



Healing the Heart Through the Creative Arts, Education & Advocacy

Hope, Healing & Help for Trauma, Abuse & Mental Health

“Out of suffering have emerged the strongest souls; the most massive characters are seared with scars”. Kahlil Gibran

The Surviving Spirit Newsletter February 2016

Greeting folks & wishing all a Happy February 2016,

My mind is swirling with lots of things to say, but I will keep it simple; a lot of wonderful resources to share for this month. Please take the time to read a few and expand your thoughts and ideas....

February is also a time of celebration - *“seize the opportunity to honor the too-often neglected accomplishments of black Americans in every area of endeavor throughout our history.”*

I would like to share a blog post of mine, my two years spent overseas, touring Great Britain with the hard rock band, **American Train** - [1976 – England, the great Musical Adventure; Follow Your Dreams](#)



American Train, Chris Schindler, Jon Tootil, Tom Howes, Michael Skinner – 1976

I was pursuing the dream of a lifetime with all of its twists and turns. Dreams and goals are wonderful things to have, but in the end, it is the process of taking the time to reflect upon the journey itself and what we are learning and what we have gained, even if we fall short of the final destination.

Thank you & take care, Michael Skinner [MS]

“All glory comes from daring to begin.” Eugene F. Ware

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“Normality is a paved road: It's comfortable to walk, but no flowers grow on it.” Vincent van Gogh

1] [African American History](#) - The Library of Congress, National Archives and Records Administration, National Endowment for the Humanities, National Gallery of Art, National Park Service, Smithsonian Institution and United States Holocaust Memorial Museum join in paying tribute to the generations of African Americans who struggled with adversity to achieve full citizenship in American society.

As a Harvard-trained historian, Carter G. Woodson, like W. E. B. Du Bois before him, believed that truth could not be denied and that reason would prevail over prejudice. His hopes to raise awareness of African American's contributions to civilization was realized when he and the organization he founded, the Association for the Study of Negro Life and History (ASNLH), conceived and announced Negro History Week in 1925. The event was first celebrated during a week in February 1926 that encompassed the birthdays of both Abraham Lincoln and Frederick Douglass. The response was overwhelming: Black history clubs sprang up; teachers demanded materials to instruct their pupils; and progressive whites, not simply white scholars and philanthropists, stepped forward to endorse the effort.

By the time of Woodson's death in 1950, Negro History Week had become a central part of African American life and substantial progress had been made in bringing more Americans to appreciate the celebration. At mid-century, mayors of cities nationwide issued proclamations noting Negro History Week. The Black Awakening of the 1960s dramatically expanded the consciousness of African

Americans about the importance of black history, and the Civil Rights movement focused Americans of all color on the subject of the contributions of African Americans to our history and culture.

The celebration was expanded to a month in 1976, the nation's bicentennial. President Gerald R. Ford urged Americans to “*seize the opportunity to honor the too-often neglected accomplishments of black Americans in every area of endeavor throughout our history.*” That year, fifty years after the first celebration, the association held the first African American History Month. By this time, the entire nation had come to recognize the importance of Black history in the drama of the American story. Since then each American president has issued African American History Month proclamations. And the association—now the Association for the Study of African American Life and History (ASALH) - continues to promote the study of Black history all year.

(Excerpt from an essay by Daryl Michael Scott, Howard University, for the Association for the Study of African American Life and History) [Learn more – Audio – Video](#)

“Live life as if everything is rigged in your favor.” Rumi

2] [Black Inventors through American History](#) – A rich heritage gives ways to modern ingenuity

Look for information about African-American inventors and you'll quickly find that American innovation is rich with the contributions of famous black inventors like Elijah McCoy, Lewis Howard Latimer, George Washington Carver and Madame C.J. Walker (Sarah Breedlove).

In fact, many modern conveniences and necessities are directly related to, or derivative of, the inventions of black inventors: blood banks, the refrigerator, the electric trolley, the dust pan, comb, mop, brush, clothes dryer, refrigerator, lawn mower, traffic signals, the pen and the pencil sharpener. But what of the present-day counterparts to these historical figures? Did African-Americans just up and stop inventing? The answer, conclusively, is no.

From colonial times through today, Americans of African and Caribbean descent have contributed to the advancement of medicine, physics, industrialization and plain old fun. Famous Black Inventors is pleased to present an introduction to just a few of the many modern-day African-American inventors, as well as biographies of their predecessors throughout American history. [Learn more](#)

“So often survivors have had their experiences denied, trivialized, or distorted. Writing is an important avenue for healing because it gives you the opportunity to define your own reality.” Ellen Bass

3] [Amy Oestreicher](#) – Artist – Writer – Actress – Singer – Speaker

Amy Oestreicher is a PTSD peer-to-peer specialist, artist, author, writer for The Huffington Post, speaker for RAINN, award-winning health advocate, actress and playwright. As a survivor and “thrivor” of nearly 30 surgeries, a coma, sexual abuse, organ failure and a decade of medical trauma, Amy has been challenged with moments of extreme difficulty. But as an artist, newlywed, actress, college student, and overall lover of life, Amy eagerly shares the lessons learned from trauma and has brought out the stories that unite us all through her writing, mixed media art, performance and inspirational speaking.

To celebrate her own “beautiful detour”, Amy created the #LoveMyDetour campaign, to help others cope in the face of unexpected events. Amy has devoted herself to providing college students with an empowered approach to mental health and sexual assault prevention through her traveling advocacy program and “Student Detourist” movement. In 2015, Amy launched the Student Detourists Outreach Program, enabling students to create outreach chapters on their campuses.

As the 2014 Eastern Regional Recipient of Convatec’s Great Comebacks Award, Amy is a passionate voice in the ostomy community, founding the online community Fearless Ostomates, speaking for the National WOCN conference, and writing for the official print publication of the UOAA. Her presentations on alternative medicine, and patient advocacy and healthcare have also been accepted to into international conferences in Amsterdam, Dubai, Hawaii and others.

Amy has written, directed and starred in a one woman musical about her life, Gutless & Grateful, has flourished as a mixed media and acrylic artist, with her art in multiple galleries and mounting dozens of solo art shows, and continues to share her story through her art, music, theater, workshops and writings, which have appeared in Washington Post and On Being, with Krista Tippett. Her story has appeared on the TODAY Show, CBS, WNBC and Seventeen, and her one-woman show has been seen in theatres across the country, earning rave reviews and accolades since it’s Broadway World Award-nominated NYC debut.

Amy has collaborated with Beechwood Arts on “Resilience and the Power of the Human Spirit”, using her monologues, art, writing and recipes to express the life-altering detours and ultimately the invaluable gifts of her resilience journey.

Amy is currently touring the country with her one-woman musical, Gutless & Grateful, her keynote presentations, workshops and signature talk-backs, which she has devised specialized versions for corporations, college campuses, survivors, health care professionals, and artists. She is leading mixed media creativity workshops to promote creativity as a mindset, an essential survival skill. Amy also offers private coaching to help others navigate their own beautiful detours, and prides herself most on ending each night with a gratitude list. Visit amyoes.com for more information or contact her directly.

[Writing Portfolio](#) [Huffington Post Articles](#) [Great Comebacks Recipient](#) – YouTube 3:26 minutes

[I’m a Detourist \(And you are too\)](#) [Share Your Detour](#) - Write about your detour for my Why Not Wednesday weekly feature, where I feature a new Detourist every week and do regular follow-ups, so we all can catch up on where your detour takes you.

[Twitter](#) [Facebook](#)

“The journey of a thousand miles begins with a single step.” Lao-tse

4] [WTF Is A Vision Board, And How Do You Make One?](#) Abigail Williams – Huffington Post

Bring your resolutions to life this year.

New Year's resolutions are slippery little suckers. We all start out in January with the best intentions to

eat better, exercise more, save money, and so on. But 12 months later, we've often abandoned these goals as busy schedules and work stress take over.

Enter the vision board. Research shows that ambition can make you happier -- so why not make it tangible? A vision board is a tool that turns your ephemeral New Year's resolutions into a real, concrete goal. By putting pen to paper and sketching out how you want to feel, look, and grow in the new year, you can start to bring those dreams to life.

So ... how do you create a vision board?

First, think about your goals. Research shows that when you write down your ambitions, you're more likely to accomplish them. What new skills do you want to learn? Where do you want to travel? What do you want to improve about yourself? These are just a few starter questions to get the vision board ball rolling.

Next, focus on how you want to feel this year. By reflecting on how you want to feel rather than the things you want to have, you immerse yourself in good vibes.

Finally, do the damn thing. Grab poster board, magazines, scissors and glue. Cut out your favorite images and affirming quotes and put them in a big pile. Lay the photos out on your board however you see fit. Trust your instincts; whatever you create should feel right to you.

Once your board is complete, hang it where you can see it every day. Studies suggest the more you're reminded of your goals, you're more likely to complete them. Congratulate yourself when you've accomplished a pursuit, and spend time visualizing how you can achieve the rest. The end result? A happier mind.

As part of the [HuffPost Happiness Challenge](#), we'll be working on our happiness vision boards all month long. Follow us on [Pinterest](#) as we pin fun photos and inspirational quotes!

"We rise by lifting others." Robert Ingersoll

5] [Addressing Childhood Adversity in Schools](#) - Leadership 360 - Education Week - Jill Berkowicz and Ann Myers

We welcome guest author Godwin Higa, Principal, Cherokee Point Elementary School City Heights, San Diego whose work with childhood adversity and trauma is making a difference in the lives of children.

When I first became principal of Cherokee Point Elementary School in 2008, I received volumes of discipline referrals a year from teachers and other staff members. Under the traditional school discipline model, students who misbehave are punished, whether through in-class time-outs and detentions or school suspensions and expulsions.

Today, Cherokee Point Elementary School operates under a different model. We have been able to come together around a vision of a school that does not ignore the trauma in many children's everyday lives, but rather understands how it impacts their behavior and ability to learn. That means that, when a

student acts out, our teachers and other staff members are trained to ask "What happened to you?" not "What's wrong with you?" This has made all the difference.

At Cherokee Point, located in San Diego's City Heights neighborhood, nearly all of our students deal with some sort of childhood adversity. A hundred percent of our students receive free lunches, and most live under the federal poverty guideline. Many of our students' families face daily immigration threats of deportation.

The impact of childhood adversity and trauma - such as physical and emotional abuse or neglect, or mental illness, addiction or incarceration of a parent or close family member - can last through adulthood. Research shows that children exposed to adversity are at higher risk of chronic illnesses like heart disease and diabetes, learning difficulties in school, contact with the justice system, as well as addiction and economic hardship. The crisis crosses socio-economic, racial and geographic lines, straining California's systems of health care, child welfare, juvenile justice - and most importantly education. From schools and preschools to doctors' offices and juvenile courts, we all have a role to play in reducing the impact of childhood adversity.

At our school, when a student is involved in an altercation with a friend or defies a teacher's instruction, our faculty and staff delves into the root cause and seeks to support both the child and his or her family. Teachers, parents, San Diego State professors, college students and community advocates all work together to ensure that our kids' education is not interrupted by outside factors. That includes offering everything from counseling services to parenting support groups to fresh produce, clothing, and shoes for those who need them.

We follow a trauma-informed model and restorative justice practices that help students learn to cope with adversity and resolutions in a healthy and compassionate way. All of our teachers are trained to proactively engage students and their parents, and collectively create a plan to address both the conflict and the deeper underlying issues. Parent leaders are training other parents about trauma-informed care at monthly workshops. We also have trauma-informed and trained counselors on site who provide intensive support to students who suffer from major traumas that teachers alone are not trained to handle. Since taking this approach, we have seen tremendous results. In the past three years, we have completely eliminated suspensions in our school. The number of discipline referrals also has plummeted to 20 per year.

Increasingly, we are not alone in our efforts to reduce the impact of childhood adversity and trauma on children. Last year, the San Diego Unified School District trained more than 600 staff members on the effects of trauma on the brain and ways to help students regulate their emotions and gain more control of their lives. Other schools and districts throughout the country are also adopting policies that reflect this trauma-informed model.

Over the past year and led by Center for Youth Wellness, we worked with nearly 20 organizations representing different sectors and regions to develop a seven-part statewide action plan to turn around this crisis and ensure lasting change for the state's children and families. Among our recommendations, we are calling on systems leaders, child-serving professionals and policymakers to ensure that all child and family-serving systems integrate trauma-informed approaches; advocate for policies, institutional practices, and programs that help treat the root causes of childhood adversity, such as poverty; increase funding for and access to evidence-based or promising interventions that help children heal from

childhood adversity and trauma; and raise awareness about childhood adversity.

From my own experience, I know this kind of hard work is well worth the effort. When we prevent, identify and heal the effects of childhood adversity, we can ensure the health and behavioral problems we see in classrooms today do not turn into chronic illnesses and inescapable barriers tomorrow. And we can make sure every child has a chance at a healthy and successful future.

“Mistakes are the portals of discovery.” James Joyce

6] [The Grass Gets Greener](#) - *Let go of the past and live for today* - Melissa Wilson

Podcast - [Building Communities of Hope, Healing and Support](#) - Christopher Anderson - 67 minutes

In this episode of The Grass Gets Greener podcast, I'm joined by Christopher Anderson of MaleSurvivor. Christopher joins me to share his story and how what he experienced as a child has led him to the work he does today in raising awareness for male sexual abuse and helping other survivors.

[MaleSurvivor](#) – *Overcoming sexual victimization of boys & men*

Christopher M. Anderson - Executive Director 917-524-8934

[@malesurvivorORG on Twitter](#) [MaleSurvivor on Facebook](#)

“Don't wait for extraordinary opportunities. Seize common occasions and make them great.” Orison Swett Marden

7] Male Survivor - [Weekend of Recovery 2016 Schedule](#) - 4/29 - 5/1 Hope Springs, Level 1 Peebles, OH

Now open for registration - [Hope Springs Registration](#)

7/22 – 7/24 - Guest House, Level 1 - Chester, CT

8/5 – 8/7 - Advanced - Alta, UT

Theme will be Intimacy & Relationship - partners will be welcome to attend

9/30 – 10/02 - Level 1 - Alta, UT

Starting this year, we are eliminating early registration discounts for the Weekends of Recovery.

Along with this change, registration for all weekends will open 4 months ahead, and will close 1 month before the weekend begins. In the past, we have accepted late registrations, however starting in 2016, we will no longer be able to accept such late registrations. We must give our staff adequate time to prepare to be at the weekend, and it is necessary for them to know one month ahead about their participation. Hopefully, this will also give each of you that full month to prepare emotionally as well.

We have reduced the number of Level One weekends to 3 this year instead of 4; so we encourage you to register early to save your space.

Male Survivor provides critical resources to male survivors of sexual trauma and all their partners in recovery by building communities of Hope, Healing, & Support.

“Your fellow man is your mirror. If your own face is clean, the image you perceive will also be flawless. But should you look upon your fellow man and see a blemish, it is your own imperfection that you are encountering - you are being shown what it is that you must correct within yourself.” Baal Shem Tov

8] [Child abuse exposure, suicidal ideation in Canadian military, general population](#) - Medical News Today

Military personnel in Canada were more likely to have had exposure to child abuse than individuals in the general population and that exposure was associated with an increased risk of suicidal behavior that had a stronger effect on the general population than military personnel, according to an article published online by *JAMA Psychiatry*.

Suicide is an important public health problem among both military and civilian populations. The ability to accurately anticipate who will think about, plan, and attempt suicide is a difficult task.

Tracie O. Afifi, Ph.D., of the University of Manitoba, Canada, and coauthors examined the association between child abuse exposure and suicidal behavior (ideation, planning and attempts) among representative groups of military personnel and the general population. The authors analyzed data from 24,142 respondents (ages 18 to 60) in two nationally representative data sets.

The study reports that child abuse exposure was higher in the regular forces (47.7 percent) and reserve forces (49.4 percent) compared with the Canadian general population (33.1 percent).

Child abuse exposures were associated with increased odds of suicidal ideation, suicidal plans and suicide attempts in the general population and in the Canadian Armed Forces, although many of the associations were weaker in military personnel compared with civilians, the study results indicate.

Deployment-related trauma was associated with past-year suicidal ideation and plans but by comparison, child abuse exposure was more strongly and consistently associated with suicide-related behaviors.

The authors cannot determine why almost half of all military personnel in Canada have a history of child abuse exposure.

"But escaping from child abuse exposure at home or otherwise improving life circumstances with career and education opportunities available through the military may be the cause," they explain.

The authors also note their study precludes making causal influences about child abuse exposure and suicide-related behavior.

"The higher prevalence and the broad negative effects of child abuse exposure make this finding an important public health concern in the military, as in civilians. ... Therefore, prevention efforts targeting child abuse exposure or mediators in the relationship between child abuse exposure and suicide-related outcomes may help reduce suicide-related outcomes," the study concludes.

Editorial: Childhood Abuse and Military Experience

"There are several steps that scientists, health care professionals and systems can take to better serve the individuals who have bravely served their countries, including an honest reckoning with the growing evidence base showing a disproportionately high burden of childhood abuse among military personnel, a genuine and continuous effort to diminish the stigma of disclosing childhood abuse, and allocation of resources for epidemiologic efforts and treatment modalities to address issues of childhood abuse among military personnel," write John R. Blosnich, Ph.D., M.P.H., and Robert M. Bossarte, Ph.D., of the U.S. Department of Veterans Affairs.

"Our Congress passes laws that subsidize corporations, farms, oil companies, airlines, and houses for suburbia, but when they turn their attention to the poor they suddenly become concerned about balancing the budget." Coretta Scott King

9] [Childhood poverty linked to brain changes related to depression](#) - Honor Whiteman - Medical News Today

Children from poorer families are more likely to experience changes in brain connectivity that put them at higher risk of depression, compared with children from more affluent families. This is the conclusion of the new study by researchers from the Washington University School of Medicine in St. Louis, MO.

First study author Deanna M. Barch, PhD, chair of the Department of Psychological & Brain Sciences in Arts & Sciences, and colleagues publish their findings in *The American Journal of Psychiatry*.

The study builds on previous research from the team published last year, which found that children raised in poverty have reduced gray and white matter volumes in the brain, compared with those raised in richer families.

Additionally, they found that such brain changes were linked to poorer academic achievement. For this latest study, the team set out to investigate whether childhood poverty may also lead to brain changes that influence mood and risk of depression, given that children raised in poorer families tend to be at higher risk of psychiatric illness and have worse cognitive and educational outcomes.

Poorer preschool children at greater depression risk aged 9 or 10

To reach their findings, Barch - also the Gregory B. Couch professor of psychiatry at Washington's School of Medicine - and colleagues enrolled 105 preschool children aged 3-5.

The team calculated the poverty levels of the children using an income-to-needs ratio, which accounts for a family's size and yearly income. At present, the federal poverty level in the US is \$24,250 a year for a family of four.

Between the ages of 7-12, the children underwent functional magnetic resonance imaging (fMRI),

which allowed the researchers to analyze the brain connections in the hippocampus - the region important for learning, memory and stress regulation - and the amygdala - a region associated with stress and emotion.

Compared with preschoolers from higher-income families, those from lower-income families demonstrated weaker connections between the left hippocampus and the right superior frontal cortex, as well as weaker connections between the right amygdala and the right lingual gyrus.

The researchers found that these weakened brain connections among preschool children raised in poverty were associated with greater risk of clinical depression at the age of 9 or 10.

"In this study, we found that the way those structures connect with the rest of the brain changes in ways we would consider to be less helpful in regulating emotion and stress," explains Barch.

What is more, the team found that the poorer children were at preschool age, the more likely they were to have weaker brain connections and depression at school age.

Early intervention key for positive emotional development

While the team's earlier research found that it may be possible to overcome some changes in brain structure linked to poverty - by improving a child's home environment, for example - no such association was identified in this latest study.

Still, Barch stresses that this does not mean nothing can be done to encourage positive emotional development among children from poorer families:

"Poverty doesn't put a child on a predetermined trajectory, but it behooves us to remember that adverse experiences early in life are influencing the development and function of the brain. And if we hope to intervene, we need to do it early so that we can help shift children onto the best possible developmental trajectories."

Last month, Medical News Today reported on a study that found children from poorer families are almost [three times more likely to be obese](#) than those from richer families.

"The less you respond to negative people, the more peaceful your life will become." Unknown

10] [The Narcissistic Family Tree](#) - Karyl McBride, Ph.D - Psychology Today

The Narcissistic Family Tree - *It can be pretty and decaying at the same time.*

Clinical experience and research show that adult children of narcissists have a difficult time putting their finger on what is wrong, because denial is rampant in the narcissistic family system:

"The typical adult from a narcissistic family is filled with unacknowledged anger, feels like a hollow person, feels inadequate and defective, suffers from periodic anxiety and depression, and has no clue about how he or she got that way." - Pressman and Pressman, *The Narcissistic Family*

It is common for adult children of narcissists to enter treatment with emotional symptoms or relationship issues, but simultaneously display a lack of awareness of the deeper etiology or cause. The narcissistic family hides profound pain.

Such families tend to operate according to an unspoken set of rules. Children learn to live with those rules, but never stop being confused and pained by them, for these rules block their emotional access to their parents. They basically become invisible - neither heard, seen, or nurtured. Conversely, and tragically, this set of rules allows the parents to have no boundaries with the children and to use (or abuse) them as they see fit.

The following are some common dynamics of this profoundly dysfunctional inter-generational system. (Keep in mind there are always degrees of dysfunction on a spectrum depending on the level of narcissism in the parents.)

1. Secrets. The family secret is that the parents are not meeting the children's emotional needs, or that they are abusive in some way. This is the norm in the narcissistic family. The message to the children: "Don't tell the outside world - pretend everything is fine."
2. Image. The narcissistic family is all about image. The message is: "We are bigger, better, have no problems, and must put on the face of perfection." Children get the messages: "What would the neighbors think?" "What would the relatives think?" "What would our friends think?" These are common fears in the family: "Always put a smile on that pretty little face."
3. Negative Messages. Children are given spoken and unspoken messages that get internalized, typically: "You're not good enough"; "You don't measure up"; "You are valued for what you do rather than for who you are."
4. Lack of Parental Hierarchy. In healthy families, there is a strong parental hierarchy in which the parents are in charge and shining love, light, guidance, and direction down to the children. In narcissistic families, this hierarchy is non-existent; the children are there to serve parental needs.
5. Lack of Emotional Tune-In. Narcissistic parents lack the ability to emotionally tune in to their kids. They cannot feel and show empathy or unconditional love. They are typically critical and judgmental.
6. Lack of Effective Communication. The most common means of communication in narcissistic families is triangulation. Information is not direct. It is told through one party about another in hopes it will get back to the other party. Family members talk about each other to other members of the family, but don't confront each other directly. This creates passive-aggressive behavior, tension, and mistrust. When communication is direct, it is often in the form of anger or rage.
7. Unclear Boundaries. There are few boundaries in the narcissistic family. Children's feelings are not considered important. Private diaries are read, physical boundaries are not kept, and emotional boundaries are not respected. The right to privacy is not typically a part of the family history.
8. One Parent Narcissistic, the Other Orbiting. If one parent is narcissistic, it is common for the other parent to have to revolve around the narcissist to keep the marriage intact. Often, this other parent has redeeming qualities to offer the children, but is tied up meeting the needs of the narcissistic spouse, leaving the children's needs unmet. Who is there for them?
9. Siblings Not Encouraged to Be Close. In healthy families, we encourage our children to be loving and close to each other. In narcissistic families, children are pitted against each other and

taught competition. There is a constant comparison of who is doing better and who is not. Some are favored or seen as "the golden child," and others become the scapegoat for a parent's projected negative feelings. Siblings in narcissistic families rarely grow up feeling emotionally connected to each other.

10. Feelings are denied and not discussed. Children are not taught to embrace their emotions and process them in realistic ways. They are taught to stuff and repress them, and are told their feelings don't matter. Narcissistic parents are typically not in touch with their own feelings and therefore project them onto others. This causes a lack of accountability and honesty, not to mention other psychological disorders. If we don't process feelings, they do leak out in other unhealthy ways.
11. "Not Good Enough" Messages. These messages come across loud and clear in the narcissistic family. Some parents actually speak this message in various ways; others just model it to the children. Even if they display arrogant and boastful behavior, under the veneer of a narcissist is a self-loathing psyche - that gets passed to the child.
12. Dysfunction-Obvious or Covert. In narcissist families, the dynamics can be seen or disguised. The dysfunction displayed in violent and abusive homes is usually obvious, but emotional and psychological abuse, as well as neglectful parenting, are often hidden. While the drama is not displayed as openly to the outside world, it is just as, if not, more damaging to the children.

Reviewing these dynamics, one can see how this kind of family can look pretty but be decaying at the same time. If you recognize your family in this description, know that there is hope and recovery. We can't change the past, but we can take control of the now. We do not have to be defined by the wounds in our family systems. As Mark Twain defines the optimist, I see the recovering adult child: "A person who travels on nothing from nowhere to happiness."

We can create new life that will flow through us to the future and stop the legacy of distorted love learned in the narcissistic family. If we choose recovery, we can defy inter-generational statistics.

We Can!

"Think for yourself and let others enjoy the privilege of doing so too." Voltaire

11] [The Legacy of Distorted Love](#) - Karyl McBride, Ph.D - Psychology Today – additional articles

Recognizing, understanding and overcoming the debilitating impact of maternal narcissism

Karyl McBride, Ph.D., L.M.F.T., is a licensed Marriage and Family Therapist in Denver, Colorado with over 28 years in public and private practice. She specializes in treating clients with dysfunctional family issues. For the past seventeen years, Dr. McBride has been involved in private research concerning children of narcissistic parents, with a primary focus on women raised by narcissistic mothers. She has treated many daughters of narcissistic mothers in her private practice.

Dr. McBride also has extensive clinical experience in the fields of trauma, sexual abuse, domestic violence, divorce and step family therapy, marital and family therapy, specialized trauma treatment in Eye Movement Desensitization Reprocessing (EMDR), and individual adjustment issues related to anxiety, depression, and life transitions.

“Doctors give drugs of which they know little into bodies of which they know less for diseases of which they know nothing at all.” Voltaire

12] Self-Injury Behaviour – Michelle Bentley - Tips for Families and Caregivers

Why would someone injure themselves through cuts, burns, or hitting?

From the outside, it can be shocking and incomprehensible why someone would self-injure. From the inside, it is a way of coping with deep emotional distress that the person does not know how to tolerate, manage, or change. The self-injurer is usually not suicidal, and generally tries to keep their behaviour secret.

If you have learned that a teen or adult is using self-injury to cope, you may be wondering why this is happening, and how you can help. Whatever the person’s reason - whether to gain control, stay in reality, escape from painful emotions, or punish themselves – what this person needs is for you to see, accept and support them as a person in distress, not to see them as a “cutter.” Teens who self-injure often say, “I don’t tell my parents ’cause they’ll freak out!”

So what can you do? Don’t freak out, ignore the acts, or panic. Instead, stay calm, give first aid when necessary, show you care, listen if they want to talk. Encourage them to get help, be persistent in initiating communication, and get your own support. It is important to get professional help, since not only the self-injury but also the underlying causes and lack of coping skills need to be considered. If you are concerned that someone might be self-injuring, get information for yourself about self-injury and then take initiative and ask them. You are letting them know you care, and this will not put the idea in their heads if it isn’t there already.

What can you do to help?

- Give focused attention. (Turn off the TV and ignore your cell phone.)
- Listen in order to understand their feelings, without minimizing or problem-solving. (“So you feel really overwhelmed and unable to cope. Tell me more about that.”)
- Show interest in them as a person, not just checking on whether they are self-injuring. (“Tell me about your day,” or “What do you like about that music?”)
- Be persistent in creating opportunities to talk and offering enjoyable activities.
- Validate their emotions by accepting how they feel, rather than telling them to stop feeling sad or saying that what they care about isn’t a big deal or shouldn’t matter.
- Model adaptive ways to cope with emotions and stress. (“I am feeling down, so I am calling a friend to chat,” or “I need to set limits and say ‘No’”.)
- Tell them that you believe they will find more constructive ways to deal with these very real and difficult emotions.
- When needed, provide first aid or a drive to the doctor or emergency room.
- Encourage them to seek professional support—and get it for yourself!

Self-injury behaviour often requires professional intervention, but supportive involvement of family and other caregivers is also important. To learn more, consider attending one of our workshops or view our two webinars on this topic. Find details here: www.ctrinstitute.com

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[About - CTRI](#) - Blog [good tips/short reads, MS]

CTRI is a leading provider of training and consulting services for individuals, school, communities and organizations affected by or involved in working with issues of crisis and trauma. Our trainers are not only specialists in their field, but also dynamic speakers who deliver content-oriented presentations that are both engaging and informative. In addition, our division [ACHIEVE Training Centre](#) provides workshops for the general public, business and organizations in the areas of conflict, communication and work-life balance.

“Anyone who says you can't see a thought simply doesn't know art.” Wynetka Ann Reynolds

13] [Active Minds Mental Health Art Exhibit](#). – Awake PPT.pdf – Seeing Mental Health Through Art

An art exhibit featuring pieces by University of Minnesota students

[Active Minds, Inc.](#) is a nonprofit organization dedicated to raising mental health awareness among college students, on the peer level - empowering students to change the perception about mental health on college campuses.

Thoughts to share - Personally, I hope someday the words "mentally ill" & "mental illness" are dropped from our vocabulary and they become a relic of the past...simply stating folks, or people, dealing with or struggling with mental health challenges or concerns is more palatable than, "mentally ill". When the world starts to ask the question, "**What happened to you?**" instead of "**What's wrong with you?**" and takes the time to learn of the struggles in life of so many people, that 90% of those labeled "mentally ill" and receiving services at mental health centers have significant trauma and abuse in their lives, well...it goes beyond a "mental illness", one's whole life is impacted by the trauma and abuse that one has experienced and how that affects us, psychically, emotionally, spiritually, mentally and socially... I hope I see this change come about before I leave this earth, till then, I will continue to speak out and cringe every time I see and hear the words, "mentally ill", or "mental illness", because I know what those words did to me as a person and how I was shamed, mocked, ridiculed, abused and more...yeah, "Sticks & stones may break my bones", but damn it, **words can break us spiritually...MS**

“Fight for the things that you care about. But do it in a way that will lead others to follow you.” Ruth Bader Ginsburg

14] [How we label people with mental illness influences tolerance toward them](#) - Honor Whiteman - Medical News Today

Using "mentally ill" to describe a person with mental illness reduces tolerance toward them, a new

study found.

Would you call an individual with depression "mentally ill" or a "person with a mental illness"? According to a new study, the label one gives a person with such an illness can influence how they are tolerated by society.

Published in *The Journal of Counseling & Development*, the study found that people were less tolerant toward individuals who were described as being "mentally ill" as opposed to "people with mental illness."

According to study coauthor Darcy Haag Granello, professor of educational studies at the Ohio State University, the findings suggest that language choice when referring to a person with a mental illness is not simply a matter of "political correctness."

"This isn't just about saying the right thing for appearances," she says. "The language we use has real effects on our levels of tolerance for people with mental illness."

To reach their findings, Granello and her colleague Todd Gibbs, a graduate student in educational studies at Ohio State, enrolled three groups of participants: 221 undergraduate students, 211 non-student adults from a community sample and 269 professional counselors and counselors-in-training.

'Mentally ill' vs. 'people with a mental illness'

All participants completed a questionnaire called Community Attitudes Toward the Mentally Ill (CAMI).

Participants were presented with a set of statements that measured their attitudes toward people with a mental illness in four areas: authoritarianism, benevolence, social restrictiveness and community mental health ideology.

While the subject of each statement was the same for each participant, half of the participants in each group were presented with statements that referred to "the mentally ill," while the remaining half were presented with statements that referred to "people with mental illness."

For example, one statement assessing participants' attitudes toward social restrictiveness among people with a mental illness said: "The mentally ill (or 'people with mental illness') should be isolated from the rest of the community."

Lower tolerance for 'the mentally ill' in all three groups

The researchers found that all three groups demonstrated lower tolerance when their surveys referred to "the mentally ill" rather than "people with mental illness," but that they were less tolerant in different ways.

College students, counselors and counselors-in-training were less tolerant in relation to authoritarianism and social restrictiveness when the surveys referenced "the mentally ill," while non-student adults were less tolerant in areas of benevolence and community mental health ideology.

The researchers believe their findings highlight the importance of "person-first" language when addressing people with mental illness.

"Person-first language is a way to honor the personhood of an individual by separating their identity from any disability or diagnosis he or she might have," explains Gibbs.

"When you say 'people with a mental illness,' you are emphasizing that they aren't defined solely by their disability. But when you talk about 'the mentally ill' the disability is the entire definition of the person."

The team says they were surprised to find that even counselors' tolerance toward people with a mental illness was swayed by language choice.

"Even counselors who work every day with people who have mental illness can be affected by language," says Granello. "They need to be aware of how language might influence their decision-making when they work with clients."

Overall, the researchers believe their findings should prompt a change in how society addresses individuals with a mental illness. Granello says:

"I understand why people use the term 'the mentally ill.' It is shorter and less cumbersome than saying 'people with mental illness.'

But I think people with mental illness deserve to have us change our language. Even if it is more awkward for us, it helps change our perception, which ultimately may lead us to treat all people with the respect and understanding they deserve."

In April 2015, *Medical News Today* reported on a study that found [9 in 10 people with a mental illness report high levels of discrimination](#).

"Simplicity isn't simple. It is revolutionary, counter-cultural. It takes intentionality and commitment."
Christine Sine

15] [Peer Support Resources](#) - This website was created as a way to share resources with those interested in understanding, implementing or working in peer-to-peer support roles [particularly those that exist within mental health services and/or that are intended for individuals who are or have experienced trauma, emotional distress, psychiatric diagnosis and other significant life challenges]. We hope that this site will keep growing over time and we look to YOU to help us do that with your questions, suggestions and any tools and resources you may want to offer.

"Non-cooperation with evil is a sacred duty." Mahatma Gandhi

16] [Mental Illness and Incarceration: Disrupting the Link](#) - The Crime Report

Early intervention programs may be the key to preventing people with serious mental illness from ending up in prison, according to a report released this week by the VERA Institute of Justice.

Currently, more than half a million people who are mentally ill are incarcerated in U.S. prisons and jails on any given day, the report states, noting that it is equivalent to the number of people held in "deplorable" conditions in psychiatric institutions during the 1950s.

"The driving idea is a simple one: To invest in people early on to avert or halt a trajectory of interaction with the criminal justice system," write authors Leah G. Pope, Kim Hopper, Chelsea Davis and David Cloud in the report, entitled "First-Episode Incarceration: Creating a Recovery-Informed Framework for Integrated Mental Health and Criminal Justice Responses." The authors add: "At a basic level, prevention and early intervention may be less about designing totally new programs than about integrating existing elements of effective practice into a comprehensive program."

Examples provided by the study included designing programs that help homeless clients find housing, and offer enough flexibility to allow them to enroll in school or vocational training and foster a sense of empowerment. The recommendations were developed based on feedback from 11 practitioners nationwide—including policymakers, academics and other professionals—who work at the intersection of mental health and criminal justice.

[First-Episode Incarceration: Creating a Recovery-Informed Framework for Integrated Mental Health and Criminal Justice Responses](#) – 20 page PDF

"This day is all I have to work with, and it is all I need. If I am tempted to worry about tomorrow's concerns. I will gently bring my mind back to today." The Courage to Change, Al-Anon

17] [Waterloo University News](#) - Panel: child abuse costs countries up to \$150 billion per year

Beyond physical and emotional damage, child abuse has a steep economic price tag that costs economies billions of dollars each year, an international panel of experts will tell the 2016 General Meeting of the American Association for the Advancement of Science on Friday, February 12.

In high-income countries, the median child abuse costs are equivalent to a loss of 1.2 per cent of per capita income, translating to \$150 billion each year in the United States of America. The estimated loss is \$50 billion in China, a middle income country.

"Violence against children is prevalent across countries at all income levels, in all forms," said Sue Horton, a professor of at the University of Waterloo and Chair in Global Health Economics at the Centre for International Governance and Innovation. ***"In addition to a rights-based case, there is now a stronger than ever economic case for protecting children against violence."***

The panel, organized by Professor Horton and Susan Bissell, director of the Global Partnership to End Violence against Children housed at UNICEF, presents Friday at 1 p.m. in the Harding room at Marriott Wardman Park, Washington, DC.

Featuring leading academics and practitioners from the United States, United Kingdom, China and Pakistan, the panel will present the latest research on the economic impact of violence against children in key regions around the globe. One study, from the University of Edinburgh, will reveal that the cost of emotional abuse alone, in countries in East Asia and the Pacific, tops more than \$48 billion per year.

Panelists

- James Mercy, U.S. Centers for Disease Control and Prevention
- Deborah Fry, University of Edinburgh
- Xiangming Fang, China Agricultural University
- Zulfiqar Bhutta, Centre for Global Child Health, Hospital for Sick Children, Toronto and Center of Excellence in Women and Child Health, The Aga Khan University

Significant financial costs stemming from child abuse include treatment costs for physical injuries suffered, future loss of productivity due to injuries, lower schooling attainment and labour market earnings, and intergenerational effects. Violence experienced in childhood is associated with higher health spending in adulthood.

Lower-income countries have higher rates of child abuse. In West and Central Africa, 90 per cent of children are either physically or psychologically disciplined at home. In East Asia and the Pacific that number stands at 74 per cent.

“While child abuse rates are tied to a country’s economic status, that is no excuse for the continued prevalence,” said Susan Bissell. “There are known interventions which are effective in preventing violence and supporting children who have experienced violence. Many of these are cost-effective and provide good value for public money.”

Laws can have a significant effect on changing attitudes and practices to physical violence against children. Legislation to protect children from violent punishment reduced the proportion of children being hit by 80 per cent over a 35-year period in Sweden. Parent-education, home visitation and sexual abuse prevention programs also have proven track records for curbing violence against children.

In 1990, UNICEF created the Convention on the Rights of the Child to clarify the rights of children and change the way they are viewed and treated. To date 196 member countries have signed or are in the process of signing the Convention. The United States is the sole remaining holdout.

“Child abuse is a global issue with far-reaching and very negative consequences,” said Professor Horton. **“Even if we just looked at economic burden studies - they demonstrate the magnitude of this problem and the urgent need for action.”**

The only piece I would question is this - "Lower-income countries have higher rates of child abuse". I think there are equal amounts of child abuse [physical, sexual, emotional, neglect] everywhere...higher income countries & neighborhoods have a better way of hiding it and not sharing the family secrets. & Poverty is a form of child abuse... MS

“I was always looking outside myself for strength and confidence, but it comes from within. It is there all of the time.” Anna Freud

18] [Made By Survivors - Why We Exist](#) - *“When I first learned about modern day slavery, I felt shocked, sickened and overwhelmed. To be honest, my first instinct was to avoid the pain by turning away from the problem. “What can I do about it?” I thought. Thankfully, I soon learned that there are many successful efforts all over the world to combat slavery. Along with my husband and*

concerned friends, I wanted to be part of that solution, so we created Made By Survivors to help survivors and high risk people become and remain free forever, to empower them to rescue and protect others, and to be part of a global community who are proving every day that slavery can and will be ended.

Sarah Symons, Made By Survivors Founder and Executive Director

Slavery and Human Rights, by the numbers:

- 29 million people are enslaved in today's world, according to the United Nations
- One million children are trafficked every year for sexual exploitation
- 100 million girls are trapped in child marriages
- 200,000 children are exploited in child labor
- Average age of victims at the time of trafficking: 11-14

In modern day slavery, human beings are bought and sold on an international market, for amounts ranging from \$80 to \$5000 or more. They have no control over their lives or their children's lives: where they live, or what work they do (usually dirty, degrading or dangerous). Being enslaved is extremely hazardous to human life and health – for example 22% of child slaves in India do not make it to adulthood.

Sometimes slaves are kept captive with literal chains or bars. In other cases threats of violence, or actual violence keep enslaved people from running away. Some people do not even realize that they are slaves, or that slavery is illegal. Millions of families toil as slaves for generations, to satisfy debts typically under \$50, in the practice known as bonded labor.

Victims of human trafficking are subject to gross human rights violations including rape and torture.

Forms of Human Trafficking and Modern Slavery

- Sexual exploitation /Forced Prostitution – also includes Forced Marriage and Child Marriage
- Forced Labor – Agricultural, Industrial, Factory work, Fishing Industry
- Bonded Labor – Agricultural, Industrial, Factory work
- Domestic Work (nannies, housekeepers, cooks and gardeners)
- Forced Begging
- Child Soldiers

Child Marriage is not defined as a form of slavery, but we think it should be.

Where Does Trafficking Occur?

- Every country in the world
- Hardest Hit Regions for victims are South and Southeast Asia, Eastern Europe and Africa
- Destination countries include Europe, USA, Japan, Australia, India, Israel, Gulf States [Learn more](#)

[Products – Made By Survivors](#)

“To find what you seek in the road of life, the best proverb of all is that which says: “Leave no stone unturned.” Edward Bulwer Lytton

19] [The Survivorship Ritual Abuse and Child Abuse 2016 Conference](#) - May 7 - 8, 2016 at the Executive Inn & Suite - Oakland, CA [Information about the conference](#)

Two days of survivor and professional workshops, a great price, good food, a safe environment and working with others who are survivors. Working together to help survivors and the survivor movement. This year our conference theme is: **Stop Mind Control and Programs**

Speakers include: Wendy Hoffman, Dr. Alison Miller, Dr. Steve Frankel, Neil Brick, Dr. Randy Noblitt, Pam Perskin and others.

Questions about the conference can be sent to: conference2016@survivorship.org

Survivorship is a volunteer run not for profit organization and is a long time support network for survivors of extreme abuse. In order to keep our webpage and services open, we seek bursaries, contributions and grants. Your generous contribution to this campaign will allow more people to attend our yearly conference, give us the possibility of educating more professionals and give us a broader base of outreach.

Survivorship exists to support survivors of abuse online. Sorry, but we don't provide referrals to therapists, agencies or hospitals. [Learn more](#)

“Music expresses that which can not be said and on which it is impossible to be silent.” Victor Hugo

20] [Broken by Tift Merritt](#) - Music video -You Tube 4:00 minutes [*one of my favorite songs, MS*]

*Cause I'm broken and I don't understand
What is broken falls into place once again
Hand of kindness, come and gather me in like a rainstorm
Again and again and again, again and again and again
Again and again and again, I think I will break but I mend* [Lyrics](#)

“My Soul is always calling to me, every circumstance and opportunity needed for my highest spiritual evolution.” Julia Robles Scott

Additional Resources:

21] [New federal data shows nearly 3 percent rise in child abuse](#) - US News

22] [Do I Own My Story? But What If It's Also Your Story, and You Don't Want Me To Tell It?](#) - BREVITY's Nonfiction Blog - Laurie Hertzell

23] [Eckhart Tolle- Current Economy](#) - YouTube - A series of videos to help with the anxiety of the current economy. How to have inner peace amid the uncertainty.

24] [Which Anti-psychotics Have the Greatest Risk for Metabolic Syndrome?](#) - Pat Deegan - YouTube 7:30 minutes

25] [Why This Doctor Believes Addictions Start In Childhood](#) - Understanding the root causes of addiction can help us to better treat it - Carolyn Gregoire – HuffPost Science

“Not all addictions are rooted in abuse or trauma, but I do believe they can all be traced to painful experience,” Dr Gabor Maté

“We can do anything we want to do if we stick to it long enough.” Helen Keller

Take care, Michael, Mary, Becky, Cynthia, Lynn & Mary Ann

PS. Please share this with your friends & if you have received this in error, please let me know – mikeskinner@comcast.net

Our lives begin to end the day we become silent about things that matter. Martin Luther King, Jr.

A diagnosis is not a destiny

[The Surviving Spirit](#) - Healing the Heart Through the Creative Arts, Education & Advocacy - Hope, Healing & Help for Trauma, Abuse & Mental Health

[The Surviving Spirit Speakers' Bureau](#)

[The Surviving Spirit Facebook Page](#)

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"BE the change you want to see in the world." Mohandas Gandhi