

## Chapter Eleven: Suicidal Programming

I have decided to write an entire chapter about suicidal programming, since it is often the most dangerous programming that the survivor will face during their healing process. ALL ILLUMINATI SURVIVORS WILL HAVE SUICIDAL PROGRAMMING PROTECTING THEIR SYSTEMS. I emphasized this to also reiterate the need for good therapy and a strong support system for the survivor.

The Illuminati know and realize that with time, individuals in their group may start to question what they are doing. Or they may become disenchanted with their role. They may even desire to leave the group or try to dismantle their own programming.

The trainers are well aware of this possibility and to prevent this, will always program in suicidality. The suicidality, or suicidal programming, may surround one or more systems internally. It may be layered into more than one system.

From earliest childhood, survivors have been conditioned to believe that they would rather die than leave their "family" (the Illuminati group). This is the core, or basis of suicidal programming. It will be closely linked to loyalty to one's family as well as the group (remember, this is a generational group and leaving it may mean giving up contact with one's parents, spouse, siblings, aunts, uncles, cousins and children, as well as close friends). These people will all try to contact the survivor, and try to draw them back into the cult, asking "don't you love us anymore?", or even becoming accusatory and hostile if the survivor does not respond the way they wish. The survivor will be told that they are "crazy". Or delusional. That their family loves them and would never be part of a cult. The family members will all still be amnesic, unless something happens to trigger their own memories.

One of the most frequent suicidal programming sequences placed internally will be "come back or die " programming. A family member may activate it by telling the survivor that they are missed and their family wants to see them. If the survivor fails to return, the programming will start running. It can only be deactivated by a code word from the person's trainer or cult contact person. This ensures that they will recontact. If the survivor tries to break this programming, they will need assistance, both internal and external, for safety.

Hospitalization may be needed in a safe facility that understands DID and programming, as well as suicidality, as the alters inside will begin fighting if the person tries to break the programming. They have been programmed to commit suicide, or be shattered internally, or at the very least, severely punished, and are afraid of the repercussions of not obeying. The survivor will need to get to know these internal alters, and reassure them that they no longer need to do their jobs.

Chronometric suicidal programming is another type placed within. This does not need contact with family members to activate. In fact, it is activated automatically after a certain amount of time WITHOUT cult contact. Controller alters and/or punishing alters will have been programmed that if a certain period of time goes without contact with the trainer, they are to commit suicide. They will be told that the only way to prevent this is recontact with the trainer, who knows a command code to halt the program. The time interval may be anywhere from three months to nine months, each system is different. Call back programming may have this type of programming as a back up, to ensure that it is followed through on.

Systems layered programming is a particularly complex form of suicide programming where several systems (up to six at a time), are programmed to fire off suicide programming simultaneously. This always needs hospitalization for the survivor's safety.

Honor/dishonor programming is common in military systems. In this, the military parts are told that an "honorable and courageous" soldier will take his life, rather than reveal secrets or leave his unit.

"No tell" programming will often be reinforced by suicidal programming.

Access denied programming, which prevents unauthorized access both externally and internally, will often be reinforced by either or both suicidal/homicidal programming.

Almost all suicidal programming is put in place to either ensure continued obedience to the cult's agenda; to ensure regular recontact; or prevent the individual or an outside person from accessing the person's system without authorization (i.e. the correct access codes, which the trainers are careful to use at the beginning of each session). It will frequently block therapy, as the survivor will be terrified, and rightly so, of dying if they reveal their internal world, or disclose their history.

Suggestions:

First, both the survivor and the therapist need to find out what suicide programming is present (it's a safe bet it's there, no need to ask IF it is present). Internal communication, and finding out which alters or fragments hold suicide programming will be important. Physical safety, whether with a safe outside person, or inpatient hospitalization, while working on suicide programming is extremely important, as this programming may either drive the survivor to self destructive behavior, or back to the cult. Dealing with suicide programming assumes that the survivor and therapist have initiated good system communication internally. This is extremely important, since the survivor will need cooperation inside with dismantling suicidality.

Letting alters inside know that they no longer have to do their job, that they can change, may help. Reality orientation, letting them know that if they kill the body, that they will die, may also help (many times, these parts have been deceived into believing that they themselves will not die, if they do their jobs. This means they need to hear the truth). Having controller alters, high alters with pull inside the system, agree to help the therapist dismantle the programming will help. But be aware that SOME INTERNAL SUICIDE SEQUENCES WILL BE PUT IN THAT EVEN CONTROLLERS CANNOT DISMANTLE. Creating a safety committee inside whose main job is to keep the body safe and ask for help if suicidal programming begins to kick in, BEFORE ACTING OUT OCCURS, will also help tremendously.

As the survivor develops trust with their therapist and realizes the value of life, and that life can be much better than it has ever been before, they will become more willing to reach out and ask for help if they become suicidal. The survivor may also find that they encounter core despair. This despair may have been used by the cult to run suicidal programming, but it is not programming itself. A very young core split may have taken many of the feelings of despair, hopelessness, failure to thrive and desire to die, that the child felt growing up in a horribly abusive atmosphere. This is not programming but true feelings, and it will be important to differentiate this from programming. If core despair comes up, the alter containing this may also report having been trained to NOT SUICIDE, or give up. The trainers will do this, if despair begins overwhelming the subject at an early age, to prevent the child's suicide.

The survivor's cognitives, helpers, nurturers, will all need to be gathered together to help this part of the core heal. There will be intense, and rightful, grieving and anguish for the immense pain that the young child suffered. Hopelessness will come out. It can help if alters with happier memories can try and share their memories with this very young part.

External support and caring can also make a big difference. Healing the immense pain held by this core split will take a long period of time and should not be hurried. Antidepressants can help, as the depression may be shared through all systems. Messages of hope, new and positive experiences can all help the survivor work through this type of programming, as well as journaling, poetry, artwork and collaging the feelings. Time, patience, support, the ability to vent feelings in a safe manner and physical safety when needed, will all help immensely as the survivor works through these issues.