



# CAPTVRE Imagination

## Winter 2018



CAPTVRE IMAGINATION: A NEWSLETTER ON CHILDREN, PLAY, AND MENTAL HEALTH

IN THIS ISSUE

## Welcome from the editor

Welcome, everyone, to the second issue of the CAPTVRE newsletter. The CAPTVRE newsletter connects you with the latest developments in our lab, as well as with recent topics relevant to our work. The CAPTVRE lab's name stands for Child Advancement, Play Therapy, and Virtual Reality Environments. Our name represents our three main focuses, 1) Raising healthy children, 2) Enhancing play to maximize its therapeutic effects, and 3) Understanding digital play (videogames, virtual reality, etc.) and its impact on today's society.

Given our focus, our newsletters are perfect for a diverse audience of parents, youth, mental health professionals, teachers, and anyone else who may spend time with youth in their daily lives. Additionally, we expect at least part of our readership to be college students and others interested in careers in psychology. Thus, our newsletters also cover topics relevant for the professional development of college students as well as future and current mental health workers in general.

To the right, you will see an "IN THIS ISSUE" column, where you can see a highlighted table of contents for each newsletter. The theme of this issue is **Relationships and Change**.

For information about recent activity in our lab, check out the "Lab updates" section. The "Hot topics" section reviews a hot topic currently trending in the popular media and what it means for you and/or for your child(ren)'s mental health. In this issue, the "hot topic" is the #metoo movement and what it means for youth and learning about intimacy. The "Professional spotlight" section contains a guest article written by a mental health professional, on invitation from the editor. In this issue, Michele Garcia writes a wonderful article about her experience in the workforce with an undergraduate degree in Psychology.

In this edition, we have an additional guest columnist written to provide a perspective on growing up with a family member with mental illness.

I hope you will all enjoy this issue. Subscription instructions are included at the end of the newsletter. If you are interested in contributing a future article, please contact me (the editor) using the contact information supplied on the final page.



### How psychotherapy changed me

Across two articles, we hear from both client and therapist about what changes each have seen as a result of therapy. A great series for anyone interested in mental health.

Pages 7-9



### Let's talk about sex

Dr. Steadman explores the effects of and lessons from the #MeToo movement on youth

Pages 10-12

## Lab updates

We enjoyed a busy and productive year. In 2016-2017, we presented 11 different projects in various venues. We published three journal articles and one book chapter, and received three small grant awards, two of which were awarded to students in collaboration with Dr. Steadman. Some highlights from the above include:

- ◆ Olivia Moses won 1<sup>st</sup> place in group C, Undergraduate Student Posters, at the 2017 Appalachian Student Research Forum
- ◆ We graduated 7 students in Spring 2017. Of those 7, 6 went on to either a Masters' or Doctoral program in Psychology or Counseling

We have recently closed two laboratory studies, and, as a result, we are not currently recruiting for in-person lab studies. However, we do plan to continue online data-collection for other studies. Please tune-in to our



[webpage](#) for the most up-to-date information on any current research activity.

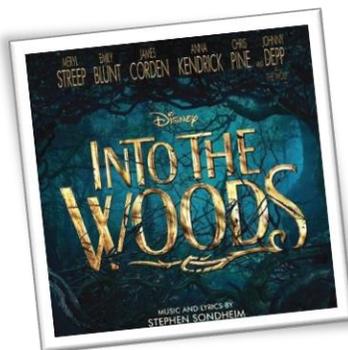
In future editions of the newsletter, we expect to be able to report initial research findings from some of our studies to you. However, at this time, our current results are under peer review, and thus are not yet ready to be disseminated widely in this current format.

In case you missed it, Dr. Steadman was recently featured in the Career Column for

the Society for Clinical Child and Adolescent Psychology. It's a short column. To read it, you can click [here](#).

### CONTACT

To contact our lab, you may email Dr. Steadman at [steadmanjl@etsu.edu](mailto:steadmanjl@etsu.edu). You can also call the lab directly at 423-439-4415. It's easy to remember, because the phone number spells 423-HEY-GIRL!



THIS [SONG](#) FROM SONDHEIM'S *INTO THE WOODS* REMINDS US TO CONSIDER OUR COMMON HUMANITY, AND THAT WRONG AND RIGHT ARE RARELY BLACK AND WHITE. [CLICK THE LINK ABOVE TO HEAR THE SONG](#)

## No One is Alone

by Stephen Sondheim, from the musical *Into the Woods*

*Mother cannot guide you,  
now you're on your own  
Only me beside you. Still, you're not alone  
No one is alone, truly. No one is alone. I  
wish...I know  
Mother isn't here now.  
(Wrong things, right things)  
Who knows what she'd say?  
Who can say what's true?  
Nothing's quite so clear now  
Fell you've lost your way?*

*You decide, but you are not alone  
Believe me  
No one is alone (No one is alone)  
Believe me. Truly.*

*People make mistakes, fathers, mothers*

*People make mistakes  
Holding to their own. Thinking their alone  
Honor their mistakes  
Fight for their mistakes.  
Everybody makes one another's terrible  
mistakes  
Witches can be right, giants can be good  
You decide what's right, you decide what's  
good  
Just remember (Just remember)  
Someone is on your side (our side). Our side  
Someone else is not.  
While we're seeing our side (our side). Our side.  
Maybe we forgot. They are not alone.  
No one is alone.  
Someone is on your side.  
No one is alone.*

## PROFESSIONAL SPOTLIGHT

## Guest contributor

In this edition, our professional spotlight is Michele Garcia, who completed her undergraduate degree in Psychology from ETSU in 2016. In this article, Michele writes about her experiences in the workforce with her degree, focusing on 3 different jobs she has worked using her degree.



## FAST FACTS

# 114,080

Number of Bachelor's degrees in psychology awarded in 2012-2013, 6.2% of all degree.

# \$49,000

Median salary for workers age 25-59 with a bachelor's degree in psychology. The median salary for all workers with a bachelor's degree is \$61,000

# 45.3%

Percentage of undergraduate psychology majors who go on to earn a graduate degree. Overall, 35.1% of all college graduates go on to earn a graduate degree.

# 61.8%

Percentage of psychology graduates who work in jobs at least somewhat related to their major



## Working with a Bachelor's Degree in Psychology

by Michele Garcia

You finally walked across that stage and now hold on to a piece of paper that you've worked so hard for. You are a proud owner of a Bachelor's Degree in Psychology. After accomplishing this big feat in your life, you may be thinking of applying for graduate school. You're going through your checklist, making sure you got your letters of recommendations, GRE scores sent and applications completed. You may have already completed this process and are currently waiting for interviews or acceptance letters. For those who are continuing their education beyond a Bachelor's level, they may have their next two to four years planned out. **Yet, what about those of us that want to take a year off, or those who may be ready to enter into the work force. Where do you go from here?**

When I graduated in 2016, I was thinking of grad school, conducting research in a lab on campus and working to help support my family. I thought my path was clear, yet when I held that degree in my hand my I began to question what I was supposed to do next. People may say that your Bachelors in Psychology is useless unless you continue your education to a doctorate level. I know because I was told that, by numerous people, throughout my entire college education. It's important to remember that no matter what, you still earned a Bachelor's Degree. You may not have a license in something, or be

trained for a specific job, but you have an education that can land you a career in a number of fields. I have had my fair share of work experiences in the field of Psychology where my Bachelors proved useful and necessary. I'm going to share some of my experiences and knowledge that may help you find the right career for you.

### Inpatient Psych

If you do have a degree in Psychology, one option is to apply at an inpatient psychiatric facility. I have worked as a Behavioral Health Technician at Woodridge Psychiatric Hospital, a service of Mountain States Health Alliance. As a Behavioral Health Tech, you work alongside a set of nursing staff interacting one on one with

the patients. Safety is a large concern in psychiatric facilities and a behavioral health technician's position essentially revolves around keeping their patients and staff safe. Some ways techs contribute to keeping the hospital safe is by monitoring patients closely and doing physical safety checks on new patients. Techs also assist patients on completing their Activities of Daily Living (ADLs). This could include taking patients to lunch or dinner, handing out toiletries during shower times and monitoring sleep hours. Techs assist nurses by taking vitals, including blood pressures, temperatures, and pain levels as well as gathering patients for medication times. During the day, patients participate in group therapies and activities. Techs are urged to encourage patients to attend these groups and even participate themselves so that they create a good



rapport with patients. Inpatient facilities like Woodridge have other positions available for those with a Bachelor's in Psychology, such as activity planners and discharge planners. Activity planners meet with patients to find what activities they do outside the hospital and try to incorporate those things in group and activity times. Activity planners conduct and participate in groups that help patients find coping mechanisms that they can use once they leave the facility after treatment. Discharge planners essentially meet with patients and make necessary arrangements once they are ready for discharge. This would include making outpatient appointments, as well as getting prescriptions and transport ready for patient discharge.

### Outpatient Psych

There are also options outside of the hospital at outpatient mental health facilities. Currently, I work for Frontier Health as a Crisis Triage Specialist. In this position, crisis triage specialists speak to people who are in crisis through the suicide prevention hotline. Triage specialists speak with callers to provide community resources and guidance for those in crisis. Crisis triage specialists also dispatch clinicians to speak with patients

who are in crisis at hospitals, schools, and mental health clinics in our community. Case management is another career option that manages a large part of outpatient services. Once patients leave inpatient or rehab facilities, many are assigned a case manager they meet with for therapy sessions and mental health services. Case managers form a good rapport with their clients and try to be supportive in their journey through their client's mental health journey or recovery.

### Psych Research & Data Collection

If you prefer to stay in the academic field, working in research labs are a good career option. Research labs are usually in need of research assistants (RAs). RAs are needed in all fields, including Psychology, Sociology and traditional Sciences. RAs generally assist in collecting and coding data that is gathered from various research studies. Many Psychology students already have experience in this area. At East Tennessee State University, I worked in Dr. Steadman's Psychology called CAPTVRE/CHIPC as a Research Lab Coordinator. Part of my job was to assist in conducting studies and collecting data as a RA, but also to take notes

during lab meetings, manage the SONA credit system, and assign lab members with participant study sessions. This was quite the rewarding experience to work closely on psychological research and help other student's progress in their field. Working in an academic research lab can also be beneficial in terms of networking. As a Lab Coordinator, I came in contact with various types of professors, faculty members and grad students. Having a reliable network of colleagues that know your work ethic can be the advantage needed to further your career

These career options are mainly focused on or around mental health and Psychology. Though, it is important to remember that there are careers outside of Psychology and mental health that require a Bachelor's degree. Many management and business-related positions require some form of Bachelor's degree. There are countless doors to choose from when deciding on a career path. Don't be afraid to step outside the box.

## A Psychological Perspective on *Anne with an E*

by Meg Clingensmith

Netflix's recent debut of *Anne with an E* takes a unique spin on the classic book series, as well as the 1980's television spin-off. While many fans of the original television adaptation felt as though Netflix took too many creative liberties with the story, other were enthralled by Netflix's vision, myself included. Make no mistake, this is not the lighthearted tale of an orphan girl who happens to make social blunders and is bit too awkward and talkative. There is still humor, and the general premise remains the same, but there is a melancholic darkness in the 2017 remake that will not be found in the original.

However, from a trauma-informed perspective, the manner Anne is presented within this new version is quite realistic. Viewers now see some of the real potential effects of trauma on young children. In the original television series, it is known that Anne is an orphan, and it is known she lived with several neglectful caretakers. Abuse is hinted at, but is glazed over in favor of demonstrating the positive upbringing she now enjoys with Matthew and Marilla. *Anne*

*with an E* takes a more direct approach. Anne is plagued by the traumatizing memories of her past. Anne was orphaned when she was three months old and spent her entire childhood circling from orphanage to numerous foster placements. These foster placements were not happy homes who wanted another child, but rather families who needed another helping hand, and rather than loving Anne, they used her for work. Anne often has flashbacks to her placements and is shown dissociating from reality when these occur. It is also clear she has more knowledge of sexual matters than her peers. This is revealed when she tells a classmate that men have a "pet mouse" in their pants, and "women have babies after they pet the mouse." Moments like these shed light on the darkness which plagued Anne's past.

Despite these exposures, Anne demonstrates the resiliency of many children. Studies have shown Adverse Childhood Experiences (ACEs), which can include an array of stressors, place people at a higher risk for a myriad of mental health issues later in life,

such as depression, anxiety, suicide, conduct disorders, etc. (Felitti & Anda, 2010; Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016). Further, children who grow up without stable, emotionally present caregivers can more frequently display higher levels of hyperactivity, aggression, sadness, and disturbances in attachment behavior (McGoron et al., 2012). This is precisely the type of environment in which Anne grew up. *Anne with an E* gives us a more realistic depiction of what such a life can mean to a child, and yet Anne still remains an overall happy, healthy child.

Though this focus on her trauma history indeed shifts the perception of Anne's story, it does not 'pervert' the tale, as some have argued; rather, it allows for a greater complexity of Anne's character and shines a light on the importance of mental health. Real-world children face these types of experiences, and often much worse experiences, every single day. The new *Anne*, however, shows children that adversity can be overcome.

# Working with People Different from You

by Jason L. Steadman, Psy.D.

A frequent issue when I'm teaching students or others about psychotherapy, both in the classroom and in clinical practice, is what to do when a client says, "You're white? How can you know anything about how to help a Black man?" or "You're not a parent, so why should I listen to you about raising a kid?" This actually happens a lot. This article is written to provide some guidance on what to do in such situations, when diversity creates a challenge in meeting your goals.

There are many types of diversity. The term "intersectionality" (for a quick primer, click [here](#)) is most often used to describe how different forms of discrimination can interact and overlap. The person who coined the term (Kimberlé Crenshaw) described how the state of being both black and feminine marginalized her in unique ways when interacting with anti-racist or feminist movements. Her status as a "double minority" shaped her unique experience in each "single minority" setting. Currently, intersectionality is often examined within scholarly discussions on civil rights for various

---

*Both natural and artificial hierarchies exist that threaten those [we] work with, and their willingness to be real with [us]*

---

minorities. However, intersectionality can be applied beyond civil rights, to capture the unique experiences we all have with regard to various forms of discrimination, with the implication that intersecting aspects of these different discriminations can have compounding effects.

As a clinician and as a teacher, I have the privilege and the challenge of working closely with people who have, themselves, experienced varying levels of intersectional discrimination. The greatest challenge for me, in these roles, is the acknowledgement that I, personally, have been blessed with tremendous genetic and social privilege in my own life. I am an able-bodied, intelligent, highly educated, heterosexual, monogamous, cis-gendered, White, middle-class, appropriately masculine, physically symmetrical, mainstream religious male, who is the product of a two-parent household, raised in a safe-neighborhood, with few relative major stressors in my past. In other words, I have never had to, and likely will never have to, experience for myself overt, class-based discrimination. Though I am not completely free from all discrimination, I am one of the lucky ones!



Though I am not completely free from all discrimination, I am one of the lucky ones!

However, most people are less lucky! Most people endure discrimination regularly, some more than others. This discrimination shapes who we are – whether we want it to or not – in complex ways that are simultaneously both positive and negative, and everywhere in between. One of the challenges regularly placed before me, as both a clinician and educator, is that my relationships with others is often automatically hierarchical, not just because of my privilege above, but because I have a role of being someone's doctor or professor. Hierarchy is a funny thing. Many of us strive for equity in our field – we want all to have the same rights and privileges as the majority. But, no matter how hard we push for equity, hierarchy persists, and it always will. In my case, my intersectionality, then, is that I often find myself in a multiply hierarchical position. My social privilege "ups" me in numerous ways, but even when it doesn't, my professional privilege is there to pick up the slack.

What is difficult, then, for me, is bridging the hierarchy to build real relationships with discriminated-against people. In my clinical work, patients respond best to me, I believe, when I can connect with them intimately (but professionally) on real issues. In my work as an educator, I am most effective when students feel free to express themselves in my classroom, and in our other meetings, where we can allow our intellectual ideas to shape and be shaped by each other's contrasting thoughts and ideas. If a client censors herself<sup>1</sup>, I cannot understand her pain, and I cannot help her as well. If a student censors herself, neither I, nor the student, can learn maximally from each other. In all cases, both natural and artificial hierarchies exist that threaten those I work with, and their willingness to be "real" with me. I experience this daily.

---

<sup>1</sup> I'm using the singular feminine here (and following) for grammatical simplicity only. No gender stereotyping is intended, nor is there any implication on my part that a dichotomous gender binary is always the best way to go.

In the remainder of this article, I wanted to share some tips I've accrued from experience, from my own teachers (both formal and informal), and from life as a whole in how a privileged person can start to bridge the gap. These tips are designed especially for clinicians and educators like me; however, they can apply to all people who, at some point in their lives, find themselves in a hierarchical relationship with another human being.

Before we enter into these tips, though, I first want to say that I use a somewhat "spiritual" language in some cases below, talking about the soul. In using this spiritual language, the intent is to capture the essence of an individual's permanent life force – that which guides and permeates everyday life and persists beyond corporeal existence. A person's soul, as I use it below, is a thing that forms them and follows them in every context. It is also what lingers when that person is no longer around – the air of their presence, so to speak. It is both invisible and visible, unconscious and conscious, ever-changing, yet enduring. It simultaneously impacts the self and others. The soul, as used here, is not wed to any one particular religious practice or philosophy. Instead, I mean to use the soul only as a deeper, more complex representation of who we all are as individuals. Keep these things in mind when reading below.

- 1) The first tip is the most important one, and was implied above. Bridging the gap **must** begin from the privileged end. It is **not** up to those lower on the hierarchy to reach out toward those higher. The higher person must be willing to enter the lower level, which means giving up (at least) some of their privilege. This process involves more than just a withdrawal from privilege for the higher person. It also means an active ceding of privilege over to the lower other. In other words, one cannot just leave their privilege behind, they must grant it, willingly, to another person. The "givers," as we'll call them, must be prepared not only to lose their own power, but must understand that a true gift also allows another to gain more power!
- 2) The receivers of your ceded privilege can choose to reject it. If they reject it, consistent with #1 above, they cannot just "drop" it and leave it on the ground, they actively push it back toward you, or toward someone else, if someone else is available. The point is that **SOMEONE** has to receive the ceded privilege. If it comes back to you, you must be willing to accept it back. What this means practically is that the power will always end up in someone's possession. This is the reason that hierarchy stingily persists – because in any context with >1 person, power will latch itself preferentially onto one person above another. If the power fastens itself back to you, despite your attempts to give it away, you must accept it, control it, and use it cautiously.
- 3) In both cases 1 and 2, your *spirit* remains in the higher level of the hierarchy. Even if, externally, you give away your privilege, that privilege is still wed to your soul, internally, forever. **Nothing you can do will allow to separate your soul from your privilege.** Acknowledging this fact is another big first step.
- 4) You must listen to the stories of others. You must recognize that not everyone will feel safe enough, immediately, to share every part of their story with you. The full story will take trust and time, and you must be patient for them to decide when you've granted enough safety to allow that story to emerge fully, if ever. When they do tell you their story, or any part of it, you must hear it, and you must let that story transcend your soul, and become a part of you, within reason. This does not mean that you must take on the burdens of the full story, but you have to take that story for what it is and **not** filter it through your own story. Instead, you must let it become a part of your new experience. In other words, you **add** to your own existence the existence of others. A true receptivity like this changes you forever. **When you truly receive this story and this part of another's soul, you keep your privileged soul, but you add the experiences of the broken and discriminated-against.**
- 5) Now that you've taken in this new part of your soul, you can now, finally, share in the experience with that other person. Though their experiences have not been, externally, your own. Internally, you have taken them and made them into a part of who you are, which you can now use to connect with them, and, potentially, with others like them.
- 6) Be careful, though, not to extend the experience of one person too far toward the experiences of another. Just because you've taken in Jack B.'s soul does not mean you've also gained access to his sister Mary's. When you meet new people, even if you've worked with others before who are similar to them, there are parts of their story that are unique to them, and you must be willing to take on those parts too.
- 7) Once you do this process with enough people, over time, you will change into a new person yourself, one who maintains the cores of who you've always been originally, but one who has also been changed by the other people in your life. Embrace that new life, and never let the change stop.



# How Psychotherapy Changed Me: Perspectives from the Client's Chair

by Stacie Calhoun

Stacie is a childhood friend of Dr. Steadman's, who volunteered upon invitation to write this article on change in psychotherapy from a client's perspective. Stacie graduated in 2011 from the University of TN – Chattanooga with a Bachelor of Arts in Communications. She currently works in corporate communications at major company based in our hometown in North Georgia.

Therapy has never been an option for depression in my family. "Black people don't get depressed, we get over it." We shop. We eat. We take vacations to take our minds off of it, but sitting in a doctor's office paying money to bare our souls to a complete stranger is not an option. There are no suggestions for what to do when you spend your entire day thinking of ways to end your life and make it look like an accident. If you even mention wanting to hurt someone who has wronged you, you're asked if there is a line. Nothing is taken seriously until it's too late...and then... it's too late.

I was this person. I was 27 years old with a bachelor's degree in communications, a dead-end job and seven months pregnant when the bottom completely fell out from under me. My fiancé decided he didn't want a baby girl, and all of a sudden, I wasn't good enough anymore either. I soon found myself alone, about to be a single mother, and I was clinically depressed.

I spent most of my days crying and when I wasn't crying I was sleeping. No one bothered to ask me how I felt. No one bothered to ask if I was okay. In my mind, I was already dead inside and no one cared that I was gone. My mom provided no comfort and when I told her how I was feeling, her exact words were, "How do you think I feel? Get over it."

My daughter was born on February 12, 2014. By then, I was a complete basket case. I didn't want anything to do with her; the depression had begun to consume me so much that I struggled to feel anything positive, including for my own daughter. On top of that, her daddy was making life extremely hard for us. He denied his fatherhood, publicly, and, needless to say, was unsupportive in other ways as well. I made a decision to quit my job to be closer to home and, hopefully, to start over. I had become everything I never wanted to be:



single mother with no home of my own and no hope.

I was lost. I resented my daughter as if she made herself. I resented her father because he bailed and left me all alone. I resented my mother because she was less than helpful and never had anything positive to say to me. When I tried to bond with my daughter, I was doing it wrong. I didn't feed her right. I didn't baby talk right. My whole life was wrong, and I felt, "Why even bother?" I didn't see any reason to try at life, and I began to consider ending it.

Nonetheless, I started a new job, and my new job produced new friends, which I desperately needed since I had alienated almost everyone else. I'm a firm believer that sometimes God places people in your life when you least expect it and those are the people you need most. I was giving a brief synopsis of my life to one of my new friends and she suggested I see her therapist. I took the information and buried it in the bottom of my desk drawer. Clearly she didn't understand that my family doesn't do that. We just get over it.

Two months later, I decided I didn't want to get over it anymore. I wasn't getting anywhere but deeper into a depression that I couldn't dig myself out of no matter how much money I spent or how much alcohol I drank. I walked into the therapist's office nervous and unsure of what I was doing...and I am all the better for it.

For a year and a half, I spent two mornings a month with my therapist. Her office holds my

deepest, darkest secrets and thoughts. I shed ten pounds worth of tears on her couch. Sometimes, I left feeling completely exhausted as if I had just gone 12 rounds in a boxing ring. Sometimes, I left on cloud 9 thinking I owned the world. Either way, I always left knowing that what I was doing was the right thing no matter who had an opinion about it.

We talked a lot about self-love. We talked about having the life you want and how to get there even when there are bumps in the road. She helped me realize that being a single parent doesn't make me cliché or worthless. She gave me everything I needed, but wasn't getting, from my mom: positive conversation, encouragement, suggestions, etc. After 5 months, I didn't want to kill myself anymore, and I was forming a bond with my daughter. I learned how to cope with my daughter's daddy (who married someone else while I was in therapy) and his hatefulness towards my parenting skills and me. I also learned that just because my mom is my mom, it doesn't mean I have to internalize any of her snide comments or her less than helpful advice. I could learn to love myself, and that, in turn, would help me find ways to love others and feel others' love.

The day my therapist and I completed our professional relationship, I cried. She really and truly saved my life and she was ready to send me off into the world. I wasn't ready. She gave me a hug and said, "You have come so far. You can handle anything. You have all the tools now, but remember, I'm only a phone call away if you need me." I'm 31 years old with a college degree, a wonderful job in the communications field and an inquisitive 3-year-old daughter. To this day, my family doesn't know about my time in therapy. I can't say that I am 100% cured, but I am 100% better than I was 3 years ago. I still have days that are better than others. I still have to deal with things I'd rather not deal with, but therapy has given me exactly what I need to deal with those things and move on. Going against my families' beliefs was one of the best things I've ever done. If I ever start to doubt that, I've got a great listener whose only seven digits away.

# How Psychotherapy Changed Me: Perspective from the Therapist's Chair

by Jason Steadman, Psy.D.

Since I started graduate school almost 10 years ago, I have spent now over 10,000 hours in direct clinical services, primarily in psychotherapy and assessment. Being a therapist is an incredible responsibility. My job as a therapist is to care for and influence therapeutic change in hurting people, no matter their presenting problem. I've worked with a lot of different people too, children, adults, victims, perpetrators, likeable people, quiet people, talkative people, sick people, kind people, impulsive people, and so on. Because of this job, I've met a lot of people, all of whom are different and who see me for different reasons and different lengths of time. I've already covered elsewhere in this newsletter about the changes in the soul that happen as a result of working with people different from you. In this article, I want to apply that same concept directly to psychotherapy, and to give some explicit ways that my soul has changed as a direct result of my relationships with my clients over the last 10 years. worried, bring them in to see a professional.

## 1) I've been changed by suffering

I have seen all kinds of suffering through psychotherapy, and this vision has allowed me a new perspective on the world and has shown me the compassion necessary to truly understand what occurs when bad things happen to good people. Witnessing suffering has driven me toward social activism, to do my part to facilitate broad societal changes that hopefully minimize suffering for others like my clients. By knowing intimately people that have endured terrible circumstances, I feel a personal responsibility to make the world a better place.

## 2) I've learned how to love hard-to-love people

Face it, some people are hard to like, much less love. In therapy, my clients have included perpetrators of violence and sexual assault, toward both adults and children. Much of society tells me that these people don't deserve my compassion, that, instead, they

should rot in jail, or much worse, that certainly, these are the worst of humanity. But in psychotherapy, I have come to know these people intimately as well, and, I'm here to say, they are people, just like any other, and none of them were the monsters their crimes made them seem to be. I've learned through my work with such people that to truly love someone – and I'm not referring here to romantic love, but, instead, to a genuine, unconditional positive regard for another person – means that you look beyond their flaws and find ways to care for them, even when they push you, and others, away. Building skills in relating to such people translates well outside of therapy too. Importantly, I know that people can do things I disagree with, vehemently, and I can still care about them and treat them well. In today's political climate, loving hard-to-love people, in my opinion, couldn't possibly be a more powerful skill for all to strive for.

## 3) I've seen the persistence of human strength, and the transience of human weakness

For both types of people I mentioned above – the sufferers and the perpetrators – I've seen that humans have an incredible capacity for strength, and that, more often than not, strength persists while weakness is only ephemeral. Sure, we all have weak moments, but, in most people, they are only moments, and, when push comes to shove, most people conquer their weaknesses. Call me an optimist, but therapy is an



endeavor in optimism – hope that a better ending can someday be achieved.

## 4) Relationships matter probably more than anything else in the world

What makes people who they are, both the good and the bad, is shaped most strongly by the other people in their life. Biology, economic disadvantage, sociocultural pressures – all can be mended by our relationships with others. This is why, in maximally effective psychotherapy, the relationship matters most.

## 5) I can't control the world

I work with people to help them figure out how to create the best self they can within the world as it is. I cannot change everything about the world, and sometimes, this is frustrating. I'd love to waive a magic wand and change someone's circumstances to make their life easier, but I can't do that. Instead, I work with people. Realizing I can't change everything is an essential part of being an effective psychotherapist, and learning which battles are worth choosing and which are not is the first step to truly making a lasting, meaningful change in life.

## 6) I'm not better than anyone, and no one is better than me.

Perspective is important. It's easy for us humans to compare ourselves to one another. Achievement is a major value in our culture, and many of us, at some point in our life, have sought to be or at least dreamed of being "the best" at something. But I've found through psychotherapy that our seemingly endless quest as a culture for ultimate achievement more often than not results in misery, rather than satisfaction. Don't get me wrong, there is wonderful pride in accomplishing something great, but when the dream is to be "the best," I have found that typically this translates to an insecurity in the self. In other words, comparing oneself to others is driven, ultimately, by some lack of confidence in the self. It is a compensation to correct for an underlying insecurity. Now, self-insecurity is not uncommon. We all have doubts in our self, and that doubt sometimes can be good for us – it drives us to be better. If we achieved absolute self-satisfaction, we'd never do anything to change for the better. So, it is important not to confuse self-satisfaction with self-security. Self-security, in my definition, means that the self understands that comparisons are unnecessary – that the self is not better than anyone else, and that no one else is better than the self. That way, we can be self-secure, without being self-satisfied, and we can better the self because we really want to, not because we think we aren't as good as others.

**7) There is never one "right" answer to any problem**

People often ask me for advice on working with mental health issues – anxiety, depression, trauma, etc. The more I do this job, though, the more I've come to know that there is no "right" answer. In other words, I can't give a blanket response to what may fix everyone's mental health. People

are more complicated than that. Instead, it's much better to perform an individual assessment and see what the most right answer is for you! And what's most right for you may not be what's most right for others, and vice versa.

**8) I listen more, and talk less**

When I teach, I talk. When I heal, I listen. I'm convinced that listening, and the attitude necessary to achieve true listening, is what heals others. Occasionally, it does help to teach (talk) and to provide guidance, but that only works after I've listened. We could all afford to listen more and talk less, I think.

**9) Some people have to work to be happy**

We've all known people (many of them fictional characters) who just always seem to be happy. They wake up happy and go to bed happy. Some even smile in their sleep. But some people struggle to feel naturally happy. They have to work at it. And that's okay. Just because you work at being happy doesn't make you a worse person than the naturally happy person (see #6, above). Working at happiness is part of life, and, in fact, many people work to be happy. If you're one of those people, don't get discouraged. If you've got the right supports, eventually that work does pay off.

**10) Conditions of worth are deadly**

One of the surest ways to send your kid (or anyone else, for that matter) into therapy is to place conditions on their worth. When children feel the only way they can win your love is through something they do, they often end up very unhappy, and, eventually, seek a sense of unconditional love elsewhere. When they can't find unconditional love anywhere, the outcomes are much darker.

**11) Humans are naturally inclined toward unity, not division**

Almost all humans want to relate to others. In fact, when someone does not have that desire, they can be diagnosed with a mental illness (called Schizoid personality disorder). That's how important social relationships are to us as humans. Some are better at socialization than others, but, skilled or not, the desire is still there. When asked, people express a desire for unity. They want world peace, for everyone to get along, for all to agree or, at least, to compromise on difficult topics. We are driven toward unity. We may seem divided at times, as a nation, and even as a world; but, if you look deeper, you'll see that even when divided, we prefer unity.

**12) People want to be better in ways that really matter**

One of the greatest joys of psychotherapy is seeing people genuinely strive to be better. Sometimes, when I look at calamity in the outside world, I am pulled to see darkness, that the world seems to be driven toward destruction. But as a therapist, there has always been one source that shows me the opposite – that people, deep down, are driven not toward destruction but instead toward formation. Terrible things may happen, but people, on an individual level, at least, are constantly moving toward making themselves as "good" as they can be. When challenged properly, people will admit their faults and, eventually, will commit to goodness. This, to me, is the beauty of humanity – our capacity to make ourselves better humans. If you ever start to feel differently, just ask a psychotherapist.

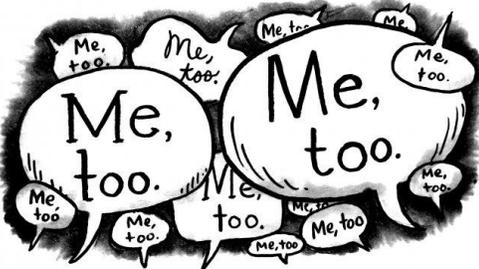
# Let's Talk About Sex! – Sexual Misconduct in Youth

by Jason Steadman, Psy.D

## HOT TOPICS

In this section, we review a hot topic currently trending in the media. We present our thoughts on the topic and provide some research background to inform you about what the topic means for you and/or for your child(ren)'s mental health. In this edition, Dr. Steadman discusses the recent #MeToo movement and its potential impact on/implications for youth.

A recent [NY Times article](#) (retrieved Jan. 11, 2018) lists 51 different public men who have been accused of sexual misconduct in the last 3 months, since the allegations against Harvey Weinstein were picked up and publicized by the media. 51 different men from Oct. 5 to Jan. 11. That's more than 3 per week! The coverage of these accusations have brought much-needed attention to a sensitive topic in our culture, and that is the increased sexualization of women and the fallout that ensues when men cross the line. My aim in this article is not to discuss or in any way attempt to understand the facts in each public case of sexual misconduct. Rather, my goal is to explore the damage that has already been done (and that is continuing) with regard to public attitudes about sex. I want to take a broad approach, looking at effects both on potential victims and potential perpetrators, honing especially in on youth, many of whom, I promise, are aware of these allegations and who have thoughts/questions about what it means



for them as potential victims and potential perpetrators.

## Defining sexual misconduct

Sexual victimization has a wide range of definitions, with narrow definitions focusing primarily on illegal forms of sexual misconduct (e.g. rape, assault) and comprehensive definitions focusing on any unwanted or uninvited sexualized contact. In this article, I will use the latter, comprehensive definition. Using this definition, the underlying assumption is that only a victim can self-identify as having been subjected to sexual misconduct. In other words, the only person who can say, confidently, whether sexualized contact was unwanted or uninvited is that person who experienced it, because only they can judge their own receptivity to it. In legal realms, such a definition is problematic, because a higher level of proof is necessary to find someone guilty of a crime. However, in the public realm, the comprehensive definition is the more widely accepted one.

So, in order to be a potential victim, one needs only be potentially subject to unwanted or uninvited sexualized behavior. Similarly, to be a perpetrator, in the public/comprehensive view, one need only be on the "giving" end of those behaviors. Such behaviors can include the more "undisputed" types, like rape or other types of aggressive sexual assault, but they can also include more subtle behaviors, like a hug, a kiss on the cheek, placing one's hand on another's shoulder, back, legs (or almost anywhere else, in fact), as long as the intent is understood, accurately or not, by the receiver as being unwanted or uninvited. The "problem" with this comprehensive definition, as

stated before, is that it means everyone, or at least nearly everyone, has likely committed some sort of sexualized misconduct at some point in their life. I am confident that at least once, as a young boy, I have hugged someone who was not entirely, themselves, inviting that hug. For most of us, when something like that happens, we understand we've done something unwanted; we apologize, and we move on. These are common learning experiences of childhood/youth in building skills for interacting with others appropriately in different contexts. This definition also means that everyone has likely been a victim of sexual misconduct. I know I have.

However, for many, this definition is far too broad, and, for some, potentially serves to cheapen the more egregious types of sexual misconduct. Certainly there has to be a difference between a young child who forcibly hugs someone, regardless of whether they want it, and an adult man who masturbates openly in front of numerous women. Everyone understands, at least at a basic level, that there are different levels of sexual misconduct. Still, in my definition here, I will consider all levels to be some variation of sexual misconduct, and I **make an argument that tolerance of lower levels of misconduct breeds greater potential for higher levels as well.**

## Sexual victimization

Given the above argument, nearly everyone has been a victim of some level of sexualized misconduct at some point in

their lives. Based on data from the National Intimate Partner and Sexual Violence Survey (NISVS), nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) reported experiencing rape at some time in their lives. Additionally, 1 in 20 men and women reported experiencing some sort of sexual violence just in the one year prior to the date of the survey. More data on the incidence of sexual violence can be found [here](#) and [here](#). The point is, even the “egregious” type of sexual misconduct appears to be happening quite regularly. The “lower level,” “less assaultive” types of misconduct occur even more frequently.

Youth are becoming increasingly aware of the ubiquity of sexual misconduct. They are learning that they, too, can be victims. In fact, they are learning that assault is so ubiquitous that they no longer ask “What if I’m assaulted?” but instead ask, “When will I be assaulted (and what do I do when I am)?” In the remainder of this article, I split the discussion into two parts: one aimed for girls and the other aimed at boys. I asked my graduate student, Christin Collie, to help me speak to girls from a feminine perspective. She writes parts of the section below, for girls.

## Talking to girls about sexual assault

To me, the #metoo movement is both disgusting and beautiful – disgusting because it has revealed a very dark side to our human nature and placed a spotlight on it for all to see, but beautiful because we have seen empowered women come together and spark a national discussion for change. These women have shown our girls one does not have to withstand abuse forever, and that there is solidarity between sisters. Still, girls, now as much as ever, live in a world where they can be victimized. Growing up, I [Christin] was taught to never walk alone after dark or during daytime if I could help it, to ignore cat calls and statements like “You should smile for me,” and to avoid eye contact with men on the street. I thought this was something that all kids were taught, but

as I grew older, I realized that these lessons were *just for girls*.

Boys weren’t taught that they should always have a buddy when they walk to and from the school bus stop or over to their friend’s house down the street. Yeah, maybe we (girls and boys) were all aware of “stranger danger” but girls hear it differently; girls are told that they should not wear “revealing” clothing anywhere in public; later, girls take rape defense courses, planning for the high probability of assault. These childhood lessons reveal a troubling mindset, but lacking from this discussion was that the majority of sexual assaults are perpetrated by someone who is known to the victim/survivor. In other words, girls need not only fear strangers, but also must worry about assault from someone they know, and perhaps even trust.

Fears of assault are further complicated by fears of reporting repercussions. Many have asked questions surrounding the recent outcry of assaults, “Why didn’t they say something sooner?” The answer is simple, girls traditionally aren’t encouraged to say something. Fear of repercussions, anxiety about whether someone will listen, or confusion about the meaning of what sexual assault really is plays a role in whether a young woman or child speaks out. All of these factors create compound challenges for young, modern girls (and women).

Given all of the above, girls need to hear new messages, from parents, from teachers, from communities, from everyone. Here are some messages that we would like girls to hear. These messages are for girls, parents, and any other adult who may talk to girls about sex.

***You are valuable. You are worthy. But you are not property.***

***Intimacy involves (at least) two people.*** Deciding what to do or not to do in intimate situations is a mutual process. You and your partner should decide together, and should agree.

***Sexual activity is an adult behavior with adult responsibilities.*** Minor youth have sex; it’s no secret, but being sexually active is complicated. You don’t have to be an adult to have sex, but you do have to be ready to have adult conversations about sex. If you can’t have those conversations, you’re not ready.

***Adults can help you.*** Ask an adult to help you understand what is appropriate. Make sure it’s an adult who cares about you and who understands what you’re asking, and why.

***Sex may be private, but it isn’t secret.*** If sex feels secret, there is a high potential it could be wrong.

***Forgive boys (and men) for forgivable mistakes.*** Boys will slip up and may at some point make a decision without fully asking your consent. If lucky, it will end at something benign, like planning a surprise date without asking you what you want to do. Men are under a lot of pressure to try to impress women, and sometimes they screw it up. Forgive men when you can and teach them how to do better next time. A good man/boy will learn to be better.



## Talking to boys

It's no secret that there is a masculinity crisis in our country. Though times are (thankfully) changing, traditional definitions of manhood still persist in our society, and many of these definitions are unhealthy. In one prominent area of psychological research, the term "masculinity" has been replaced with the term "instrumentality," which captures some of the key traits associated with manhood. In traditional masculinity, men are active players on the world around them. They make decisions; they don't let others "rule" them; they figure things out "on their own." They are strong and powerful. They get what they want. Traditional masculinity is also low on "expressiveness." That is, they do not share their internal thoughts and feelings with others, and, instead, keep it all to themselves.

A healthy masculinity finds a proper balance between instrumentality and expressiveness, but the pressure toward the extremes is still there. This pressure is particularly problematic in intimate relationships. Masculine boys initiate intimacy, are not phased by rejection, make decisions, and demonstrate their power/prowess. While most boys will find a healthy balance and will not become serial assaulters, all boys *will* make mistakes in their development into healthy men. In other words, as they learn to negotiate how much masculinity is the proper, healthy amount in different scenarios, they will sometimes exercise too much and may, as a result, make intimate moves without fully consulting their partner first.

Thus, the following are messages we want to communicate to boys, hoping to correct some of the unhealthy messages they otherwise may hear.

***Caring for others is strength, not weakness.*** Caring for others means acknowledging that others may want different things than you do. Recognizing that, and finding ways to meet your own

goals, while respecting others, dignifies you, while ignoring others actually makes you weaker.

***A strong leader makes decisions, but only decides after considering how those decisions affect others***

***It is a blessing to be respected by others, not a demand.*** This applies broadly, but within intimate relationships, specifically, this means that when in a relationship with a partner, that partner *offers* his/her self to you (not sexually, but interpersonally) by choice, as a blessing to you, and that you have no right to demand fealty at any time. Instead, you earn it.

Just as in our messages to girls, boys also must hear that ***sex is an adult behavior with adult responsibilities.***

***It is your responsibility to ensure consent.*** Physically speaking, most males are stronger than most females, and, as such, women may not always feel safe to tell you "no." Don't ever wait for someone else to speak up, and assume everything is fine if nothing is ever said. Instead, take the initiative to ask your partner whether they are okay with your next move.

***Admit to, and apologize for, your mistakes.*** Someday, you will make a move/decision that negatively affects someone else, perhaps even hurting them. When this happens, apologize to that person and learn from your mistake. Find out how you can do better next time, and then be better.

# Borderline Personality Disorder and How it Affects the Family by

Summer Palmer (with an introduction by Dr. Steadman)

*Borderline Personality Disorder (BPD) is one of 10 personality disorders classified in the DSM-5, which is the diagnostic manual used in the field of mental health to define and study various mental illnesses. Personality disorders have long been understood within the DSM as being a bit of a different "type" than the majority of other disorders in the DSM. In the DSM-5, there are approximately 157 discrete diagnoses, though, if you count subtypes of disorders, you get more like 600 diagnoses, and, then, if you include specifiers, some have argued you can end up with tens of thousands of possible diagnoses. Whatever the case, personality disorders are only a small part of the whole DSM-5, and yet, they are among the most controversial diagnoses, being the only category of disorders with two different sets of definitions: 1) the currently accepted definitions, in use since previous editions of the DSM, and 2) an alternative, proposed set of definitions based off modern research, but ultimately wasn't accepted for the final version of the DSM. To fully discuss the conversation around defining personality disorders would require more space than is warranted for this article. However, it is important to know that the definition I give below is a combination of both sets of definitions, summarized for the readers.*

*One of the reasons personality disorders are "different" is that they are typically understood as being more deeply-seated than other disorders, persisting for longer periods and typically being more difficult to treat. One can think of personality disorders as being characterized by a list of "traits" that lead to chronically problematic, unhealthy functioning. With regard to BPD, these problematic traits exist in several major realms: 1) consistency in one's sense of self and others, 2) emotional stability, and 3) self-control. In less clinical terms, what these mean is that people diagnosed with BPD tend to have serious troubles in their relationships with others, typically leading to drastic shifts in emotions ("I love you; I hate you." "I'm ecstatic; and then I'm devastated"), and desperate, damaging behaviors such as self-harm (e.g. cutting, burning, other self-injury, including suicidality), substance abuse, and/or impulsive outbursts (both positive and negative) toward significant others. Also, to meet criteria for BPD, one has to exhibit these symptoms for several years, persisting into adulthood, and being present more often than not.*

*Given the above, readers should imagine, as they are reading Summer's article below, what it might be like to live, as a family member, with someone who struggles with these issues. BPD affects everyone.*

As a child we knew my \*Kish was different. But everyone has their little quirks, right? Being the typical middle child, I was always the peacemaker. I was constantly talking people down, apologizing for Kish, and making excuses. Kish was loud. I was not. Kish was inconsistent. I was not. Kish was "difficult". I was not. We complemented each other. Or so it seemed. We moved when we were preteens. I mean, we changed our whole world, our entire culture. I was a teenager. I did not understand her. We grew apart as I grew up. We were torn by our differences. I remember things differently than she does. I don't remember the things she remembers. I submerged myself in my church youth group, church friends and as little school work as I could get away with.

I graduated from High School with the aspiration of getting out of the house. Home was not a bad place. It was just a strange tension. I walked away. I wanted to.

Here I am 40 and I feel like I don't know what is real and what is a lie. I remember so many great things about my childhood. I love my parents. I think they did a great job raising us all. And here Kish is telling me I have "blocked" so much out of my mind. We are talking about Borderline Personality Disorder. Also known as "Emotional Dysregulation". The symptoms, to many, look very similar bipolar disorder; however, the highs and lows go from second to second. The pendulum can swing from "I am so tired I

am going to die" to a Manic stay-up-all night baking cookies for no reason.

These emotional responses can be initiated with a simple misunderstanding or emotions from work that have transferred to home life. This is the person you LOVE or HATE all at the same time. Often times the one labeled "the black sheep of the family". Smooth, the best cheerleader, verbose. Says the right thing at just the right time, to the right person. Presents himself as educated, capable, agreeable, fun to be around. This person is your best friend UNTIL there is a disagreement- real or imagined. Then things go south. The uncontrolled rant of hatred. The tirade of I wish you were never born. The direct attacks of your innermost character. Emotional verbal

The following article features a guest article Summer Palmer, a wife, a mom of 7, and a student of people. After growing up overseas, Summer moved as a teenager to the US. She earned her BA in Psychology from Ouachita Baptist University in 1999. Since then she has lived in various countries including the rainforest in Nicaragua and the mountains of Dominican Republic. Summer likes to help people see their potential. She is currently working towards her Masters slowly but surely. In this article, Summer relays her experience of having a family member with borderline personality disorder (BPD). First, Dr. Steadman gives a brief introduction on BPD, and what the diagnosis means.

\*Names were changed to protect the author from emotional outburst.

assault. Teetering between 'I love you don't ever leave me' and 'you are worthless to me'. What happens is that the person with BPD begins to "fall apart" when relationships have their natural ups and downs. They see these ups and downs as anything but natural. Instead, they see it as an attack on everything they are, and, as a result, they lose control, and begin to spiral.

I lost favor because "I taught Kish to drive like a nut" and the consequence is repeated traffic tickets. Well, see, I did not drive like a nut. A few times in high school I did a fabulous controlled U-turn at the one turn before we get to church. I was very proud of my tight turn. I guess that stuck. Kish just carried that memory with her like it was the only thing I did. But our complementarity meant that, in our family, if I'm the good driver, she's the bad driver. This is the fragility of the BPD sense of self, built upon distorted images of the self, in relation to others. Her bad feelings about driving were my fault. That is another thing, everything that has ever happened to Kish is not her fault. Kish can find some reason for all of her behavior: I was tired, I was hungry, So-and-so did it to me, my boss said, and so on. These excuses, again, are built out of desperation to restore the fragile, broken self. It's their way of keeping themselves from being totally destroyed, in their own, distorted way.

What is it like being the older sister of a Borderline person? Well in one word... confusing. I don't know my place. I don't know where I stand. I don't know what is real and what is just in her mind. I don't know what part of her I can trust. My husband and I made a decision a very long time ago that we would not leave our children in her care alone. How does that help? Does it damage the relationship more than it helps the point? Good question. We have managed our ways in order to keep this boundary in place. We have shaped our lives around the Borderline family member. How or why? Sometimes you can cut out a difficult

family member. Sometimes you can not. We are still loyal to this person. We want what is best for her. We want to see her be successful. We want her to be a part of our lives and of our family. But when the risks outweigh the benefits... then we have to choose. The lives, well being and safety of our children is just not worth the risk. What could she possibly do? If you struggle to control urges to hurt yourself. Could you also unintentionally hurt someone else? If you drop pills and vitamins and such on the floor in your house without regard for picking them up immediately, perhaps babies should not crawl around in your house. If you "didn't mean to hit your child, you are just angry, upset or having a flash back" then what happens when my silly kid jumps off the couch and breaks the lamp? Do you unintentionally backhand them across the room? If your explosive emotions cannot be contained after work on your own family. Why do you think you will be able to control them when my kid leaves their dishes on the table after dinner? These are the real fears I have in my family and their relationship with Kish. Kish's only child has conditioned himself to be a perfectionist in the hopes of avoiding mom's irrational outbursts. My child is a messy, forgetful, middle grades boy. How will Kish treat him? We just will not risk it. Kish has gone from apartment to apartment and job to job trying to find meaning in all that she does. I have seen her go from doctor to doctor because she burned her bridges. I have seen her go from pediatrician to pediatrician because she refused to do whatever the doctor said. I have seen her go from church to church from class to class, and her relationships have frayed because others feel she is using them for what they can do for her. I have seen her "work the system" in such a way that she comes out on top and then moves on. I have seen her post scripture and say just the right things to keep her image clean. I have seen her fail. I have seen rehab drugs and alcohol and eating disorders. I have seen her quit jobs right before she gets fired.

Kish is super intelligent, she finished her RN degree. She loved her job. She was amazing at the people part (though not so much the paperwork part). I have seen her manipulate a diagnosis for a certain prescription. I have seen her abuse those very drugs. They are legal, they were prescribed to her. ADHD medications do have their place. I am very thankful for my kid's medications. But taking 7 days worth in 4 days and sleeping it off the last 3 is not how they were prescribed. I have seen Kish tear her birth family apart. I have seen our mom heap on herself all the guilt of her condition and her failures. I have seen our dad become apathetic and defensive. I have seen her only brother move across the country and no longer communicate with the family. I have seen her push me, her only sister, away, perhaps because I challenge her. Now, I am raising her only son. I have her 17 year old. She has been kicked out of 6 psychiatric and drug rehabs in 1 year only to attend an eating recovery center the very next year. What is like to grow up with a sister that has Borderline Personality Disorder? It is stressful. Traumatic. Difficult. Hurtful. Sad and Exhausting.

*Summer's story is hers, and it draws a genuine depiction of her life of having a sister with BPD. Clearly, there are challenges, but readers should know there is also hope. In fact, treatment for BPD is among the most evidence-based treatments available to clinicians. Family support is an essential part of the process. We know more about helping people with BPD than we do about most other DSM diagnoses, and this is reason to have hope. If you are struggling with BPD, or if you have a family member with BPD, know that psychotherapy can help. The [National Alliance on Mental Illness](#) provides a brief summary. In my personal experience, treating patients with BPD is perhaps the most rewarding experience I've had as a clinician. Don't lose hope, and find a good therapist who can help you.*

## STORYTIME

In this section, we include a short story for our readers. This is an original story created by Dr. Steadman during a spontaneous storytelling session for his daughter, when she was a baby. The story is written in a style for young children and teaches about the importance of caring for others.

## The Three Unicorns

Once upon a time there were three unicorns: a white one with a golden horn, a black one with a silver horn, and a brown one, with no horn. The 3 unicorns were brothers, born in the highest cloud on the most beautiful day of the year. One day, when the unicorns were young, they decided to fly across the world to find their masters. For unicorns to find a master, they must find a home in a secret place.

The first unicorn to find a home was the white unicorn. He landed in an enormous forest. As he landed, he said, "I, White Unicorn, claim this forest as my home. I will reside here until a worthy master finds me." You see, for unicorns to serve a master, their master must find and catch them. Once they are captured, they must serve their masters until released, or until their masters die.



things. He kidnapped children and then sold them back to their parents for money. He stole from people, and yes, he even killed people. The White Unicorn despaired because he was being forced to commit such evil deeds. Unicorns are not meant for evil, but the White Unicorn could do nothing, for his master was an evil man.

Meanwhile, 242 years passed before the Black Unicorn was found. His hiding place in the mountain was a bit harder to find than the White Unicorn's. One day, a poor man was walking through the mountain, and he spotted the Black Unicorn's silver horn while the unicorn was sleeping. When he grabbed the silver, he was astonished to find that the silver was a Unicorn's horn. He captured the Unicorn and brought him home to his tiny hut. Soon, word spread that he had found a very, rare unicorn - even rarer, a BLACK one with a silver horn. People came from all over to see his unicorn. He soon found out he could become rich if he charged people to see his unicorn. So, as more people came, the poor man became richer and richer until he was the wealthiest man in the land. But as he became wealthy, he also became greedy, and his selfish nature shown out. He began to collect goods from all the others in his land, such that they became poor, and him rich. Eventually, the rich man held all the food and all the goods in the land, and so all others had to come to him for their needs. But the rich man was

The second unicorn to find a home was the black unicorn. He landed on a monstrous mountain. As he landed, he said, "I, Black Unicorn, claim this mountain as my home. I will reside here until a worthy master finds me."

The third unicorn, the hornless unicorn, was the last to find a home. He landed in a field of lavender flowers, between two rivers. The third unicorn said, "I claim this field as my home. I will rest here until I am found."

Many years passed as the 3 unicorns resided in their homes. Did you know that unicorns live forever? Well, 230 years passed before the white unicorn was found. The man that found him was a strong, smart man, but this man was evil. The evil man captured the white unicorn. Then, the evil man used the unicorn's mighty powers to ride through the land doing evil





The boy agreed to the wager, for the rich man was following along just as the boy planned. You see, last night, the hornless unicorn told his master, "Unicorns are weakened by evil, but you and your family have been good to me, and unicorns are strengthened by those with good hearts. My strength from many years of goodness will beat their weakened bodies." Thus, the boy knew his hornless unicorn would win.

The rich man first sent out the white unicorn, since it wasn't his to begin with. The white unicorn did not recognize his brother. All those years of committing horrific evils had made the white unicorn despair so greatly that he had forgotten about his long-lost hornless brother. The white unicorn was the weakest of all, for he had been forced to commit greater evils than the black. The match ensued and the white unicorn pulled, as ordered by his rich master. Although it was difficult, the hornless unicorn triumphed, and the boy won the wager.

Embarrassed by the defeat, the rich man decided to send out his black unicorn to try to win his riches back. But alas, the result was the same. The black unicorn could not win.

As the rich man saw how great this horse was, he wanted it even more. He made one final wager, "Both my unicorns against your horse." He felt there was no way this horse could beat two unicorns, especially after seeing how difficult it was for him to beat each one individually. He tied a HUGE chain between the "horse" and his two unicorns.

The unicorns began pulling against each other, as ordered by their masters. They pulled and pulled and pulled as hard as they could, but neither side moved. However, they eventually pulled so hard that the chains binding them all broke. You see, one way to free a slave is to release him of his chains; the same is true of unicorns. If they are not chained or bridled, they are considered free. With their chains broken, all 3 unicorns became free. The two horned unicorns escaped quickly so as not to be caught again by the rich man. The hornless unicorn ran to the side of his boy master, and allowed himself to be rebridled. The boy attached the rich man's riches, which were still on the carriages, to the hornless unicorn, and the hornless unicorn galloped away, carrying all the man's riches. The rich man tried to follow on one of the horses of his people, but they would not give him a horse, for they hated him. The rich man tried to steal a horse, but by then, the hornless unicorn was long gone, for, as I said, unicorns run faster than any other animal alive, even when they are pulling mountains of riches. As the boy and the hornless unicorn rode through the lands, they gave most of the riches back to the poor people from whom the rich man had taken it all. The boy kept a small amount for his family.

As for the other 2 unicorns, they followed the hornless unicorn home. Though they still did not recognize him as their brother, they wanted to thank him for freeing them. When the two unicorns reached the masters' home, they greeted their brother. The hornless unicorn explained who he was. He told the unicorns of his wonderful family, and invited them to stay with them forever, as he planned to do. They agreed, seeing how happy everyone was.

And they all lived happily ever after.

# CAPTVRE Imagination Winter 2018

Dr. Jason Steadman  
Johnson City, TN 37614

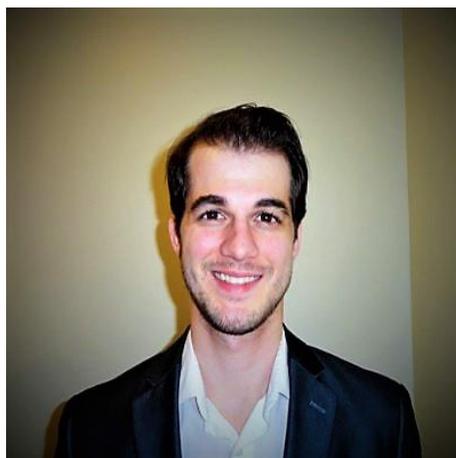
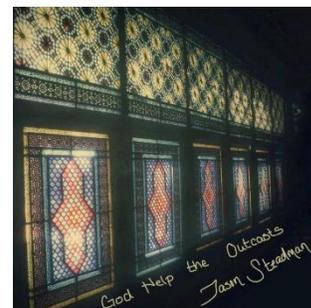
All photos in this newsletter used by permission.

To subscribe to our newsletter, click [here](#) or scan the QR code below:



In other news, Dr. Steadman just released his newest album of original music, called *God Help the Outcasts*. It is now available for digital streaming and download from most major digital distributors, including iTunes\*, [Spotify](#), [Amazon](#), [YouTube](#), [CDBaby](#), and others. Please consider giving it a listen.

\*Publication to iTunes expected by 4/1/18



## References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5 (5th ed.). Arlington, VA: American Psychiatric Association.

Felitti V.J., and Anda R.F. (2010): The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: Implications for healthcare. In Lanius R.A., Vermetten E., and Pain C. (eds): The impact of early life trauma on health and disease: The hidden epidemic, pp. 77-87. Cambridge: Cambridge University Press

Fuller-Thomson, E., Baird, S. L., Dhrodia, R., & Brennenstuhl, S. (2016). The association between Adverse Childhood Experiences (ACEs) and suicide attempts in a population- based study. *Child: Care, Health and Development*, 42(5), 725-734. doi:10.1111/cch.12351

McGoron, L., Gleason, M. M., Smyke, A. T., Drury, S. S., Nelson, C. A., Gregas, M. C., & ...Zeanah, C. H. (2012). Recovering from early deprivation: Attachment mediates effects of caregiving on psychopathology. *Journal of The American Academy Of Child & Adolescent Psychiatry*, 51(7), 683-693. doi:10.1016/j.jaac.2012.05.004