



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 2019

Hi Folks,

April is a month for recognizing Sexual Assault Awareness and Prevention, National Child Abuse Prevention & National Minority Health.

With that in mind, I would like to share a video clip of a song I wrote many years ago when I had been asked to present and perform at a conference being co-sponsored by the United Nations, The State Department and Georgetown University in Washington, DC on human trafficking and slavery in the modern day.

I was more than surprised to be asked to be a part of this conference. When I posed the question to my friend and one of the organizer's of the conference, why were they asking me to participate, she '*reminded*' me of my being a human traffic victim. I had never thought of myself in that way, heck, I didn't want to remember any of my sexual abuse. But as I have come to learn, our own denial of what we experienced in life can delay and impede our healing.

A song written for all those who have been hurt by child abuse. There is hope & healing my friends.

["Brush Away Your Tears"](#) – live performance clip 4:42 minutes

So, to keep it short, please don't undermine, negate or deny your own experiences of hurts and how they can impact our lives. We can heal from these traumas of life, and darn it, we deserve that.

And on that note, I'd like to share the websites of a few folks who I have found to be quite helpful in healing trauma and abuse. There are lots more out there who are also doing great things in raising awareness and healing. It is well worth finding those who connect with your thoughts and feelings.

[Heal Write Now](#) - How to live on earth when you were raised in hell. By Cissy White

[Blog/The Trail Guide](#) - A Web-mag intended to support the healing of repeated trauma. It is inspired by exploration, innovation, research, learning, development, nature, art, writing, community work, and all therapeutic activities. By Gretchen Schmelzer

[The Psychology of Self](#) - A blog about self-discovery and self-improvement. By Darius Cikanavicius

@ Psych Central & [Self-Archeology](#)

[The Crappy Childhood Fairy](#) - You Can Heal From Childhood PTSD By Anna Runkle

[Sexual Assault and the Brain](#) - Understanding the brain under attack, and implications for justice and healing. @ Psychology Today by Jim Hopper, PhD & his website - <https://www.jimhopper.com/>

[Emerging From Broken](#) - From surviving to thriving on the journey to wholeness. By Darlene Ouimet

[ACE's Connection](#) - Join the movement to prevent Adverse Childhood Experiences, heal trauma & build resilience.

& [ACE's Too High](#) – A news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. We also cover how people, organizations, agencies and communities are implementing practices based on the research. This includes developments in education, juvenile justice, criminal justice, public health, medicine, mental health, social services, and cities, counties and states.

“If we could somehow end child abuse and neglect, the eight hundred pages of DSM... would be shrunk to a pamphlet in two generations.” Jon Briere

Take care, Michael Skinner

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1] [*The Story of Change*](#) - Forthcoming Book by Leah Harris

The writer Zora Neale Hurston wrote, “There is no greater agony than an untold story inside you.” In *The Story of Change*, survivor, writer, speaker, and storyteller Leah Harris offers insights from two decades of personal and professional experience publicly sharing personal and vulnerable stories. In the book, Leah will take readers through a process of informed consent where they explore the benefits and risks involved in telling such stories. She will also share insights on selecting and crafting stories that create change for ourselves and others, and suggest practices for self and collective care. Leah says, “I am writing the book I wish had been in existence when I was a young woman just embarking on this uncertain path of truth-telling.”

This is the Story of Change.

When we show up, tell our stories, and speak the truth, it changes everything.

Do you have a powerful life story that's been locked away inside of you?

The Story of Change is a book about how telling your truth changes everything.

We can see this in the #MeToo Movement. When women started telling their stories, they broke free of shame.

They found each other.

They interrupted the structures of power that were making abuse and marginalization possible.

It fundamentally changed business as usual.

I believe that #MeToo has had a major impact on our culture...and that's because of the power of our stories.

That's what can happen in our world when we collectively tell our stories.

It's also what can happen in your life, personally.
And that's what this book is about.

The Story of Change contains stories (of course!); it also contains tools, strategies and how-to's for lifting your voice, telling your story -- and of course, how to get free from the old oppressive stories in our heads.

We're going to change everything. Leah Harris

To learn more about *The Story of Change* and to sign up for occasional email notifications about the book, visit: <https://www.leahidaharris.com/the-story-of-change>

[About Me](#) — Leah Ida Harris - *Transformation is literally my work in the world.*

"If we can really understand the problem, the answer will come out of it, because the answer is not separate from the problem." Jiddu Krishnamurti

"Be kinder to yourself. And then let your kindness spread and flood the world." Pema Chodron

2] [Zora Neale Hurston](#), author, ***Dust Tracks on a Road***

"I have been in Sorrow's kitchen and licked out all the pots. Then I have stood on the peaky mountain wrapped in rainbows, with a harp and a sword in my hands."

"Told in gutsy language...her story is an encouraging and enjoyable one for any member of the human race." N.Y. Review of Books.

First published in 1942 at the height of her popularity, *Dust Tracks on a Road* is Zora Neale Hurston's candid, funny, bold and poignant autobiography, an imaginative and exuberant account of her rise from childhood poverty in the rural South to a prominent place among the leading artists and intellectuals of the Harlem Renaissance. As compelling as her acclaimed fiction, Hurston's very personal literary self-portrait offers a revealing, often audacious glimpse into the life—public and private—of an extraordinary artist, anthropologist, chronicler, and champion of the black experience in America. Full of the wit and wisdom of a proud, spirited woman who started off low and climbed high, *Dust Tracks on a Road* is a rare treasure from one of literature's most cherished voices.

[Dust Tracks on a Road Quotes by Zora Neale Hurston](#) @ Good Reads

"Love makes your soul crawl out from its hiding place." Zora Neale Hurston

"You are not a drop in the ocean. You are the entire ocean in a drop." Rumi

3] [How to tell when procrastinating is actually anxiety](#) - Quartz at Work, By Corinne Purtill

When the time pressure piles up, there may be something else going on.

Perhaps you've noticed a pattern emerging in your daily or weekly planner. While plenty of projects cycle on and off the to-do list more or less on schedule, a stubborn handful turn over from one day, week, or month to the next without progress—and frustratingly, they are the projects you find most meaningful.

If this sounds familiar, it's worth taking a closer look at what's holding you back. As it turns out, a packed to-do list that leaves no time for meaningful work can be a sign that something deeper is going

on: anxiety.

Work-related anxiety is a vestigial response, explains psychologist Andrew Rosen, founder and director of the Center for Treatment of Anxiety and Mood Disorders in Delray Beach, Florida. That feeling of panic or agitation when you're stressed is part of the physical "fight or flight" response humans evolved to respond to threats.

A [surge of chemicals](#) that prepares you to fight for your life is a helpful reaction when facing an actual predator. When facing social threats like embarrassment or loss of status, it's much less helpful-but still terribly uncomfortable. So uncomfortable, in fact, that we're often not even aware of the lengths we'll go to avoid it.

"Avoidance is a hallmark of anxiety," says Robin Yeganeh, an assistant professor of psychology at the University of California, Berkeley and director of the Cognitive Behavior Therapy and Mindfulness Center in San Ramon, Calif.

It's a vicious cycle, he says. People anxious about a significant goal will often engage in unproductive behaviors [email, social media, trivial errands-anything other than getting down to business] to avoid that discomfort, only to feel more distressed as time passes and no progress on the goal has been made.

But when it comes to things that are important to us, what are we so afraid of?

First, our feelings about this goal may be more complicated than they seem, said Leslie Connor, a licensed psychologist in Wilmington, Delaware. Every success comes with tradeoffs-more exposure, more pressure, less freedom-and ignoring worries about those can come back to bite us.

"If we only connect with the affirming feelings, and push down the ambivalence or fears, they will come out. But sometimes they will bang on the door," Connor said.

And then there is the big one: the fear of failing.

Humans are remarkably creative when it comes to finding ways to avoid that bad feeling, be it procrastination ["I'll do it tomorrow"], diversion ["I'll just check Twitter first"], or self-sabotage ["You know what? It's a dumb idea anyway."] This last one is particularly popular among analytical or cerebral types who may not even realize the extent to which their hyper-rational reasons for abandoning a dream are influenced by fear.

"A lot of times you see a person get excited about a goal, and rather quickly the excitement turns into disillusionment or disappointment because they've become hyper-vigilant and destroyed the goal before they even had a chance to explore it," Rosen said.

So how do you dig yourself out of this hole?

"We often get in the bad habit of choosing actions that are more comfortable over behaviors that are good for us based on 'reason giving,'" Yeganeh said. "For example, 'I work hard so I shouldn't have to do X' or 'I am too tired to make progress on X.' I would suggest listing all the reasons for not engaging in higher priority behaviors and then challenging the credibility of each reason. Decide if these rules

have led to successes in life or if they need to be upgraded in favor of success-oriented reasons for making decisions.”

Yeganeh does an exercise with clients in which he asks them to imagine a see-saw teetering back and forth between “what feels good” and “what’s good for me.”

“I ask clients to mindfully notice which choice they make in relation to particular growth areas and then identify which choice they value,” he said. “If they value ‘what’s good for me,’ we lean in and develop a more specific plan of action.”

In the short term, the most effective strategy is breaking a larger goal down into small, measurable steps-and scaling expectations way back, Connor said. When you’re paralyzed by worry, just opening a Google doc and choosing a title counts as progress-so don’t promise yourself that three pages of fluid writing will follow. And beware the creep of perfectionism, in all its forms.

“There are the stereotypical perfectionists, with their color coded calendars, and then there is a whole subset of perfectionists that look quite the opposite. And that’s because they can’t be perfect so they throw in the towel,” Connor said. “Perfectionism is an approach to a goal that inevitably defeats the goal.”

“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.” Fred Rogers

4] [Women Sexually Abused By Catholic Nuns Speak Up](#): She Told Me It Was ‘God’s Love’ - HuffPost
By Carol Kuruvilla and Jessica Blank

[Please note, great article, but only partial excerpts shared here, MS]

Survivors Of Abusive Women Face Skepticism

The predator nun walked into Trish Cahill’s life straight out of the blue, on a busy summer day in the late 1960s.

Cahill was a teenager back then, wire thin with long, chestnut brown hair framing her face. She was babysitting her cousins in Glen Rock, New Jersey, and there were eight of them to look after — a big Catholic family, much like her own.

One cousin was playing outside that day and Cahill had another little one in a high chair in the kitchen. It was quite a common child care tactic at the time, she said - stick a kid in a playpen in the yard and watch through the window while doing chores and taking care of the others inside.

Cahill was washing dishes at the sink when she looked up and spotted a nun, in a full religious habit, hovering over the baby’s playpen.

At that point in her life, the teenager was still trying to make sense of a painful secret - the sexual abuse she says she experienced just years earlier from her uncle, a Catholic priest. So when she saw the nun

leaning over the baby, Cahill said, she sprinted outside to protect the child.

“It was like, ‘You’re not going to touch her, you’re not going to put your hands on her,’” Cahill remembers thinking.

But the nun she met took her by surprise.

The woman introduced herself as Sister Eileen Shaw, telling Cahill that she was out on a walk from her nearby convent.

“She’s nice to me, which was confusing,” Cahill recalled.

The two struck up a conversation, Cahill said, which led to an invitation for the teen to play guitar at an upcoming Mass. That invitation led to more special treatment, private phone calls and private trips.

In fact, this strange encounter on the lawn was just the beginning of a long period of grooming and emotional manipulation, Cahill said. She didn’t realize until much later that the 12 years of history she had with Shaw was not a relationship - but [sexual abuse](#).

“She stole from my body, my mind and my soul,” Cahill, now 66, told HuffPost. “*The woman was a thief who did not keep her vows.*”

Lara Stemple, director of the health and human rights law project at the UCLA School of Law, has studied female perpetrators of sexual violence. Stemple said it’s highly likely that sex crimes committed by female offenders are underreported.

Stemple said a better picture of the prevalence of female sex offenders comes from the Centers for Disease Control and Prevention’s [National Intimate Partner and Sexual Violence Survey](#), which is collected through phone interviews with victims across the country. Stemple and her colleagues analyzed the 2011 data and found that men and women were equally likely to report experiencing nonconsensual sex in the previous 12 months, and that most male victims reported female perpetrators.

The CDC data suggests to Stemple that female perpetrators of sex abuse are more prevalent than is often assumed.

However, Stemple said, because of gender stereotypes about women being passive and nurturing, people may find it hard to believe that women are capable of sexual violence. Mental health, social work, public health and criminal justice professionals also tend to think of female sex offenders as [less serious](#) offenders [than males](#). They may try to explain away female-perpetrated sexual violence as a “misguided expression of love,” she said - something she noted would rarely be said about the actions of male perpetrators.

Stemple said these stereotypes make it harder for survivors of this type of abuse to come forward.

“[Women are] not seen as the stereotypical abuser,” Stemple said. “So a lot of times, victims have trouble identifying what happened to them as being abuse.”

No matter the gender of the perpetrator, Stemple said, it's important to remember that at its core, sexual abuse is about an imbalance of power. And nuns have considerable power in the eyes of a Catholic school student - both as teachers in charge of the classroom and as people who are set apart and consecrated within the church.

As a feminist, Stemple said, she doesn't think it does the feminist movement any good to assume that women are incapable of committing abuse.

"Women are complex, they're multidimensional. They have good traits and bad traits," Stemple said. "And sometimes, when they have power, that they abuse it is no surprise to me."

After spending years as an [anonymous "Jane Doe,"](#) Anne Gleeson has decided to open up about her story of nun abuse.

Gleeson, a 61-year-old from O'Fallon, Missouri, told HuffPost she was sexually abused by Sister Judith Fisher, a former member of the Sisters of St. Joseph of Carondelet. Although she revealed her identity in 2008, this is first time she has publicly described the abuse in detail.

Gleeson said it began in 1971, when she was 13 years old. At the time, the nun would have been around 37 years old - about 24 years Gleeson's senior.

Fisher was Gleeson's eighth grade homeroom teacher at the Immacolata School in Richmond Heights. The nun started grooming her for abuse not long after the school year started, Gleeson said, leaving presents on the teenager's desk and adding special personal notes on graded papers. The nun asked her to stay after school frequently, played with the teenager's hair and pressed up close while the class watched movies, Gleeson said. [Read the entire article](#)

"No one can 'treat' a war, or abuse, rape, molestation, or any other horrendous event, for that matter; what has happened cannot be undone. But what can be dealt with are the imprints of the trauma on body, mind, and soul: the crushing sensations in your chest that you label as anxiety or depression; the fear of losing control; always being on alert for danger or rejection; the self-loathing; the nightmares and flashbacks; the fog that keeps you from staying on task and from engaging fully in what you are doing; being unable to fully open your heart to another human being. Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience and learning to befriend what is going on inside ourselves." Bessel Van Der Kolk, The Body Keeps the Score

5] [Sexual Victimization by Women Is More Common Than Previously Known](#) - Scientific American

"The more knowledge we achieve, the richer we become." Kurt Vonnegut

6] [The Man Rules](#)- Dan Griffin – Helping Men Be Better Men

Why Men Fight - Dan talks about The Man Rule that tells men they must fight—for survival, for respect, and sometimes just for the hell of it—and how that affects their self-perception and their relationships. What does it mean for men to be raised in a way that both implicitly and explicitly tells them that violence and asserting dominance is the "right" way for a man to solve a conflict?

And, in what ways can the desire to fight actually be a positive thing?

What Men Would Tell You... About Fighting - The Man Rules Podcast - <https://www.dangriffin.com/what-men-would-tell-you-about-fighting/>

As a kid, you probably wanted to be cool. And if you were a boy, being cool meant being tough. Being tough meant being able to fight and win. If you weren't tough, you immediately felt inadequate. You weren't going to be able to protect yourself, you weren't going to be able to protect anyone else, and women were not going to be attracted to you.

But, as with every Man Rule, there's a positive side. [The Fight Rule](#) and [The Protector Rule](#) are closely related. Often the fight can inspire men to protect and defend the people, institutions, and values that we hold dear.

In this episode, Allen [Dr. Allen Berger] and Dan talk about their conflicting feelings of fear, shame, and pride in their own personal histories with fighting.

Dan Griffin, M.A., is an internationally recognized author, thought leader, and expert on men's relationships and masculinity.

Dan has dedicated his life and work to exploring and redefining what it means to be a man in the 21st century. He is committed to helping men be better men by understanding the impact of the Man Rules on their lives. Dan also helps men find the success in their personal lives they are striving for in their professional ones. Griffin's book, *A Man's Way through Relationships*, is the first book written specifically to help men create healthy relationships while navigating the challenges of the "Man Rules™" - ideas men internalize at very young ages about how to be real boys and men.

Griffin's professional background includes over two decades in the mental health and addictions field. In addition, he is the author of *A Man's Way through the Twelve Steps*, the first trauma-informed book to take a holistic look at men's sobriety. He co-authored *Helping Men Recover*, the first comprehensive gender-responsive and trauma-informed curriculum for addiction and mental health professionals. Dan served as a senior fellow at *The Meadows*, world-renowned experts treating addictive disorders and trauma, from 2015 to 2017. Dan earned a Master's degree in Sociology from the University of Kansas. For his graduate work, Dan completed the first qualitative study centered on the social construction of masculinity in the culture of Alcoholics Anonymous.

Dan grew up in the DC area and lives in Los Angeles with his wife, Nancy, and his daughter, Grace. He has been in long-term recovery from addiction since he graduated college in May of 1994.

[Dan's Books:](#)

A Man's Way through Relationships, Learning to Love and Be Loved

A Man's Way through the Twelve Steps (specifically for men in recovery from addiction)

[THE MAN RULES® PODCAST](#) - Dan Griffin

“The intellect has little to do on the road to discovery. There comes a leap in consciousness, call it Intuition or what you will, the solution comes to you and you don't know how or why.” Albert Einstein

“Shout out to all the men going through a lot, with no one to turn to, because this world wrongly taught our males to mask their emotions & that that strong means silent.” Our New Zealand

Still a long ways to go in changing this mindset, but there is hope, there has been progress, one guy at a time. Personally, I think it takes great courage to share your feelings, your hurtful experiences in life. Otherwise it is like a cancer that eats us up from the inside out...and why do we die earlier than females? Something to think about folks, *As Amy Goodman says, “Go to where the silence is and say something.”* Take care, Michael Skinner

7] [Judge's running club helps Skid Row's homeless rebuild their lives](#) By Allie Torgan, CNN

Los Angeles (CNN) He is a 62-year-old superior court judge. They are former addicts and felons. Some of them have completed prison sentences; others have lived under bridges.

All of them, however, are part of one team: the [Skid Row Running Club](#) in Los Angeles. Twice a week, before the sun comes up, Judge Craig Mitchell runs the mile from his office at the county courthouse to The Midnight Mission, a social services organization centered in Downtown's Skid Row -- the notorious area where the city's largest homeless population resides.

"It's not an overstatement to say that on any given morning I personally look at hundreds of people within eight blocks. On either side of every sidewalk there are people in tents," Mitchell said. "It's a dangerous place. I've been physically assaulted on Skid Row. People approach me asking if I want to buy drugs."

At the mission, he meets a group of 30 to 40 people, and together they run through East L.A. The group includes runners from all walks of life and all levels of athleticism. Some members are homeless or in recovery, and others are lawyers, social workers, students or off-duty LAPD officers. Mitchell developed the program in 2012 after a man he'd once sentenced to prison returned to thank him.

"He was paroled to [The Midnight Mission](#) and decided to come back and say, 'Thank you, Judge Mitchell, for treating me like a human being.' The president of the mission at the time asked me if there was something that I could do to contribute to the mission's program, and I thought of starting a running club. That was the inception," Mitchell said.

Between 300 and 500 people have since run with the group, now an official nonprofit. Every year, Mitchell takes his most dedicated Skid Row runners on a free trip to participate in an international marathon.

"I come back to the courthouse after any run and check off who was there. And so, I know exactly who has been faithful to the running program and who just comes periodically," he said. In recent years, Mitchell and club members have participated in marathons in Ghana, Rome, Vietnam and Jerusalem.

Mitchell says he's seen participants turn their lives around, attending college, securing full-time employment and maintaining sobriety.

"Running is a mechanism for the participants to build relationships," he said. "You can be a horrible runner and benefit the same as our fast runners, because at the end of the day you're going to be surrounded by people who really care about you and want to spend time with you. Everybody is welcome. We affirm. We listen. We support."

CNN's Allie Torgan spoke with Mitchell about his work. Below is an edited version of their conversation.

CNN: Did you ever imagine taking on this role?

Judge Craig Mitchell: When I went down to The Midnight Mission that one afternoon with the parolee, I had absolutely no idea that my life would play out this way. I was just a volunteer coming to The Midnight Mission. I didn't know what I was doing. I don't think The Midnight Mission really knew what direction this would take. I crossed over the line from simply being his sentencing judge to being someone who's trying to guide him into a decision-making process that might break the cycle. I really understood that if I could run with people who are trying to rebuild their lives, deal with addiction issues, deal with homelessness, that would facilitate some very meaningful conversations and build relationships between myself and the people I was running with. One of our runners said, "Judge, your life has taken this direction because almost on a lark one day, you decided to say 'yes' to this person."

This "yes" has turned into one of the defining aspects of my life. When those things happen, and you don't plan it, it's nothing short of glorious. I couldn't be happier.

CNN: How did you change your own running schedule to make it work?

Mitchell: Interestingly enough, my free time was in the afternoon after court. But I learned very quickly that for a lot of the people who are in recovery at the mission, that is when they attend their A.A. (Alcoholics Anonymous) meetings. So, I was never going to get anybody out there on the pavement if I ran in the afternoon.

So, the suggestion by the runners were, "Let's try it in the mornings. Show up at 5:30, we're available. Nobody is asking us to go to any meetings at 5:30." So, I did. And we run now three days a week. We do our long runs largely in Pasadena on the weekends. I find the runners really enjoy getting out of Skid Row, being able to sit down in the park after a long run and share a meal together.

CNN: How has your professional path helped prepare you for this role?

Mitchell: I was a high school teacher for 17 years. I buried a fair number of my students who were the victims of gang violence. So, I saw the real toll that criminal conduct, gang activity, took on people that I really cared about.

I went to law school at night, and my commitment to practice in the criminal law area was largely driven by my experience teaching in the inner-city of Los Angeles. And so, it was a natural draw to me

to work as a prosecutor, to try and hold the people who were inflicting that type of pain and loss within our community to answer for it.

I ended up putting my papers in to be a judge because I saw judges in the best of circumstances could make a tremendous difference. But I would not trade the 17 years I spent teaching high school for anything. It certainly made me a better prosecutor and has made me a far better judge.

Want to get involved? Check out the [Skid Row Running Club website](#) and see how to help.

To donate to Skid Row Running Club via CrowdRise, [click here](#).

Editor's note: *Know someone who inspires you? [Nominate a CNN Hero](#) – CNN.com*

CNN Heroes: [Nominate a Hero w/ Anderson Cooper](#) – YouTube 1:16 minutes

*For now just let the rain fall, Somehow it'll wash away it all
Then things can be pure as snow, At the end even maybe a rainbow
Though I fear I've pursued in vain, For you much prefer your pain
Why do you crave the darkness, How can you favor the cold
Let my love warm you, It will not harm you
And it can heal your soul Terri Lee*

8] [Limbic Revision – Love Heals Your Traumatized Brain](#) by Cheryl

Childhood trauma damages the limbic brain, close loving relationships heal it

Healing from childhood abuse entails rewiring our brain from fear reactivity to one of feeling safe. This can happen through limbic revision. The rewiring of our limbic system, the part of the brain that controls our thoughts, memories, sensory inputs, and regulation of our hormones.

The Limbic System - The limbic system is a set of [brain structures](#) located on top of the brainstem and buried under the cortex. It consists of the hypothalamus, the control center which processes and maintains homeostasis over the autonomic nervous system and the endocrine system. The hippocampus, which plays an important role in memory and spatial navigation. And the amygdala, our fear center that processes our emotions and decides our responses to any threat. Additionally, the limbic system also includes the cingulate gyrus, which deals with emotion and memory. The ventral tegmental area made up of [dopamine](#) pathways that affect pleasure a person may or may not feel. The prefrontal cortex, which also deals with pleasure, as well as one's plans for the **future. And the basal ganglia, which controls repetitive behaviors.**

Trauma and The Limbic System - Chronic [childhood trauma](#) causes developmental damage to our limbic system which severely affects how we feel and behave even as adults. We are caught in a [limbic loop](#). Our brain has been programmed to reactivity and our *flight-fight-freeze* response kicks in even when there is no danger. We perceive danger at any sight, smell or sound that reminds us of our past trauma.

Subconsciously, the amygdala processes information from the senses and our past experiences color our reaction. It concludes, danger without the inputs from the more logical cortex. This amps up our autonomic nervous system, for action by increasing heart rate, respiration, blood oxygen levels, and blood flow to muscles and deactivates all non-crucial bodily systems. This could lead to a host of [chronic illnesses](#).

Childhood trauma keeps us in a state of a high level of arousal and reactivity. We are easily triggered and are unable to calm down. In fact, life for us is one constant battle – hyper-alert and hyper-sensitive. We are unable to think clearly and rationally. We over-react or sometimes under-react, being numbed to the point of apathy.

Limbic Resonance & The Baby’s Brain - Limbic resonance is the attunement of a mother via [deep eye contact to her baby](#). When the mother attunes to her infant with deep love, the infant learns that love is safe, forms a secure attachment, feels a sense of belonging and a sense of peace. Deep attuned attachment penetrates to the neural core of what it means to be a human being. In short, [‘Our caregivers create our infant brain via “limbic resonance.”](#)

Limbic resonance is of crucial importance for the emotional well-being of a human being. However, if your mother was consistently, poorly attuned to you at this early stage of your life, failing to attend to your basic needs, your brain’s chemical composition and its limbic system’s ability to interact with the reptilian brain and neocortex in a manner conducive to emotional health and well-being may be seriously disrupted. This leads to limbic dysregulation, and impaired development of the personality as well as emotional difficulties in later life.

Limbic Revision - [Limbic revision](#) is simply another name for revising and rewiring the faulty development of our brain, namely our limbic system. In simple terms in order to truly heal we need to experience deep and attuned loving care.

We have to undo the encoding of abusive and poor quality of our relationships we suffered as kids. What our parents and primary caregivers failed to give us, we have to find others sources to become attuned. This can happen in therapy or any other warm and deeply caring relationship. The authors of [A General Theory Of Love](#), suggest that the resultant psychological problems due to abuse may be effectively treated with the use of a therapy known as **Limbic Revision**. Put simply, [love is the only real cure](#) for mental illness.

Why Healing Is Not Easy - Most of us who have been abused by our families desperately crave love. However, unfortunately, due to our childhood priming, we end up getting into relationships with people who [‘resonate’ with us](#). And if we experienced abuse, well, we usually end up falling for the guiles of [abusive narcissists](#). Why? Sadly, this happens because of our impaired limbic resonance. We are drawn to abusers because they seem familiar. When our experiences of love in our childhoods were chaotic, unpredictable and violent, abuse feels comfortable, they feel like home.

Furthermore, that’s one of the key reasons not to get into any romantic relationships when one is struggling with childhood trauma. Unconsciously we are attracted to abusive partners and end up being further abused.

That’s what happened to me. I got into a relationship with a man with whom I felt I had known a long time. Yes, he turned out to be the exact replica, if not worse of my abusive father.

Limbic Regulation & Revision - In order to really heal we need to have a safe and stress-free place. An environment where limbic regulation can happen. Where there is no fear inducing spikes in our daily life, no unnecessary triggers and emotional consistency. Something akin, to those fancy rehab centers where one can go long-term.

Since most of us cannot afford those expensive places we have to find ways to replicate that kind of positive environment. For me it meant taking time off work, not interacting with many people. And having a loving son to support my recovery.

Healing takes time and it gets harder to [overcome early experiences the older one gets](#) and the more added layers of pain and adversity are added over the years.

But, one has to believe and be optimistic about the possibilities of what life could be without the pain of trauma memories. I know the quality of my life has improved. No longer is my limbic system hijacked by common everyday stress. It has been rewired to being calm and in control.

[How Limbic System Therapy Can Help Resolve Trauma](#) by Ruth Buczynski, PhD w/Bessel van der Kolk, MD @ You Tube 4:52 minutes

“After silence that which comes nearest to expressing the inexpressible is music.” Aldous Huxley

9] [Crystal Bridges Turns the Spotlight on Contemporary Indigenous Artists](#) - By Paulette Beete, National Endowment for the Arts [artwork displayed at website]

U.S. museums have only recently started to grapple with the idea that art by Native Americans is, in fact, American art. At Crystal Bridges Museum of Art in Bentonville, Arkansas, however, it's not a question that's up for debate. Crystal Bridges Curator Mindy N. Besaw—one of three co-curators of the current exhibit *Art for a New Understanding: Native Voices, 1950s to Now*—is adamant that the story of American art is incomplete if it doesn't include indigenous voices, a position the museum enthusiastically embraces. Besaw explained, "Crystal Bridges is really dedicated to pushing on those standard boundaries of American art—who is included, who is excluded. We want to... be much more inclusive in the ways that we talk about American stories and American art. There's a need for an American art museum in that so-called mainstream to be embracing and celebrating and focusing on indigenous artists."

Featuring 80 art works by 40 Native artists from both the U.S. and Canada, the range of disciplines represented in *Art for a New Understanding*, which is supported by a National Endowment for the Arts grant, includes graphic art, painting, film and video, conceptual art, performance art, textiles, and more. "We are hoping to show people something unexpected," said Besaw.

Artists include basketmaker [Shan Goshorn](#), who incorporates historical documents in her basketmaking; [Spiderwoman Theatre](#), a trio of sibling performance artists, and Jaune Quick-to-See Smith, a mixed-media sculptor. While the materials and processes differ from artist to artist, the central story of the exhibit remains that Native artists are not "other." Just like non-Native contemporary artists, their work engages with contemporary life, wrestling with issues such as family and community,

environmental protection, and the lasting effects of colonization.

To deepen the exhibit's impact, the museum is offering a number of outreach activities, including a film series spotlighting indigenous filmmakers, sewing circles, and lecture and workshop opportunities with artists featured in the show. The goal of these activities, said Besaw, is to reinforce to the community that "these [artists] are living people among us.... The other thing I would hope is that someone walks away and says, 'I didn't understand how much variety was within a culture that oftentimes gets lumped as if it's one single thing, a Native American culture. But it's made up of individuals from so many different backgrounds, members of so many different tribes and communities that it's really richly varied.'"

On view at Crystal Bridges through January 7, 2019, the show will also travel to sites in New Mexico, North Carolina, and Tennessee. For Crystal Bridges, however, *Art for a New Understanding* is just the beginning of a deepening relationship with work by indigenous artists that will continue long after the show closes.

For one thing, going forward all Crystal Bridges didactic and promotional materials will include a "land acknowledgement," which is the practice of naming and acknowledging the specific Native tribes who have inhabited a particular area. As Besaw explained, "We're really hoping that by setting the stage by starting with a land acknowledgment, it also starts to help people see things from multiple perspectives just right off the bat."

In addition, as the museum plans future exhibits, work by indigenous artists will be included whenever possible. "By highlighting [indigenous artists in this show], the work becomes part of the fabric of our being," said Besaw. "From here on out, if we do an exhibition of contemporary art that might be responding to the theme of anything, fill in the blank, indigenous artists will be included along with artists from all backgrounds."

"Each of us has a unique part to play in the healing of the world." Marianne Williamson

"The goal is to become the unique, awesome, never to be repeated human being that we were called to be." Patricia Deegan

10] [Are sexual abuse victims being diagnosed with a mental disorder they don't have?](#) By Alexandra Shimo, Life and style @ The Guardian

The lack of recognition for complex PTSD by the psychiatric establishment means it is difficult for sexual abuse victims who might suffer from it to receive the right diagnosis

Suppose, for the sake of a thought experiment, that a new psychological disorder was discovered. It is supported by dozens of studies and recognized by some of the world's leading psychiatrists and psychologists, but not by the North American psychiatric establishment. And let's say the refusal to accept this new disorder had devastating consequences for #MeToo survivors.

That claim is asserted by a growing number of sexual abuse victims, psychiatrists and psychologists worldwide.

The disorder is called complex PTSD. It was identified in 1990 by American psychiatrists studying the experiences, behavior and symptoms of sexual abuse victims and other patients who have experienced extreme trauma and neglect, usually at a young age. A decade later, new science – in the form of brain scans – revealed this was a distinct condition affecting certain areas of the brain.

While the condition is [referenced](#) and [discussed](#) in [peer-reviewed publications](#), North America’s official bible of psychiatry – The Diagnostic and Statistical Manual (DSM) – doesn’t recognize its existence. The DSM determines how mental illness is defined, and is the key to insurance coverage, special services in schools, disability benefits and treatments.

This lack of recognition means it is difficult for sexual abuse victims who might suffer from it to receive the right psychological diagnosis.

Rather than being diagnosed with complex PTSD, many will be misdiagnosed with borderline personality disorder (BPD), says Sly Sarkisova, a Toronto-based psychotherapist who specializes in trauma.

BPD and complex PTSD are different disorders, but have similar symptoms. But one major indicator sets them apart: the latest research shows that BPD is [55% inherited](#) whereas complex PTSD is not caused by genetics but [prolonged exposure to traumatic events](#), usually in childhood. While BPD is defined primarily by risk-taking symptoms (such as suicidality, impulsivity, self-harm, anxiety, emptiness, difficulty with relationships, and extremes of volatile emotion), complex PTSD patients tend to be less impulsive, frantic, unstable and less likely to engage in self-harm, according to a 2014 study in the European Journal of Psychotraumatology.

This misdiagnosis affects sexual survivors more than anyone else because they commonly display the psychiatric symptoms common to both disorders, such as anxiety, mood swings, depression, emptiness and displaced anger. As a result, “Someone who is dealing with complex trauma will be told that they are having a problem regulating their emotions,” Sarkisova explains.

This means that sexual abuse victims have to wrestle with receiving a BPD diagnosis that is pejorative and stigmatising (they are told their personality is “disordered”; they are called “difficult”; and as the condition can’t be cured, some psychologists avoid treating them.)

“The borderline diagnosis for sexual abuse survivors is nonsense and misleading because it suggests that the problem is within the personality of the survivor rather than a result of what has happened to them,” explains Gillian Proctor, program leader of the psychotherapy and counselling master’s program at the University of Leeds and a clinical psychologist in private practice.

For others, it’s political. BPD has become associated with a “parody of supposed feminine characteristics”, explains Glyn Lewis, the head of psychiatry at University College London. “BPD is a label that is often misused and applied especially to women, or people who were assigned female at birth, to pathologize them for emotional expressions of suffering,” Sarkisova says.

‘It was sexist’

Concerns about the misdiagnosis of sexual abuse victims surfaced early on. BPD was added to the

DSM in 1980, and to the UK's International Classification of Diseases (ICD) in 1996.

As these changes were happening, Bessel van der Kolk, a professor of psychiatry at Harvard Medical School, and Judith Herman, a Harvard professor of psychiatry, began to wonder if the developments were correct. What if these patients didn't have disordered personalities, but were suffering the psychological consequences of childhood abuse?

They began to interview male and female patients with a BPD diagnosis and published their findings in 1989 in the American Journal of [Psychiatry](#). Their hunch proved right: 81% of patients diagnosed with BPD reported severe child abuse, including sexual, and/or neglect, usually before the age of seven. Van der Kolk and his team proposed that these people be re-diagnosed as having complex PTSD.

For this to happen, the American Psychiatric Association would have to add complex PTSD as a new diagnostic category to the DSM. Van der Kolk and his team travelled to New York in 1990 to present their case to Robert Spitzer, one of the founders of the DSM and professor of psychiatry at Columbia University. Victory seemed in sight: in 1993, the American Psychiatric Association's PTSD committee voted to accept Van der Kolk's changes and add complex PTSD to the next version of the DSM. Twenty-six years later, nothing has happened.

"It was sexist," argues New York-based Katherine Porterfield, a child psychologist at New York University's Medical School. "Yes, this was happening to women because they are more likely to be abused, but it was also because our field was dominated by men, and the men were seeing these women as 'difficult'."

Those attitudes may have affected the science: many are reluctant to further explore a psychological condition that isn't recognized in North America, explains Audrey Cook, a Vancouver-based family therapist who has worked with sexual abuse victims since 1994, so instead these patients are labelled "difficult to treat". Without research money, there are no studies on complex PTSD cure rates or most effective treatments.

Dr Van der Kolk, who went on to become one of the world's leading trauma experts and the author of the New York Times bestseller, [The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma](#), says that misdiagnosis is now the norm. "The diagnosis determines the treatment that you can get, what insurance companies will pay for," he explains. "As long as complex PTSD does not exist, [medical] insurance companies will not reimburse you for [psychological] treatments that might work." Instead, he argues, "***patients are likely to receive pejorative diagnoses and labels that make their lives only more difficult***".

'It's easier for the world to flush us down the toilet'

"It's powerfully and deeply ironic to me that women who experience profound trauma [ie sexual abuse] are pathologised as having a personality disorder," explains Winnipeg-based freelance journalist, artist and resilience coach Lisa Walter, 50, a sexual abuse victim who says she has been misdiagnosed with BPD. "I think it makes it easier for the world to flush us down the toilet."

Historically, a BPD diagnosis was made if women were considered resistant to treatment and on the

“borderline” of psychotic. Later, the incurable part of the disorder was explained through genetics. Although the modern-day definition does not mention psychopathy or sociopathy – which are different psychological disorders – the term is still used by some therapists and the public to imply someone irrational, inconsiderate and beyond control.

However, psychiatrists and psychologists in UK and North America are divided on the BPD diagnosis question. Some, like Dr Proctor, believe the label is never helpful, especially for sexual abuse victims who she believes are actually suffering from complex PTSD. Others, such as Dr Choi-Kain, director of the Massachusetts-based McLean Hospital Borderline Personality Disorder Training Institute, believe they are separate conditions: comorbid, yes, but a person can suffer from both.

“When you tell [BPD patients]: ‘this is something millions of people have; you are not alone; there are good treatments and outcomes’; it’s a really positive, clinical message,” Dr Choi-Kain says.

But because studies have linked BPD to increased criminality, it has meant that some sexual abuse survivors won’t disclose what has really happened to them to mental health professionals for fear of being diagnosed with it.

For a long time, Andrea Nicki hid that she was sexually abused as a young child by an adult male family member. “Normally I’m reluctant to talk about sexual abuse because as soon as you say it, people think BPD,” explains Nicki. “They think she’s unstable, she’s got a personality disorder.” Then, in 2008, the Vancouver-based poet and business ethics professor revealed it to a psychiatrist, whom she just saw once.

He diagnosed her with BPD even though she did not fit the BPD psychological profile: she lacked most of its symptoms except anxiety and minor depression due largely to financial troubles. A misplaced laugh (when her psychiatrist said “I really care for you”) might have tipped the balance: it prompted him to write down she was emotionally volatile.

‘Stuck in individualising, pathologising diagnostic ghettos’

A number of scientific developments have improved the understanding of complex PTSD. Thanks to growing interest and funding for neuroscience and neurobiology, there has been an explosion of scientific imaging tools, such as Functional magnetic resonance imaging and electroencephalography, that have allowed scientists to peer inside the brains of complex PTSD patients. The scans have allowed scientists to determine which parts of the brain are impacted by prolonged trauma, an advancement useful to trauma therapists hoping for possible cures.

Still, misdiagnosis remains common and affects the success rate of psychological treatments, according to Van der Kolk. Complex PTSD usually requires different treatments from those given to patients with BPD. Sexual abuse should be treated with some form of trauma-related therapy, Van der Kolk says, while BPD requires learning to control one’s aggressive urges, improve one’s relationship with others, moderate difficult emotions and compulsive behaviours.

Once misdiagnosis occurs, a patient can face stigma from the public and healthcare professionals. In a [2015 study in British Journal of Clinical Psychology](#), an actor was videotaped having a panic attack. When doctors were told she had BPD (she didn’t), they rated her problem as worse and gave her less

hope for recovery.

Lisa Walter, the Toronto writer, was diagnosed with BPD in 2008 after going through a depression and a period of self-harm. She too is a survivor, molested by a neighbour at eight and raped at 21. After diagnosis, she researched the condition, and found some of the symptoms did not fit. Her psychiatrist downplayed her concerns, and told her not to protest, because the BPD diagnosis was the only way of accessing a free, six-month course combining several therapies.

But with the BPD diagnosis on her medical chart, medical professionals approached her differently, she said. Nurses seemed less compassionate when she self-harmed. An ER doctor appeared irritated by the diagnosis and attempted to stitch up a self-inflicted leg wound without an anesthetic.

Her BPD diagnosis also led to dismissive treatment away from medical situations. While giving witness testimony in a case alleging police brutality at the 2010 G20 Toronto summit, the defense lawyer used the BPD diagnosis to humiliate her, holding open a book of mental health disorders and suggesting that because she had it, she had behaved irrationally angrily and aggressively at the protest. (She later sued the police and they settled.)

“As soon as you say BPD, people think irrational, angry woman,” Walter says. “There are extremely negative connotations with that phrase.”

In the UK, the situation is changing, albeit slowly. Last year, the National Health Service formally recognized complex PTSD as a psychological condition. Preliminary versions of the UK’s bible of psychiatry, the ICD-11, also includes it and most expect the final version, scheduled for publication in 2022, to do the same.

However, some UK therapists are still skeptical. “The new ICD-11 diagnosis of complex PTSD was expected to revolutionise how we see and treat patients,” explains Dr Jay Watts, a clinical psychologist who has written extensively about Complex PTSD. It does not, she says: the diagnostic criteria are “so limited” that most people who have Complex PTSD will not qualify and instead be “stuck in individualising, pathologising diagnostic ghettos”.

In North America, there are still no plans to include complex PTSD in the DSM. Research into effective cures for sexual abuse survivors and other complex PTSD patients remain stymied by the institutional rigidity, misdiagnosis and lack of funding.

“Survivors of trauma and sexual violence should get appropriate support,” Wood says. “They should be treated with care and respect, not shamed and stigmatised further by this dehumanising label.”

“I long ago abandoned the notion of a life without storms, or a world without dry and killing seasons. Life is too complicated, too constantly changing, to be anything but what it is. And I am, by nature, too mercurial to be anything but deeply wary of the grave unnaturalness involved in any attempt to exert too much control over essentially uncontrollable forces. There will always be propelling, disturbing elements, and they will be there until, as Lowell put it, the watch is taken from the wrist.”

Kay Redfield Jamison

11] [Rebecca Street: Break the Taboo, Break the Silence](#) - YouTube 3:08 minutes

Clip from January 17, 2019 Speech at The New School, "Sexual Trauma: The Challenges, Ramifications, and Possibilities for Artistic Transformation"

Rebecca Street is the author of "[You Can Help: A Guide for Family & Friends of Survivors of Sexual Abuse and Assault](#)"

You Can Help offers concrete tools to family and friends who wish to participate in the healing process of someone who has been sexually victimized. In Part One, the author chronicles her own journey to recovery while providing pragmatic advice and essential data from numerous experts in the field. Each chapter is followed by "Five Practical Tips."

Part Two is comprised of inspirational stories by 19 other survivors of both abuse and assault (8 men and 11 women) who share what was most helpful and hurtful in their own recoveries. Besides empowering family and friends, *You Can Help* is a valuable asset for arming survivors in their battle against shame and is an important educational resource for professionals who work with trauma.

You Can Help enables readers to:

- (1) BREAK THE SILENCE (silence is the biggest obstacle to recovery)
- (2) LEARN about the complex consequences of sexual trauma, including PTSD
- (3) ASSIST SURVIVORS in regaining trust, confidence, and joy.

[*Honored to be a part of this book, MS*]

About The Book - <http://www.youcanhelpsurvivors.com/about-the-book>

About the author - REBECCA STREET is a NY based actor and the mother of two children. She is also an incest survivor. In an effort to help other survivors, she spent a decade researching child abuse and adult sexual assault for her book, *You Can Help: A Guide for Family and Friends of Survivors of Sexual Abuse and Assault*. She has addressed both lay people and professionals, including the New York State Office of Mental Health, on the ramifications of sexual trauma and methods for facilitating recovery. For more information, to learn more about and connect with Rebecca, and find out how you can make a difference, please visit www.YouCanHelpSurvivors.com.

"Just like there's always time for pain, there's always time for healing." Jennifer Brown

12] [Actress Taraji P. Henson talks about the stigmas around and importance of mental health in the black community during an interview with CNN's Van Jones](#). CNN 2:10 minutes

[The Boris Lawrence Henson Foundation](#) - Break The Silence, Break The Cycle – eradicate the stigma around mental health issues in the African-American Community

The Boris Lawrence Henson Foundation's vision is to eradicate the stigma around mental health issues in the African-American community.

The Boris Lawrence Henson Foundation is a nonprofit organization founded in 2018 by Taraji P. Henson and led by Executive Director, Tracie Jade Jenkins. The foundation is named in honor of Ms.

Henson's father, Boris Lawrence Henson, who suffered with mental health challenges as a result of his tour of duty in the Vietnam War. We are committed to changing the perception of mental illness in the African-American community by encouraging those who suffer with this debilitating illness to get the help they need.

One in five Americans suffer from mental illness. African-Americans are the least likely population to seek treatment. We were taught to hold our problems close to the vest out of fear of being labeled and further demonized as inapt, weak, and/or inadequate. African-Americans also have a history of being misdiagnosed, so there is mistrust associated with therapy.

Through our partnerships, the foundation will ensure cultural competency in caring for African Americans who struggle with mental illness by providing scholarships to African-American students who seek a career in the mental health field; offer mental health services and programs to young people in urban schools; and combat recidivism within the prison system.

We support organizations who educate, celebrate, and make visible the positive impact of mental health wellness.

"The measure of mental health is the disposition to find good everywhere." Ralph Waldo Emerson

"Service to others is the rent you pay for your room here on earth." Mohammed Ali

Thank you & Take care, Michael

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](#)

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