



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 July 2019

Newsletter Contents:

- 1] The Courage of Parenting When You Have A History of Trauma(c) by Gretchen Schmelzer
- 2] The House Committee on Oversight and Reform held a hearing entitled, “Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue that Needs Greater Federal Attention.”
- 3] Native Americans challenge their invisibility in society
- 4] Making Eye Contact with Homeless People Is Important - Invisible People by Kayla Robbins
- 5] We've Been Too Patient - Voices from Radical Mental Health - Stories and Research Challenging the Biomedical Model from North Atlantic Books
- 6] 3 'medical conditions' no longer recognized by doctors By Maria Cohut @ Medical News Today
- 7] He left politics to treat his PTSD. His new mission? Helping fellow vets By Kathleen Toner, CNN
- 8] Michael Skinner, live performance @ Survivor Knights 3-24-19 – YouTube
- 9] Taking Back Ourselves for women survivors of sexual abuse and assault by providing Weekends of Recovery & Nights of Healing across the country.
- 10] Two Conference events – NYAPRS & SMART

Hi Folks,

Lots of great stuff to share for July, as they say, “take what you like and leave the rest”.

I hope you are enjoying some time in nature and taking care of yourself, because you deserve it!!

Take care, Michael

1] [The Courage of Parenting When You Have A History of Trauma](#)(c) by Gretchen Schmelzer

This is for all of you parents who lived through difficult childhoods, difficult years-through trauma (however you would define it), through neglect, through war-especially, but not necessarily, as children. This is for all of you who had to do whatever you needed to do to survive and now you are out on the other side. You made it with a lot of grit and effort. Your life is calm. It is good. And you are working hard as a parent to raise your children, whether they are toddlers, teens or young adults.

As a therapist I saw how hard it was for you-as you work to raise your children in a life of happiness, even as that was something you did not get as a child.

You grew up in the country of trauma-and you managed to emigrate from that land and come to this new country of health-of peace. The country of health where your children are now growing up.

On the outside this sounds like the perfect happy ending. Parents are safe, and children are happy and healthy. It should be easy, right? It's not. Because if you do it well, if you raise your children to get what you didn't have—and I am not talking about material things, though they may figure in; I am talking about attention, and consistency, and care. I am talking about help with their homework and going to their games, and friendly dinner conversation. I am talking about the freedom of being a child, of being able to be age-appropriately self-focused; to be able to lean on you and struggle with you, and even ignore you.

If your child lives in this world of health, what's difficult and painful is that they really will never understand your world—the world you grew up in. And this can be incredibly lonely. And can make a parent feel incredibly torn. On the one hand all you want is for your children to get what you didn't get and have the opportunities you didn't have, and on the other hand you worry that they don't appreciate what they have and that they won't get the strengths you have that saved your life. Holding these two vastly different worlds is so very hard and takes so much strength.

What I tell parents who have lived through trauma is this: If all goes well, your children will never completely understand you. They will love you and they will learn from you, but your experience will always be foreign to them. Maybe when they are adults they might be able to understand some of it, but they will never know what you really lived through. They will never see the world through the same lenses as you do. They will take things for granted that you see as the biggest gifts. They will not see all that you do for them, because what you do for them is a part of the fabric of their lives. Children only see what they live in. This is as it should be. It means you are doing it right, but it can feel so isolating.

One of the most baffling things for parents who have lived through trauma is this: childhood isn't always easy, even if everything is going well. Learning is hard work. Growing up is hard work. Kids struggle and wrestle—they cry, they tantrum, they worry, they do thing wrong. They get sad over small things and small disappointments. Even in the happiest of households, it is a long trail with a lot of ups and downs. It takes a lot of learning to build the muscles of becoming a healthy person. And for parents who lived through trauma, this can come as a shock. Many of the parents I have worked with have voiced a similar sentiment: I thought a happy childhood was easy—I never imagined my kids having a hard time if there weren't bad things happening. I don't understand them when I see them getting upset over 'nothing.' I don't understand them. And they don't understand me.

And what I try to help them understand is that in healthy families—the kids are doing the developmental work they need to do. They are working on their growth, not yours. You need to work on your own growth, healing and development—so that you can support the growth and development of your kids.

It is tempting when you have had a difficult childhood to want to give your children the childhood you didn't have. Yet the most important thing you can do is give your child what he or she needs. Each of your children will need different things—different parenting than you needed—or even than the other siblings need. A more anxious kid needs different parenting than a more risk taking kid, for example.

The biggest casualties of a difficult childhood are the emotions. If you grow up in trauma you survive by shutting your emotions down, and then you have kids, and man, kids are nothing if not emotional. And they can trigger yours. How do you suddenly learn to manage your emotions? Find language for them? Tolerate them? One of the best books on emotional coaching is Faber & Mazlish's **How to Talk so Your Kids Will Listen and Listen so Your Kids Will Talk**. It is a clear easy guide to talk about and coach kids through emotion. I made it required reading in all of the therapy classes I taught because it was the best guide out there, even for future therapists. And as you help your kids with their emotions. You can learn about your own.

Parenting with a trauma history is one of the bravest things that people can do and it is invisible. If you are doing it well, nobody knows. Nobody cheers. If you had been physically disabled by a past trauma and chose to run a marathon—people would call you brave. But we don't do that with emotional wounds. They are invisible and the parents who rise to the occasion—and parent with love and purpose—who give what they never got—they are unsung heroes.

One of the bravest things you can do is to heal from your own trauma—because it allows you to hold your feelings, it allows you to get just a little bit of what your own children are getting—some support and help with the hard things. It allows you to have someone help you and coach you about child and adolescent development and understand what the losses and gifts were in your own trauma. It might help you understand your child's world, this new world that you created. It is easier to have compassion for your children's struggles when someone has had compassion for yours.

So I say to you. Stay strong and know you are doing one of the most difficult things I have witnessed. That you may feel alone, but you aren't alone. That your courage and bravery are creating not only a better world for your children, but for the world right now and for generations to come. And as you teach your children about love, have compassion and love for yourself and the journey you are on.

© 2015 Gretchen L. Schmelzer, PhD

Learn more @ [Blog - The Trail Guide](#) - Gretchen Schmelzer

[JOURNEY THROUGH TRAUMA](#) - Gretchen Schmelzer - **New hope and understanding for survivors of repeated, relational trauma.**

As a therapist, Gretchen Schmelzer has watched far too many people quit during treatment for trauma recovery. They find it too difficult or frightening or they decide that it's just too late for them. So she wrote Journey Through Trauma specifically for survivors—to help them understand the terrain of the healing process and stay on the path.

“We cannot drop out of human involvement without endangering our spiritual health.” One Day at a Time

“Bless those who challenge us to grow, to stretch, to move beyond the knowable, to come back home to our essential nature. Bless those who challenge us for they remind us of doors we have closed and doors we have yet to open.” Native American Prayer

2] The House Committee on Oversight and Reform held a hearing entitled, **“Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue that Needs Greater Federal Attention.”**

[House Hearing on Identifying, Preventing, and Treating Childhood Trauma](#) – YouTube: 3hrs 47min

Thursday, July 11, 2019 - 10:00am

Location - 2154 Rayburn House Office Building, Washington, DC 20515

PURPOSE

The Committee will hear directly from trauma survivors, public health experts, and government officials to examine the long-term consequences of childhood trauma and the insufficiency of the federal response to this urgent public health issue.

First panel witnesses will share their personal stories of trauma, healing, and advocacy.

Second panel witnesses are experts who will discuss the prevalence of childhood trauma and the limited nature of current federal initiatives to prevent childhood trauma and to treat those who have experienced it.

BACKGROUND

- Childhood trauma is a pervasive public health issue with long-term negative health effects that cost the United States billions of dollars.
- The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente [conducted](#) a landmark study that found adults who had suffered “adverse childhood experiences” were at much higher risk for leading causes of death in the United States, including heart disease, cancer, chronic lower respiratory disease, and suicide.
- [Extensive research demonstrates](#) that exposure to community violence, homelessness, unsafe neighborhoods, bullying, racial and ethnic discrimination, income insecurity, natural disasters, intergenerational trauma, or historical trauma also increases the likelihood of negative health outcomes.
- A comprehensive federal approach is needed that both recognizes the impact of childhood trauma and takes concrete steps towards prevention and treatment.
- Congress recently passed legislation that recognizes the severe consequences of childhood trauma, but current programs and initiatives are insufficient to address this public health issue.
- Some states and localities are implementing promising programs to prevent and treat childhood trauma that can inform federal solutions.
- GAO recently issued a [report](#) on Children Affected by Trauma that reviewed the various approaches and challenges to supporting children affected by trauma in six states. GAO found

that “Trauma is a widespread, harmful, and costly public health problem, and is especially detrimental to children.”

WITNESSES

Dr. Christina Bethell - Director, Child and Adolescent Health Measurement Initiative

- [Testimony](#)

Mr. James Henry - Former Deputy Governor & Chief of Staff, State of Tennessee

- [Testimony](#)

Dr. Debra Houry - Director, National Center for Injury Prevention & Control, on behalf of Centers for Disease Control and Prevention

- [Testimony](#)

Mr. William Kellibrew - Founder, The William Kellibrew Foundation

- [Testimony](#)

Ms. Heather Martin - Executive Director and Co-Founder, The Rebels Project

- [Testimony](#)

Mr. Justin Miller - Deputy Executive Director, Objective Zero Foundation

- [Testimony](#)

Mr. Charles Patterson - Health Commissioner, Clark County, Ohio

- [Testimony](#)

Ms. Creeana Rygg - Survivor and Activist

- [Testimony](#)

Dr. Denese Shervington - Clinical Professor of Psychiatry, Tulane University School of Medicine

- [Testimony](#)

DOCUMENTS

- [Memo](#)
- [Notice](#)

“Great Spirit, help me never to judge another man until I have walked in his moccasins for one moon.” Native American Prayer

“Earn your success based on service to others, not at the expense of others.” H. Jackson Brown, Jr.

3] [Native Americans challenge their invisibility in society](#) – YouTube 6:09 minutes

A conversation with Native Americans on Race by Michelle Stephenson & Brian Young

“Successful people are always looking for opportunities to help others. Unsuccessful people are always asking, What’s in it for me?” Brian Tracy

4] [Making Eye Contact with Homeless People Is Important](#) - Invisible People by Kayla Robbins

It’s free, and it makes a big difference for everyone

It’s something you take for granted every day. Connecting with people during a conversation, meeting their eyes, and feeling seen.

For you, it probably happens dozens of times a day, but for people living on the street, it’s a rare occurrence.

More often, people shuffle by quickly, looking absolutely anywhere but at the invisible person they’ve chosen to ignore.

It’s a common behavior, but what’s strange is the number of people who don’t fully realize what they’re doing. Stranger still is the people who think the other person won’t notice they’re being ignored.

The whole, “oh my, I’ve just received a very important text that requires my full attention for the next 30 seconds” routine isn’t as convincing as you think it is. Especially when it’s been done by the last 20 people who walked by.

Making eye contact with homeless people instead of ignoring them is safe, easy, and costs absolutely nothing. Once you get good, you can even throw in a smile, nod, or friendly wave.

It’s amazing how far a simple acknowledgment of another person’s presence can go toward helping that person feel seen rather than invisible and preventing dehumanization.

If you only ever do one thing to improve your interactions with the homeless people you meet, let this be it.

The Harm of Withholding Eye Contact

By now you might be thinking, “what’s the big deal?”

It’s hard to imagine that not engaging with one person on the street is causing any real harm. After all, you pass plenty of non-homeless people every day that you don’t acknowledge or make eye contact with.

Surely this is overblown, right?

Well, yes and no.

You're right that there's little to no harm in one single person ignoring a homeless person trying to interact with them. It may be rude, but it's not going to make or break anyone's day. But the thing is, it's never just one person.

You can't really appreciate the scale of the problem unless you experience it yourself. But most people behave exactly the same way, and the effect is cumulative.

Imagine a day where none of your coworkers would look at you, your family all ignored you when you tried to speak to them, and even strangers on the street went out of their way to avoid you.

How would that feel?

Now imagine it happening *every day*.

After a while, homeless people who are subjected to this treatment begin to feel as if they were ghosts watching the world but not able to fully participate in it. If they try to strike up conversations, their words fall on deaf ears. They're ignored, dehumanized, and invisible.

Feeling Seen and Being Seen

What are we afraid of when we try to avoid looking a homeless person in the eyes?

As far as I know, there's no super-virus that's transmitted via eye contact, so it can't be that.

Maybe it's something less physical. Maybe we prevent ourselves from looking because we really don't want to see.

When you engage with someone, even in the most basic way like making eye contact, you acknowledge your shared humanity. This is what makes the lack of eye contact so dehumanizing. But giving it also requires something of the giver.

It forces you to confront the fact that the person you're seeing is a fellow human in a painful situation, which can trigger your own painful feelings. You also must acknowledge the broader societal problems that have put this person in their current situation.

Seeing a homeless person as a person can be confronting. You may feel empathy for their situation that was previously held at bay by reductive stereotypes. You may feel anger at the injustice of inequality and be moved to execute change. Processing all these things in the moment can be overwhelming.

It's much easier to just shut your eyes, close your ears, wall off your heart, and keep on walking by. But as much as homeless people need to be seen, the rest of us need to see them even more.

Baby Steps

If making eye contact still seems like a big step for you, there are some baby steps you can take to build

up your confidence.

First, check out some of the [stories](#) in our archive. They offer a glimpse into the lives of many different homeless people from all walks of life and can help you “get to know” them virtually.

These stories really show the diversity in personality that’s present in people no matter where they live. If you find yourself having trouble dispelling the myths you’ve been told about homeless people, watching these videos could help break the illusion.

Making the Invisible Visible

The first time you see a homeless person as fully human, equal to yourself, and deserving of the same safety and security you enjoy is a unique experience. It’s also an experience that we need more people to have.

Too many of our politicians and other powerful people see “the homeless” in aggregate without seeing the individual homeless people.

They declare crises and start criminalizing homelessness more and more in effort to get people out of sight and out of mind. This thinking is shortsighted, cruel, and will never solve the real problems causing homelessness. These policies come from a place of ignorance at best.

The only cure for ignorance is experience. Experience is what breeds understanding, and if you want to fight homelessness in an effective way, you first need understanding.

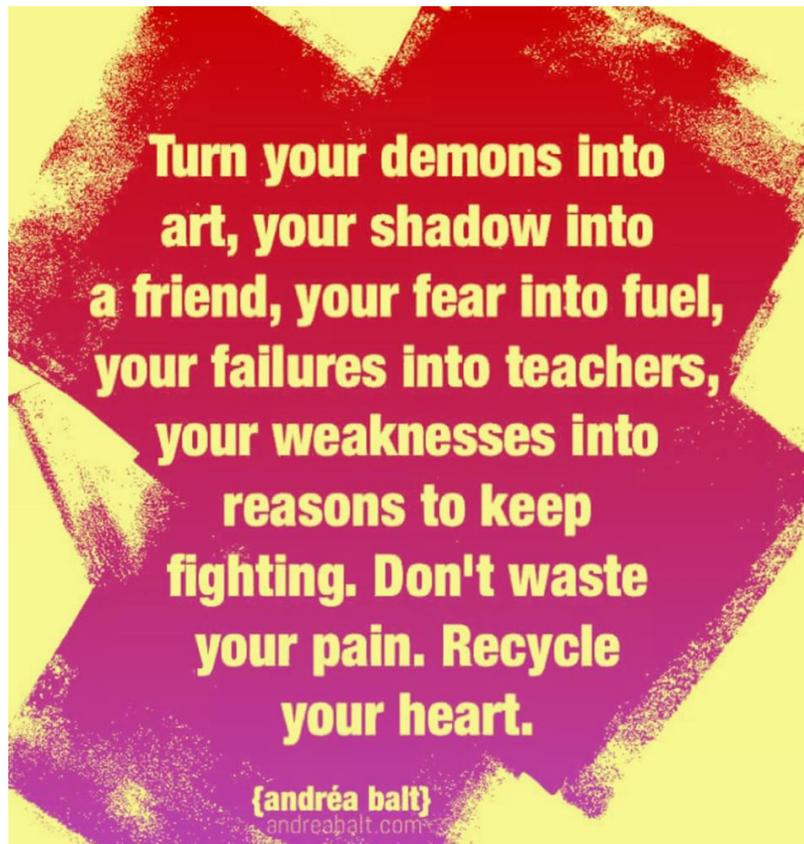
While homelessness is a complex issue and each person’s experience with it is unique, the first spark of understanding comes during that initial experience. Before friendship, before conversation, before anything else, the very first step on the road to understanding is eye contact.

Allowing the other person to be seen and allowing yourself to truly see them is where it all starts.

So, the next time you see a homeless person, resist the urge to ignore them. Make eye contact. It’s quite literally the *least* you can do.

[Invisible People - Changing The Story of Homelessness](#)

“If you want happiness for an hour, take a nap. If you want happiness for a day, go fishing. If you want happiness for a year, inherit a fortune. If you want happiness for a lifetime, help somebody.” Chinese Proverb



5] [We've Been Too Patient](#) - *Voices from Radical Mental Health - Stories and Research Challenging the Biomedical Model* from North Atlantic Books

Editor: Kelechi Ubozoh, L. D. Green Foreword by: Robert Whitaker

25 unflinching stories and essays from the front lines of the radical mental health movement

Overmedication, police brutality, electroconvulsive therapy, involuntary hospitalization, traumas that lead to intense altered states and suicidal thoughts: these are the struggles of those labeled “mentally ill.” While much has been written about the systemic problems of our mental-health care system, this book gives voice to those with personal experience of psychiatric miscare often excluded from the discussion, like people of color and LGBTQ+ communities. It is dedicated to finding working alternatives to the “Mental Health Industrial Complex” and shifting the conversation from mental illness to mental health.

About the Authors

L. D. Green is a queer writer, performer, educator, and mental health advocate whose work has been published in *The Body is Not an Apology* webzine, *Sinister Wisdom*, *Foglifter*, *sPARKLE + bLINK*, and www.truth-out.org. She is a poetry slam champion and has performed at the National Queer Arts Festival and the San Francisco Fringe Festival. A graduate of

Vassar College, she earned her MFA in Creative Writing from Mills College and is a Lambda Literary Fellow in Fiction. She participated in the Tin House Writers Workshop and was a Catwalk Artist in Residence. She was involved in the Bay Area chapter of The Icarus Project (a support network and education project by and for people who experience the world in ways that are often diagnosed as mental illness) from 2009-2011 and has given presentations for Youth in Mind at the California Mental Health Advocates for Children and Youth. As an assistant professor of English at Los Medanos College in Pittsburg, California, she teaches composition, creative writing, and literature. She writes and enjoys poetry, creative non-fiction, and speculative fiction. www.lizdemigreen.com

Kelechi Ubozoh is a Nigerian-American writer, mental health advocate, and public speaker. She was the first undergraduate ever published in the *New York Times*. Ubozoh was featured in the SAMSHA Voice Award-Winning documentary *The S Word*, which follows the lives of suicide attempt survivors in an effort to end the stigma and silence around suicide. Her story is featured in the January 2019 edition of *O, The Oprah Magazine* and on the Good Morning America website. Ubozoh has appeared on *The Mental Illness Happy Hour* podcast hosted by comedian Paul Gilmartin, presented at Cornell University, and been featured on *CBS This Morning* with Gayle King. A popular presenter and keynote speaker, Ubozoh has supervised mental health stigma discrimination reduction programs and led communication operations at a mental health nonprofit organization, PEERS. Her poetry was recently published in an anthology of San Francisco Bay Area writers of color, *Endangered Species, Enduring Values*. She currently works as a peer and community engagement manager at CalMHSA.

[Robert Whitaker](#) is a journalist who has specialized in covering medicine and science. His articles on psychiatry and the pharmaceutical industry have won a George Polk Award for Medical Writing, and a National Association of Science Writers' Award for best magazine article. In 1998, he co-wrote a series on abuses in psychiatric research that was a finalist for the Pulitzer Prize in Public Service. He is the author of four books. His most recent one is *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*.

[Who We Are](#) - North Atlantic Books

North Atlantic Books (NAB) is an independent, nonprofit publisher committed to a bold exploration of the relationships between mind, body, spirit, and nature. Founded in Vermont, in 1974, NAB aims to nurture a holistic view of the arts, sciences, humanities, and healing. Over the decades, it has been at the forefront of publishing a diverse range of original books in alternative medicine, ecology, and spirituality, with a pioneering publishing program that encompasses somatics, trauma, raw foods, craniosacral therapy, shamanism, and literature. NAB was incorporated as an educational nonprofit in 1980 as the Society for the Study of Native Arts and Sciences.

Over the years NAB has supported a wide-range of like-minded organizations through its grant-making [Seeds of Transformation](#) program.

Acquisitions, editorial, production, and marketing staff manage all books from the Berkeley office while Penguin Random House handles sales and distribution.

Mission Statement - The Society for the Study of Native Arts and Sciences (dba North Atlantic Books) is an educational nonprofit based in Berkeley, California, that collaborates with partners to develop cross-cultural perspectives; nurture holistic views of art, science, the humanities, and healing; and seed

personal and global transformation by publishing work on the relationship of body, spirit, and nature.

[Submission Guidelines](#) - North Atlantic Books

“Even with all that - excellent treatment, wonderful family and friends, supportive work environment - I did not make my illness public until relatively late in life, and that's because the stigma against mental illness is so powerful that I didn't feel safe with people knowing. If you hear nothing else today, please hear this: There are not 'schizophrenics'. There are people with schizophrenia, and these people may be your spouse, they may be your child, they may be your neighbor, they may be your friend, they may be your coworker.” Elyn Saks

6] [3 'medical conditions' no longer recognized by doctors](#) By [Maria Cohut](#) @ Medical News Today

[Fact checked](#) by Paula Field

Medical research has changed how doctors diagnose conditions for the better. Read this Spotlight feature to find out about the top three "medical conditions" that health-care professionals no longer recognize as such.

Throughout history - both recent and distant - doctors have made many mistakes.

In some cases, they meant well, but they did not yet have the knowledge or technology to assess a person's health condition correctly.

In other cases, however, they diagnosed non-existent medical conditions or disorders as a means of backlash against social outliers.

Some "conditions" that we will discuss in this Spotlight feature, such as "bicycle face," may sound amusing, while others, such as dysaesthesia aethiopica, may sound scary.

But all of these fabricated "conditions," and especially the fact that some doctors and members of the public took them very seriously at the time, likely had a substantial adverse effect on the lives of the people who received a diagnosis for one of them.

1. Bicycle face: 'A physiognomic implosion'

"The cycling season will be coming on soon, and there is every reason to suppose that more people than ever will take advantage of it - women especially." This is the first sentence of an article called "[The dangers of cycling](#)," published by Dr. A. Shadwell in 1897, in the *National Review*.

Allegedly, this doctor coined the expression "bicycle face" to describe a pseudo medical condition - with mainly physiological symptoms - that affected women cyclists in the early days of cycling in the 1800s. In his article, Shadwell claimed that this "condition" caused a "peculiar strained, set look," as well as "an expression either anxious, irritable, or at best stony" in the rider.

Both men and women could develop bicycle face, though women were implicitly more affected by it since the condition could ruin their faces and their complexions, and thus make them less desirable.

This condition was also a particular result of riding too fast and too far, giving free rein to what Shadwell implied was an unhealthful compulsion.

"A vice [...] peculiar to the bicycle," Shadwell wrote, "is that the ease and rapidity of the locomotion tempt to over-long rides by bringing some desirable objective within apparent reach."

"Going to nowhere and back is dull, going to somewhere (only a few miles farther) is attractive; and thus many are lured to attempt a task beyond their physical powers," he argued.

In her book, *The Eternally Wounded Woman*, Patricia Anne Vertinsky also cites sources describing "bicycle face" in women as a "general focusing of all the features toward the center, a sort of physiognomic implosion."

However, while this condition appealed to anyone who wanted to discourage cycling, especially for women, it did not last for long. Even at the time, some medical professionals debunked this and similar notions surrounding the alleged threats that cycling posed to health.

For example, according to an article in an 1897 issue of the *Phrenological Journal*, Dr. Sarah Hackett Stevenson, a female physician from the United States, explained that cycling poses no threat to women's health.

"[Cycling] is not injurious to any part of the [anatomy](#), as it improves the general health. [...] The painfully anxious facial expression is seen only among beginners and is due to the uncertainty of amateurs. As soon as a rider becomes proficient, can gauge her muscular strength, and acquires perfect confidence in her ability to balance herself and in her power of locomotion, this look passes away." *Dr. Sarah Hackett Stevenson*

2. Female hysteria: 'A nervous disease'

The fake mental condition that researchers have referred to as "female hysteria" has had a long and fraught history. It has roots in mistaken ancient beliefs, such as that in the "wandering womb," which alleged that the uterus could "go wandering" through the female body, causing mental and physical problems.

In fact, the term hysteria derives from the Greek word "hystera," which means "womb." Yet, female hysteria became a much more prominent concept in the 19th century when the neuropsychiatrist Dr. Pierre Janet began to study psychiatric - and alleged psychiatric - conditions at the Salpêtrière Hospital in Paris, France, in the 1850s.

Janet [described hysteria](#) as "a nervous disease" characterized by "a dissociation of consciousness," which causes a person to behave in extreme ways or to feel very intensely. Other famous contributors to the field of medical science, such as Sigmund Freud and Joseph Breuer, [continued to build](#) on these initial concepts throughout the late-19th and the 20th centuries.

Little by little, a complex image of this nebulous mental condition emerged. Typically, doctors diagnosed women with hysteria, as they considered women more sensitive and easily influenced.

A hysteric woman might exhibit extreme nervousness or [anxiety](#) but also abnormal eroticism. For this reason, in 1878, doctors [invented and first started to use](#) vibrators on their patients, believing that this - often enforced - stimulation could help cure hysteria.

It took a long time for doctors to give up on hysteria as a valid diagnostic, and they kept changing their minds. The [American Psychiatric Association](#) (APA) [did not include hysteria](#) in their first *Diagnostic and Statistical Manual of Mental Disorders (DSM-I)*, which appeared in 1952. However, the "condition" made an appearance in the *DSM-II* in 1968, and finally left the stage of psychiatry for good in 1980 when the APA published the *DSM-III*.

Instead, the APA replaced this elusive "condition" that aimed to encompass too many symptoms with an array of distinct psychiatric conditions, including somatic symptom disorder (previously "somatoform disorder") and dissociative disorders.

3. Dysaesthesia aethiopica: 'A hebetude'

Nineteenth-century medicine did not just "target" women, however. Slavery was still widespread in the U.S. throughout the first half of the 19th century, and some doctors made victims of slavery also victims of [scientific racism](#).

Dr. Samuel Adolphus Cartwright, who practiced medicine in the states of Mississippi and Louisiana in the 19th century, was guilty of inventing several "medical conditions" that made the lives and situations of enslaved people even worse.

One of these "conditions" was dysaesthesia aethiopica, a fictitious mental illness that allegedly rendered slaves lazy and mentally unfit. Cartwright [described](#) this "condition" as a "hebetude [lethargy] of mind and obtuse sensibility of body."

Dysaesthesia aethiopica was supposed to render enslaved people less likely to follow orders and make them sleepy. It also supposedly led to the development of lesions on their skin, for which Cartwright prescribed whipping. The lesions were, most likely, the result of violent mistreatment at the hands of slave owners in the first place.

Enslaved people, however, were not the only ones exposed to this strange "condition." Their owners were also likely to "catch" it if they fell into one of two extremes: too much friendliness or too great cruelty.

Such was the case for "[owners] who made themselves too familiar with them [enslaved people], treating them as equals and making little to no distinction in regard to color; and, on the other hand, those who treated them cruelly, denied them the common necessities of life, neglected to protect them against the abuses of others," according to Cartwright.

While scientific racism has appeared repeatedly throughout history, some [researchers warn us](#) that we are not yet entirely free of its dangers.

A final note

In this Spotlight feature, we have presented some weird - and in some instances, disturbing - cases of pseudo conditions that healthcare professionals used to diagnose in people throughout history.

Having reached the end of this list, you might issue a sigh of relief or maybe even feel a little amused - after all, these things happened so long ago, and medical practice is now, surely, free of prejudice.

However, discriminating and scientifically inaccurate medical diagnostics have persisted well into the 21st century. In 1952, the [*DSM-I*](#) defined homosexuality as a "sociopathic personality disturbance."

The next edition, the DSM-II, which appeared in 1968, listed homosexuality as a "sexual deviation." It took until 1973 for the APA to remove this sexual orientation from its list of disorders that required clinical treatment.

However, the effects of pathologizing something natural are visible to this day. For example, conversion therapy claims to "[change an individual's sexual orientation, gender identity, or gender expression](#)." Though unethical and unscientific, conversion therapy is still legal in many countries around the world, and most regions of the U.S.

Moreover, it was only [last May](#) that the World Health Organization (WHO) finally dropped the definition of transgender as a gender identity disorder from their latest edition of the *International Classification of Diseases* manual (*ICD-11*).

While we have come a long way, past mistakes and narrow views in the medical field have often had far reaching and terrible consequences for people's lives and their social health.

Vulnerability is at the core of our relationships with healthcare professionals, so, going forward, it is important to keep consolidating mutual trust with the help of real science, open-mindedness, and a healthy sense of curiosity.

Hmm, some thoughts about some other 'medical conditions'. I've always studied history, I remember reading an article on men of color enlisting in World War Two who wanted to fight, Navy doctors would tell them that they could not train with weapons because it was scientific knowledge that the night vision of Black men wasn't as good as that of Caucasians. So they were relegated to cleaning and working in the kitchens.

Personally, one of my faves, being told many times that I was "mentally ill" and would/could never work again. Hmm....Michael Skinner

"As you grow older you will discover that you have two hands. One for helping yourself, the other for helping others." Audrey Hepburn

"Our prime purpose in this life is to help others and if you can't help them, at least don't hurt them." Dalai Lama

7] [He left politics to treat his PTSD. His new mission? Helping fellow vets](#) By Kathleen Toner, CNN

Last fall, Jason Kander was considered a rising star in the Democratic party.

The U.S. Army combat veteran had served as Missouri's Secretary of State, nearly beaten a Republican incumbent for a U.S. Senate seat in 2016 and was the front-runner in the race for Kansas City mayor. There was even talk of him running for president.

But Kander made headlines when he suddenly [dropped out of the race to get treatment](#) for post-traumatic stress disorder. In a public letter to his supporters, he admitted it was a step he'd avoided for years.

"I was afraid of the stigma. ... But it's just getting worse," he wrote. "So, after 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it."

He ultimately got help from the [Veterans Community Project](#), a Kansas City-based nonprofit co-founded by [Chris Stout, a 2018 Top 10 CNN Hero](#). The veteran-run group is known for providing tiny homes to homeless veterans. But it also assists all former service members with issues like jobs, transportation and mental health.

"During my mayoral campaign, I'd toured and was blown away by it. Then when I made my announcement ... I quickly realized that navigating the VA process was a bit more than I'd expected. So, I reached out," Kander said. "I went in and they treated me like any other vet they serve."

"All of us here have experience with all of the shrinks at the V.A., so we just started helping him through that process," Stout said. "People most often see us as an organization that provides housing. ... It's great that (now) people know that we'll help you with anything when you walk in the door."

The treatment helped Kander. So did hanging out at the group's outreach center.

"(Before) I didn't make time to hang out with other veterans like maybe I should have because it's been very therapeutic to do that," Kander said. "There's a reason that past generations have been hanging out at VFW halls. There's a comfort in being around fellow combat vets."

Earlier this week, the organization announced that Kander will help lead the nonprofit's national expansion. The group hopes to open eight additional locations across the country by 2022. Kander calls the role his "new mission."

"I was really impressed by everything that VCP does and found it inspiring," Kander said. "Long term, we want to end veteran homelessness nationwide and make sure no veterans fall through the cracks."

In an [interview with CNN's Kate Bolduan](#) earlier this week, Kander reflected on his journey.

"My first message to people is, if you think something might be wrong, something is wrong, and you should get help," he said. "Right before the announcement [that he was withdrawing from the mayor's race], I said to my friend, 'I feel weak.' But now I don't feel that way about it. I feel like it's the strongest thing I've ever done."

Stout agrees that admitting you need help is the first step.

"It's absolutely 1000% part of the process. So often people know they have stuff going on, and once they are able to share it, they can get help," Stout said. "(Kander) used the term 'post-traumatic growth' and it's true. He's a different guy (now). ... All of us working there have seen it."

As for his political future, Kander told Bolduan that he's not thinking about it right now.

"I don't feel like I have to think about the future to feel better," he said. "So, I have no idea what I'll do, but I do know that I care a lot about Veterans Community Project and to me this is public service. So, if the question is 'Are you back?' 'Yeah. And I'm doing this.'"

CNN's Kathleen Toner spoke with Stout about what else has happened with Veterans Community Project since he was honored as a Top 10 Hero in 2018. Below is an edited version of their conversation.

CNN: Has being a CNN Hero impacted your work?

Chris Stout: It absolutely has. The aftermath is hard to quantify, but it's really cool. I don't struggle getting meetings like we used to. Whenever I attach the video link to our emails, I'm able to get in and meet with people. It helps expedite what we're doing. It also brought us a \$300,000 donor -- all because of the CNN piece.

One story is that Lauren Bush Lauren (the granddaughter of President George H.W. Bush) was my [presenter at the Tribute Show](#). Well, when we were sitting there talking, she mentioned the Stand-To Veterans Leadership Program that George W. Bush puts on. So, I applied, and they chose me and 42 others. The funny part is that I was at an event last month where President Bush spoke, and I got to meet him. He saw my service dog, Tom, and said, 'He reminds me of Sully!' -- [his dad's service dog](#) -- and I said, 'Well, actually, they've met.' And I showed him a picture of when they were together at the CNN Heroes show.

CNN: When we filmed with you in Kansas City, you were still building some of your tiny homes. Where do things stand now?

Stout: When you were here, we had 13 finished and were working on the second phase of 13 more. Those are now done and we're finishing the last 23 homes, as well as our on-site community center. Both are supposed to be done on Veteran's Day, which will bring it to 49 homes total.

CNN: And some of your fellow CNN Heroes will be helping with that.

Stout: We're joining forces with [Luke Mickelsen, who builds bunk beds for kids in need](#). His organization has a chapter in Kansas City, so I went to a build out there and I realized that we are close to having another 23 houses done -- it would be cool if we could have Luke build the last 23 beds. So, he's coming out at the end of October for that. Then we also looped in [Stan Hays from Operation BBQ Relief](#) (2017 Top 10 Hero, based in Kansas City) and his group is coming out to feed the 150 volunteers.

CNN: I also heard that your organization is going to be featured on "Queer Eye for the Straight Guy."

Stout: Yes -- this week! They were going to be filming in Kansas City and I think, originally, they were looking for a resident to participate, but we nominated one of our co-founders who is ... a little rough around the edges. He is transitioning into a new role from building the homes to the fund-raising side. That's just something you can't do showing up in shorts. So that's ultimately why we did that. So, they redid his house and all that stuff, but they also came to the village and did a tour last November. So, it's good -- it's going to get us some exposure to a new group that we probably don't normally reach.

"Seek to do good, and you will find that happiness will run after you." James Freeman Clarke

"If you light a lamp for somebody, it will also brighten your path." Buddha

8] [Michael Skinner, live performance @ Survivor Knights](#) 3-24-19 – YouTube 15:35 minutes

Live performance of "Pirates" and "When Your Heart Follows A Lie", brand new tune!! for the Survivor Knights Event @ The Rotunda, Philadelphia PA March 2019

More info @ <http://www.mskinnermusic.com/home/mus...> & <http://www.mskinnermusic.com/home/>

9] [Taking Back Ourselves](#)

Taking Back Ourselves is dedicated to recovery for women survivors of sexual abuse and assault by providing Weekends of Recovery & Nights of Healing across the country.

Taking Back Ourselves is committed to empowering women survivors of sexual abuse to be whole, healed and connected to others. TBO serves survivors of sexual assault, incest, sexual trafficking, campus rape, religious abuse, military sexual assault, abuse in sports and the arts, work place sexual abuse, survivors of domestic violence, survivors of war, and survivors of tribal and racial violence.

When women survivors experience community and healing in a safe and an embodied way, then everybody - men, children, our planet - is better off.

Nights of Healing 2019 - To celebrate the resilience of the human spirit and share the journey of recovery through art, music, and stories.

Whether you have experienced sexual abuse in your family, in your church or temple, in a school or in sports, in the military or in your workplace, we welcome you and those caregivers, families or friends who support you. Nights of Healing provide a space to join together in lifting the veil of secrecy and shame of sexual trauma. By bringing the issue of sexual abuse and assault out from the shadows, Nights of Healing create an opening for increased awareness and to recognize that healing is truly possible.

There are personal stories about with a panel of both women and men survivors who speak about the gifts and challenges of recovery, a survivor art exhibit, information about what is available for survivors in your community, and a chance to share together as a community. This is an opportunity for all survivors to ask questions, and to find resources and support.

We know that much in the way that a pebble dropped in a pond spreads out and affects even the furthest shore of a lake, women who experience a Weekend of Recovery can take a profound healing back into their lives that will impact all their relationships.

***Next Weekend of Recovery: Stony Point Retreat and Conference Center
Stony Point, New York <https://stonypointcenter.org>***

September 13-15, 2019 [REGISTRATION OPEN](#)

[Who We Are - Taking Back Ourselves](#)

“do not look for healing at the feet of those who broke you” Rupi Kaur

“The best relationships in our lives are the best not because they have been the happiest ones, they are that way because they have stayed strong through the most tormentful of storms.” Pandora Poikilos

10] Two Conference Events – NYAPRS & SMART

[The New York Association of Psychiatric Rehabilitation Services](#) [NYAPRS] is very pleased to announce some of our featured speakers and presentations at this year’s Annual Conference to be held September 24-26 at the Villa Roma Resort and Conference Center in Callicoon. Our power packed program will feature over 60 keynotes and workshops on themes ranging from Transformations, Innovations, Peer Services, Embracing Culture, Advocacy & Empowerment, Health, Healing & Recovery and Community Connections.

Integrate, Innovate, Advocate, Celebrate

NYAPRS is a statewide coalition of people who use and/or provide recovery oriented community based mental health services. We value difference and promote cultural competence in all aspects of our work.

NYAPRS is dedicated to improving services and social conditions for people with psychiatric disabilities or diagnoses, and those with trauma-related conditions by promoting their recovery, rehabilitation and rights so that all people can participate freely in the opportunities of society.

Accordingly, we act to:

Promote the concept and practice of mental health recovery;

Promote the widespread availability of quality recovery-centered rehabilitation and peer support services throughout New York State;

Promote the rights of people with psychiatric disabilities in the struggle against stigma and discrimination both within the mental health system and in the larger community

NYAPRS membership includes over 100 community mental health service agencies that support the

efforts of tens of thousands of New Yorkers by providing a wide range of services that share a fundamental belief in the capacity for recovery, healing and independence for every individual with a psychiatric disability.

Register Today! Click [HERE](#) for Villa Roma Registration and [HERE](#) for Commuter Registration. See You In September In The Catskills!

It Shouldn't Hurt to Be a Child

The East Coast conference organized by S.M.A.R.T. (Stop Mind Control and Ritual Abuse) The 2019 Annual Ritual Abuse, Secretive Organizations and Mind Control Conference is August 17 – 18, 2019 at the DoubleTree near Bradley International Airport in Windsor Locks, CT

Internet conference information: <https://ritualabuse.us/smart-conference/>

Speakers include Dr. Alison Miller, Neil Brick and the well known movie maker Daniel Roemer. SMART will have special conference prices until July 20th with prices as low as \$50 and low income prices for those that need them.

Alison Miller, Ph.D. is a retired clinical psychologist who practised in Victoria, B.C., Canada and worked with survivors of organized abuse, including ritual abuse and mind control from 1990 to 2017. She has twice chaired the RAMCOA (ritual abuse/mind control/organized abuse) special interest group of the International Society for the Study of Trauma and Dissociation. She is the author of *Healing the Unimaginable: Treating Ritual Abuse and Mind Control (for therapists)*, *Becoming Yourself: Overcoming Mind Control and Ritual Abuse (for survivors)*, and co-author with survivor Wendy Hoffman of *From the Trenches: A Victim and Therapist Talk about Mind Control and Ritual Abuse*. She has published several other book chapters and articles, as well as being the originator of the LIFE Seminars parent education programs. <https://ritualabuse.us/smart/alison-miller>

Neil Brick is a survivor of ritual abuse and mind control. His work continues to educate the public about child abuse, trauma and ritual abuse crimes. His child abuse and ritual abuse newsletter S.M.A.R.T. <https://ritualabuse.us> has been published for over 24 years. <http://neilbrick.com/>

Daniel Roemer – Film Maker

Bio: Daniel Roemer's unique and powerful style of directing has lead him to receive such attention as USA Film's Top 10 Emerging Director's list at the age of 20, two-time Project Greenlight Best Director Finalist (Ben Affleck/Matt Damon), and student Academy Award State finalist by age 22. He has been characterized as "a filmmaker with his finger on the pulse of the world's youth," as his short films have been distributed theatrically in over 75 countries. Partnering with Inspirational Films in Europe, colleges have packed out auditoriums with over three thousand students, as well as standing room only theaters in major European cities. <https://www.imdb.com/name/nm1281008/>

"Transformation is my favorite game and in my experience, anger and frustration are the result of you not being authentic somewhere in your life or with someone in your life. Being fake about anything creates a block inside of you. Life can't work for you if you don't show up as you." Jason Mraz

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 Facebook Page](#)

mike.skinner@survivingspirit.com 603-625-2136 38 River Ledge Drive, Goffstown, NH 03045

[@SurvivinSpirit](#) Twitter

[Michael Skinner Music](#) - Hope, Healing, & Help for Trauma, Abuse & Mental Health - Music, Resources, & Advocacy

Live performance of "Joy", "Brush Away Your Tears" & more @ [Michael Skinner – You Tube](#)

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