Caution!

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Psychiatric report. A gift for the DVNLP and pedocriminals

by Dipl.-Psych. Thies Stahl, published on 26.10.2017, update on 17.01.2020[1]

In several texts[2] I have explained how the DVNLP's responsible synchronization of perpetrator-victim-reversion processes within and outside the DVNLP has led to a chain of pathologizations and attributions of madness by the DVNLP's complaining member in the DVNLP, the LKA and the public prosecutor's office.

[3]The psychiatric report submitted by Dr. Q.-S. on 11 June 2017 to the Local Court Altona in the proceedings between the public prosecutor's office and the complainant for defamation against XY is the most violent psychiatric report to date of the psychiatric attempts directed against the complainant within and outside the DVNLP[4]. This opinion was challenged by the complainant's lawyer as *"unusable*". If, in addition to the legal argumentation presented by him, another argumentation would have been needed to get this opinion off the judge's table, I have put together here a few psychological and communication-theoretical-hypnosis-technical remarks on the absurd genius of this *seemingly* stupid opinion. (26.05.2018: After the discontinuation of the procedure on 14.11.2017 I will leave this text still in the net. It constitutes protection for the complainant, since Dr. Q.-S.'s expert opinion is clearly pleasing to the perpetrator as a *stupid-looking one* and the perpetrators, as documented in court records, have already tried to take possession of it. This treatise protects the complainant from a new psychiatric attack against her person).

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[1] 15.11.2017: Items D.3 to D.9 added; 17.11.2017: Bracketed remark in second paragraph added, changes in D.10 #1 and #3, and in the paragraph after; 07.12.2017: Change in D.2.; 15.06.2018: Footnote #3; 20.09.2018: Update links, corrections; 07.12.2018: Addition, 30.07.2019: Links corrected, 17.01.2020: Link "Legal facts" new. On ThiesStahl.de this text and all documents linked to in this text can be found on the website https://thiesstahl.com/texte-und-materialien-zum-dvnlp/.

[2] *"The perverse triangle as a recursive pattern in the DVNLP"*, *"Violence, abuse, double standards and the return of the repressed in the DVNLP"*, *"DVNLP abandoned by all good spirits? predetermined breaking point fascistoid-totalitarian slips and loss of self-control"*, *"The NLP and the madmen. The DVNLP corrupts its method"*, *"'My beautiful delinquent German Association!' DVNLP completes perpetrator-victim-reversion"*, *"Perpetrator Association DVNLP - Silence, Denial and Repression"* and *"DVNLP + GNLC hide suspected sex offender"*. As a result of a verifiable criminal manipulation, an LKA note is created on 24.01.2014, the pathologising stigmatisation of which is virally spread by the complainant via several investigation and file notes from a police station, the LKA and the StA (see the *"Dossier Täter-Opfer-Victim-Repatriation"*).

[3] Here is the psychiatric report of guilt based on manipulated official files. About my legal dispute with her: *"'Holy cow' - psychiatrist in court under species protection"*.

[4] See also *"DVNLP relies on lying managers"*, *"DVNLP lies. Chronic"*, *Legal facts of the "Causa DVNLP"* and *"For which crimes is the DVNLP in the pillory*?

The order to Dr. Q.-S. was a report on the guiltiness of the defendant, in my opinion she delivered a disguised psychological or credibility report which was prepared with interlocking and therefore not immediately recognizable unfair means. In this "expert opinion", the psychiatrist, in breach of her mandate, comes to the diagnosis of a "*delusion" on* the part of the complainant, which *"seems to be based on the conviction that she has been sexually abused by all the men with whom she has had any kind of relationship in her life.*

This "diagnosis" is based on

- based on mere belief based on subjective appearances,
- a logical circular reasoning, and
- Construction principles that are used in hypnotherapeutic work for the indirect transmission of concepts of reality, which, unquestioned by the consciousness of the addressee, should unfold in his model of the world.

A. Illusionary or Fake-Diagnosis

The report lacks any technical basis. No diagnostic criteria and evaluation yardsticks are given for the completely abrupt and unfoundedly presented delusional diagnosis. The basis is in many respects a "mere *appearance*": The diagnostic argumentation of Dr. Q.-S. is based on apparent *realities*, as her arguments are based on a subjectively perceived *appearance.* A serious discussion of the validity of her delusional diagnosis, which resolves the gaps and contradictions in this diagnostic argumentation, is not found in this "expert opinion".

Dr. Q.-S. essentially justifies the "diagnosis" reflecting her subjective view with this fourfold *appearance*:

1. *"In the case of Ms...* [the complainant], *the delusional system seems to be based on the conviction that she has been sexually abused by all the men with whom she has had any kind of relationship in her life.* (page 55)
2. *"It seems strange that her children, who are also supposed to have been victims of these assaults, also deny them. In addition, one defendant, Mr...* [the lawyer of XY], *has stated that he has never seen the children of Mrs...* [the complainant]. *All this puts the accusations of Mrs...* [the complainant] into the *light of paranoid experience."* (page 56)
3. *"It seems difficult to portray a development of personality on the basis of the exploration, which was marked by the reports of severe traumatizations, but which in their abundance make it seem likely that they are of delusional origin".* (Page 60)
4. *"It is striking that these delusional convictions seem to come to a head when the respective men turn away from her, whereby an exacerbation* ***seems to*** *have occurred after the separation from Mr. ...* [XY]. (page 61)

Under (1.) it remains completely open which *"delusional system"* Dr. Q.-S. is talking about and from which different delusional ideas, contents or conceptions, from

which elements this system should therefore consist. The reference offered by her as the fifth pillar of her diagnostic argumentation, *"In the synopsis of the information provided by Ms. S., there are clear indications of a psychotic misjudgment of reality at the presumed time of the crime"* (page 62) does not provide any clarity here: What exactly is she looking at? What exactly did she look at at the same time and how and from which angle did she look at them together? In what way do Dr. Q.-S. see which of the individual perceptual contents become clues for which psychotic misunderstanding of reality? What makes individual clues into clear indications? And do these clues arise autonomously, i.e. from themselves and out of themselves, or did it require some sort of own, sorting or judging activity by the psychiatrist as perceiver? And if so, which and what exactly does it sort?

Her statement under (3.) also leaves the logic and the criteria according to which the mere *"abundance", i.e.* the number of statements made by the complainant in the exploration interview about multiple and long-term traumatisation, which the complainant actually considered diagnostically in an unconditional and differentiated manner, *"appears" to* her as an indication of delusion, completely in the dark - either of her psychiatric intuition or of her questionable personal motives. Statement (4.) is discussed separately below under the heading "Hallucinations of the psychiatrist as etiological core statements".

Still on (1.): The expert opinion gives the impression that the complainant herself is convinced that she has *been "sexually abused by all the men with whom she has had any kind of relationship in her life"*. This statement, which is quasi put into her mouth as delusion, contains with *"all kinds of relations"* to *"all men"* a double and thus more than doubly hypnotizing generalization. Dr. Q.-S. does not make it clear whether there is a statement by the complainant from the exploration talk that was more than generously reinterpreted in this way by Dr. Q.-S. or whether there are several statements from which she might have concluded in an unspecified way that the complainant *should* actually be convinced of this. None of the complainant's statements quoted or referred to in the expert opinion can be read in this way without doing violence to her.

With the quasi-hypnotic suggestion to the addressees of the expert opinion, which is to be described in more detail below, to read *all of the* statements made by Ms. Q.-S. as an expression of madness, Dr. Q.-S. leaves it up to her readers to choose which of the many statements communicated from the exploratory interview on a good 50 pages of the expert opinion they would like to see on their own, individually or in combination, as elements of the system of madness to be interpreted into the complainant: In principle, the expert will release *all* statements by the complainant about her past relationships and abuse. Every reader, whether a public prosecutor or a judge, can thus build up his or her own picture of the complainant's credibility from the total of *all the* statements of the complainant that she has labelled with the psychiatric label "Probably delusional" - and thus also her own picture of the complainant as a person. What all these pictures have in common, of course, is that they depict - who should be surprised - an unbelievable, because mentally ill woman.

Such an "all-purpose blanco" or "flexi" diagnosis makes it easy for past, present and even future conflict partners of the complainant to discredit with impunity any of her

statements relating to abuses she has experienced as delusional and lying. It would therefore be difficult or even impossible for the complainant to make justified accusations against partners in conflict from her former system of violence and prostitution, and the path to any kind of victim-offender mediation would be closed to her: In no mediation could she formulate more justified claims for compensation, and the possibility of hearing an "I'm sorry" from one of her violent relationship partners - which she originally wanted to achieve with her complaint in the DVNLP - would have moved into unreachable distance.

Above under (2.), Dr. Q.-S. essentially says: "I never saw or spoke to her, but I believe the *'Our mother is crazy'* and *'That wasn't me'* statements of the two now grown-up children of the complainant and of Mr. XY's lawyer, who is also charged with being the perpetrator, and not the statements of the complainant. As a psychiatrist, I attribute the fact that the complainant denounced all three of them as perpetrators and accomplices in acts of sexual violence - in unison with the denounced persons, the DVNLP, the Social Psychiatric Service, the LKA and the StA - to the delusion of my respondent. In the end, the children and the lawyer were investigated and questioned as suspected perpetrators and all of them testified identically that there had been no abuse or sexual violence - neither suffered by them nor carried out by them. Or, to put it differently: "Personally - and by this I do not mean myself as a competent psychiatrist committed to professional ethics, but rather the "citizen's daughter" or "coffee party" side in me - I, personally and subjectively, do not believe the complainant that she has actually experienced all the monstrosities she reports about - above all, I do not believe her that she has experienced violence from her own children who were brought up as perpetrators in this system of violence".

The seemingly harmless additional remark of the expert witness, *"All this puts the accusations of Frau ...* [the complainant] *in the light of paranoid experience"*, becomes the supporting part of the hypnotically interlaced structure, connecting the individual elements that are untenable in terms of content, which (*apparently*) consolidates the multiple *appearances* and accordingly makes them become reality in the mind of the reader.

B. Circular reasoning

The logical circular reasoning underlying the expert opinion statement can thus be reproduced:

- *The complainant's allegations are not credible because they are an expression of insanity.*
- *The complainant's allegations are an expression of madness because they are not credible.*

Or shorter: ***The complainant is implausible because she is delusional, and she is delusional because she is implausible.***

C. Psychiatric expertise as hypnotic medium

In Dr. Q.-S.'s expert opinion, several linguistic construction principles and a special pseudo-logic can be found, which are otherwise used in psychotherapeutic work, in which hypnosis is used as a therapeutic medium. However, while the opinion of the psychotherapist is concerned with the acceptance of her patient's views of reality which, in the opinion of the psychotherapist, are conducive to healing, the application of these views by the psychotherapist and psychiatrist Dr. Q.-S. in this opinion aims at the acceptance of her diagnostic "judgment" on the complainant by the judge, the parties to the proceedings and the public involved.

In processes of stigmatization and pathologization, such as in the present expert opinion, such communication is used to the detriment of the person concerned and not, as in hypnotherapy, for their benefit. In both areas of application, this special form of communication is about transporting certain views of reality past the consciousness of the addressees into their minds - either so that they can achieve their healing effect there, or, as here in Dr. Q.-S.'s expert opinion, so that they can have the toxic effect in the reader of the expert opinion of perceiving the accused in the light of the attributions of implausibility and delusion, in which Dr. Q.-S. and the perpetrators want her to be seen.

No formally induced, deep hypnotic trances are needed for such hypnotic forms of communication - small thought-provoking trances, as they often occur in everyday life, are sufficient. These are particularly effective when used in moments of surprise.

1. in the middle of the punch line - perfect hypnotic suggestions

Completely surprisingly and without any argumentative connection to the complainant's extensively reported statements about her traumatic experiences of violence and prostitution since early childhood, Dr. Q.-S. presents her delusional idea.

This "yikes" or "huh?" experience will have seemed like a hypnotic pattern interruption to the reader: After all, they had just read over 50 pages of the complainant's reports: about her childhood experiences in a paedophile network of violent relationships and her experiences as an adult with two successive violent pimp husbands and other long-term relationship partners who acted as co-pimps in her family paedo-criminal offender system, in which she and her children were exploited and from which she finally managed to escape and get out at the age of 38.

After this reading, the readers could expect the conclusion of the expert witness that the complainant's allegations against XY are credible, if only because of the continuity of the violent and prostitution relationships that have extended over decades in her life. Finally, the similarity of these relationships with the nature of the complainant's relationship with XY, as evidenced by the allegations, cannot be ignored.

But then, suddenly and "out of the blue", they are confronted by the psychiatrist with their "delusion" diagnosis. Since this is suddenly suddenly present in the room, i.e. without any argumentative connection to what has been read before, they will

probably need a moment - as if they had just walked into a wall - to get out of their trances of complexity and reorient themselves.

Analogous to the mechanisms of action of the punch line in a joke, this surprising "delusion" idea suddenly catapults what has been perceived up to now into an unexpectedly new frame of perception and has to be re-sorted, classified and evaluated by the recipient: The statements made by the complainant in the expert opinion, which could just now be interpreted as valid findings of a thorough relationship anamnesis with regard to the most important violent *"men with whom she had been in some way related"* up to her departure, should suddenly no longer be read as statements about actual circumstances in the complainant's life and relationships, but must now be suddenly reinterpreted as a series of delusions. And then, still in the prolonged moment of this surprise, the addressees of the expert opinion read the comment confirming the re-sorting that is currently taking place in them: *"All this puts the accusations of Ms. S. in the light of paranoid experience".* The process of rearranging and reorganising the view of the person of the appellant, which is currently taking place in them, is ended by this brief reference, in a flash and with a sealed and fixed result.

At first sight, this brief *"all this"* remark only refers to the two statements - which are difficult for Dr. Q.-S. to believe, namely the complainant's children and the lawyer of XY, who is charged as an accomplice - if it were not for the generalisation *"all* this", which is often used in hypnotherapeutic language. This generalization, which is hypnotically all the more effective in its unclear reference, immediately follows (questionably) meaningfully on from the generalization "*all* men" that was used shortly before and suggests to the somewhat duped consciousness of the expert opinion reader, which is looking for orientation, that *"all this"* refers to *all* statements of the complainant about the violent and abusive relationships in her life: The picture, which is jumbled up in the moment of surprise, recomposes itself in a flash and magically *"moves"* itself, seemingly quite by itself, *"into the light"* of an obviously *"paranoid experience"*.

The conclusion of the expert opinion, which is thus implicitly and covertly conveyed with the help of interwoven generalizations, that the complainant's accusations that she had committed crimes in the context of her relationship with Mr XY were just as unbelievable as *all* her other statements about her many abusive and violent relationships, is not relativized, differentiated, specified, let alone comprehensibly justified at any point in the expert opinion: Dr. Q.-S. did not provide any information as to which of the complainant's many statements concerning the abuses in her life's relationships she considered to be credible and which she did not. The doubt that she had previously sown about *all the* complainant's statements about her many abusive relationships in her life, some of which have lasted for decades, is left unrelieved and uncommented. It thus also remains open against the background of which criteria and which systematic approach she judges the complainant's reports from her different ages to be (essentially implicitly) differently credible.

An explicit and differentiating assessment of the credibility of the statements made by her respondent in the relationship anamnesis is completely lacking - apart from a few fragile statements as to when in the life of the complainant, who survived

several longstanding pimping relationships and a good three decades of physical, emotional and sexual violence, the *"persistent delusion of having been abused"* should have first occurred.

2. predetermined breaking point "age of illness" - hypnotically cleverly hidden

At at least three places in the expert opinion, Dr. Q.-S. implies that with regard to some of the complainant's statements, despite the fact that she clearly expressed doubt about them, their credibility can be assumed - even if she believes that she cannot classify the statements in question in terms of her life history:

- *"On the other hand, her age of onset of the disease (about 32 years), assuming that the allegations against her first husband in 2005 are already delusional symptoms, might be more consistent with paranoid schizophrenia"* (pg. 56)
- *"...on the basis of the exploration, which was marked by the reports of severe traumatizations, but which in their abundance make it seem likely that they are of delusional origin, ..."* (page 59)
- The complainant had *"said of herself that she had ultimately given in to the respective* (context: sexual) *acts of assault"* (p. 64)

However, she does not make these "concessions" in a way that corrects the undifferentiated nature of her "diagnosis", but rather in a special hypnotic communication, by which the doubt already induced in the expert opinion addressee as to the credibility of *all the* complainant's statements is further reinforced.

3. the "illusion of alternatives

Dr. Q.-S. uses *"On the other hand, if one assumes that the accusations against her first husband in 2005 are already to be seen as delusional symptoms, her age of illness (about 32 years) could be more in line with paranoid schizophrenia"* (page 56), a hypnotic communication figure for the consciousness-integrated transmission of concepts of reality, which is called "illusion of alternatives". With it she anchors and solidifies her delusional idea in the minds of the expert opinion readers: Whatever alternative diagnosis an expert opinion addressee considers to be more probable or prefers an attribution expressing his own sensitivities, a *"persistently delusional disorder"* or a *"paranoid schizophrenia",* as soon as he even starts to think about it, he has long since accepted the view of reality indirectly conveyed to him with the help of this "alternative", namely that the statements of the complainant were of delusional origin and thus implausible.

4. elegant "one-word hypnosis"

The hypnotic-suggestive effect of this particular communication is further enhanced by the one-word speech pattern of a suggestion by pre-supposition: The pre-supposition (= implication) contained in the word "*age of illness*" has the effect that the addressee of the expert opinion, as soon as he begins to seriously consider the question of the age at which the alleged delusion might have first appeared, will have to give up his "factuality" as a consequence of a corresponding hypostasy - and thus also the view of reality that "then yes, indeed" all the complainant's accusations against Mr XY, Mr SF and Professor GB stem from this delusion and are therefore all

implausible. The last doubt about the correctness of the delusional diagnosis is certainly dispelled by many expert opinion readers by this powerful one-word hypnosis.

The fact that Dr. Q.-S. admits that there are also credible statements by the complainant about her experiences of abuse and violence is hardly perceptible behind this "combined" application of the language patterns "illusion of alternatives" and "one-word pre-supposition". This has validated and consolidated in the mind of the readers the "delusion" idea, which had previously only been communicated implicitly and thus in depth.

5. artfully hypnotic-suggestive: interlaced in layers

In her diagnostic argumentation, Dr. Q.-S. has virtuously combined the logical circular reasoning described above with another logical figure, syllogism, which is actually easy to recognize. Combined with the forms of hypnotic-linguistic communication described above, the combination of these two figures of logical deduction is very effective for a consciousness-encompassing transmission of ideas and content.

For example, a hypnotherapist who wants to help his client to come to a perception of reality that she can enrich the life of a relationship partner X, perhaps in order to avoid objections against this perception, would not say directly *"You enrich the life of X"*, but would indirectly convey this message past the possibly critical consciousness by wrapping it in presuppositions and implicates and z.B. says, *"People enrich the lives of other people whom they really meet"* and then, perhaps with a time lag, *"In your relationship with X there were always moments of deep, real encounter".*

Similarly, Dr. Q.-S. does not convey the central statement of her expert opinion, *"The allegations of Mrs. ...* [the complainant] *against XY that he had abused her are not credible"*, at any point directly and explicitly, but only indirectly and implicitly, with the help of a syllogism that is well concealed in the language of hypnosis. For the awareness of probably most of the addressees of the expert opinion, which, after reading 52 pages of credibly quoted statements about experiences of violence and abuse in the life of the complainant, stumbled over the "delusional idea" that was suddenly thrown at him, is not immediately apparent, this most important expert opinion statement for the StA/Complainant proceedings is indirectly - and thus particularly effectively - conveyed with the help of two syllogistic statements (= premises) garnished with hypnotic language: *"Woman...* [the complainant] *suffers from the delusional system of being sexually abused by all the men with whom she has had any kind of relationship in her life"* and *"Mr. XY is one of the men with whom she has had a relationship (i.e. has been in a relationship).*

In a second level, this logical figure is found once again, potentiating the effect of the first: *"It is striking that these delusional convictions seem to come to a head when the respective men turn away from it, whereby an exacerbation seems to have occurred after the separation from Mr. M.".* (page 61).

This assertion made out of thin air (none of her pimps and in some cases long-standing relationship partners have turned away from her, but she has turned away

from them with her withdrawal from prostitution) cannot be linked to any statement made by the complainant in the exploration interview. But: As an extension of the existing syllogism associated with pre-supposition formulations, this assumption of an XY turning away from the complainant, which is taken from wherever it is taken, is highly effective: As long as the readers of the expert opinion perhaps still think about whether this turning away is not a too bourgeois-romantic idea of the psychiatrist in view of the background of the complainant's life, they have long since accepted the conclusion - after all, they do not know that the first two statements serving as pre-suppositions of the first premise are untrue:

- XY has turned away from the complainant (which is just not true; see below). This statement in turn predetermines
- (a) Indeed, the complainant's relationship with XY was so intense that his turning away from her led to an exacerbation of her alleged delusional illness.
- (b) The complainant was in a relationship with Mr XY.

Premise #1: She accuses all the men she has been in relationship with of having abused her delusionally, that is, incredibly.

Premise #2: XY belongs to the group of men whom the complainant unbelievably accuses of having abused her.

Conclusion: The complainant's allegations against XY are not credible.

Thus, the expert's "out of the hat" and then *apparently* absurdly incompetently founded "delusional diagnosis" turns out to be a hypnotically elegant constructed Trojan horse on closer inspection: While the duped consciousness of the addressee of the expert opinion is still busy trying to process the truly astonishing realization that a lifelong abuse by stepfather, step-uncle, husbands and other pimps, as well as by innumerable paedophiles and other suitors with real experience of abuse, often associated with the most terrible sexual violence, can surprisingly lead to the delusional belief that they have been abused, the conclusion "The complainant's accusations against Mr. XY are implausible" automatically takes place on an unconscious level: the intended, only implicit, but all the more effectively conveyed expert opinion statement.

Thus, even before the addressees of the expert opinion were able to read the concluding statements of Dr. Q.-See "Incidental offences" and "Incited offences", as in *"All suspected incidents of incitement had a temporal connection to the presence of psychotic symptoms in the sense of a psychosis". of madness..."* and *"In the synopsis ... there are clear indications of a psychotic misrepresentation of reality at the alleged times of the crime" (p. 62)*, they have long since accepted the quasi-hypnotically induced conclusion that the complainant's accusations against XY were an expression of her madness and thus unbelievable.

D. Methodically and logically sloppy

Dr Q.-S. does not provide a serious and diagnostically relevant assessment of the continuity or consistency of the complainant's statements concerning her

relationships and her experiences of abuse with regard to her different ages, nor does she make explicit or conclusive statements about the aetiology of her subject's alleged delusional illness. As a result, the expert opinion does not arrive at a differentiating assessment of the delusional or credible nature of the complainant's statements regarding the different periods of her childhood and adult life.

1. the main thing is delusion - from when on it doesn't matter. Missratene etiology

Implicitly, Dr. Q.-S. in her explanations (e.g. in *"if one assumes that the accusations ... from the year 2005 ... are to be regarded as delusional symptoms"*; page 56), she assumes the existence of a before-and-after time of the alleged illness, i.e. she assumes that the alleged delusion occurred in phases, leaving open whether there was only one or several changes from "(not yet) delusional" to "(again) delusional". It follows from this that Dr. Q.-S. assumes that there are credible statements by the complainant about experiences of violence and abuse in distinguishable biographical phases and that there are one or more turning points in her life up to which her statements must in each case be regarded as credible and from which they must then (again) be regarded as delusional. With regard to this distinction, Dr. Q.-S. does not make clear whether she assumes a discontinuity of the patterns of violence and abuse actually lived in the respective relationship system of the complainant or a discontinuity of the credibility of her statements regarding her experiences of violence and abuse.

There is no mention at all of the discontinuity that actually exists in the complainant's relationship life, which was connected with her departure from the pedocriminal offender system of her family and close environment in 2011: Dr. Q.-S. did not explore this in her "relationship history", nor did she explore her six-year relationship history after she left. This is a major oversight, since the "incidental offences", in relation to which she was supposed to make statements about her respondent's criminal liability, fall into the years 2012 to the present, i.e. lie in the period of time that she actually had to assess.

However, Dr. Q.-S. makes no attempt to make a diagnosis-relevant distinction as to which of the statements concerning the complainant's different ages are *still credible with* regard to her innumerable abusive and violent relationships and which are *already delusional.* The statements of your respondent regarding the phases "1st to 32nd", "32nd to 38th" and "38th year of life to date" are not related to each other or contrasted under the different hypotheses true/true/true, false/false/false, true/false/false, etc. Against the background of the doubt that she had induced in the expert opinion reader with great quasi-hypnotic vehemence, as described above, as to the credibility of *all the* complainant's statements, such a distinction would ultimately have been diagnostically indispensable, while at the same time assuming the credibility of some of these statements. Finally, this doubt had led to a blurred and ultimately not at all drawn a line between presumably unbelievable and "admittedly" credible statements of the test person.

With regard to the delusional nature assumed in most of the complainant's statements, no *inter-comparisons* were made between the various relationships of the complainant with her respective partners, which had begun at different stages of her life, nor were any *intra-comparisons made* between the episodes she presumed

to be delusional and the delusion-free episodes she assumed to have occurred within individual relationships she had had with her respective partners, some of which had lasted decades.

- **Inter-comparison:** Are only the statements XY concerning delusion assigned to her 36th to 38th years of age, or already the statements, e.g. concerning AL, assigned to her 34th to 36th years of age, of her DVNLP practitioner trainer? Are the statements concerning her 34th to 38th years of age and her 2nd husband SF still credible or even delusional? And what about her statements concerning her 28th to 38th years of age and the psychology professor GB? And are the complainant's statements concerning her childhood also to be regarded as having a delusional origin or are they valid reports of sexual violence and abuse suffered? In which of all these relationships did real sexual abuse and violently commercialized sexual exploitation take place? Not in one? In all of them? And why is there no comparison of their relationship situation before and after they left at the age of 38?
- **Intra-comparison:** At what point are the statements concerning her step cousin and first husband, which go back to her childhood, delusional? Up to what age are they still credible? How does Dr. Q.-S. arrive at the hypothesis of a "disease age" of 32 years in 2005? Why at the age of 32 and not in one of the years between her 7th and her departure at the age of 38, when she was in a close and sexual relationship with him, as step cousin and 1st husband, all the time? Against the background of the delusional hypothesis, it is precisely this relationship that deserves special longitudinal diagnostic considerations, since it was one of her longest and most formative abuse and violent relationships, alongside that with her mother (aged 1-34), her stepfather (aged 5-38) and his brother, the adoptive father of her step-cousin husband (aged 6-38). And when, in Dr. Q.-S.'s opinion, did the delusional illness she hypostasized begin in the complainant's life? Before she was 9 years old, when she was "only" penetratingly abused by her stepfather, his brother and many paedophile clients? Or after her 9th birthday, when the deliberate "breaking in" by her step-cousin and later husband was added to the daily commercialized sexual abuse?

The diagnosis of "persistent delusional disorder" does not in any way take into account the findings in the relationship anamnesis that many abuse, violence and prostitution relationships were forced on her as a child by her mother who abused her and prostituted her in pedophile groups - in cooperation with her stepfather, step-uncle and his adopted son who also abused her, her eleven years older step-cousin and later first pimp husband.

Surprisingly, Dr. Q.-S. in her argumentation does not establish a diagnostic or etiological connection with the paedophile abuse, pimping and violence relationships listed in the relationship anamnesis in the closer family environment of her childhood, nor with her relationship experiences with non-family abusers such as teachers, pastors, employees of the church and authorities, as well as countless paedophile and other clients.

The same is true for the abuse and violent relationships of her adult life mentioned in the relationship history, e.g. for the violent relationship with her second pimp-husband and for the "professional" abuse relationships with her examining psychology professor GB, who then worked as a supervisor of her youth welfare service and also as her pimp, as well as with the DVNLP trainer AL who abused her and forced her to buy, and finally with the DVNLP course assistant XY.

In her statements (1.) *"...on the basis of the exploration, which was marked by the reports of severe traumatisation, but which in their abundance make it seem probable that they are of delusional origin, ..."* (p. 59) and (2.) that the complainant had *"said of herself that she had ultimately given in to the respective* [sexual] *acts of assault"* (p. 64), Dr. Q.-S. did not discuss in her expert opinion, due to negligence, the doubts expressed by the complainant as to the consistency of the madness she had presumed. With the remark (1.) she implies a certain probability that the statements of the complainant are *not of* delusional origin, but only *appear to* her as delusional because of their abundance, and with the remark (2.) she points out that there were real sexual assaults in the life of the complainant, i.e. that there are corresponding statements of the complainant which are not of delusional origin.

In her expert opinion, Dr. Q.-S. thus consistently avoids differentiating in her expert opinion between the statements that she classifies as "really happening" and thus credible with regard to "acts of assault" (as examples of concretely experienced, real experiences of abuse and violence)[5] and those statements of the complainant which, in her psychiatric opinion, are based on a *"delusional experience (of having experienced sexual violence)"* (p. 62).

Another negligence is the relationship anamnestic omission of the last six years. Together with her, Dr. Q.-S. avoids referring to the complainant's psychotherapeutic work on her past. Also, the facts of the writing treatment of her lifelong history of violent and prostitutive relationships, which are well known to Dr. Q.-S., are not mentioned in the expert opinion. Dr. Q.-S. apparently has no interest in including the more than two thousand pages of biographical notes - as if they were of no relevance to the expert opinion commissioned by her (wrongly with a credibility instead of a guiltiness opinion). Had she included these extensive notes, she would probably not have succeeded in leaving the textbook-like resilience of the complainant unmentioned in the expert opinion and out of her diagnostic considerations.

2. misappropriation or misrepresentation of existing preliminary expert opinions

In her expert opinion (pp. 14-21), Dr. Q.-S. quotes passages from a neurological expert opinion prepared by Dr. S. and Dr. F. on 28 October 2014 in connection with a

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[5] This conceding reference to the actual and real experiences of violence in the complainant's life is taken up again below in connection with the complete exclusion of the subject of "prostitution and abuse". - In the context of a lifelong, commercialised sexual abuse and sexualised violence, the term "act of assault" is of course a somewhat trivialised and thus perpetrator-oriented euphemism.

family court dispute, which the complainant had made available to her. An expert opinion by Drs. G.-M. and T., which was also made available to her, was not considered by Dr. Q.-S. (see below under "Conclusion").

Since she obviously wishes to arrive at a different diagnosis than her colleagues and also as the complainant's neurologist and family doctor, Dr. Q.-S. negligently distorted and falsified essential statements or omitted them completely and as a whole in her expert opinion.

a) passages reproduced distorted

In Dr. Q.-S.'s expert opinion (page 18), it is stated that: *"The part of the report dealing with the findings shows that Ms...* [the complainant] *appeared for exploration together with 'Professor Stahl'* [however I had also come to this honour at the time...]. *On the one hand, she had appeared to be as insecure as a helpless child in her response, she had appeared to be competent in technical issues and had spoken about herself as if she were a stranger; she had experienced herself as "very fractional".*

In the original, this passage (page 12/13) reads differently: *"The 40-year-old woman to be examined arrives at the agreed appointment accompanied by her friend, Prof. Stahl. She is medium in size, slim, wears medium-length hair. Her even face, which is dominated by large brown eyes, is unflattering and she wears simple clothes. She is sociable and willing to answer the questions asked, but her choice of words on the subject of abuse is very uncertain and there is always the impression that she might burst into tears. When her professional experience is discussed, she appears much more confident and is sometimes able to talk about herself as if she were a stranger. The discrepancy between the behaviour of a helpless child and a clearly recognisable competence leads to the question whether Ms. S. felt that she was a multiple personality and whether there were indications that this was the case. She denies this, however, but experiences herself as very fractional and acting in different spaces. Ms. S. is able to establish a superficial relationship with her counterpart in her two personality traits that can be seen here: helpless child and competent expert".*

1). In the quotation by Dr. Q.-S., *"...appeared together with 'Professor Stahl' for exploration...",* immediately followed by *"On the one hand, she appeared to be as uncertain as a helpless child in her response behaviour, ...", giving* the impression of a fatherly and encroaching interference - completely in line with her slide á deux and father transmission hypothesis (see below). in the original wording, *"The 40-year-old woman to be examined will arrive at the agreed date accompanied by her acquaintance, Prof. Stahl"*, this is not the case.

2). Dr. Q.-S. gave the impression that *she "appeared competent in technical matters and spoke about herself as if she were a stranger", in* contrast to the original formulation, *"When her technical experience is discussed, she appears to be much more confident and is also partially able to speak about herself as if she were a stranger", as* Dr. Q.-S. had said, as if the complainant had been permanently dissociated in the sense of a personality disorder. Drs. F. and S., however, spoke of a competence to be able to dissociate themselves in connection with technical issues.

3). This distortion of the expert opinion statement by Drs. F. and S. corresponds to the passages consistently omitted by Dr. Q.-S. in which the complainant's professional competence is mentioned and appreciated in more detail, e.g. *"Ms. ...* [the complainant] *is a social pedagogue and has additional training in NLP (Neuro-Linguistic Programming). She was involved in coaching and scientific work. She has published articles in the 'Lexikon der systemischen Therapie'. She had already had a doctoral thesis on 'resilience and social competence disorders'"* and *"In 2011 she started her dissertation and was intensively confronted with the topic of 'sexual violence'. After that, she was no longer able to work in this field because of her own experience.* (Page 3 and 4) The last sentence is an indication of the complainant's ability to reflect and of her courage to face her past - both indications are withheld by Dr. Q.-S.

4). Dr. Q.-S.'s statement to Drs. F. and S., *"In her dissertation on 'sexual violence' she had to realize that she herself was still a victim of sexual violence to this day"* has no connection with the statement she negligently quoted in a shortened form, that she *"talked about herself as if she were a stranger"* (see point 2 above). The point at issue here was precisely that a continuous dissociation (which enabled her to continue to function, but which in the long run caused damage) was no longer tenable for the complainant and that she had begun to come to terms with her traumatisation history in a responsible manner.

Here, Dr. Q.-S. should have discussed the question relevant to her expert opinion request, namely whether the complainant's acquired ability to dissociate (automatically!), which is indispensable in a technical and professional context, was no longer sufficient, in view of her own experiences of violence, which she had had continuously until the end of 2011, to be able to continue to work professionally in an environment of extreme violence. With such a discussion, however, Dr. Q.-S. would have jeopardized her diagnosis that all of the complainant's reports about her experiences of violence in the period from 2005 to the end of 2011 were of delusional origin - because if there are no real traumatic experiences but only delusional ones, there is no need to dissociate from them. Dr. Q.-S. probably did not want to go so far as to construct the psychiatric diagnosis (attention, joke:) of a madness which is based on the obsessive conviction that she has to dissociate herself in a psychotic recognition of reality from traumas experienced as real. However, this is exactly what it would have had to do if it had decided not to suppress the text passages of the Drs. F. and S. expert opinion dealing (meaningfully) with the topic of dissociation and "damaged child", but to take note of them and include them in its argumentation.

5). The reduced "quotation" of Dr. Q.-S., *"she herself had experienced herself as 'very fractional'"* is, against the background of the original text, *"The discrepancy between the behaviour of a helpless child and a clearly recognisable competence leads to the question whether Ms. S. felt herself to be a multiple personality and whether there were any indications of this. She denies this, however, but experiences herself as very fractional and "acting in different rooms"* negligently misleading. The omitted phrase *"and acting in different rooms"* corresponds to the omission of the reference in the expert opinion by Drs. F. and S. to the fact that the complainant *"had said and written everything down and had drawn consequences in the form of reports"* (page

13) and also to the fact that *"Ms. ...* [the complainant] *has written two thick files about her experiences which she is bringing with her to the investigation but which cannot be used as documents not provided by the court for the preparation of the expert opinion. However, partial extracts of their statements are included in the file, so that the overall picture of the serious sexual abuse claimed by the person concerned becomes clear".* (page 20)

Dr. Q.-S. has omitted this passage, which is important for a discussion of her diagnosis. Otherwise, it would have to take into account the fact that the complainant, which she also knows from the exploratory interview, had dealt in detail in a large number of biographical notes with the fractionation/fragmentation of her life and experience in her childhood and also in her adult life into public and secret contexts - with the aim and, God willing, also the result of making this fragmentation, which at that time could not be conveyed linguistically and therefore could not be integrated, integrable for herself as an adult by writing it down: She could not talk about the abuse as a child in paedophile groups with anyone in primary school who would have understood her suffering, nor about the need to prostitute herself in school and university contexts. The prostitution work she was forced to do was not communicable in her other professional contexts, nor was her experience with sexualised violence against and abuse of children and young people in special youth welfare offices and youth welfare organisations. As a result, the complainant's experiences and her experiences as a child and also as an adult were naturally fractional and fragmented, and of course she often experienced herself as fractional as a result.

6). Dr. Q.-S. also does not take up this passage of Drs. F. and S.: "*The examined person denies having amnesia, but she experiences herself in different personality parts which are clearly separated from each other: the competent career woman and the unhappy child. These personality traits also have different languages."* (page 16) If she had taken up this passage in her expert opinion, she would have had to discuss not only the passages on dissociation but also the term "fractional" and somehow manage to put it into a comprehensible context with her diagnosis of "no trauma and retraumatization, but persistent delusion". And because this would have caused insurmountable difficulties, she probably also misappropriated the remark, *"With regard to the psychological cross-sectional findings, two personality components become clearly visible: the damaged child and the competent social pedagogue, when she reports on her field of work"* (page 27). The diagnostic differentiation of "personality parts" could not have been communicated with Dr. Q.-S.'s delusional diagnosis: She would then have had to discuss how long the *"damaged child"* had to go through repeated traumatic and retraumatising experiences of violence until adulthood - and then re-staged these as adults, for example with violent partners, pimping professors, DVNLP and other trainers who abused power, and with violent, no longer controllable clients.

7). Dr. Q.-S. undercuts the sentence immediately following Drs. F. and S. with the abbreviated quotation (page 18), *"Sex addiction" is for her synonymous with suicidal tendencies"*, *"At the moment it is somewhat better, as she has said and written everything down and has drawn consequences in the form of reports"* (page 13). The comments of Drs. F. and S., *"The indiscriminate sexual contacts would have served to*

ward off the flashbacks. For her, sexuality was an act of self-harm and self-punishment" (page 6) and *"In this phase of her life, she experienced sexuality as a postponed suicide. According to her own statement, she repeatedly got herself into situations that led to abuse, for example at school."* (p. 19) are not mentioned in Dr. Q.-S.'s expert opinion - and thus the complainant's ability to reflect and to deal with the case, which becomes clear in these passages, is not mentioned.

8). Dr. Q.-S. omits this remark by Drs. F. and S.: *"She suffers from panic attacks, cuts herself unintentionally and keeps seeing images from her past. Especially when tidying and dressing, he says, pictures come from childhood. She used to have to dress up as a kid for the johns hired by her parents."* (page 6) Had Dr. Q.-S. quoted this remark, she would have had to discuss the important reference made by Drs. F. and S. (page 29) to the *"complex post-traumatic stress disorder as a result of prolonged traumatization (according to Judith Herman)"* in her expert opinion - and thus would have put her delusional diagnosis at high risk.

9). Dr. Q.-S. pretends to quote from the expert opinion of Drs. F. and S.: *"Since the year 2012 she has been in psychotherapy, she is incapable of work or unemployed and has applied for an EU pension. It also filed for insolvency in 2012. She's not on any medication. She has no addiction problems. In the therapy reports, it had been noticed that the sexual abuse had not been dealt with, only a traumatic mother relationship had been suspected. According to the reports, Mrs. S. had sexual difficulties and a desire for all-encompassing control, she had felt appropriated by her husband (who, it is not stated, is not named) and had not received any worried interest from her mother.* (page 16)

The sentence *"It was noticed in the therapy reports ...", which* appears here without any clear reference, could be read as if it referred to the statement *"She has been in psychotherapy since 2012"*, thus either creating the misleading impression that there had been reports from the current psychotherapy and that the complainant had left out the issue of abuse in her psychotherapy, or as if this paragraph was meant as a warning to treat the complainant's reports of having been abused with caution in principle. If the sentence *"It was noticed in the therapy reports, ..."* refers to anything in the expert opinion of Drs. F. and S. at all, then it refers to *"At the age of 12 she had developed bulimia and was treated in the Bad Oeynhausen clinic at the age of 22. She did not talk about childhood abuse at the time.* (Page 6)

b) Misappropriation of passages

1). Drs. F. and S. note (page 14): *"It is astonishing that woman ...* [the complainant] *remains in her childlike position when she encounters a male examiner and that no sexualised transmission takes place. During the physical examination, she starts to cry and is very anxious, so that the examination has to be stopped. In the transference the helplessness and the abused child become visible, feelings of anger and hatred are not transported. A protective position is triggered on the opposite side."* Dr. Q.-S. leaves that part out. She would probably have encountered too many difficulties in drawing the line between the credibility of the complainant's statements about the sexual abuse she suffered in her childhood and her experiences of sexual violence as an adult. Which should she classify as credible and which as delusional? If she had taken up this passage of the Drs. F. and S. expert

opinion, she would have had to come up with an etiological construction in order to explain in what way and under what developmental conditions a delusion is supposed to have formed in her test person with such intensity that she has been abused, that she cries during a harmless physical examination and has such strong flashbacks that this must be broken off.

2). The remark (Drs. F. and S., page 29): *"Her two children, 15 and 17 years* [in 2014]*, live with their biological father according to the decision of the Youth Welfare Office. She herself lives with her friend and protector, Prof. Stahl, and feels safe and secure there,"* Dr. Q.-S. says, noting that she would otherwise have to comment on the "2011 to date" recess in her relationship history. Given that she assumes that the complainant's relationship with XY was not violent and that the complainant cries out for XY according to her "exacerbations" hypothesis, she naturally had to overlook the statement *"feels safe there"* - even though she was probably very tempted, to use the terms *"protector"* and *"salvaged"* as an indication of the validity of her "Folie á deux" and father transfer hypothesis, which in the meantime has been deleted from the first version of the expert opinion following an intervention by Thies Stahl's lawyer at the Altona Local Court.

3). Dr. Q.-S. preferred to omit the six criteria listed by Drs. F. and S. for the diagnosis PTSD completely. Discussing them would have been necessary to challenge the diagnosis of PTSD, previously established by five[6] colleagues, as an indispensable minimum requirement, as well as to include the more recent literature on the sub-criteria recently introduced for these criteria.

4). Dr. Q.-S. also completely omitted this reference by Drs. F. and S., which was essential for the expert opinion question: *"Judith Herman... (in: Complex PTSD. A syndrome in survivors of prolonged and repeated trauma. J. Traumatic Stress pp. 377-391) describes the complex post-traumatic stress disorder as a consequence of prolonged trauma, the symptoms of which do not easily correspond to the classic diagnostic criteria of post-traumatic stress disorder. It describes a more complex, diffuse disturbance pattern than in simple PTSD with a wealth of symptoms such as increased vulnerability, revictimization and a tendency to autoaggressive behavior. Self-inflicted injuries were particularly evident among victims whose traumatisation began in early childhood. In addition, the author describes characteristic changes in personality, relationship formation and self-perception, ... while the victim of a single acute trauma may say that she is no longer herself after the incident, the victim of chronic trauma may lose the sense of having a self.* (page 29) Dr. Q.-S. had to completely eliminate this differential diagnostic possibility. With their mere mention, let alone serious involvement, Dr. Q.-S. would have ruined her delusional diagnosis.

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[6] She knew "officially" only about three, the Drs. F. and S. and Dr. R., the complainant's neurologist who was on sick leave because of PTSD. The "German Pension Insurance Report" of Drs. G.-M. and T. had also been available, but had misappropriated it (see below under "Conclusion".

3. context-blind accommodation

(a) DVNLP and the 'Folie á deux' craze

Although Dr. Q.-S. had available my publications on the wrongs and misdemeanours committed against the complainant in the DVNLP, together with the court decisions validating his statements, she did not include this relevant context of the "incidental offence", i.e. the complainant's DVNLP abuse complaint, which was described as defamation, in her diagnostic considerations. Instead, she succumbs to the temptation to make a remote diagnosis via a certain Thies Stahl, whom she does not know, according to which *"Ms. S.'s delusional convictions have led to an induced delusional experience in Mr. Stahl, which is ultimately responsible for his being excluded from his formerly renowned position within the society of the DVNLP.* (page 61) Following an intervention by my lawyer, Dr. Q.-S. has in the meantime submitted a version of the expert opinion to the Altona Local Court, from which she has removed these passages which defame me and violate my personal rights.

2018-05-26: An action for injunction (see footnote #3) against Dr. Q.-S. could not do anything against her legally protected "privilege to express oneself" as a psychiatric expert - despite the gross and actually criminal misconduct of my expert opinion (such as the lack of a court order for an expert opinion concerning my person, violation of medical secrecy concerning a statement about my person - wrong! diagnosis, diagnosis without examination, i.e. remote diagnosis, ignoring an unfinished supervision complaint in the LKA and StA authorities regarding proven manipulation of the files concerning the complainant and myself, negligent handling of a file situation which is proven to be incomplete and manipulated. The judge recommended that I withdraw the complaint. She agreed to record in the minutes that it was a "remote diagnosis" that Dr. Q.-R. had made in the first versions of her report on the complainant's criminal responsibility - by the way - concerning me and that she had given my full name. The judge was also willing to include in the minutes that I explicitly point out that remote diagnosis is dangerous, as can be seen in the case of Gustl Mollath, who was locked up in a psychiatric hospital for seven years after such a diagnosis.

(b) Clear indication of the existence of a courtesy note

Dr. Q.-The fact that she does not give any source through which she has come to the defamatory statements about my *"special position in the 'scene' of the NLP Society, in which he seems to have been regarded as a kind of grandmaster"* and about my *"practically therapeutic"* activity and my *"relation ... to the actual work with patients"*, must be seen as a clear indication of the complacent character of her expert opinion. According to their nature and content, these statements can immediately be assigned to various of my conflict partners with whom Ms. Q.-S. obviously had contact.

This removes two essential pillars of the shaky logic of her report:

(1.) The second one-word hypnosis of this expert opinion, the pre-supposition formulation "Folie á deux-Wahn" (foil á deux delusion), the effect of which consists in the fact that the reader of the expert opinion, in the moment when he is surprised or astonished and thinks about whether something like an induced delusional

experience could have actually occurred in Thies Stahl[7], whom he knows from congress lectures or seminars, has already accepted as a fact the assumed delusion in his partner, the complainant.

(2.) Dr. Q.-S. can now, after losing her "Folie á deux" hypothesis, no longer justify why she completely ignores and suppresses the DVNLP context of the "incidental offence" with which she is familiar (it was not a matter of any "slander", but of an official, but suppressed internal association complaint in the DVNLP).

Unfortunately, she has lost an argument that supports the logical statics of her expert opinion, which she would probably have presented in court in something like this: If the complainant and her protector have been excluded from the DVNLP, then this must probably be interpreted as an indication that the complainant's accusations against XY are not credible. Finally, lawyers and psychologists are in the DVNLP association leadership, who certainly ensured that the exclusion of the complainant and her protector was carried out in a legally sound and psychologically reasonable manner.[8]

4. Assessor assigns facts from SpD and LKA to the "delusion account"

In these two cases, Dr. Q.-S. had not noticed or commented on the incompleteness of the "file situation" and had hastily interpreted missing evidence as an expression of madness - although the complainant had ensured that Dr. Q.-S. had had access to the *"dossier on victim-offender conversion".*[9]

a) Perpetrator actually present in the SpD - not imagined

In the expert opinion, the complainant is quoted as saying: *"Furthermore, the public prosecutor's office had informed her that the Social Psychiatric Service should never have made such a statement about her, since nobody from the Social Psychiatric Service (SPD) had spoken to her"* and *"The note from the SPD could no longer be found".* (page 36)

It was not mentioned that in the court files the letter from the complainant's lawyer of 27 September 2016 was missing in which he reported on his telephone conversation with Dr. B. from the Social Psychiatric Service Altona: Dr. B. had informed him that his authority should under no circumstances have given the information mentioned in the LKA-KOK B. note of 24 January 2015 to the LKA.

Even if the Social Psychiatric Service had been allowed to do so and the information had been correct, it is more than surprising that Dr. Q.-S. did not explore further and

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[7] The DVNLP has made public statements *to* this effect, for example *to the SPIEGEL*.

[8] Of course, Dr. Q.-S. can claim that she did not know that the DVNLP had pathologized both of them with rather criminal means and had excluded them in violation of the statutes. However, she confirmed in her expert opinion that she had my explanatory texts and also the court judgments validating them.

[9] Link: *"Victim-victim-reversion dossier"*

did not comment on the statement of her test person that nobody from the Social Psychiatric Service had spoken to her, that she had not been negligent - namely, that she had been negligent.

b) Manipulation of a LKA employee actually exists - not imagined

Dr. Q.-S. quoted the complainant as saying that *"the official of the LKA42 who had made the note of the interview had in the meantime been transferred. (page 36)*

Here, the "file" does not contain a written confirmation by the complainant's lawyer that this is exactly the information that he received from the head of the LKA in a telephone conversation at the beginning of December 2016.

5. misappropriation of an accidental quote from the police psychologist

In the note of the KK'in W., KED 21, dated 10 March 2014 it says: *"A telephone consultation with the local criminal psychologist Dr. R. on 4 February 2014, at 3:28 p.m., showed that the accused Ms. XYZ ... She knows the* complainant... [the complainant] *was also reported to the Social Psychiatric Service. According to Dr. R., Mrs...* [the complainant] is *mentally ill and suffering from delusions. According to the current state of knowledge, a legally valid psychiatric report is not yet available.*

Apart from the fact that Dr. R. did not see the complainant until 21 March 2014 in a five-person conversation at the LKA-just briefly and also only once, the sentence with the following grammatical and semantic mistakes is significant in this note: *"The accused Ms. XYZ was reported to the social psychiatric service by LKA 42, Ms. XYZ was also reported to the social psychiatric service*.

Against the background of the fact that there has been a verifiable illegal manipulation of official communication between the Social Psychiatric Service and the LKA, this confusing sentence is significant: Did the LKA report the complainant to the Social Psychiatric Service or did the Social Psychiatric Service report her to the LKA? And what exactly was reported by whom?

Whatever alternative is meant, in each of the two possible cases this note refers to improper communications. Although Dr. Q.-S. was informed about a problematic SpD/LKA official communication through her test person and also through the texts presented to her, she did not comment on this nebulous sentence.

6. misreporting of the "incidental offence

The expert opinion conveys an erroneous assumption due to the incomplete file. Thus, Dr. Q.-S. writes under "Incidental offences": *"In addition to the accusations from the bill of indictment of July 1, 2014, Mrs. ... Even after the charges have been brought and despite the default judgment of 7 July 2014 by the Hamburg Regional Court,* [the complainant] made *further accusations against Mr...* [XY] *published (Bl. 218 ff.), in which she told Mr...* [XY] including *accusing her of sexually abusing her children.* (Page 6)

It is correct that the complainant did not publish any further accusations against Mr. XY after the arraignment on 1 July 2014 and the default judgment of 7 July 2014. She only filed a complaint against Mr. XY within the DVNLP and warned the BGV (Heilpraktikerbehörde) and his employer XXX of the danger of repetition, which,

according to her experience with him, can be assumed with the psychotherapist (HP) and XXX coach XY.

7th assessor embezzles: "Mother indicates children"

The assumption that the complainant's accusation against the lawyer of XY, KF, is not credible is based on the statement of her children that they had never been abused. The fact that Dr. Q.-S. knew from the file and was informed by the complainant that she had also denounced her children as perpetrators and accomplices was not mentioned in the expert opinion and consequently, the psychological significance of this fact was not discussed in the expert opinion. Dr. Q.-S. had been told by the complainant that the children had been trained by the perpetrators, among other things, to use the worst possible violence against the complainant when she was tied up, but she did not mention this in her expert opinion.

The complainant's children are only mentioned in the expert opinion in the context of drastic reports and scenes that are difficult to imagine (oral sex with KF, daughter tied up and raped by KF and XY, photos of sexual acts with them, etc.), which are probably difficult to believe for the readers of the expert opinion who are inexperienced in these matters.) is mentioned - or only in such a way that their children have turned away from their mother and, like the other perpetrators, would find that their mother is "crazy" (pages 7, 8, 24, 34, 36, 38, 48 and 55).

Without the important additional information that the complainant's children were systematically brought up to be perpetrators and accomplices and in some cases trained to do sexualised violence to their mother, the way in which they are mentioned in the expert opinion systematically creates the impression that either "it *cannot be at all possible that the children were victims of sexual violence"* or *"it is understandable that the children do not want to have anything more to do with their mother"*.

8. years of readiness to testify not mentioned

Dr. Q.-S. assumed (as was erroneously done in the LKA, as shown by the letter of 16 February 2016 from the head of the LKA to the lawyer of Thies Stahl; see the "Dossier Täter-Opfer-Vopfer-Rkehr") that the complainant was not willing to testify. On page 44, for example, she writes, *"When asked why she did not appear for police questioning, ...*

With this remark, the expert opinion by implication suggests a point of view as if hearings had been scheduled on which the complainant would then not have appeared. The fact that the complainant had herself interrogated by Ms. C. several times in PK 21 in 2012 and 2013 regarding the acts of violence of her ex-husband SF which she had reported, was something Dr. Q.-R. forgot to mention in her expert opinion.

However, a letter from the complainant's lawyer dated 19 May 2014 to the StA proves that the complainant was very willing to testify, as does his letter of 9 February 2015 to the Altona Regional Court, which states that *"the accused is providing proof of the truth. In this sense, I make a motion to take the accused to court, with the assistance of a psychological expert on the truth and my own*

experiences as described in the indictment. Justification: The indictment states that the accused asserts facts and denounces acts 'without proof of truth'. In fact, however, the accused wants to and can prove the truth. This evidence has also been provided by the careful, detailed and comprehensive submission of written criminal charges to the competent authorities. It is not comprehensible why these, i.e. the LKA and the public prosecutor's office as the competent investigating authorities, do not investigate this. Even if the defendant had declared in the meantime that she did not want to pursue the charges, she declared herself ready to testify several times personally and in writing with the cooperation of the signatory. The clarification of the facts is then to be made up for in the present criminal proceedings for making statements. From a legal point of view, I would like to point out that reports to the competent authorities, in particular charges 2 and 4, can never be a crime of statement of facts. In addition, the defendant will conduct a study with the German Association for Neurolinguistic Programming e.V. (DVNLP) has a dispute about your exclusion and must (be able to) report criminally relevant experiences in order to exercise its rights.

In her expert opinion, Dr. Q.-S. thus did not, in line with the incomplete file, assume that the complainant had been willing to give evidence since 19 May 2014 (see above). In her expert opinion, there is only talk of *"back and forth"* and of the multiple withdrawal of the advertisements (she says on page 6: *"Frau ... On 3 July 2013,* [the complainant] *announced that she had filed a complaint against Mr...* [XY] *(BI. 19), but in a letter to Mr...* [XY]*, Mr...* KF] *in a letter dated 04.07.2013 (BI. 17)"* and *"...on 03.07.2013 she had put down this ad "for personal reasons" (pages not paginated)"*, on page 8: *"after Mrs. ... In her letter of 26 June 2014,* [the complainant] *had decided to withdraw all the complaints that she had filed"*, on page 11: *"She had withdrawn the complaints out of fear of him"*, on page 15: *"She had withdrawn her complaints because of death threats from both of them"* and on page 43: *"Upon request concerning the back and forth of complaints and the withdrawal of advertisements, Mrs...* [the complainant] *stated that she had not had the courage to face the perpetrators, that she was also afraid of what would happen to the children"*), but not that she had repeatedly - but unheard - declared her willingness to testify.

9th survey confirms the existence of time travel

The report states that *"KOK B. had already contacted the social psychiatric service in Altona on 24 January 2014, after Ms...* [the complainant] *had decided in her letter of 26 June 2014 to withdraw all the complaints she had made (BL. 213).* (Page 8)

This naturally incorrect chronological sequence, which was sloppily reported or not checked by Dr. Q.-S., suggests that the note of 24 January 2014 could be regarded as a consequence of the withdrawal of the advertisement of 26 June 2014. The "after" connection in this sentence suggests the perception of reality that the complainant had somehow contributed to her pathologisation in the authorities by her own behaviour.

10. unilateral mention of the accusing 2nd husband

Dr. Q.-S. quotes from the court file: *"Before the beginning of the negotiations, on 8 December 2016, the ex-husband of Mrs. ...* [the complainant]*, Mr SF, telephoned the*

local court. He has a wife... [the complainant] *had already filed several charges of defamation years ago and had wanted to know whether his complaint was now being heard and why he had not been summoned. He had had such problems with Ms S at the time that he had been looked after by the White Ring, Ms ...* [the complainant] *had "raged" in his family and his entire social environment, had lied to various people and had deceived that he was not the only injured party. Against the background of the reference to the public nature of the meeting, Mr SF had stated that he could not attend as a spectator, since there was an order that they could only approach each other at a distance of 50 metres (BI. 320).* (Page 10)

With regard to the complainant's second husband, SF, the file must urgently be completed by the following information, which the complainant has communicated to the evaluator but which does not appear in the expert report.

a) Stay in psychiatric hospital after knife attack

The morning after his knife attack (AZ 6xxxxx/11 Police in B.) on the complainant on 30 November 2011, SF had himself taken by friends to the psychiatric hospital in Bargfeld-Stegen, where he admitted himself as suicidal.

(b) death threats and anonymous letters

The expert also omitted this incident reported to her by her respondent: Mr. SF was waiting on 24 May 2012 in front of Mr. Stahl's apartment door on the 5th floor of Planckstraße 11 on 24 May 2012, despite valid eviction. The complainant was in the apartment. When Mr Stahl came home, there was a loud argument between Mr Stahl and Mr SF in the hallway outside the apartment door. The complainant called the police. It came after Mr. SF had left. The two policemen recorded the incident and then listened on the speakerphone when Mr. SF called. This one said, confused and alternating, that he wanted to be arrested and go to prison (where he had been before in his time as a drug addict), he wanted to go to the psychiatric ward (where he was last in the beginning of December 2011) and he would kill himself, *"but before that I'll come and say a proper goodbye to you"*. (AZ 021/1K/357067/2012). In addition, there were three nasty anonymous letters which the complainant attributed to SF in terms of style.

(b) trafficking in human beings and forced prostitution of children and young people

The complainant has charged SF, together with XY and Prof. GB, whom she has also charged with abuse of his office as a professor of psychology and as a counsellor and supervisor of her youth welfare service and training institute, with human trafficking and forced prostitution of children and young people.

11. change of name

Dr. Q.-S. states a false birth name of the complainant on the report cover sheet: *"Ms ....* [the complainant]*, née XYZ."*

This is not a trivial error, because the complainant made it very clear in the exploration interview how highly significant it was for her to regain her birth name Schumacher - something that could only be achieved by the authorities at great expense. The expert report below, through the context in which the name change is

mentioned, gives the impression that this was an irrelevant to somewhat suspicious step.

12. hallucinations of the psychiatrist as etiological core statements

The expert opinion does not provide any information on an aetiological connection between the complainant's "delusion" of having been abused and her lifelong experiences of abuse, which Dr. Q.-S. did not deny to have experienced in toto as actual and real. The discussion of aetiology consists of only one speculation, which is not substantiated by anything: *"It is striking that these delusional beliefs seem to come to a head when the respective men turn away from it, whereby an exacerbation seems to have occurred after the separation from Mr. XY.".* (page 61) Directly following this, Dr. Q.-S. gives up the attempt to put something meaningful on paper about the etiology with *"To what extent such delusional beliefs have existed before can no longer be determined at this point in time".*

Behind the medical term "exacerbation", which Dr. Q.-S. used in awe, lies the etiological core statement of the expert opinion, which is taken from thin air, according to which the delusion assumed by the complainant occurs particularly strongly *"when the respective men turn away from her"*. Dr. Q.-S. leaves open which of her husbands mentioned in the relationship anamnesis, who forced the complainant to make purchases in cooperation with the respective new pimps until she left, are meant here. She only speaks of XY, whose turning away from her is said to have led not only to an intensification of her delusional convictions, as Dr. Q.-S. unfoundedly generalizes to (all) *"respective men"* of the complainant, but even to an "exacerbation". This term, which is used here rather inappropriately, is generally used in medicine for the exacerbation of illnesses, including schizophrenia.

Probably in order not to jeopardise her daring exacerbation hypothesis, Dr. Q.-S. did not, however, reflect this information, which she had received from the complainant in the course of the exploration talks, in her expert opinion: The complainant has turned away from both her husbands and from Mr XY - firstly because they have left the prostitution they forced on her and secondly because she wanted to be with me. XY and the second husband of the complainant are demonstrably decompensated after the complainant separated from them: Both had to seek psychotherapeutic or psychiatric treatment after *the complainant* had *separated from them.* (Attention, joke again: Whether the treating psychiatrists and the treating psychotherapist also used the impressive term exacerbation in their cases is not known).

1. Following his knife attack on 29 November 2011 against the complainant on 30 November 2011, the second husband had himself voluntarily admitted to a specialist clinic for psychiatry, psychotherapy and psychosomatic medicine on the same day that the complainant moved in with Mr Stahl. This means that his psychological situation-a psychiatrist might say: illness-has worsened after the complainant's separation from him, i.e. he is *"exacerbated"*.
2. XY, as his psychotherapist Cora Besser-Siegmund informed me on 27 March 2014, *"was treated by me psychotherapeutically for quite serious depressive decompensation as part of my health insurance approval in 2011 - when he and* ... [the complainant] *had a relationship. This had been triggered by the*

aforementioned relationship. He resumed therapy this quarter." About this treatment, the lawyer of XY in the proceedings XY./.Stahl explains, *"The 'quite serious depressive decompensation' that is being dealt with ultimately means the processing of the failed approx. 6-month relationship* [of Mr. XY as course instructor with the student Mrs. complainant]. Apart from the fact that XY, as her psychotherapist treating her in court, only admitted to a six-month power-asymmetrical abuse relationship with the complainant, this means that the complainant's turning away from him led to an *"exacerbation" of* his depressive symptoms in XY.

This means that the "exacerbation" of a delusional disease which Dr. Q.-S. fantasized about and which, in her opinion, led to the delusional and unbelievable DVNLP abuse complaint against XY, must have occurred two years after the time when the complainant separated from Mr. XY in order to enter into a relationship with Mr. Stahl. And this after they were course attendants together with XY and two others in the one-year DVNLP master group 2012/2013 with Mr. Stahl, in which Mr. Stahl and they clearly appeared as a living together couple.

In addition to the questions raised by this distortion of reality in her relationship anamnesis, which was probably conducted too carelessly, Dr. Q.-S. will have to explain on the basis of which considerations she came to the conclusion that the complainant's lifelong experiences of violence, abuse and prostitution should no longer have been an integral part of her life, precisely in the context of her relationship with XY. She may realise in retrospect that there was a remarkable negative[10] hallucination in the context of her positive[11] hallucination[12], by which she probably tells her readers more about her own relationship experiences than about those of the complainant: Dr. Q.-S. made a graphic representation of the complainant's case, which was prepared for her by the complainant with my technical assistance[13]

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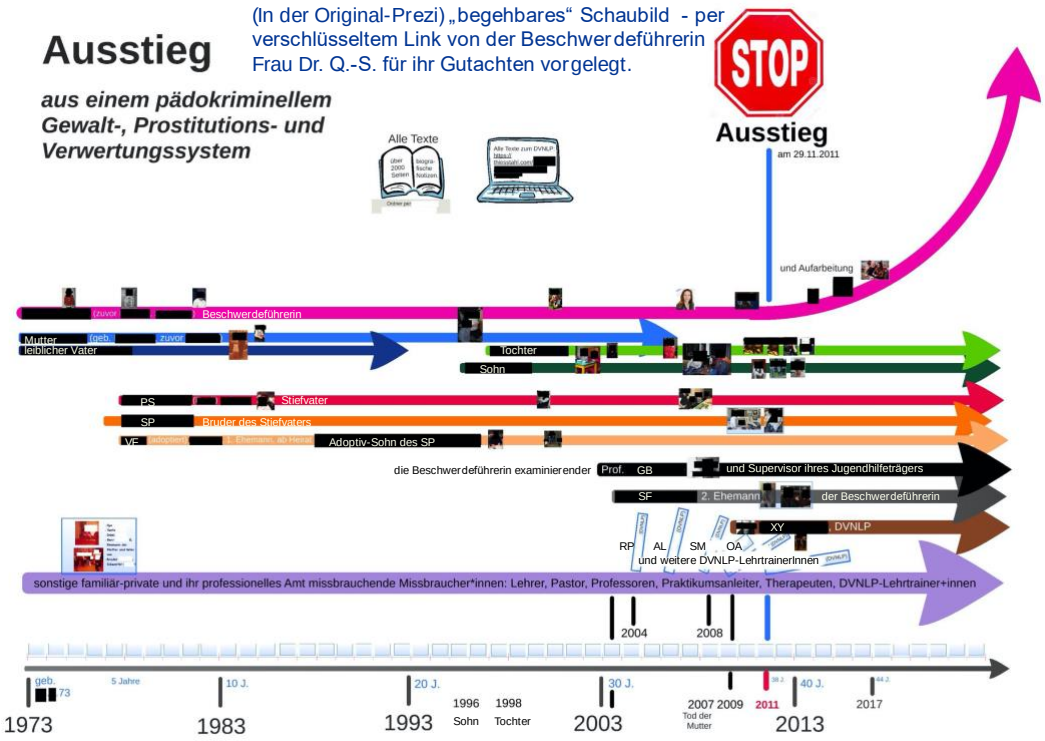
[10] Negative hallucination: Something is there, but is not perceived.

[11] Positive hallucination: Something is not there, but is projected into it.

[12] One could also speak of a projection of a psychiatrist's own madness or belief onto her respondent: *"Women are (I am) convinced that they have been abused by men who turn away from them (from me).*

[13] Link to the anonymised *chart (prezi) for the exit of the BF*.



has not been acknowledged or included in the exploration or in the diagnostic argumentation - neither has the information on "XY and the DVNLP" been made available to her. In her expert opinion, she merely pointed out in a footnote, somewhat pejoratively,[14] that I had provided her with "detailed"[15] information "several times".

The fact, which she did not comment on in the expert opinion, that this relationship was an abusive power-asymmetrical relationship in a professional context, in which XY demonstrably and indisputably violated the professional ethical guidelines of both the Heilpraktiker-Supervision Authority and the DVNLP, does not exactly suggest that the complainant with XY was fortunate to be with a man who neither beats her nor forces her to purchase for the first time in her relationship history. XY, as the DVNLP psychotherapist and coach treating the complainant, not only maintained an intimate relationship with his client, but even one in which, according to his psychotherapist Cora Besser-Siegmund, he became in need of treatment: The complainant had turned away from XY and apparently this had led to a worsening, an exacerbation, of the "quite serious depressive decompensation" diagnosed by his psychotherapist.

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14 See page 3 of the *expert opinion Dr. Q.-S. (11.06.2017)*.

15 She forgot to mention that this was done on behalf of the complainant (and once during the break of the all-day exploration meeting). It would also have fitted less to their foil á deux hypothesis.

All this is part of the context of the complaints in the DVNLP and at the Heilpraktikerbehörde, which Dr. Q.-S. in toto has faded out as the context of the "occasional offence". This context was not reflected in the "file situation", i.e. Dr. Q.-S. was missing as a basis for the expert opinion. Dr. Q.-S. did not make use of the possibility of including this context via my DVNLP articles and court decisions that I have in front of her, for reasons that are certainly good in their own right - e.g. not wanting to refuse the expert opinion commissioned *before the* DVNLP and LKA/StA situation of the complainant had been clarified.

In her expert opinion, Dr. Q.-S.'s decision not to link the experience of violence with Mr. XY, which she has had *"exemplarily"* reported on pages 45-48, in any argumentative context with her delusional diagnosis remains unfounded. The reason for this may be that a serious psychological evaluation of her experience report, which she obtained by means of a regressive trance, might have revealed that she had failed to comply with her request for an expert opinion, since she was supposed to present a report on her guilt rather than on her credibility.

Dr. Q.-S. will also have to justify why she failed to question the generalisation of "*all*" men and why she did not explore with the complainant in the relationship anamnesis the phase of her life since her exit from her violent and prostitution relationships, which is important for the assessment of her capacity to be guilty: The opinion does not provide any information on the differences in the complainant's life before and after her departure from a network of relationships in which she was deeply involved until she was 38 years old and which she was able to leave for good in November 2011. Why, for example, did Dr. Q.-S. consider it irrelevant to ask the complainant further questions about her relationship with me? Did Dr. Q.-S. not dare to ask her test person whether she also accused Mr. Stahl of abusing her, like *all* her men before?

Perhaps she was afraid that a closer questioning regarding the differences between her relationship with me and the relationship with *all* her men before would have shown that she neither accuses me of this nor that I actually do not beat her respondent and force her into prostitution. Then Dr. Q.-S. would have had difficulties in justifying the quasi *"continuing"* exception, which has now been in existence for six years, to the rule of a "*continuing* insanity to be abused" which she assumed.

It is at least a fact that the fact that it is the first time since her departure from the system of violent and prostitutive relationships that she has had a non-promiscuous relationship without violence, pimping and prostitution, which is significant for the life of the complainant, is not taken into account in the diagnostic discussion. Also, an inclusion of information as to how Mr Stahl had supported the complainant emotionally and organisationally both when she left the company in 2011 and in the years thereafter in her trauma workup by writing down well over 2000 pages of biographical episodes would, in addition to the generalisation "abused by all men", which Dr. Q.-S. inadmissibly exaggerated, have naturally also jeopardised the "Folie á deux" hypothesis, which is indispensable for the logic of her diagnostic argumentation.

13. lack of psychiatric expertise?

The question whether Dr. Q.-S. has little psychiatric-psychological competence or whether she had reasons for not having recourse to a possibly sufficiently existing competence for the preparation of her expert opinion can probably only be answered by herself. The following omissions and either feigned or actual lack of competence are in any case striking:

1. Common expert opinions on the subject of "prostitution and the experience of abuse" are not mentioned, e.g. the re-staging of abuse in the sense of "those who have been abused can be abused again and again".
2. Eating disorders, bulimia and cystitis are usually seen as a possible indication of continuous abuse. She does not explain why Dr. Q.-S. has not explored any anamnestically related issues and has not considered them diagnostically.
3. Nor did Dr. Q.-S. explore the complainant's relationship triangle, which she had lived in an emotional-sexual relationship with her mother and her stepfather since her childhood until her mother's death in 2007, in its particularity, although she clearly pointed out that it was actually untypical for paedophiles that her stepfather was still sexually interested in her after she entered puberty. Instead of instructing the complainant in this questionable manner, Dr. Q.-S. would probably have used her time more sensibly for an exploration of the systemic dynamics that presumably overlap in this triad.
4. At several points in the expert opinion, Dr. Q.-S. lists the behaviour of the complainant, e.g. she would talk *"verbose and circumstantial" or "very vague"*, take *"long breaks"* or virtually elude herself by *"having to go to the toilet"*, which she should have included in her diagnostic discussion as possible indications of abuse she had suffered, or also as an indication of a ban on speaking that was deeply programmed with the worst learning experiences, which the complainant had to break laboriously again and again. Experts know: Abused people are not allowed to talk.
5. In connection with the abuse of her children by XY and her second husband, Dr. Q.-S. noticed (page 42): *"Mrs. S. thought about it for a long time before she answered and then added that she did not want to talk about it. She said that her concentration was not good right now, "I'm just leaving."* Dr. Q.-S. apparently did not consider the possibility that the complainant might have been forced by both men to witness the abuse of the children and that she therefore had flashbacks. Moreover, perhaps she also had too little empathy for the complainant's situation to be able to comprehend that her respondent was not only sitting in front of a psychotherapist and psychiatrist who offered herself as a confidant, but also, due to the fact that she is released from her duty of confidentiality as an expert witness, virtually at the same time in front of the public prosecutor - who might perhaps get the idea that she might also be charged with aiding and abetting child abuse.
6. She refers to little psychiatric expertise or to a only rudimentarily developed human empathy: *"She was also not ready for a video interview, because she had been filmed often in the past, which was unpleasant for her"* and *"9 months later*

she wrote a letter that she was ready now - she had been "in shock" before. Dr. Q.-S. did not check whether being filmed would have triggered flashbacks in the complainant - after all, as a child and as an adult, as Dr. Q.-S. knew from the exploration interview, she had often been forced to be filmed as an involuntary leading actress in child and violent pornographic contexts.

7. The alternative diagnosis, according to which the traumas of her adult life are a prolongation of the long series of traumas of her childhood (cf. above "Excluded passages", point 4) and therefore the PTSD diagnosis made in the preliminary opinion and by the treating neurologist should remain valid, is not discussed.

8. Dr. Q.-S. seems to have only limited therapeutic experience with the topic "loyalty and abuse". Following *"When asked about the back and forth of advertisements and the withdrawal of advertisements, Ms.* Q.-S. [the complainant] stated that *she had not had the courage to face the perpetrators, that she had also been afraid of what would happen to the children"* (p. 43), there is no indication whatsoever from Dr. Q.-S. that she had explored the direction of loyalty. In her expert opinion, she does not address the question of why it took the complainant several attempts to denounce her loyalty to her family, which she had maintained over 38 years and to the brink of self-abandonment, by means of her complaints - and above all, after her death in 2007, the deep inner emotional loyalty to her mother, for whose smile she had let herself be abused by violent clients even as a small child. And: Dr. Q.-S. ignored the complainant's statement that *"she had also been afraid of what would happen to the children",* as she had ignored all the complainant's reports on the nature and function of the death threats from the offender system to which she and her children were continuously exposed.

E. The logic of the failure of the psychiatric assessment

In the following, a few theoretically interesting and, above all, important thoughts for the legal situation at the time the expert opinion was prepared. These could even be used for a (minimal) honour rescue of Dr. Q.-S. - if it should turn out that her expert opinion is only an expression of low psychiatric competence and not, as one could assume after all, a highly competent but stupidly appearing courtesy opinion for the perpetrators inside and outside the DVNLP.

In December 2016, I had based these considerations on my urgent recommendation to the complainant's lawyer not to agree to a psychiatric assessment - until the criminal events that led to the perpetrator-victim-reversion in the DVNLP, SpD, LKA and StA have been solved. These considerations from that time are still relevant and potentially affect the logic of the failure of *any* psychiatric opinion that would be prepared on the basis of the "state of the files" at the time of its preparation, i.e. against the background of the then (and still today) state of the files of the StA./.complainant proceedings.

The complainant's statements relevant to this procedure must be sorted into at least three categories by the legal and psychiatric experts involved:

1. "Believable as proven"

2. "Possibly believable because unproven"
3. "Not believable, because implausible, therefore delusional".

The order in which legal and, if at all, psychiatric contributions are required is not arbitrary. This is to be illustrated by the example of the attribution of an important statement of the complainant:

> *"The perpetrators have threatened to have me committed to a psychiatric hospital if I drop out. You also have the know-how and influence to make it happen."*

In view of the demonstrable existence of victim-offender conversion in the DVNLP/SpD/LKA/StA and the death threats from the paedocriminal background system, it is obvious that the investigating authorities and lawyers must first deal with the actual situation of the complainant before her statements are likely to become the subject of psychiatric consideration.

Only when the lawyers, the authorities and the courts have clarified in what way and by whom exactly in the Social Psychiatric Service and the LKA the perpetrator-victim-reversion was initiated in the authorities and on the basis of which negligently omitted investigations the *"mentally ill"* note of the public prosecutor Ms. T.[16] and likewise only after the offender-victim-reversion trial, for which XY is largely responsible in the DVNLP, has been recorded in the court files as an actual fact, can a psychiatric expert look at the complainant without bias.

And only when all these statements of the complainant that were intertwined with each other and concerned the perpetrator-victim-reversion processes within and outside the DVNLP have been sorted by the court into the category "credible, because proven", would an expert be able to do her work in a meaningful way. After all, it must be able to rely on the fact that the "file situation", as an essential part of the foundation of its expert opinion work, has been thoroughly processed and prepared by the investigators and lawyers involved in an appropriately complete manner. In other words, it must be able to rely on the fact that the relevant statements made by the complainant are no longer among the statements that it still has to sort or evaluate in the above categories, in accordance with its task.

If there are still no secure descriptions and findings regarding the criminal activities in the DVNLP and in SpD/LKA/StA in the court files, any psychiatrist in the world, even the most competent among them, could succumb to the temptation to consider these statements as potential indications of a delusional form of perception - especially if they belong to the majority of experts who base their diagnostic argumentation more on the file situation than on the - if any - exploration.

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[16] Link: *"Victim-victim-reversion dossier"*

This is exactly what Dr. Q.-S. has done quite obviously and thus, without criticism or even knowledge, continued the stigmatization and pathologization process established in the DVNLP, SpD, LKA and StA, which was initiated by members of the pedocriminal perpetrator system in the DVNLP and the Social Psychiatric Service and which spread "mentally ill" stigmatization virally in the LKA and the StA.

1. psychiatric opinion is not a substitute for a disciplinary complaint

The complainant's consent to an assessment of her guilt[17] could be interpreted as an acknowledgement of the validity and justification for existence of the manipulated LKA memorandum of 24 January 2014, which is alleged to be delusional.[18] At the very least, by agreeing to a psychiatric assessment, it would give the impression that there are real grounds for doubting its credibility or even mental health.

In no case, however, would the hope be justified that an expert opinion could be the appropriate means to take action against the impudence of an LKA employee who disrespectfully labels and stigmatizes the person of the complainant (*"the frequent writer", "the lady"*) and who, in his file note, presumes to have judicial expertise. The means of choice is a disciplinary complaint - including a strong insistence on its correct execution and clarifying closure - which was not achieved at the time of the first publication of this analysis and still is not achieved today.

2. the communication situation of the evaluator

Her proband, the complainant, sits before the psychiatrist examining her as the victim of victim-offender reversion trials, of whose verifiable factuality she has no knowledge. From the point of view of her respondent, these perpetrator-victim-reversion processes are obvious and recognizable to everyone, but from the expert's point of view they are only *possibly* existent - but in fact "probably not", since they are not apparent from the (incomplete) "file situation".

From the point of view of her test person, for example, the victim-offender conversion occurred with the help of a manipulation of official communication by one or more of the perpetrators she naturally also perceived as existing. For the psychiatrist, who is not informed about these important background facts, this "manipulation" of the authorities by "perpetrators" in the DVNLP and in the social psychiatric service, who, in a way that is naturally experienced by her test person as highly threatening, have an effect on the LKA and the StA, is probably more an expression of paranoid delusions.

The complainant has every reason in reality to feel threatened, to feel indignation and to name her corresponding feelings. After all, in an authority that has a decisive

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[17] Her lawyer wanted to get her out of the "psychiatric corner". In my opinion, he has unfortunately underestimated the force of the perpetrator-victim-reversion processes established in the DVNLP and the authorities as early as the beginning of 2014 and their effect on a psychiatrist starting from the "file situation" (which does not yet contain these important facts).

[18] Link: *"Victim-Victim-Return dossier"*

influence on their fate, there is a proven official who remains unmolested, illegally cooperates with one of their perpetrators who influences the social psychiatric service, and whose office gives him the power to insult them on the level of a regulars' table and to pathologize them in a highly dangerous way, as has been shown[19]. For the expert witness, however, these feelings, which can only be understood if she is aware of the lack of evidence in the files, are probably more an indication of paranoid delusion.

Since Dr. Q.-S. assumed that the investigators and the lawyers in the proceedings had worked thoroughly, she could not perceive the statements of her respondent as an expression of the fact that the file was incomplete: In accordance with her mandate, she could expect to have to deal with the indignation of her test person towards the perpetrators of her direct social environment who were reported by her, but not with their intense feelings towards employees in anonymous authorities unknown to her and her indignation towards the "Dr. jur. and Dipl.-Psych." functionaries of a DVNLP, of whom Dr. Q.-S., also on the basis of the incomplete file, had to assume that they had excluded the complainant and me in accordance with the Association's Statutes and the law - precisely because of the madness she had seen in the complainant and the foil á deux-madness she had seen in me.[20]

3. psychiatrist is neither an investigator nor a lawyer

Thus the expert as a psychological-psychiatric specialist is suddenly confronted with the unsolvable task of having to examine and assess, also from a legal point of view, whether a series of ominous LKA and police notes represent a real threat to the existence of her test person, which can be eliminated by legal means, or whether they are rather components of a delusional image which she, as a psychiatrist, might have to diagnose. With the means available to her in her examination room, such as conversations, questions, tests and above all: file study, she cannot fulfil this task. Their ability to make psychological-psychiatric diagnoses would immediately be overshadowed by the temptation to judge in a lay-juridical-intuitive way, according to a possibly existing "common sense" or in a simple "Stammtisch" or "Kaffeekränzchen" manner - as the so far uncorrected perpetrator association DVNLP and the mentioned, so far also uncorrected LKA officials have suggested and done themselves.

As is to be expected in this situation, the expert witness was not able to separate the legal and the psychological-psychiatric aspects appropriately, i.e. she was not able to solve the task implicitly assigned to her and which actually had to be performed by her legal colleagues *before* her psychiatric assignment. Because of the contradictory requests to *"solve the legal problem of how to deal with allegations where there is no hard evidence and no proper investigation"*, but *"solve this problem not legally but*

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19 Link: *"Victim-victim-reversion dossier"*

20 My articles on the DVNLP she probably only took note of under the perception filter "Folie á deux-Wahn" and she "overlooked" the court rulings against such a speaking court judgement that she has before her - for whatever reason she may have had.

psychiatrically. The best way to *make it disappear psychiatrically as a legal one"*, the consultant had to fail in the task assigned to her: As expected, she did not include the file entries relating to the complainant's DVNLP/SpD/LKA/StA situation and the statements she made in the exploration interview in (1.) "plausible, since proven" or (2.) "possibly plausible, since unproven", but, of course and without any significant hesitation, sorted into (3.) "not plausible, therefore delusional".

Four: A psychiatrist of ideal integrity...

..., which would have attached just as much importance to human encounters in exploration as to the file situation inviting distant transcription, would have refused the request for an expert opinion, pointing out that it would first have had to be clarified whether further police investigations and legal classifications would not have been necessary before a psychiatric examination, since with their help it could then have been decided in the first place whether the next step in the StA/ complainant's proceedings should not have been a psychological or credibility assessment instead of an assessment of guilt.

Dr. Q.-S., after having looked through the court files available to her, the DVNLP texts and the court rulings validating them, all of which prove the real and actual damage caused to the complainant by XY in the DVNLP, as well as after having looked through the *"Dossier Täter-Opfer-Victim-Reversal"*[21] on the machinations in the authorities SpD/LKA/StA, which was also made available to her by the complainant, could certainly have recognized that there were doubts about the appropriateness of a psychiatric assessment of guilt.

F. Social control and sanctions

Little is known in the public consciousness about the extent to which psychiatrists assume the social function ofsocial control.[22]

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21 Link: *"Victim-victim-reversion dossier"*

22 In "The dark side of psychiatry" Marc Rufer says: *"Psychiatry has a double function. Not only is it intended to help people suffering from mental illness, but it also has an ordering function or exercises social control. It is responsible for sanctioning conspicuous, offensive, unpredictable undesirable, in short: deviant behaviour. It comes into action when interventions appear necessary, without clearly defined laws having been broken. In constitutional democracies, 'mentally ill persons are the only people who can be deprived of their freedom without having committed a criminal offence' (Finzen 1993, 13). The power of psychiatry, especially of clinically active psychiatrists, is immense. Completely legally you regularly go over the will of people, deprive them of their freedom, force them to treat you with psychotropic drugs. These orders are enforced - if the person concerned resists - with hard physical force. Violence is exercised on behalf of the state; it places psychiatry close to the police, whose work it supplements. The regulatory function of psychiatry is hardly perceived, since the use of violence can easily be passed off as help and the best possible treatment and thus be disguised.* http://www.psychex.ch/doku/Rufer.pdf

1. psychiatric report as a threat

Dr. Q.-S. says in her expert opinion, (1.)*"Prognostically unfavorable is certainly the lack of disease and therefore also of treatment insight in Mrs. ...* [the complainant]*. From a psychiatric point of view, however, this alone does not justify accommodation in accordance with § 63 StGB* [i.e. against her will]". She recommends (2.) treatment *"with a combination of sufficient neuroleptic medication, preferably with a so-called atypical neuroleptic drug such as Quetiapine or Olanzapine, and psychoeducation and supportive conversations"* (page 65) and suggests (3.) that *"consideration should also be given to legal support for the areas of finance (and health care), since Ms... [the complainant] has stated that she has considerable debts and seems to be overwhelmed with this topic" (*page 65).[23]

If one consciously includes the aspect of "social control and sanctioning"[24], one cannot ignore a threatening undertone in these references, with which Dr. Q.-S. alludes to her power to sanction. Between the lines she says something like, *"Accept the diagnosis 'persistent delusion' rather than the lesser of two evils. I can also obtain forced placement, forced medication and incapacitating care[25]... So, better shut up, comply and take my finding 'lack of disease and treatment insight' as a little warning"*.

2. psychiatrist as guardian of bourgeois double standards

"There is a fate worse than being a trauma victim, namely not being recognized as a trauma victim."[26]

Over a good 50 pages, the readers of the report learn a lot about sexual violence and prostitution in the life of the complainant. Dr. Q.-S. quotes about 30 statements from the exploration interview she had conducted with him, in which the complainant reports that she had been forced into prostitution by her pimp husbands and that she had prostituted herself for them and for other long-term relationship partners. Furthermore, she quotes about 10 statements from reports of the complainant, which deal with rapes by her two pimp husbands and other of her pimping relationship partners, e.g. professors and also DVNLP coaches and DVNLP trainers.

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[23] Dr. Q.-S. was *"overtaxed"* here from a legal and insolvency law point of view - or she was *extremely sloppy in her* exploration: The complainant is undergoing insolvency proceedings in order to *avoid* having debts of one million that would have bound her to the perpetrators for the rest of her life.

[24] Which the complainant does, of course, because all the perpetrators threatened her with psychiatric treatment as a child and also as an adult, e.g. her pimp and psychology professor, supervisor, gestalt therapist and drug supplier with his "good connections" to the judiciary, health authorities and Hamburg psychiatrists, which he often emphasised to the complainant - very credibly for her -.

[25] See footnote #16.

[26] Subtitle of the article by M. Rufer (see footnote #16).

The expert opinion therefore reports in detail on the 38 years of experience of the complainant with prostitution, abuse and rape as integral components of her experiences in relationships, some of which lasted decades, in which she was forced to live until she left her family system of forced and child prostitution: Even as a small child she was abused by her mother and was taken to her clients and to many pederasts in paedophile rings. Throughout her childhood, the complainant was sexually abused commercially by her mother together with her stepfather and his brother, as well as by the adoptive son of her step-uncle, who later, 11 years older than her, was designated by this family offender system to enforce the claims of his adoptive father and the rest of the offender system against the adult complainant in the role of pimp-husband.

This function was then taken over by her second husband, who, together with her psychology professor and other of her trainers, was included by the existing perpetrators in the pimp system that exploited her - e.g. also trainers and coaches from the DVNLP, such as XY, who apparently had the dubious honour of being the last violent perpetrator around whom the pimp system that dominated her life grew until she left in 2011.

Dr. Q.-S. reproduces without comment the statements of the complainant about the rapes suffered in her marriages and the prostitution forced on her and her children by her husbands through violence and death threats against her. However, she does not include them in the discussion of her diagnosis, but they disappear behind her generalization that *"all"* statements by the complainant about her traumatizations would appear to her *"in their entirety"* as delusional.

Of course, this raises the question whether Dr. Q.-S. has thought about a possibly necessary demarcation between forced and (if this even exists) voluntary prostitution? And if so, why she did not include them in the diagnostic discussion, apart from simply pointing out that the complainant had after all *committed* sexual *"acts of assault".*[27] In the expert opinion report there is no discussion whatsoever as to whether and under what conditions Dr. Q.-S. would consider it appropriate to describe forced or even (apparently) voluntary prostitution as abuse. Can any kind of prostitution be classified as abuse? Some kinds? Or none at all? Under what conditions would Dr. Q.-S. have been prepared to agree with the complainant's view that in the case of a woman who is "motivated" to prostitution by her husbands with the help of rape and other openly suffered and covertly threatened violence, she would have been willing to speak of abuse?

It is interesting, of course, how Dr. Q.-S. wants to explain that she did not explicitly classify the reports about the marital rapes and about the many years of prostitution "instigated" by the husbands, psycho-educators and other *"men with whom she was in relationship"* with (mostly) more or less violence, also in the category of statements, which she thinks originated from the *"delusion of having been abused"*?

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[27] See footnote #5.

She reports all statements and reports of her respondent about prostitution in her life as the evil dominating the reality of her life in the past, as well as statements about real events and circumstances in her life[28], and then apparently classifies them under *"severe traumatisation, which however in its fullness make it seem likely that they are of delusional origin"*. All these statements about the *"ongoing"* experiences of rape and prostitution during her childhood, youth and in two marriages are an expression of a *"continuing insanity to be abused"*.

Or maybe Dr. Q.-S. just ignores them. With which this psychiatrist proves to be not only "responsible for sanctions"[29], but also as guardian of the taboos "prostitution and abuse" - and thus also as guardian of the bourgeois double standards, which in essence says, "sexual self-determination is not a legal good for whores.[30] It is as if, by systematically ignoring the subject of "prostitution and abuse" and by consistently separating the subject of prostitution from the subject of abuse, she wanted to say, *"It's your own fault: Once you have accepted having to prostitute yourself, you forfeit your right to claim that you have been abused. Anyone who does it anyway will be declared delusional."*

G. Conclusion

In the expert opinion for Deutsche Rentenversicherung Drs. G.-M. and T. of 19 May 2014, which the complainant Dr. Q.-S. also submitted, but which he deliberately and completely "misappropriated", it says: *"In the psychiatric findings, an inconspicuous, rather modest, inconspicuously dressed but thoroughly attractive young woman, initially younger than 41 years of age, who after detailed clarification then openly tells her complex traumatization story, which appears credible in every respect to the thoroughly forensically experienced expert in every respect, even if it appears abstruse in its complexity. The formal train of thought is orderly, no content-related mental disorders. If you follow the patient in her story, no exaggerated suspicion, no paranoid experience. Affectively depressed in the right places in the prehistory, cries a little, but quickly recovers and establishes a good contact with the examiner, without this having a false or sexualising effect...".* Diagnostics: *(1.) Post-traumatic stress disorder, (2.) victims of abuse, (3.) flashbacks and (4.) fears.*

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[28] For example, she quotes this statement of the complainant without commenting on it: *"She had not continued her studies in Düsseldorf, had done nothing in the first quarter of the year, but the prostitution had "continued". At that time she had also been hospitalized for three months, where she had talked about her child abuse, but not about prostitution. After her release from the clinic, prostitution continued.* (page 27)

[29] It's like she's saying, *"Yeah, right, you were in relationships where you were beaten and raped and had to make ends meet, but do you have to call that 'I was abused'?*

[30] In frighteningly simplified terms, this double standard in the stupid-rhetorical question of a drunken civil libertarian, *"Yes, can you rape a whore at all?",* is also practised by DVNLP members, according to the reports of the complainant suppressed in the association. (See my article *"Violence, abuse, double standards and the return of the repressed in the DVNLP"*.

After all this, it is to be assumed that Dr. Q.-S.'s expert opinion was based on a very different motive and probably far less oriented towards the welfare of the complainant than her five professional colleagues Drs. F. and S., Drs. G.-M. and T. and Dr. R, all of whom - in my professional opinion as a psychologist who is personally involved, but not psychotherapeutically experienced - have a good foundation in diagnosing "Post-Traumatic Stress Disorder" (PTSD), partly rightly corrected to "Complex Post-Traumatic Stress Disorder" (K-PTSD).[31]

[31] A term not yet established in Germany, which was introduced by Judith Hermann in the USA for the diagnosis of "survivors of long-term trauma and re-trauma" (cf. under "Passages omitted" item #4).