



*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 April 2016

Hi Folks,

Welcome to the April edition of the Surviving Spirit Newsletter. A little bit late in sending this out, but it has been a hectic month with some traveling, presenting, performing and some interviews, etc. Not complaining, grateful for the opportunities...and hey, to be able to perform some of my songs in Knoxville, Nashville and Memphis, TN, well, that is pretty cool for a musician.

I also had the opportunity to go down to New York City to be a part of the film documentary, ***Hold Me Right***. It's been awhile since I got deeply emotional during an interview, it usually happens after the fact...I think the questions and the reflections stirred some deep feelings, but that's okay.

*[Hold Me Right](#) is a documentary film that explores reactions survivors face once they disclose their stories. With this film, we aim to challenge the parts of our culture that encourage victims to stay silent and in shame. We hope to create a cultural current where survivors feel empowered to come forward, free from judgments and doubts.*

*By focusing only on what happened after the horrific events, the film is to serve as a "live pamphlet" for those who don't know how to be there for their close ones in the aftermath of the assault. Responses that are ignorant of what the victim really needs deepen the wounds already too painful, bringing more harm and trauma. Confessions reveal fears and struggles, but also a sense of healing sexual assault victims experience once they gather the courage to speak up. Further, ***Hold Me Right*** Film is made in the hope these stories would encourage victims who never talked about their suffering to come forward and seek help.*

I look forward to its release.

Health Awareness for the month of April highlights some of these issues, [Alcohol Awareness](#), [National Autism Awareness](#), [National Child Abuse Prevention](#), [National Minority Health](#), [STI Awareness](#) and [Sexual Assault Awareness and Prevention](#).

The Gundersen Nation Child Protection Training Center is working to end child abuse, neglect and other forms of child maltreatment in three generations, I hope so. Couple this, with the thoughts of [John Briere](#) and the world would be a safer and healthier place to live.

*“If we could somehow end child abuse and neglect, the eight hundred pages of DSM (and the need for the easier explanations such as DSM-IV Made Easy: The Clinician's Guide to Diagnosis) would be*

*shrunk to a pamphlet in two generations.”* John Briere, Ph.D., Associate Professor of Psychiatry and Psychology at the Keck School of Medicine, University of Southern California, Director of the Psychological Trauma Program at LAC-USC Medical Center, and Co-Director of the MCAVIC-USC Child and Adolescent Trauma Program, National Child Traumatic Stress Network.

***We all have a role in ending child abuse and neglect....***

I share an interview, **Healing From Trauma is Possible** with Gretchen Schmelzer of *Emotional Geographic*, from our good friends at **Big Voice Pictures**. The interview is deep and rich with thoughts and more resources, so tradition was broke and it takes up several pages, but I think you will like the results.

FYI, a recent blog post - [Thoughts & Music to share on Resiliency](#)

An as the saying goes, *“take what you like and leave the rest.”*

Thank you & take care, Michael Skinner

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*"There can be no keener revelation of a society's soul than the way in which it treats its children."*  
*Nelson Mandela*

1] [SpankOut Day - April 30, 2016](#) - Gundersen National Child Protection Training Center

**What is SpankOut Day USA?** - SpankOut Day USA was initiated in 1998 to give widespread attention to the need to end corporal punishment of children and to promote non-violent ways of teaching children appropriate behavior. Non-violent discipline helps children become caring, responsible and self-disciplined adults. The Center for Effective Discipline sponsors SpankOut Day USA on April 30 of each year. All parents, guardians and caregivers are encouraged to refrain from hitting children on this day, and to seek alternative methods of discipline through programs available in community agencies, churches and schools.

Since 1998, over 1,000 informational events on child discipline have been carried out by organizations on SpankOut Day USA. Thousands of individuals have participated in this observance. SpankOut Day has even spread to receive [international recognition](#).

You can do something to stop children from being hit, even if you only have a few minutes to help.

### **Ways to Celebrate SpankOut Day in Your Community**

- Host a SpankOut Day special event
- Check out our parenting education and training material. Distribute them to parents and organizations. Use them in your SpankOut events. The material is copyright free but authors request that they be given appropriate recognition.
- Send the media an event announcement if you are planning one.
- Submit a public service announcement to local media. Just look up your community's newspaper, radio or television addresses in the phone book or on the internet; fill in the blanks on our sample materials; and mail or e-mail them.
- Submit a newsletter article to your civic group, school or church.
- Write to legislators about banning corporal punishment in schools. See our sample letters to state and federal representatives.
- Have your mayor, city council or governor sign a proclamation announcing SpankOut Day in your city or state.
- Get your town council to adopt a resolution calling for a spank-free town. See our sample resolution.
- Talk to your relatives, friends, neighbors and co-workers about using positive, non-violent ways to teach and discipline children.
- Donate to the Center for Effective Discipline to support SpankOut Day and other efforts to promote raising good kids without hitting.
- Creating products by children for use in discussion or display: Audiotape of children age 4-14 talking about spanking for use in parent discussion. Art by children on "How spanking and yelling feels to children" to display in public places or use in parent discussions. A writing

contest for children on "How spanking and yelling feels to children". Children write PSA statements for radio on "How spanking and yelling feels to children"

- Using 15-foot stand-up cut out of adults created by teens for display in shopping center, town square and courthouse lawn. CASA volunteers in one community took Polaroid's of adults next to the cutout to show how a child feels looking up at an adult. They handed out positive discipline information.
- Developing materials for continuing use by the agency/school parent programs (brochures, fliers, posters)
- Imprinting college/organization paychecks with "It is easier to build a child than to repair an adult. Join us in participating in SpankOut Day on April 30th"
- Handing out "no spanking/what to do instead" cards with play dough recipes and cookie cutters to parents in public places or preschools
- Using a ball/paddle for training health care workers "Paddle a Ball/Not a Child"
- Sponsoring community billboards on positive discipline/no spanking
- Using "Spank-Free" pledges for parents/ follow-up support letters or calls
- Providing continental breakfast/social worker informal conversations on discipline for parents dropping children off at preschool
- Training parents in infant-toddler massage for children up to age three and showing how massage calms children
- Passing around life-size baby dolls, playing a crying audiotape and having each participant identify one way to calm the baby
- Using a family fun night to provide information and materials on positive discipline

*"It shouldn't hurt to be a child" Unknown*

[Gundersen Nation Child Protection Training Center](#) (Gundersen NCPTC) and its programs, [Jacob Wetterling Resource Center](#) (JWRC) and [Center for Effective Discipline](#) (CED), work to end all forms of child maltreatment through education, training and prevention, while advocating for and serving children, adult survivors and communities.

Gundersen NCPTC prepares current and future child protection professionals to recognize and report the abuse of children. As leaders in the field since 2003, more than 100,000 child protection professionals have been trained in all 50 states and 17 countries on topics pertaining to child abuse investigations, prosecutions and prevention.

NCPTC works to end child abuse, neglect and other forms of child maltreatment in three generations through:

- Education
- Training
- Awareness
- Prevention
- Advocacy
- The pursuit of justice

*"Darkness cannot drive out darkness, only light can do that. Hate cannot drive out hate, only love can do that." Martin Luther King, Jr.*

2] ["It Shouldn't Hurt to Be a Child" CHILD ABUSE AWARENESS](#) Hollow Hearts Ft: Calli Kathleen – YouTube – song 3:29 minutes

*“Life is amazing. And then it's awful. And then it's amazing again. And in between the amazing and the awful it's ordinary and mundane and routine. Breathe in the amazing, hold on through the awful, and relax and exhale during the ordinary. That's just living, heartbreaking, soul-healing, amazing, awful, ordinary life. And it's breathtakingly beautiful.” LR Knost*

3] [Healing From Trauma is Possible](#) - In our continued outreach for our films [Boys and Men Healing](#) from childhood sexual abuse and [The Healing Years](#), we invite leaders in the field to share new insights on healing from trauma and childhood sexual abuse. We're honored today to share a Q & A with Gretchen Schmelzer, PhD, a licensed psychologist trained as a Harvard Medical School Fellow. Her website [“Emotional Geographic”](#) is a place to create, extend and build a new conversation about the effects of trauma and healing from long term trauma” - “and to learn, explore and honor the journey back to wholeness and health.”

Gretchen is also a trauma survivor, who has worked for twenty-five years with the complex issues of trauma, integration and behavior change across every level of system from individuals, to groups, to large systems and countries. (see additional bio below Q & A)

Welcome Gretchen!

### **1. I love the name of your website. Can you tell us a bit about how you came up with the name and your hope and intention for the site?**

I spent about five years working on a book about healing from repeated trauma and in my writing I began to see what kind of courage and stamina it takes to start and then stay on a path of healing. During this period of writing I came across a stack of old National Geographic magazines from the 40's and 50's and was struck by how the articles were written by the explorer's themselves, not by journalists, and how incremental and gritty the stories were. Healing from trauma is so invisible. We can root for the double amputee competing in the Paralympic games. We can see he has courageously managed to overcome a massive obstacle and we can watch his triumph. And we should cheer for him—it's a huge and brave piece of work. But what about the veteran with PTSD? Or the man who survived priest sexual abuse? He has managed to get a new job, and is now volunteering in his son's cub scout troop—and no one is on the sidelines cheering his accomplishment. It's too hard to see, and difficult to understand, for those watching and for the survivor himself. But it is no less a triumph, and no less a journey. Inner wounds are invisible: we can't see people overcoming them, we can almost never appreciate the triumph—not even with ourselves. It made me long for a magazine called Emotional Geographic with the brave people who have dared to heal on the cover. And maps to these difficult territories of healing inside, waiting to be hung on the wall. So I decided to create it. Welcome

#### **For more on the courage to heal:**

[Courage to Heal](#)

### **2. The tagline for the website is *Healing from Trauma is possible. Healing is Brave. No One Heals Alone.* These are powerful statements. Can you elaborate on this hopeful message?**

I have worked in the mental health field now nearly thirty years and I can tell you that one of the most

difficult obstacles in healing is the loss of hope. People go to treatment and they initially feel better, but the work of healing starts, they start to feel worse and they often quit. This has been my main motivation in writing about trauma. I want people to understand the healing journey so they can stay on it—and so they know where there are and can feel more confident, even if it is really hard. I want people to know that healing is possible. You can heal from trauma—it takes work and it takes perseverance and it has a lot of rocky spots, but you can get through all of that. Which is why I also say that *Healing is Brave*. It takes so much courage to back to the most difficult parts of your life. People have this misunderstanding that when you go for help you will feel better—and you might initially. But in healing from trauma there is also some really terrain, and it requires you to be brave—and really lean on your strength to get through it. And the last part is that *No One Heals Alone*. Trauma shatters trust, trust in ourselves, trust in other people and trust in the wider world. And trust is something that is primarily healed in relationship. Our brains are wired to heal trust and connection through relationship—it is something you can't do by yourself. No one would tell you to do open heart surgery by yourself, and in a similar vein, you can't heal yourself from trauma.

### **3. Can you share a few realities about the hope that's available for adult survivors of childhood abuse in terms of advances in healing trauma?**

We understand so much more about how childhood trauma impacts our development, our brain, and how we behave in relationships. This understanding now informs treatment. Trauma treatment is no longer something that is one-size-fits-all. You can work with your therapist to figure out the best methods to help you—whether it is working on the more relational aspects of trauma, the thoughts and actions, or the symptoms of PTSD. I think the most important thing that survivors can do is find someone who is willing to work with them to figure out what they need and explore the many options that exist now.

### **What are some basic thoughts you can share with adult in terms of the process of healing including the challenges, pitfalls and triumphs?**

I think one of the main things in understanding the healing process is to first understand the impact of the trauma. Childhood sexual abuse is typically a repeated trauma—it doesn't just happen once, like a car accident. It is more like being in a car accident every night for years. Repeated trauma is really three forms of trauma: what did happen (the abuse), the protections you used to survive the trauma, and what didn't happen (the developmental challenges you didn't get to do because the trauma was occurring). The challenges in the healing process are that you often have to work on the protections: the ways you survived the trauma—the walls you put up—the ways you shut down. You need to work on these first in order to be able to get to your story and protections can take a long time to work through. The other challenge is that people believe that in order to heal you just have to tell your story, but to heal fully you need to pay attention to the third form of trauma—to what didn't happen: you have to be able to attend to what you didn't learn about yourself, your relationships or your behavior during the time the trauma was happening.

I think one of the biggest pitfalls is people moving too quickly in to the trauma work and not preparing adequately. I liken trauma treatment to a high-altitude climb. You need to spend time at 'base-camp' before you can take on the more difficult terrain. You need to build a strong and trusting relationship with your therapist, you need to have solid strategies for managing your emotions, and you need to have a solid platform in your life—safe place to live, supportive relationships and a meaningful activity to be your fixed ropes as you climb. Only then is it safe enough to do the work necessary for healing.

The triumphs in healing are moments that feel big: moments of trust, moments of being able to hold



your story in the context of your larger life, moments of really feeling that the past has become the past, and is no longer driving your present emotions or decisions. Often these big triumphs will be fleeting at first, and sometimes unseen to the people around you. That's why it is important to really honor your hard work and know how brave you are in taking on this challenge.

#### **4. In sharing our films about healing from childhood sexual abuse, we have also met survivors who have had incredible courage in the healing process. Can you share a bit about the role courage plays in healing?**

I have heard that the definition of courage is feeling fear and doing it anyway and I really don't think it is possible to heal without courage. Healing is not an event—it is a process that requires a lot of work and the ability to 'show up' over and over again. One of the hallmarks of trauma is that it renders us helpless as the moment of trauma—and this helplessness embeds deep shame. Healing from trauma requires us to work through that shame which is very difficult and scary. People who are healing from childhood sexual abuse have to have the courage to try—the courage to show up again and again. They have to have the courage to speak up—to learn to trust their voice and be brave enough to hold their story, and the courage to trust—to trust in relationships even though a relationship was the very place that the trauma occurred.

I think one of the confusing things about the term courage is that you don't feel courageous through a lot of the healing process. I used to cringe when my therapist used the word courageous. Long term trauma involves repeated experiences of helplessness and terror. These experiences usually result in shame, not courage; in fear, not bravery; in hopelessness, not resilience. But I misunderstood my therapist when she was using the term courageous. I heard the word 'courage' and thought she implied that I had acted courageously as a child. But I had done what all people who come through trauma hope to do, I survived it. Some people might say that survival takes courage, but mostly it takes perseverance—the perseverance of feeling hopeless and going forward anyway—the perseverance of finding hope wherever you can. It takes the ability to put your head down and keep going. It takes some kind of hope. But healing from trauma—that does take courage. You may not feel it at first, but you do eventually, and that's pretty great.

#### **5. How about resistance to healing. What are the main culprits and how can a survivor move through resistance?**

I take resistance to healing as a good sign. It means that there is an internal system of wisdom—of knowing pacing and limits. Keeping in mind that repeated trauma is really three traumas: what did happen, what didn't happen, and the defenses created to survive the trauma—the resistance is exactly what helped someone survive. It needs to be honored, understood and worked with. You work through resistance by acknowledging it, by talking not about the abuse, but about the resistance itself: what is hard about getting help, what is hard about talking, what is hard about trusting. This is tremendously powerful and difficult work. The resistance isn't separate from healing, it is actually one of the main pathways to healing. The resistance is often a way that we tell or act out our story of abuse—how we can or can't trust help. Working with resistance requires a lot of patience and compassion, and your best bet is to go slowly, one sentence at a time.

**For more on resistance in healing:**

[Trauma and Change](#)

[The Geology of Silence](#)

#### **6. Can you offer your thoughts that could help survivors coping with repressed or confused**

## memories?

I think that one of the most important things to understand is that memory is really complicated and traumatic memory even more so. If you experience a one-time trauma, often memory for this is clear—it is almost etched in to your brain. That is the very nature of flashbacks. But if trauma is repeated—often this isn't the case—our physiology is designed to protect us. Our defenses against being overwhelmed and incapacitated help us not take in trauma as it is happening. There are a number of things that happen with the physiology of our brains that keep us from taking in the whole story. Trauma keeps our brains from encoding or storing the information in the way it typically takes in information. Stress activates our fear or emotional memory so that the memory gets stored as a memory that you know but don't know how you know—they call this a procedural memory (like riding a bike or tying your shoes).

To make this even more likely, the high levels of stress hormones from trauma inhibit the neural networks of the hippocampus-cortex circuit —effectively taking our memory for knowledge “off-line” which means that the details of the memory, the story of the memory and the context of the memory are not properly “written down.” The memory is there, your brain recorded the information, but the information was stored without a connection to context and often, time. Think of it as memory scattered. Even more striking is the loss of language during and after trauma. During trauma, and even recalling trauma, the language center of the brain has reduced blood flow which inhibits the capacity for language. This inhibition impairs encoding the event into language and can impair the retrieval of memory into language. When we say that trauma is ‘unspeakable’ or that language fails us—it's not just a metaphor: the language centers in our brain keep us **from** the story.

All of this combines to create memory that is not always a clear narrative. As both a therapist and survivor I think it is important to understand your memory and story as something that can help you understand your history and help you heal—separate from our culture's understanding of your memory and story as testimony that would be used in a courtroom. I think what gets in the way of healing is the desire for something hard and definitive in the courtroom sense and with childhood sexual abuse—both its often early onset, and repeated nature can make it harder to have a definitive clear memory.

**For more on memory and trauma:**

[Remembrance: Holding and Healing Through Stories](#)

[Understanding Learning and Memory](#)

[Understanding Re-enactment](#)

## **7. Can you share about the role creativity plays in healing?**

I should probably give my bias up front—I spent the first 15 years of my psychology career working with children—so creativity—using play, having to figure what each kid could do and not do—was integral to my work as a therapist and I brought this same approach and attitude in to my work with adults. And I also brought it in to my own healing as well. Creativity is really a flexibility—an ability to break out of seeing things the same way, or stay rigid—so I see creativity as one the main paths to healing. If someone is having a hard time talking—can they describe their feelings as a picture, as a color, as an animal? Can they move objects in my office to represent how they feel? Can they bring in something from home that helps them describe it?

Are they feeling stuck? What if they switched chairs and just felt that kind of movement from one chair to the other? Are they feeling afraid to talk or be seen? Can they wear sunglasses as they talk so they have some control over that? Creativity is really about experimentation and learning—and both of



those support the healing process. They allow the survivor to be in a position of not-knowing the outcome which can be really scary, but they can experience it in tiny doses and in safety.

**For more on creativity and play:**

[To Truly Leap](#)

[Mindful Ways of Seeing](#)

A question adult survivors beginning to heal later in life ask is – is it really possible to change, to heal and to thrive. Can you elaborate based on your experience as both a psychologist and a trauma survivor.

The short answer is yes. And the honest answer is yes, and it is hard work. Much of healing from childhood abuse is about learning trust and relearning attachment and these two things are things that in the best of circumstances we learn very early in life—over many years with a lot of difficulty and holding (think of the ‘terrible twos’). I can say unequivocally that you can learn it in adulthood but you have to be patient with yourself. It would be the moral equivalent of learning to walk as an adult. You have to go slowly, really lean on help, and be proud of each step.

I can also say that for some trauma I think it is even better to heal in adulthood than it is in adolescence. As an adult you have more of your brain available to help you—you have more ability to build the self-control muscles so necessary to healing—and you often have more lived experience—more proof that despite a difficult past—you have strength and ability. You often have things that are important to you—a family, loved ones, a career—that can be big motivators to help you through the hard parts of healing and remind you that you are more than your trauma. So while it can be hard to heal as an adult, in many cases I think it actually is safer and more successful.

**For more on the journey of healing as an adult:**

[It’s Never Too Late — Old Dogs Can Heal](#)

**8. Can you share a bit of wisdom about your own healing process from trauma – wisdom that could help encourage those still in a healing process.**

I think that the first thing I would say that was said earlier is that you can’t do it alone. Trust me, if there was a way to do this alone I would have found it—I was really stubborn about that for a long time. The best thing I did was find someone who could help me—and that took a number of tries—six in fact. It can take a while to find a person or group that you feel like you can work with. And the next thing I would say is that healing from trauma is really like having two tracks going on in your life at one time. In my view healing from any repeated trauma is a long term project—so you have to be able to work at healing AND you have to keep living your life. I think there is often a fantasy that you can stop your life—fix your trauma—and then move on, but in my experience, this isn’t what happens. You have to hold both at the same time which is why it takes so much courage. And the last thing I guess I want to say is that it does get better. It doesn’t always feel as painful as it does in the beginning, and you will be able to do things in the world you would have thought impossible. But you have to stay patient and compassionate. What you build through healing is your ability to not abandon yourself. You have the help of a therapist or a group, but you also become your own teacher/friend/guide.

**Gretchen Schmelzer, PhD Additional Bio:**

Gretchen also was an expert consultant Frontline for their documentary on Alaskan survivors of priest sexual abuse (aired April 19, 2011). She has also worked with individuals and groups in large clinics,

and clinics in housing projects, in residential treatment facilities, on psychiatric units and medical hospital units, and in private practice. Her work includes over a decade of working with traumatized children and adolescents in residential treatment and psychiatric units.

Since 2002, Dr. Schmelzer has also worked as a senior consultant with Teleos Leadership Institute, an international consulting firm serving leaders of fortune 100 businesses and major not-for-profit organizations such as the United Nations. Her expertise in long term trauma was used to inform the design and delivery of a four year large scale intervention for the UN in Cambodia. She and her colleagues worked with 150 leaders each year who were survivors of the Khmer Rouge in a large scale leadership initiative to strengthen the county's response to HIV/AIDS. The program integrated work in self-awareness and self-regulation, gender issues, communication skills, relational skills and action learning. This program was rated one of the most successful leadership development programs run through the United Nations Development Programme by an independent research team.

She graduated in 1987 from Mount Holyoke College with a BA in German Literature, in 1993 from Springfield College with an MS in Counseling Athletes, and in 2002 from Northeastern University with a PhD in Counseling Psychology.

**WE WOULD APPRECIATE IT IF YOU'D SHARE THIS WONDERFUL Q & A!**

[We Love Your Comments!](#) [scroll down to end of article]

*“Practicing an art, no matter how well or badly, is a way to make your soul grow, for heaven's sake. Sing in the shower. Dance to the radio. Tell stories. Write a poem to a friend, even a lousy poem. Do it as well as you possible can. You will get an enormous reward. You will have created something.” Kurt Vonnegut*

4] [The Impact of Parental Alienation on Children](#) – Undermining Loving Parent-Child Relationships as Child Maltreatment by Edward Kruk, Ph.D. Psychology Today

*“Hatred is not an emotion that comes naturally to a child; it has to be taught. A parent who would teach a child to hate or fear the other parent represents a grave and persistent danger to the mental and emotional health of that child. Alienated children are no less damaged than other child victims of extreme conflict, such as child soldiers and other abducted children, who identify with their tormentors to avoid pain and maintain a relationship with them, however abusive that relationship may be.”*  
Edward Kruk

I offer the first installment of a three-part series examining (1) the impact of parental alienation on children, (2) the effects of parental alienation on parents, and (3) programs, services and interventions that combat alienation and seek to reunite estranged parents and their children.

What children of divorce most want and need is to maintain healthy and strong relationships with both of their parents, and to be shielded from their parents' conflicts. Some parents, however, in an effort to bolster their parental identity, create an expectation that children choose sides. In more extreme situations, they foster the child's rejection of the other parent. In the most extreme cases, children are manipulated by one parent to hate the other, despite children's innate desire to love and be loved by both their parents.

Parental alienation involves the “programming” of a child by one parent to denigrate the other

“targeted” parent, in an effort to undermine and interfere with the child's relationship with that parent, and is often a sign of a parent’s inability to separate from the couple conflict and focus on the needs of the child. Such denigration results in the child’s emotional rejection of the targeted parent, and the loss of a capable and loving parent from the life of the child. Psychiatrist Richard Gardner developed the concept of "parental alienation syndrome" 20 years ago, defining it as, "a disorder that arises primarily in the context of child custody disputes. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. It results from the combination of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the target parent." Children’s views of the targeted parent are almost exclusively negative, to the point that the parent is demonized and seen as evil.

As [Amy Baker](#) writes, parental alienation involves a set of strategies, including bad-mouthing the other parent, limiting contact with that parent, erasing the other parent from the life and mind of the child (forbidding discussion and pictures of the other parent), forcing the child to reject the other parent, creating the impression that the other parent is dangerous, forcing the child to choose between the parents by means of threats of withdrawal of affection, and belittling and limiting contact with the extended family of the targeted parent. In my own research on non-custodial parents who have become disengaged from their children’s lives (Kruk, 2011), I found that most lost contact involuntarily, many as a result of parental alienation. Constructive alternatives to adversarial methods of reconnecting with their children were rarely available to these alienated parents.

Parental alienation is more common than is often assumed: Fidler and Bala (2010) report both an increasing incidence and increased judicial findings of parental alienation; they report estimates of parental alienation in 11-15% of divorces involving children; Bernet et al (2010) estimate that about 1% of children and adolescents in North America experience parental alienation.

There is now scholarly consensus that severe alienation is abusive to children (Fidler and Bala, 2010), and it is a largely overlooked form of child abuse (Bernet et al, 2010), as child welfare and divorce practitioners are often unaware of or minimize its extent. As reported by adult children of divorce, the tactics of alienating parents are tantamount to extreme psychological maltreatment of children, including spurning, terrorizing, isolating, corrupting or exploiting, and denying emotional responsiveness (Baker, 2010). For the child, parental alienation is a serious mental condition, based on a false belief that the alienated parent is a dangerous and unworthy parent. The severe effects of parental alienation on children are well-documented; low self esteem and self-hatred, lack of trust, depression, and substance abuse and other forms of addiction are widespread, as children lose the capacity to give and accept love from a parent. Self-hatred is particularly disturbing among affected children, as children internalize the hatred targeted toward the alienated parent, are led to believe that the alienated parent did not love or want them, and experience severe guilt related to betraying the alienated parent. Their depression is rooted in feelings of being unloved by one of their parents, and from separation from that parent, while being denied the opportunity to mourn the loss of the parent, or to even talk about the parent. Alienated children typically have conflicted or distant relationships with the alienating parent also, and are at high risk of becoming alienated from their own children; Baker reports that fully half of the respondents in her study of adult children who had experienced alienation as children were alienated from their own children.

Every child has a fundamental right and need for an unthreatened and loving relationship with both parents, and to be denied that right by one parent, without sufficient justification such as abuse or

neglect, is in itself a form of child abuse. Since it is the child who is being violated by a parent's alienating behaviors, it is the child who is being alienated from the other parent. Children who have undergone forced separation from one of their parents in the absence of abuse, including cases of parental alienation, are highly subject to post-traumatic stress, and reunification efforts in these cases should proceed carefully and with sensitivity (research has shown that many alienated children can transform quickly from refusing or staunchly resisting the rejected parent to being able to show and receive love from that parent, followed by an equally swift shift back to the alienated position when back in the orbit of the alienating parent; alienated children seem to have a secret wish for someone to call their bluff, compelling them to reconnect with the parent they claim to hate). While children's stated wishes regarding parental contact in contested custody should be considered, they should not be determinative, especially in suspected cases of alienation. [Learn more](#)

*“The ability to simplify means to eliminate the unnecessary so that the necessary may speak.” Hans Hoffman*

[Co-Parenting After Divorce](#) - A child-centered approach to parental separation – Several articles

[The Voices of Children of Divorce](#) - Listening to the real experts on the “*best interests of the child*”

The main premise of my new book, *The Equal Parent Presumption: Social Justice in the Legal Determination of Parenting After Divorce*, is that despite the lip service being paid to the paramountcy of the “best interests of the child” principle in divorce proceedings, rarely (if ever) are children themselves allowed the opportunity to voice their views on the matter of their “best interests.” Despite countless books and research studies on what constitutes these “best interests,” rarely (if ever) are children asked directly about what it is they actually want in the way of parenting arrangements after divorce. Many experts claim to know what children want and desire, but this knowledge is based more on speculation and interpretation and less on the recognition that children themselves are, in a very real sense, the true experts on their own “best interests,” as they are the most affected by their parents’ divorce. These “expert” pronouncements effectively silence children and render them mute in divorce proceedings.

My simple but constant plea to divorce practitioners and policymakers, a mantra, is that we adopt a new standard in the legal determination of parenting after divorce: the “best interests of the child from the perspective of the child,” to replace the current discretionary approach based on speculation and interpretation; and a “responsibility to needs-based” orientation, to replace the dominant “rights-based” approach. A paradigm shift is needed: the well-being of children as they define it must take precedence over judicial biases and preferences, professional self-interest, gender politics, the desire of a parent to remove the other from the child’s life, and the wishes of a parent who is found to be a danger to the child. [Read the entire article](#)

*“The world is changed by your example, not your opinion.” Paulo Coelho*

5] [Adult Children of Parental Alienation Syndrome](#) - Breaking the Ties that Bind, by Amy J.L. Baker, Ph.D.

Based on interviews with 40 adults who believe that -- when they were children -- they were turned against one parent by the other, "Adult children of parental alienation syndrome," describes the

experience of being an alienated child from the inside and explains how it is possible that a child can reject one parent in order to please the other.

The book describes different familial patterns of parental alienation, compares alienation to a cult, explains how it is a form of emotional abuse, details the different catalysts to having the realization that one is an adult child of PAS, and describes the painful long-term consequences.

The book also offers advice for parents and for mental health professionals working with populations affected by the issue of parental alienation.

*“Do what you can, with what you have, where you are.” Theodore Roosevelt*

6] [Father & 19 Year Old Daughter Meeting For The Very First Time](#) – Sadie Gilson, YouTube 7:36 minutes - *The emotional moment when I first met my father.*

7] [Jewish Mother Reunites with Son Kidnapped to Israel After 12 Years](#) – YouTube 2:59 minutes

*“Trauma is personal. It does not disappear if it is not validated. When it is ignored or invalidated the silent screams continue internally heard only by the one held captive. When someone enters the pain and hears the screams healing can begin.” Danielle Bernock*

8] [Mental Health Documentary “HEALING VOICES”](#) Announces Grassroots Non-Theatrical Release

Film will premiere in local communities around the world on April 29,2016.

The producers of “Healing Voices” – a new social action documentary about mental health – have announced an innovative plan to release the film via community screening partners in a coordinated one-night global event. Written and Directed by PJ Moynihan of Digital Eyes Film, “Healing Voices” explores the experience commonly labeled as ‘psychosis’ through the stories of real-life individuals, and asks the question: What are we talking about when we talk about ‘mental illness’? The film follows three subjects – Oryx, Jen, Dan – over nearly five years, and features interviews with notable international experts including: Robert Whitaker, Dr. Bruce Levine, Celia Brown, Will Hall, Dr. Marius Romme, and others, on the history of psychiatry and the rise of the ‘medical model’ of mental illness.

Community screening partners will execute “Healing Voices” premiere events in their local markets on 4.29.16, which will be followed by audience discussion around structured dialogue topics relating to the content of the film. Tiered event packages are now available at a one-time discounted rate for groups, organizations, educational institutions, businesses, and individuals to produce one-of-a-kind screenings and engage in a dialogue about the critical social and cultural issue of mental health. The documentary is ideal for individuals with lived experience in the mental health system, educators, peer counselors, advocates, researchers, psychiatrists, psychologists, health care workers, first responders, family members, or anyone who has been touched by mental health issues in their life.

“What we refer to as ‘mental illness’ in our culture is widely discussed and debated, but not very well understood,” said Moynihan. “These screenings are an opportunity for a range of demographic groups to come together and engage in a dialogue about a very complex social issue.”

For more information about the film, please visit [The Story](#) - Healing Voices

[Healing Voices](#) – Full Scene

*“Inner peace begins the moment you choose not to allow another person or event to control your emotions.” Pema Chodron*

9] [Oryx Cohen on the Film "Healing Voices"](#) - Eric Maisel, Ph.D – Rethinking Mental Health - Psychology Today

The following interview is part of a “future of mental health” interview series that will be running for 100+ days. This series presents different points of view about what helps a person in distress. I’ve aimed to be ecumenical and included many points of view different from my own. I hope you enjoy it. As with every service and resource in the mental health field, please do your due diligence. If you’d like to learn more about these philosophies, services, and organizations mentioned, follow the links provided.

EM: Can you tell us a little bit about your movie “Healing Voices,” its genesis and your hopes for it?

OC: Will Hall, myself, and a few others involved with the Freedom Center - a very grassroots organization run by and for psychiatric survivors - started talking about the possibility of a documentary film in 2008 after Freedom Center was featured as a philanthropic pitch on Forbes.com and somehow became one of the top rated “news” stories on the website for several days. I had also just met PJ Moynihan of Digital Eyes Film, the Writer/Director of HEALING VOICES, who worked with Will and me to produce the 5-minute video about Freedom Center for Forbes.

As a result of this project PJ and I began to seriously consider taking on a longer-term project – a feature length documentary. Our ideas and skill sets dovetailed nicely and we decided to take the plunge into creating the film that ultimately became HEALING VOICES. I had been working to try to change the mental health system for years, and was getting frustrated because it seemed so obvious the system was broken, and it felt nearly impossible to get the general public’s attention about it. The Forbes experience was inspiring and reinforced that the best way to educate folks and possibly change hearts and minds was through media and what could be more powerful than a well-produced documentary?

PJ and I officially joined forces in 2010. As with many independent films we have had many stops and starts. The film was shot on a relatively small budget including a few private donations and a Kickstarter campaign. We have a very small and dedicated production team who were all willing to put their valuable time and sweat equity into an important social action film. We are very proud of the end product and really hope that this film will go a long way towards inspiring a hopeful conversation about mental health, and that people will take a hard, critical look at the current mental health system including the way it diagnoses more and more human behaviors as pathological without addressing root causes like trauma, poverty, negative effects of the treatments themselves, environmental destruction, the deterioration of our schools, lack of good jobs, the list goes on. I think that part of our message is that not only does our mental health system need a complete overhaul, but that many other aspects of society do as well.



EM: Who are some of the people you profile in the movie? Can you tell us a little bit about their stories?

OC: We profile three subjects in the film - Jen, Dan, and myself - over the course of nearly 5 years. Jen is in her 30s, a mom, a wife, and lives in Rapid City, South Dakota. Jen has heard voices, had visions, and experienced other altered states of perception for pretty much all of her life and these experiences are a part of who she is and how she interacts with the world. Like many people who hear voices, she ended up in and out of the psychiatric system for several years and on loads of psychiatric drugs. Luckily for her, she discovered the consumer/survivor/ex-patient movement in mental health and through a process of self-discovery, has become quite a leader in that movement in spite of struggling with on-going physical health issues.

Dan is a young Brazilian-American man in his 20s who was brought up by a single mom and lives in Western Massachusetts. Dan has been a voice hearer for much of his life and was put on medications at a very young age, and spent time later in his adolescence in and out of psychiatric hospitals. Dan is now no longer reliant on psychiatric drugs, works full time, and is dealing with many of the same challenges of life and growing up that we all do. He is brilliant, funny, and relatable.

I was in my late 30s for most of the film and I live in Central Massachusetts. I'm a product of Hippie parents who met on a commune, hence my creative name (which is an African Antelope). My parents divorced when I was 5 but all in all I had a fairly happy childhood until I ran in to some (verbally) abusive basketball coaches in high school, that really was the start of having some mental health issues. Despite some hard times, I've been able to get a Master's in Public Administration and now have a great job as the Chief Operating Officer of the National Empowerment Center and a wonderful family, a wife, two young children, a house, and a dog. One major thing that keeps me grounded is being able to get away to our local golf course and chase a little white ball around.

EM: Who are some of the experts you interviewed for the movie? Any of their thoughts or comments particularly stand out to you? [Read the entire article](#)

*"To be beautiful means to be yourself. You don't need to be accepted by others. You need to accept yourself." Hplyrikz.com*

10] [Arts & Healing Network](#) - Artist Support

Arts & Healing Network created this section to support artists in sustaining their important work in the world. We hope the information here will help answer practical questions about being a healing artist – from setting goals to exhibiting your work, promotion, finding funding and more. Here you will find information about:

- [Art Grants](#) providing funding opportunities for artists and creative projects
- [Career Consultants](#) specializing in helping artists manifest their vision and build their business
- [Art Marketing Books](#) focusing on getting your work out to a larger audience, writing grants, promotion and more

- [Art Marketing Links](#) connecting you with organizations and resources that offer practical support to artists
- [Calls for Entry](#) offering opportunities to submit your work for exhibitions

*“You don't always need a plan. Sometimes you just need to breathe, trust, let go, and see what happens.” Mandy Hale*

11] **Ed Wolf 2016** - I started writing about thirty years ago while in the beginnings of what would be suicidal depression and alcoholism. Almost my entire life is in a form of poetry, the bad, the worst, the good, the magic, the struggles, my strength, dreams, hopelessness, its all there now, ready to be shared.

**for now**  
 for now  
 this is the way it is  
 for now  
 i accept it  
 for now  
 i make the best of it  
 for now  
 i live  
 i grow  
 i share  
 i help when i can  
 for now  
 this is my life  
 i accept it  
 for now  
 until it changes then  
 that change will become  
 the new now  
 that's the way it will be then  
 i will accept it too  
 unless i change it

**too many**  
 too many people  
 hurting in this world  
 too many  
 hurting one another  
 not enough helping  
 not enough healing  
 those who are hurt  
 or those  
 who are doing the hurting

both need help  
both need healing  
both need understanding  
edwolf2016 [edsousa1955@gmail.com](mailto:edsousa1955@gmail.com)

*"If you made a promise, keep it. If you have love, cherish it. If someone confided in you, respect it. If you did wrong, apologize for it. If you want trust, earn it." Brigitte Nicole*

12] [Kristen L. Rozelle Artist/Owner](#) - **Kris-A-Lis Designs Mixed Media Art**

*"The art of change, the act of change in the process of change."*

Hi, I'm Kris Rozelle and ever since I was five years old I have painted, drawn and used my gifts in art for others and as an escape from the shackles of pain, shame and abuse.

My desire is that my artwork will inspire, mirror thoughts, and embody emotions. These paintings are a conduit to my inner self and a way of reflecting and recounting where I've been, where I am, and where I am going. Whether I am teaching children and adults, or alone in my studio enjoying the colors I paint, art is a constant agent of transformation in my soul's drive to health.

For years I have witnessed the trans-formative and healing power of art making in my own life and teaching others. Creating art in the midst of pain, illness and emotional upheaval provide a distraction and smooth the soul. My life's work is a direct reflection of the journey through pain, illness, hardship joy and peace as a chrysalis waiting to break free. Each time I sit at my studio to draw, or my easel to paint, or to form bowls from clay with intention of bringing my vision into form, I engage in the power to repair, replenish and restore one's soul.

I'm a chrysalis whose whole design and shape is being constantly refined. Nevertheless with what I've been given, I can reflect light into the dark places of this world with my art and shed hope through words etched on pages. Thank you for the privilege and honor of inspiring you.

Blessings to you! ~Kris

*"Many abused children cling to the hope that growing up will bring escape and freedom. But the personality formed in the environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative. She approaches the task of early adulthood - establishing independence and intimacy - burdened by major impairments in self-care, in cognition and in memory, in identity, and in the capacity to form stable relationships.*

*She is still a prisoner of her childhood; attempting to create a new life, she re-encounters the trauma"*  
*Judith Lewis Herman*

13] [Dr. Gabor Maté on the Myth of "Normal" in Psychological Disorders](#). You Tube 4:08 minutes - Interview by **CRAZYWISE**

Physician Dr. Gabor Mate began his interview by addressing the 'myth of normal' that divides us into

the normal and the abnormal with pathological traits. Dr. Mate mentions that he doesn't see a division, but a continuum where mental distress, of some degree, is present in all of us. He explains how mental distress and pathology are largely a result of a materialist culture that "idealizes individualism and ignores our emotional needs".

He explains how mental distress and pathology exists in a continuum and are largely a result of a materialist culture that rigidly "idealize individuality and ignores emotional needs," prioritizing objects over people and well being.

*"It's not wrong to be upset. It's not wrong to cry. It's not wrong to want attention. It's not even wrong to scream or throw a fit. What is wrong is to keep it all inside. What is wrong is to blame and punish yourself for simply being human. What is wrong is to be never be heard and to be alone in your pain. Let it out." Bryan McGill*

14] [CRAZYWISE](#) - FULL-LENGTH DOCUMENTARY COMING WINTER 2016! Trailer posted on-site 7:48 minutes

CRAZYWISE reveals a paradigm shift challenging the way Western culture defines and treats "mental illness". The documentary introduces patients, survivors and activists in a growing movement demanding more choices for recovery.

*"Phil Borges' and Kevin Tomlinson's new documentary "CRAZYWISE' is a game changer. It's going to be an important step forward in starting the long overdue conversation on how we define and treat mental illness in America." Rick Steves, Travel Writer & PBS TV, NPR Radio Host.*

*"Experience has taught us that we have only one enduring weapon in our struggle against mental illness: the emotional discovery and emotional acceptance of the truth in the individual and unique history of our childhood" Alice Miller*

15] [The health crisis of mental health stigma](#) - The Lancet

Many people with mental illness experience shame, ostracism, and marginalisation due to their diagnosis, and often describe the consequences of mental health stigma as worse than those of the condition itself. Interventions to address stigma educate about mental illness and overcome the stereotypes that underlie prejudicial reactions. Along with pharmacological and psychological therapies, stigma interventions have emerged as potentially valuable and complementary tools.

In today's Lancet, Graham Thornicroft and colleagues review the evidence for effectiveness of interventions to reduce mental health stigma and discrimination, and conclude that they can work at an individual and population level. The evidence of benefit was strongest for interventions involving an individual with lived experience of mental illness, with sustained commitment to delivery over a long period. The Time to Change programme which has run since 2007 in England, structured around a national marketing campaign, celebrity endorsement, and community outreach through service users, is one such example. Programmes that were transitory in nature seemed to have little long-term effect.

However, although the main message of this Review is encouraging, the gaps highlighted are troubling.

Evidence from low-income and middle-income countries is virtually absent, despite the high burden of both mental illness and stigma, and scarce resources to support people with mental health problems. Stigma might also be stronger in minority ethnic communities within high-income countries, due to complex cultural and community factors. Attempts to address stigma within these contexts will not necessarily map easily from evidence in mainstream white-British or white-Australian settings.

Stigma becomes even more problematic for individuals with multiple, complex needs, already pushed to the margins of their communities; society is particularly cruel to those with personality disorders, homelessness, addiction, or criminal convictions. A new report by the charity St Mungo's highlights the double burden of stigma faced by men and women with mental illness who are also homeless. Mental health problems act as a barrier to access housing services, and sleeping rough often causes mental health to deteriorate. Meanwhile, homeless individuals have trouble accessing primary care and addiction services due to discrimination. However, evidence for measures to address stigma in these highly marginalised groups is lacking.

Mental health stigma is not only an interpersonal issue: it is a health crisis. Individuals with serious mental illness die decades earlier than they should, driven not by increased suicides or injuries, but poor physical health. Some of this disparity results from the side-effects of medications (for example, obesogenic antipsychotics), combined with lifestyle factors such as smoking, lack of exercise, and inadequate diet. However, inaccessible health-care services, diagnostic overshadowing—whereby health-care professionals attribute physical complaints to pre-existing mental illnesses—and indeed prejudice from individual practitioners all have an effect. From cancer screening, to diabetic hospital admissions, to hypertension management, the physical health care that people with mental illness receive is appallingly poor compared with what should be offered. Stigma not only drives this inequality, but also silences our outrage. [Read the entire article](#)

*“Art opens the closets, airs out the cellars and attics. It brings healing.” Julia Cameron*

16] [Prince, Tom Petty, Steve Winwood, Jeff Lynne](#) and others - "While My Guitar Gently Weeps" – YouTube 6:15 minutes

Prince was an amazing musician, he has left an incredible legacy of creativity....and his guitar work on a George Harrison song is simply, WOW!!

*“Compassion is an action word with no boundaries.” Prince*

[Prince - Purple Rain](#) (Live at American Music Awards, 1985) – YouTube 6:42 minutes

*“At the deepest level, the creative process and the healing process arise from a single source. When you are an artist, you are a healer; a wordless trust of the same mystery is the foundation of your work and its integrity.” Rachel Naomi Remen, MD*

#### **Additional Resources:**

17] [Resensitization: Coming Back To Life After Trauma](#) - By Jeremy McAllister, MA, LPCI

18] [How Childhood Abuse Shows Up in Adult Life - Bay Area Mental Health](#)

- 19] [U.S. Suicide Rate Surges to a 30-Year High](#) - The New York Times
- 20] [Suicide Rates Climb In U.S., Especially Among Adolescent Girls](#) - Health News : NPR
- 21] [The Male Face Of Sexual Slavery](#) - Fast Forward – OZY
- 22] [Life, Unarmed](#) By Matthew Purinton, LCSW – Mad In America
- 23] [How to Plan, Write, and Develop a Book: "Never Give Up!"](#) - The Inspiring Story of Elizabeth Di Grazia's New Memoir
- 24] [22 Ways to Support Someone With PTSD, From People Who Have It](#) - The Mighty

*“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.” Theodore Roosevelt*

*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](mailto: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](#)

[mike.skinner@survivingspirit.com](mailto:mike.skinner@survivingspirit.com) 603-625-2136 38 River Ledge Drive, Goffstown, NH 03045

[@SurvivinSpirit](#) Twitter

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