multiple personality disorder is now classified by the American Psychiatric Association as Dissociative Identity Disorder and resides in the DSM-IV as DID 300.14. Ross goes on to state, “Experiments to create Manchurian Candidate ‘super spies’ must be understood in their social and historical context, which is one of pervasive, systematic mind control experimentation, not by a few isolated renegade doctors, but by the leaders of psychiatry and the major medical schools.”

Mind control experiments were interwoven with radiation experiments and research on chemical and biological weapons. The mind control work was funded by the CIA, Army, Navy and Air Force, and concurrently by other agencies including the Public Health Service, and the non-governmental Scottish Rite Foundation.” Ross goes on, “Mind control contractors with Top Secret clearance included the American Psychological Association, Past Presidents of the American Psychiatric Association and the Society for Biological Psychiatry, and psychiatrists who have received awards from the American Psychological Association and the American Psychiatric Association.”

One such example that Ross writes about is Dr. Louis Jolyon West. While Dr. West’s curriculum vitae doesn’t mention that he received Top Secret clearance from the CIA as the contractor on MKULTRA Subproject 43, CIA documents show that grants were given to Dr. West for studies entitled, “Psychophysiological Studies of Hypnosis and Suggestibility” and “Studies of Dissociative States.” Further, “Dr. Lois Jolyon West was cleared at Top Secret for his work on MKULTRA.”

West’s numerous connections to the mind control network illustrate how the network is maintained—not through any central conspiracy, but by an interlocking network of academic relationships, grants, conferences, and military appointments. Some doctors in the network were not funded directly by the CIA or military, but their work was of direct relevance to mind control, non-lethal weapons development, creation of controlled dissociation and the building of Manchurian Candidates.” Further, “Dr. West devoted four decades to study, writing and experimentation on dissociation, hypnosis, Communist mind control, hallucinogens, sensory deprivation, and methods of social influence; he concluded that the methods used by destructive cults result in the creation of new identities and dissociative states. The same methods, when applied to experimental subjects under BLUEBIRD, ARTICHOKE and MKULTRA, also resulted in the creation of amnesia, new identities and dissociated states. This was the Manchurian Candidate program.” (Ross, 2000)

Other grants were received for use in EEG experiments. From 1950-1957 Canadian Psychiatrist, Ewen Cameron (past president of the Quebec, Canadian, American and World Psychiatric Associations) received \$60,353.33 for Research Studies on EEG and Electrophysiology. (Ross, 2000). Cameron was subsequently successfully sued by victims of his experiments, and they recovered damages in the hundreds of thousands of dollars. “In one of the MKULTRA Subproject 61 documents, Dr. Harold Wolff, Professor of Medicine at Cornell, defines the historical context for the CIA’s interest in mind control in general, which is also the context and motive for military funding of brain electrode implant experiments: The investigations of the highest integrative functions are fundamentally aimed at increasing our understanding of the functions of the human cerebral hemispheres in overall adaptive behavior. They arose out of our laboratory and clinical experience during the past twenty years, and especially out of our interest in the phenomena exhibited by men exposed to extremely threatening life situations; and they were initiated during the period when we were investigating the untoward effects of Communist police procedures. (Ross, 2004)

Brain Electrode Implant Research was also done by Jose Delgado -Yale, Office of Naval Research, Neil Burch, Army Intelligence, Robert Heath-Tulane, MKULTRA, Mark Sweet & Frank Irvin-Harvard, and the CIA. (Ross, 2000, pg 344 Appendix)

A CIA memorandum for MKULTRA Subproject 142 describes the use of animals for delivery of biological and chemical weapons, and the control of animals through stimulation of brain electrodes. The goal was clear, to control the mind and behavior and to create dissociation, through a combinations of drugs, sensory isolation, hypnosis, brain electrode implants, electric shock and beaming different kinds of energy at the brain. The ability to create limited, controlled amnesia through a variety of methods was a primary goal of the mind control programs. (Ross, 2004)

Definition of Ritual Abuse-Based Mind Control

“Ritual abuse is a brutal form of abuse of children, adolescents, and adults, consisting of physical, sexual and psychological abuse, and involving the use of rituals. Ritual does not necessarily mean satanic. However, most survivors state that they were ritually abuse as part of satanic worship for the purpose of indoctrinating them into satanic beliefs and practices. Ritual abuse rarely consists of a single episode. It usually involves repeated abuse over an extended period of time.

The physical abuse is severe, sometimes including torture and killing. The sexual abuse is usually painful, sadistic, and humiliating, intended as a means of gaining dominance over the victim. The psychological abuse is devastating and involves the use of ritual/indoctrination, which includes mind control techniques and mind altering drugs, and ritual/intimidation which conveys to the victim a profound terror of the cult members and of the evil spirits they believe cult members can command. Both during and after the abuse, most victims are in a state of terror, mind control, and dissociation in which disclosure is extremely difficult.” (Los Angeles County Commission For Women, 1991)

Recognizing Mind Control in an Adult Client

Stephen Oglevie, a retired law enforcement chaplain, has gathered extensive knowledge in the removal of mind control programming through his 15-year journey and in-depth work with over 350 mind control victims. In “Mind Control; An Introduction”, he lists the following indicators that may aid in the recognition and proper assessment of an adult client who may harbor mind control programming (Oglevie, 2004). (A word of caution to victims of this abuse regarding the following information).

The following are indicators that may aid in a proper assessment of an adult client who may contain mind control programming. My experience has been that all who survive childhood ritual/medical/spiritual abuse also contain mind control programming.

These indicators may be credited to other non-ritual abuse sources, but the more of these that are true of your client the greater the likelihood that you are working with a programmed client. Victims may report some or all of the following:

(The following information is strictly for the use of the health professionals who are readers of this newsletter. Steve Oglevie has explicitly withheld authorization for the copying and distribution of the following material:)

Client constantly wears black, red, orange or purple clothing.

Client assigns numbers to names, dates, months, and years that are between 1 and 9. Client reports number series run through their minds repeatedly that seemly have no correlation to anything in their lives.

Client is very sensitive to light. Squinting or asking that the office lights be turned down or off are evidences of this sensitivity.

Client reports experiencing physical pain that a medical exam cannot verify and which does not respond to medical treatment.

Client is repeatedly hospitalized near major ritual days and/or birthdays.

Client cuts arms, legs, face, neck, or torso with a razor blade, knife, broken glass, or scissors. There is a strong (reciprocal) correlation between significant progress in therapy and the incidence of cutting.

Client burns arms, legs, face, neck, or torso with a curling iron, matches, hot knife blade, boiling water, car cigarette lighter, or stove burner. There is often a strong correlation between significant progress in therapy and the incidence of burning.

Client’s artwork contains repeated images of fire, blood, knives, cages, rape, needles, separated body parts, watching eyes, hooded figures, and sacrifices.

Client’s poetry contains repeated themes of being placed in dark holes, and/or being buried; references to snakes, spiders, dead babies, rats placed in the hole/coffin with them; themes of hopelessness, despair, there is no way out, no one will ever find “me”.

Client reports repeated dreams of blood, death, violent sexual experiences, faces with staring eyes, painted faces, being caged or seeing others caged, breathing underwater or in space, or being an animal.

Client reports flashes of awareness, typically lasting less than one second, of something bizarre. Typical “visions” include staring faces, painted faces, animal heads on human bodies, blood covering some object, strange looking knives, amulets or stones in jewelry, dead human bodies, people in black robes, and fires in the darkness. This awareness is like the feeling of almost “touching” something or of something almost “touching” the client.

Client reports experiencing terror when seeing seemingly innocent objects or animals. These have included mirrors, keys, knives, forks, spoons, jewels, and clipboards, black suits and white lab coats. Animals include rabbits, puppies, kittens, dolphins, and lions.

Client experiences pain when coming in contact with water in its various forms, such as rain, snow, ice, fog, or steam. A typical response is that it feels like being burned with acid or fire. Bathing is impossible and showers can be endured for only a few minutes.

Client experiences tremendous fear upon hearing certain sounds. These may include but are not limited to; a telephone ring, their name being called, a knock on the door, a door opening or closing, a siren, a toilet flush, a car back-fire, the

low muffled growl of a dog, the cry of a cat, or the hiss of a snake.

Client is fascinated with the German Third Reich, the swastika symbol, and concentration camps, or conversely is very fearful of these things. The combinations of red and black clothing may also serve as indicators.

Client repeatedly makes the following statements during the therapy sessions or by the telephone following a therapy session: "It's all just a bad dream." "I made it all up." "I'm lying to you." "I must be crazy." "I'm a bad girl / boy to be telling you this." "I must be a very bad girl/boy to be here." "I deserve to be punished." "I am really in trouble now." These are typical programmed denial/punishment phrases.

Client cannot drink water. They report that it tastes like urine, blood, feces, or semen. Since water flushes drugs from the body, often the programming includes aversion to water.

Client suddenly loses the ability to speak while disclosing information during therapy session.

Client suddenly loses the ability to hear while the therapist is talking, particularly when validating or confirming the information presented by the client.(Oglevie, 2004)

For your client's safety, please do not share this material with them.

Conclusion

Neurofeedback can be a great adjunct to therapy for victims of mind control. Training at the temporal, posterior, occipital and frontal areas of the brain will help to stabilize the victim. It is possible to reduce the dissociative episodes by inhibiting 0-9 Hz at different cortical sites. Panic and anxiety can be greatly reduced by inhibiting 14-30 Hz. And generalized up-training at 12-15 Hz. or lower can help stabilize the victim. It has been this author's experience that neurofeedback greatly enhances the overall cognitive function, stabilizes emotional states, and reduces the need for hospitalizations.

When using neurofeedback for victims of mind control it is best to proceed cautiously, as they may have programs in place to cause self-harm or at worst suicide if the programs are tampered with. Professionals who lack the knowledge of the signs and symptoms of mind control could end up not helping very much, or even harming a victim.

Neurofeedback can be used successfully with victims of mind control but it is best combined with the removal of mind control programming. In particular, it would seem that alpha-theta training should be very helpful here, but this could also be problematic if the existence of programming has not been recognized. The awake-state or eyes-open training, often referred to as "SMR-beta" training, should be extensively relied upon, with the objective of stabilizing the nervous system. It is important that the client feel safe with the clinician, and this means feeling accepted. Ultimately it is not necessary for the clinician to fully understand the subject of mind control or the subjective experience of their client in order to be of help. The fact that neurofeedback targets the physiological dimension makes it unnecessary for the clinician to reach clarity on these matters at the outset. Rather, the clinician must recognize that this happens to be the current psychic reality of the patient, and progress can only be made with at least a provisional acceptance of that state as a starting point of therapy.

References

Hunt L., (1991) Secret Agenda. The United States Government, Nazi Scientists, and Project Paperclip. 1945 to 1990. St. Martin's Press, NY

Los Angeles County Commission for Women: Report of the Ritual Abuse Task Force, 1991. Ritual Abuse: Definitions, Glossary, The Use of Mind Control. 383 Hall of Administration, 500 W. Temple, Los Angeles, CA 90012. (213) 974-1455

Marks, J. (1988) The Search For the Manchurian Candidate. The CIA and Mind Control. The Story of the Agency's Secret Efforts To Control Human Behavior. W. W. Norton, NY

Oglevie, Stephen E., (2004) MIND CONTROL, An Introduction.

Ross, C. A. MD, (2000) BLUEBIRD. Deliberate Creation of Multiple Personality by Psychiatrists. Manitou Communications. Inc.

(A more extensive Bibliography is in preparation and will be posted in follow-up to this newsletter.)

For Further information:

The author plans to present further information regarding this subject jointly with Steven Oglevie at private seminars. For further information contact this author at EEG Centre For Neurofeedback, 2512 Lynn Road, Suite One, Tryon, NC 28782. 828 859-1220 or sueford@earthlink.net.

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