

**Shrink Rap Radio #211, June 19, 2009, Resurrection after Rape**  
**David Van Nuys, Ph.D., aka "Dr. Dave" interviews Matt Atkinson,**  
**LCSW**

(transcribed from www.ShrinkRapRadio.com by Julie Filewich)

**Excerpt:** *One of the things that makes rape work so difficult for the survivor is that the rape itself does have meaning. It symbolizes something. It's not just an experience of pain. It's a symbolic wound, also. And, I talk in the book about the three wounds that are brought on by rape, and obviously the first one is physical. The second one is the social wound. You know, the scorn, the humiliation, the blaming, the well-meaning people who say, "Aren't you over it, yet? It's been three months or it's been three years. Shouldn't you be over it? You should just make up your mind to be over it. Just let it go," being mistreated in legal systems. But the third wound, which I think is the most significant one is the internal one; the existential wound, the feeling of being disconnected from life, being alienated, being uniquely different, uniquely cast off from others.*

**Introduction:** That was the voice of my guest, Matt Atkinson. Matt Atkinson, LCSW, is a licensed clinical social worker and therapist, who works with trauma survivors. He's also author of the book "Resurrection After Rape: A Guide to Transforming from Victim to Survivor." He's worked in crisis services as a staff director with the YWCA in prevention of domestic and sexual violence, where he's developed and implemented programs with women's prisons, university sports teams, churches, and Indian tribes. In 2004 he became the first male given the national award for Outstanding Advocacy and Community Work in Ending Sexual Violence by the National Sexual Violence Resource Center. In 2005, he was awarded Most Therapeutic by his professional peers at Saint Anthony Hospital. In 2006, he began to teach college courses on domestic violence and crisis intervention as an adjunct professor at Oklahoma State University. He also regularly presents trainings at workshops and conferences. In 2009, Mat will begin a series of all-day training workshops for therapists, funded through grants and organized by the Oklahoma Coalition Against Domestic Violence and Sexual Assault. The methods presented in "Resurrection After Rape" will be the default treatment approach taught to crisis workers and therapists as part of their crisis service certification process. Matt has degrees in Art and Human Physiology, Behavioral Science and a Masters in Clinical Social Work from Oklahoma University. He's married and has two sons and is an Ojibwa pipe keeper and regularly participates in ceremonies. Now, here's the interview.

**Dr. Dave:** Matt Atkinson, welcome to Shrink Rap Radio.

**Atkinson:** Thank you. I'm sure glad to be here and be part of this.

**Dr. Dave:** Well heard about your work from one of my listeners, and after taking a look at your Web site, I thought you'd make a great guest for the show.

**Atkinson:** Thank you.

**Dr. Dave:** So, tell us a bit about your personal and educational background and how you got into the work that you're doing today.

**Atkinson:** Well, this is – it's not work that I actually set out to do. If you'd ask me at one time what I wanted to do, I never would have expected that I would become a specialist in treating sexual trauma. In fact, I got my start here in Oklahoma as a social worker working with Indian tribes doing youth programs and cultural preservation programs, things like that. And...

**Dr. Dave:** Well let me back you up just a little bit further and tell us about even how you, you know, what you majored in as an undergraduate and how you got drawn into social work.

**Atkinson:** Okay. I started off as an Art and Human Physiology major because I was going to go into medical illustration...

**Dr. Dave:** Interesting.

**Atkinson:** ...but, ah, Sociology and Psychology classes got my attention, it diverted my life into something that I really love. And I wanted to begin to do work with psychology and social work and counseling. So I went back and got additional degrees in Behavioral Science and got my Masters in Social Work and my Clinical license and that's what I've been doing ever since.

**Dr. Dave:** And you've written a book on recovering from rape, and I gather working with rape victims has become a specialty for you. I think it's somewhat surprising to see a man devoted to this work. I would think women who've been raped might have difficulty trusting a man. Has this been an issue, and if so, how have you handled it?

**Atkinson:** That's a great question. It's been a surprise for a lot of people. When I do public speaking or go to classes, I'm not usually the person that people expect to see coming in the door, and what your listeners don't know, is not only am I a man, but I'm a really big guy. I'm six and one-half feet tall. I'm native, so I have very long hair and wear a lot of the traditional accessories that go along with that. For a lot of women, their first test of courage is the day that they meet me and are introduced to me as their counselor, and they think, "You've got to be kidding. Surely they said 'Mary' they didn't say 'Matt,' they said 'Mary,' right?"<chuckles>

**Dr. Dave:** <laughs>

**Atkinson:** And that's been a test for a lot of people...

**Dr. Dave:** Wow, I can imagine.

Atkinson: ...A lot of my patients, when they're finished with work, they confess something to me, they say, "You know, Matt, the very first day when I met you, I thought, "I'm not telling this man anything."

Dr. Dave: <laughs>

Atkinson: "There's no way I'm going to talk to this guy." And I've had to understand that and be very gentle and very patient and watch my body language because of it. But there's been some interesting research on men who do work with rape trauma victims; and there was one study, it's found in the book "Rape Work" by Dr. Cathy Dougherty. And she talks about looking at outcome evaluations with women who have come through rape trauma counseling, and what were their experiences when they had male counselors. She confesses having a little bias as she expected to see women really resistant to working with a male, and she says, "You know what I found was actually the opposite. A lot of times the women with the male counselor had some of the higher outcome satisfaction results." What the research is finding is that men are – can actually be very competent at doing good rape work, but there are some common mistakes that we men make that are cautioned in the literature. And if we are aware of those, then we can actually do some pretty good work. And a lot of the women that have worked with me have come through three, four previous therapists and a lot of therapist have referred some of their clients to me when the treatment just gets stuck or when it stalls out. And they say, "I want you to go and talk to Matt and just give him a chance."

Dr. Dave: Well, that's really fascinating background info and it certainly is a testament to you that they do relax and learn to trust you. How would you describe your approach?

Atkinson: Well, um, I like an eclectic approach. You know, like a lot of people we get raised with – we get educated with a background that cognitive behavioral therapy becomes the default technique. What I have found is actually expanding on that seems to do a lot better job. I like to use a really creative approach, and I'm a firm believer in what a lot of research has shown that of all of the things that promote a client's successful outcome, method is actually third on the list. The first two are the client's expectation or hope of success; and the second is the nature of the client and counselor bond.

Dr. Dave: That's right. I've read that, too.

Atkinson: So, I really believe that and there are times, even, that I will confess that I depart from a lot of academic school methodology; and there's time that I have to set textbooks and methods and worksheets aside and what matters, in certain critical moments working with a rape survivor, is the person that you bring to the process with them. And they can sense that.

Dr. Dave: Amen. I really like what you are saying. Makes sense to me.

Atkinson: Well, thank you. Thank you. Can I tell you a story about one of those?

Dr. Dave: Yes, please do.

Atkinson: I had client, a woman named Danae, a really remarkable client of mine. Danae's story is presented in the book that I wrote. So she's come forward and forgone confidentiality to share her story very publicly. And like a lot of people going through this process, you know, rape recovery is an extraordinarily painful process. It's the hardest thing that she will ever do, and it's so worth it. There was one time that she hit a real crisis in her recovery. And, like a lot of people do, she took a step back and she spent a weekend just demolishing herself. Going back into old self-destructive behaviors and just feeling very ashamed of herself again. She thought that she had failed womankind, failed other survivors, failed me and she came in to counseling ready to confess and accept that I was going to terminate, reject her and abandon her and scold her. So she kind of shuffled in, head hung down like a, just like a beat dog, just feeling horrible. And I have to tell you at that moment, if I had come at her like social worker or like a therapist and did typical methods, it would have been all wrong. And at that moment, seeing her at her lowest point, I had to step outside of some of those traditional methods and I just said to her, before she said a word, I said, "Danae, you look like a woman who needs a hug," and she just fell forward, grabbed me and just sobbed. Sobbed.

Dr. Dave: Mmm. Yes.

Atkinson: And this would raise some eyebrows among colleagues. You know, "What about hugs or what about this and why didn't you process such and such." But that would have been all wrong in that moment and I'm – because I'm a big guy, I am really conservative about those things. I just do not touch my patients. I'm so cautious about that. But there are times when the person you bring into the process is more important than insight and background and degrees. And what she needed was just to know that she still had a connection to a life – a human being that believed in her, and that, more than any technique was what mattered. So when I say an eclectic technique, that includes, even, just the human to human connection that I think is needed in this work.

Dr. Dave: Well that's a great story and it does really illustrate your point and feel free to throw in any other stories that come to mind. I like the way your book is organized around the sorts of questions that a rape victim might typically ask. Maybe we could go through some of those, would that be okay?

Atkinson: Oh, sure, yeah.

Dr. Dave: Well, one question you pose is, "Is therapy necessary for recovery from rape?" What's your answer to that?

Atkinson: Well, I'm a little bit strong, you know, I kind of lean towards the opinion that therapy is just about an indispensable resource. I do think that it's possible for some people to recover without it. I wrote to some colleagues – I wrote to a doctor who had also written a book on rape trauma and asked her opinion. The consensus was, it's not so much what you name the resource that you use to recover, whether you call it therapy or call it something else, it's more a matter of whether you have some resource that encourages you to come out of hiding, to disclose the full details of your trauma and to assist you in reprocessing some of the faulty beliefs and the traumatic symptoms of the trauma. But, I did find a lot of interesting research on rape and Post Traumatic Stress Disorder (PTSD). And it's really troubling to consider a person trying to recover on their own, when you look at what some of the research says about the symptoms of this. One study found that 94% of rape victims will meet the criteria for PTSD, which is almost immediately. And what you find with that is that one in three rape victims attempts suicide each year during the first three years following rape. That's an extraordinarily high rate of suicide attempts. You find that over the first three years following rape, the PTSD levels do drop a bit. They drop to about 1/2, but then you don't see any further improvement without a therapeutic resource. They settle there. So about 1/2 of rape victims continue to have persistent PTSD, and it just continues. This trauma doesn't go away by waiting it out or ignoring it or hiding from it or fleeing it with alcohol, with sex, with self-injury. It persists. When you add in good therapeutic resources for the victim, you see a remarkable transformation. You see a lot of the symptoms of PTSD becoming resolved, but going to therapy is so terrifying for somebody. They think it's going to be the most – a more painful experience. What we're actually seeing is that a lot of the PTSD symptoms do get resolved with good competent rape trauma therapy.

Dr. Dave: Well that's good to know. And who knows, there might be some listeners who could benefit from hearing this. Another question that you speak to are triggers. The question is, "What are triggers and what should I do about them?"

Atkinson: Oh yeah, yeah. It's something that I've heard a lot about. Triggers are – you know, they are the things that the brain recognizes and associates with the original trauma, and when it associates those with trauma, it kicks the sympathetic nervous system into, like a, really defensive mode of operation. And I talk in the book, in very basic language – because I don't want it to be a, you know, scholarly textbook that lures readers who may not be interested in the academics of things – I talk briefly about a part of the brain called the amygdala that really controls a lot of this – these traumatic responses. And the amygdala screens the environment and incoming sensory input for anything it recognizes that it connects with the original trauma. And if it get a hit – if it gets a match, then it fires off a warning signal to the nervous system that takes over the body, and it brings on panic attacks or "fight or flight," temper, adrenaline surges, things like that. And it's part of our basic human survival biology, and I say in the book that, you know, that works really well

in prehistory out in the plains dealing with wild animals, not so great in the aisles of Wal-Mart.

Dr. Dave: Right. You know I think – when I think of triggers, I'm thinking in the case of a returning war vets that hearing a firecracker or a car backfiring might trigger some kind of flashback or panic. In the case of a rape victim, what sorts of things would serve as triggers?

Atkinson: Oh I've got some amazing stories about some powerful triggers with some of the women I've worked with. Times of year, anniversary times seem to be a big trigger. I'm noticing among a support group that I participate in that spring – May and June especially – I don't know why, but seems to be really prominent triggers. There seems to be a lot of women in my groups who have trauma relating to those months, but could be any time of year. Scent, of course, is probably most strongly linked to memory and trauma. Some women can't listen to certain songs because they were in the background during rape. I had a client, one time, who was raped while the movie "Toy Story" was playing; and the phrase, and this is really unfortunate, but the phrase, "To infinity and beyond" became her trigger. What was interesting about her is that she successfully recovered. She beat her trauma symptoms doing some incredible work and actually reclaimed that phrase. When she was finished, she got a tattoo of that phrase on her arm because now, rather than it representing a trigger, it represented her potential – her power being returned. But songs, times of year, even certain touch. I get a lot of emails and calls and requests from women whose sex lives with their husbands have been affected because during sex they may be triggered. And a lot of men, even, write to me and say, "Look, man, I just have to ask you... just guy to guy. Man, what do I do about this? How do I help my wife? or How do I help my girlfriend? Because this is happening. It's affecting our marriage."

Dr. Dave: Oh yeah. I imagine that's a huge issue. Another thing that you say in the book is that victims should challenge their old beliefs about rape. What sorts of beliefs or myths about rape need to be challenged, and how does one go about doing that?

Atkinson: One of the things that sets a lot of my therapy apart from some other traditional therapies is – in the past there's been the idea that if we can get someone in counseling to tell their story, to open up the details of their story then they can "get it out." And I don't think that, that's the final step in the process. I do think that that's a necessary step, but I see part two of that is then repairing the beliefs and myths and the ideas and even the self-shaming thoughts that the person has carried as a result of the story. We call those stuck points, and my patients hate the stuck point work. It's their least favorite part, because it means identifying the most painful, the most embarrassing, the most gruesome parts of their story and evaluating them for what they think those parts of the story prove about them. So the way I describe it is that a stuck point is the gap in your thinking between what you used to believe and what you believe now because of the rape. Or what you

wanted to believe and what the rape seems to prove instead. So, some examples of common stuck points or common self-blaming beliefs that I see in the woman that I work with are things like, "I put myself in that position" or "If my body froze in panic, then that means that I was weak. I allowed it. It's my fault because I should have fought and kicked and screamed, but instead my body was locked up in paralysis at the time" or "I should have known. I should have seen signs in this guy. How could I have not recognized that this was a violent guy." so a lot of those, kind of, self-blaming beliefs. "What if I was drinking?" "What if I was at a party?" I had one woman who was just viciously gang raped at a college party...

Dr. Dave:        Hmm.

Atkinson:        ...and her stuck point was that when she was a college student her volunteer work on the campus was actually working in the women's services center doing rape education. So in her mind, it was, "If anyone should have known, it would have been me. If anyone would have been, you know, invulnerable to this, it should have been me and yet this happened. So, I must just be at fault. It's my fault." So, I see a lot of that kind of thinking in the people that I work with.

Dr. Dave:        Maybe that's what you're getting at when you have a section on the meaning of rape, and you know, my initial reaction on reading that was, "Well meaning, you know, how can there be meaning in rape?" But maybe what you are getting at is that, that sort of core message that they code it in using it against themselves.

Atkinson:        Yeah, yeah. That's one of the things that makes rape work so difficult for the survivor is that the rape itself does have meaning. It symbolizes something. It's not just an experience of pain. It's a symbolic wound, also. I talk in the book about the three wounds that are brought on by rape, and obviously the first one is physical. The second one is the social wound. You know, the scorn, the humiliation, the blaming, the well-meaning people who say, "Aren't you over it, yet? It's been three months, or it's been three years. Shouldn't you be over it? You should just make up your mind to be over it. Just let it go," being mistreated in legal systems. But the third wound, which I think is the most significant one, is the internal one. The existential wound, the feeling of being disconnected from life, being alienated, being uniquely different, uniquely cast off from others. And so I do see that, and that's why I talk about what the rape means. That the – we give meaning to our pain. Can I give you just an example of how we do that?

Dr. Dave:        Yes.

Atkinson:        I'm thinking just – there's just an example – hypothetically, theoretically, let's say that tomorrow two women will each go to a doctor's appointment. One of them will be going to the dentist, and she will experience pain as she hears the dental drill and has a root canal. The other one will be going to give birth and she will experience pain, also. Even though there are two women, both going through

pain tomorrow, because of the meaning of the pain the experience will mean something different to each one of them. One is something that's terrifying and unpleasant and that she wants to avoid and the other brings with it great blessing and great joy. So we give our pain meaning and that helps us survive, but it also means that when our pain is traumatic then it devastates us to our core. Rape is not just a physical and psychological wound, it's a soul wound. It's deeply, I would say deeply spiritual. I don't mean to sound corny, but it's something that affects a person, body, mind and soul because it has meaning. So that why I talk about what the rape means to the person I'm working with.

Dr. Dave: Yes. Well you have the woman write out a very detailed account of her rape story. What happens when they do that, and what's the underlying reason for that assignment?

Atkinson: Well, the rationale for it – the basis for it is we want the brain to alter how it responds to the trauma itself. Because when the amygdala is doing all the heavy lifting and when it's got the whole burden of trying to handle this trauma then it gets it wrong sometimes. It fires triggers that aren't really triggers. Panic attacks come when they're not necessary, when nobody wants to feel them. By writing down the details, the narrative of what's happened we engage other parts of the brain in managing the symptoms. That allows the brain, eventually to begin to rest. It can slow down and calm and contemplate content to the trauma. Actually you see the symptoms of the trauma begin to subside. But writing it down in detail is the most terrifying moment in all of this work.

Dr. Dave: Does it sometimes bring up negative emotional reactions?

Atkinson: Not only does it, but sometimes the emotions are more intense writing it than they were during the rape itself.

Dr. Dave: Mm hmm.

Atkinson: This is a time where a good therapist takes very, very great care with the person they are working with. Like, I never do this in the beginning. You are never going to see me in the second session saying, "Okay, I want you to write this." We do this near the end. We do it on the client's schedule, when she knows that she's ready. So that there's no fear, she's in control at every step.

Dr. Dave: Uh hmm.

Atkinson: It's terrifying. I had one woman who's story was 19 pages long. Most of the stories that women write are five or six pages. Hers was 19, and she'd write a paragraph and go throw up.

Dr. Dave: Wow.

Atkinson: She'd come back and write and go throw up. She said the next no sleep, tears running down her face she said, "This is the hardest thing I've ever done." After she was done with it she said, "I am so glad I did it. It's the worst thing I've ever done and it's the best thing I've ever done." She said, "It changed my life to do that," and at first she said, "I was so mad at you. Why is Matt making me do this? Doesn't he see how much this hurts me?" Then she says, "I am – I can't believe the change in me. I can't believe the difference from having done that."

Dr. Dave: Wow. Why, that's got to be so gratifying.

Atkinson: It's amazing. People ask me all the time, "Matt, how can you do this? Doesn't it depress you? How can you do this every day?" I've worked with more than 500 women in counseling for rape trauma...

Dr. Dave: Wow.

Atkinson: ...and they say, "Don't you get tired of listening to people's problems?" I say, "I'm not listening to problems, I'm listening for solutions." I don't see despair every day, I see revival, I see resurrection, I see empowerment everyday. To me, it's the most amazing process to be part of.

Dr. Dave: Yes. Well, speaking of empowerment, later on you talk about using their story as a weapon. How so?

Atkinson: Yeah, that's a tough point to make, but it's – I challenge some of the people I work with not to use their story as a weapon. What I mean by that is that a person's rape story has the potential to shock – to astonish others. It's very tempting and – I'm going to say this as gently as I can because it's a delicate point to make – it's very tempting to find a secondary use of a story in being able to avoid a lot of painful experiences in life. Like, I've seen some people who will compete with one another for whose story is worse.

Dr. Dave: Mmm.

Atkinson: It's a tragic experience, but I have seen that happen. Or, people who shield themselves from a lot of parts of life by saying, "Well, that's not available to me. That part of life, that's not meant for me because I was raped." Or, "I can't do this work. You don't understand how painful this is because I was raped." Now I have to tell you, I'm a tough therapist. Now, I'm gentle and I'm loving and I'm warm and I'm creative, but I'm tough. I don't let the people I work with use the pain of rape trauma to minimize the difficulty of this work.

Dr. Dave: Mmm hmmm.

Atkinson: I tell them there are no longer victims in the groups that I run or in the counseling that I do. That this is something that you have the power to do and it's

going to be difficult, but we're going to get through it. I don't let people fend off the obligations and requirements of good therapy by saying things like, "Don't you see how much this hurts?" You know, "Let me remain delicate. Let me be uniquely wounded so that you ask less of me." I think that part of recovery to becoming a survivor rather than a victim means reclaiming a lot of that power. That's what I want to promote. A lot of my patients get frustrated with me. They coined a phrase that's kind of funny, it's been handed down for two years, they call it, "Damn you, Matt."

Dr. Dave: <laughs> Damn you, Matt.

Atkinson: Yeah, they call it the "Damn you, Matt" moments, and they've abbreviated it to "DYM." Like, "Oh god, here comes my DYM." And I've even begun to use it, too. I'll ask them, I'll say, "Are you ready for your DYM of the day?" "Yeah, just get it over with. Come one."

Dr. Dave: Uh huh.

Atkinson: Because a lot of times the beliefs and the stuck points have to be challenged. They have to be nudged forward into new thinking. That's why I talk about not using your story to protect the status quo of how you function, how you feel and how you live.

Dr. Dave: You've mentioned group work a couple of times. Do you find that meeting with rape victims in a group is particularly effective?

Atkinson: Absolutely. Knowing what I know now, I don't know that I would try it any other way. I think you can succeed in individual work, but group work is so healthy for a survivor. I don't do groups of entirely rape victims. I may have eight people in a group and three may be dealing with rape and we may have one returning soldier and one new father and one domestic violence victim all together. I've seen that, that is so healthy. Because – like I mentioned the third wound of rape is feeling disconnected from life, feeling uniquely alone, a unique misfit. When a victim can hear understanding and can hear similar experiences shared by other people it's reassuring. I mentioned that a lot of them will come in very resistant. They don't want to talk to me, they don't want to be there, and I told you about Danae. Danae benefited from group work because she was able to hide for two weeks in the group. When she started, she held a blanket up over her face, you know, pulled her hoodie tight around her face. Just curled up in a chair, didn't want to talk, scared to death. What she was doing was auditioning me. She was listening to see how I would treat the other women. And you know what she was waiting for? She was waiting for victim blaming. She was waiting for the moment when I would advise somebody else who had been raped, "Well let's talk about how to not put yourself in that position again." If I'd have said that, she'd have been out the door.

Dr. Dave: Mm.

Atkinson: And for two weeks she heard no victim blaming. She saw compassion. She noticed that I do not treat rape victims as broken people. I do not see them as broken. Even when they seem themselves that way, I don't. Gradually it helped her to come out of her shell and she could share within the group. So I see group work being remarkably powerful. There's one other reason why I use group work, and I want to share this story with you, too, if that's okay.

Dr. Dave: Okay. Yeah.

Atkinson: For a lot of women when they think back to their rape, and when they think to the images of it, they think to very brutal images. They think to the time that they were curled up in the bathroom, or they were hurt, you know, or they were stunned, they were battered, they were physically injured. In a group, the day that they finally read and tell their story, you know, with all of the terror and all of the fear that, that means, they are able to form a new memory. I have the group remain silent when someone tells their story. Then I process with the person afterward, and I ask them to literally look face-to-face around the circle and describe in their own words what they perceive on the face of their peers. It's the most incredible moment because they will begin to have this look of awe on their face, and they'll say, "My God, she loves me right now." "He believes my story." "She is feeling respected that I shared it with her." "She thinks I'm strong," and they'll look face-to-face and they'll begin to discern that.

Dr. Dave: Yes.

Atkinson: Then I deliberately – I put this in words, I make them focus on this, that "What you have just seen in this circle, the looks back to you; the support, the love, the belief, this now is the new, final memory of your story. Not the girl crying on the bathroom floor.

Dr. Dave: Nice.

Atkinson: When you think back to your story now, this is the memory of how this ends; and look at what you have in this room. It's a transformative experience.

Dr. Dave: Yes, I love the way you framed that. A question that you address is whether or not a woman should confront her rapist. What are some of the issues around that?

Atkinson: Safety is number one. I try to be so careful to think about the safety of the people I work with. I looked at some the research on confronting, and most of the research is actually about confronting childhood sexual abusers. There's not a lot written about confronting adolescent or adult rape perpetrators. What I found is that the literature says – and this isn't real helpful, it's kind of ambivalent – it says for

some people it's the exact right thing to do, for some it's the exact wrong thing to do. What I look at are the reasons why a person wants to confront. I want to know if they're just feeling so powerful at the moment and so gung ho that they may not be considering safety issues. Because ironically a lot of people, when they come through this, they overestimate their power. They are ready to take on the world, you know, it's what I call – they want to be Xena the Warrior Princess, now and they're going to just take on anybody. I have to slow it down and say, "You know hold on. Wait, let's think about safety. Let's consider this." So I want to look with them at the reasons for it, the method of confrontation, any legal issues that are going on, things like that. I've had some people chose to confront. Almost always they've chosen to confront by letter, rather than in person. Which, I think, is a bit safer.

Dr. Dave: Yes.

Atkinson: So I have had some do that.

Dr. Dave: Yes.

Atkinson: And they do that on their own. I never put them up to it. I never suggest or advise it at all. It needs to entirely be their choice. They need to lead every step in that. Danae confronted her childhood perpetrator by letter and was well served by it. Actually, she gained a lot in her mental health and her emotional recovery by being able to do that. Even said, "You know, my fear gone. It's like he was a boogey man that haunted the horizon of my world, and now I've reclaimed that."

Dr. Dave: That's great. I love the way that you consult the literature regularly. I'm not sure that all therapists do that, but that's ideally the interplay that should exist between the science and the art of therapy, I think.

Atkinson: I try. I try to – if anyone raises their eyebrow and say, "You know, Matt, you use some unconventional methods." Well that's true. My friends tell me I'm the Patch Adams of social work.

Dr. Dave: <laughs>

Atkinson: It may be unusual and creative at times, but I can go back and show – well, here's the rationale. I'm not just being a maverick. I didn't just make stuff up because it seems cool. There's a reason for doing this, and when I do have to come up with something new, I try to follow the principles of our profession that we consult with colleagues and we get their insight. We consider the client's safety, and we let the client collaborate and even direct a lot of this process, for their own purpose.

Dr. Dave: Yes. You know, an intriguing and, I think rather delicate, question you raise is, "What if my body had a sexual response during the rape..."

Atkinson: Uh hmm.

Dr. Dave: ...I would guess there'd be tremendous guilt around that. Is that, in fact, something that happens and how do you deal with that?

Atkinson: It does. Talk about an incredibly strong stuck point. It's something that's really taboo, and I'm going to tell you, there's – not that I've even been able to find any literature about this – it seems to be something that we don't talk about, even in the profession. What we're talking about, to be blunt, is what about the person who orgasms during a rape? You can just imagine the incredible level of trust it's taken for women to bring this up and talk to me about it.

Dr. Dave: Yes.

Atkinson: Being a guy, first of all, but just the deep shame that they feel because of it. They think that it proves something wicked about themselves. Like, I have a woman that I talk to a lot who's very spiritual, very devout religious Christian woman, and it took a long time for her to divulge that this was her experience when she was a very young child. She didn't understand it. For a long time she thought it meant she was wicked. That meant that as an adult, even though she had a wonderful marriage to a great guy, she withheld herself from sexual pleasure because she thought, "If I enjoy myself – if I enjoy my body physically, it makes me as sick as my rapist." Dealing with that belief is so, it's so delicate. It really take a gentle and very patient approach. At that point, we as therapists have to be able to talk in a very classy way, but in a very direct way about how our bodies work, about the nerves of the body and how they function. We have to – even me, as a guy, I have to be able to talk comfortably about the female anatomy and how it's built and why it triggers in this way. I give an image in the book, and I actually borrowed this from a colleague, but I give an image in the book of cutting an onion. How does our body respond when that happens and, you know, my patients will say, "Well, we cry." And say, "What is it about cutting an onion that makes us so sad?" And she says, "Well, it's – we don't feel sad it's just how our body reacts." And then they get it, "Oh!"

Dr. Dave: That's a great, great metaphor.

Atkinson: And another one I share is, like, I hate being tickled, but when you tickle me, I bust out in laughter. Now does that mean that I really like it? Does that mean I'm colluding with the person who's doing it? Absolutely not! It means that nerves, they don't think, they don't reason, they don't contemplate, they just fire. They send the one message that they're programmed to send when they're triggered a certain way. It has nothing to do with being immoral or being wicked or somehow overlapping the mindset of your rapist or your perpetrator. It simply means that your body is anatomically functioning the way it was built. It has nothing to do with any other part of the trauma or with your mindset or anything like that, but

women see that as an indictment of themselves, and so they don't want to talk about what if their body responded a certain way? I got so much feedback over that chapter from woman writing to me saying, "Thank God you wrote that. I've struggled with that for 20 years."

Dr. Dave: Wow.

Atkinson: And no one's ever talked about that. So, I'm – I was nervous putting it in, because I didn't want to, you know, trigger people...

Dr. Dave: Yeah.

Atkinson: ...and it turns out that a lot of people were really dealing with this in secret.

Dr. Dave: That's fascinating. I majored in creative writing at one point – well, actually that's what I ended up majoring in, in college...

Atkinson: Uh huh.

Dr. Dave: ...and my creative writing teacher had, actually, a published novel; and his novel was about a rape and some of these elements were in that novel. Now, how he knew this stuff, I don't know. I remember at the time, you know, I was, like, 18, 19, 20 to me some of what he was saying was far fetched. One of the elements in the novel is something that you talk about, which is that in the novel the woman became fairly promiscuous after the rape, and that's something that you write about. How often does that happen and why?

Atkinson: That's another thing that is just missing in a lot of the literature, which is a shame because it's far more common than we think. I've seen a link between sexual trauma and sexually compulsive and sexually destructive behaviors afterward. It's something that is just not talked about. See, when I first started this work, you know, I was just a young guy. Just a little punk kid, and I didn't know much about all this. I would have thought, because I didn't know much more than just, you know, rape myths, I would have thought that if someone had come through rape the last thing that they would want was any kind of sexual touch or any experience. That is true in some cases, absolutely, but then I've found the other side. I've found that there were people who are very sexually compulsive, very sexually risk taking. I had to begin to explore that with them, and I came up with a new theory – a term that I coined, I put it in the book. Instead of the term "promiscuous" now, I talk to my clients about sexualized grieving, and it kind of baffles them a little bit.

Dr. Dave: Mm hmm.

Atkinson: And I say, "Well, you know when someone's been hurt, people grieve with alcohol," they'll go, "Oh yeah. Yeah. We get that." "People grieve with drugs." Yeah, they understand that, too.

Dr. Dave: Interesting.

Atkinson: And then I say, "But did you know that people can grieve with sex," and that – it astonishes them. Because a lot of women, when they, you know, when they really being to trust me and they being to open up to me, the confess a sexually troubled background. I'm going to use some rough language here, but this is their words, they say, "I'm nothing but a slut." "I'm just a whore." "Look at what I've done."

Dr. Dave: Yeah.

Atkinson: I try to reframe that and say, "You know, look all actions represent needs that are trying to be met, and you didn't do this because you are wicked. You did this because you were in pain. This was your pain being expressed in behavior." And when they can understand this as a "pain behavior," and not as an immoral or sick behavior, then it extinguishes some of the shame and they can begin to deal with it. Like, "Why was I doing that?" "What was I doing?" "What was I thinking with that?" They can then talk about it in a more open way.

Dr. Dave: Yeah, I can understand that. I can understand that. What about sex becoming enjoyable again? How many of the people that you work with are able to get over the trauma to the degree to where they can enjoy sex?

Atkinson: I see that sexual enjoyment is one of big stumbling blocks. It's something that's hardest to work on. Because a lot of times what I found is that women, who especially who have been raped or been through sexual abuse learn to disconnect their minds from their bodies...

Dr. Dave: Yep. Yeah.

Atkinson: ...during sexual experiences. They dissociate. They go numb. They float, so to speak, and they don't exist within their bodies during that. So reconnecting themselves to their body's experiences during sex is a really tough process. It is possible, and there are some really good resources that help with that. One of my favorites is a book called "The Sexual Healing Journey" by a woman named Wendy Maltz. I just – I love her book. It should be on many therapists' shelf because it's written for survivors of trauma. I talk about it in my book, too, like, "Do I have to be numb or do I have to be drunk to enjoy sex again?" What I have found is that people who dissociate, you know, they blank out – they disconnect their mind from their bodies – have a hard time being introspective. They have a hard time fitting with their emotions during intense experiences, and sex is a really intense experience. So it's really hard to stay present and feel with

your own body what you are going through. I don't think that rape is a sexual experience, but I do think it has sexual effects, sexual consequences. A lot of times when someone's rape or sexual abuse is an early life experience, it conditions them to think that sex is about power and about control. They think that sex is a transaction of power, and we talk in my book about journaling about what sex is. You know, what kind of terms do you use? And they – you know, people use terms like "getting some," "hitting it," "kicking it," "nailing her," things like that. They're aggressive words, they're power words. So a lot of people who have been through this think that sex is something that you give up from you to your partner for your partner's advantage. It's not something that a person enjoys for themselves. We talk about redefining sex apart from rape. You know, drawing a line between them that sex and rape are very different, and having sexual feelings is not a guilty thing.

Dr. Dave: You know, that's one place where I think Freud really hit the nail on the head. People like to dismiss Freud, but to me, he's – he, early on, makes sense of the – of this strange and paradoxical seeming connection between sex and aggression.

Atkinson: Mm hmm. Oh yeah, yeah. I think so, and you know, and I think we talk also about, like, with Jung that people are not all good or all bad. That we have our positive attributes, but we have a dark side, too.

Dr. Dave: Yeah.

Atkinson: And when you've been traumatized, I think there's a fear that sex becomes the open door to the dark side, and it doesn't have to be. It's "If I enjoy sex does that make me as sick as my abuser?" You know, if my mind becomes preoccupied with something sexual, does that mean that I am going down the path that my perpetrator went down, and it doesn't mean that. But it's a deeply entrenched fear, and unless we can talk about it honestly and give people permission to enjoy sexual thoughts and sexual feelings, they're really afraid that that is the portal to that, you know, that archetypal dark side. You know, that aggressive side.

Dr. Dave: Yes. Now, a closely related question that you raise is, "How do they know when their ready for sex again?"

Atkinson: Oh yeah, we talk about that a lot in the book. I have couple of pages on that. I borrowed this concept from Wendy Maltz, I want to give her credit for it, but she gave me permission to use this concept of hers. I talk about the word "Certs" as a representation of the five components of healthy sex. C.E.R.T.S. Those components are consent, equality, respect, trust and safety. She and I are on the same page with that, that if one of those variables is missing or is impaired in some way, then we don't have the conditions for healthy sexuality. So I talk a lot with my clients about healthy sexuality using that "Certs" concept. There's also a lot of attention that that we give to violence and intimate partner violence and abuse in relationships, too. Whether it's verbal abuse, physical abuse, domestic violence,

because I do a lot of work with domestic violence, too. We talk about how important it is that part of rape recovery includes participation in healthy relationships, nonviolent and equal relationships. So we talk about all of those things as part of healthy sexuality.

Dr. Dave: Do you find a link between rape and self-injury?

Atkinson: Yeah, yeah. A really big link, and the literature supports that, too. Some of the literature, it's down to about an 80% correlation between sexual trauma and self-injury. A lot of the woman – and men, – it's late, but I need to mention that I work with males survivors, too. I deal with a lot of self-injury, a lot of cutting, burning, I've even had women who bang their heads or hit themselves in frustration. So do see a whole lot of self-injury stuff going on. My challenge to take this delicate and potentially embarrassing part of their lives and show them the link, the connection that, that has with their trauma. Because sometimes they don't even know that they are connected. They think of them as two different separate things.

Dr. Dave: Well, I'd like to get a little personal with you, at this point. Has your heritage as a Native American impacted your approach to your work?

Atkinson: It really has. I'm an Ojibwa. My family is Canadian Ojibwa, and I still maintain some traditional points of view, you know, I'm teaching my boys some of the language; and we do participate in some of our traditional things. The values of that, you know, that upbringing do mean a lot. Some of our concepts that I bear with me are the idea of interconnection of life. I'm not talking about anything New Age, here. I'm talking about the antidote for the rape victim's feeling of being uniquely disconnected and separated from all life and all relationship. I've even, at times, drawn upon some of my traditional things as part of healing and recovery with some of the women that I've worked with.

Dr. Dave: You pointed out that you're a 6'6" guy, big guy...

Atkinson: Yeah.

Dr. Dave: ...yeah. How did you come to have this gentle side? What experience or person impacted you?

Atkinson: That's a, oh, that's a good question. I have to give my parents a lot of credit. I had good parents. They actually moved from Canada to Alabama in the '60s to participate in the Civil Rights Movement. So, social justice...

Dr. Dave: Mmm.

Atkinson: ...has been in the forefront of just my upbringing.

Dr. Dave: Uh huh.

Atkinson: My wife is my hero. I'm not saying that to be corny, you know, or to get points, but she is a moral rudder to me and teaches me a lot about insight and understanding intuition. She's fiercely independent in her thinking and her philosophy. She doesn't drop her eyes or bow her head to anybody, and I like that. I feel, then, challenged and it reminds me, also, that being a man in equal relationship with a woman is a very healthy thing. I like the idea of not only not being threatened by acknowledging somebody else's power but realizing that acknowledging their power doesn't diminish my own. So having those role models has really helped me. I didn't, necessarily, intend to make this my life's issue, but I can disclose to you, I can go ahead and divulge this, that my wife is a survivor. That makes this a personal issue and it puts me in a really, ironically, a good position to take this on; because it means that I don't have the personal baggage of trauma that I have to filter through and worry about being triggered when I do this work. Yet, it does mean that I'm passionate about it and it is an issue that I care about for more than, you know, a paycheck or a status or flattery of some type. So I would say that a lot of those things have really influenced me. Plus, being a dad of two boys, I have two little boys, and that really makes me consider the role of men in the world and what kind of men I want them to be, how they treat the people around us and how they connect with people. You asked me about my native heritage and one of the ways that my sons and I connect is we attend our sweat lodge ceremony nearly every week with other native friends of mine. Are you familiar with what that is?

Dr. Dave: Yes, but feel free to say whatever you'd like to.

Atkinson: It's a really intense purification and cleansing ceremony using a combination of heat and water in what's considered to be, probably, the oldest native or indigenous ceremony in this continent. It's a way of psychologically purging out the things that are upsetting or troubling a person; leaving them in a place in the ceremony so that we can then depart from it cleansed again. That helps me, then, stay connected with my family. It helps me with self-care, because I hear a lot of rape trauma stories, and I don't want to become vicariously traumatized. I think self-care is necessary. I think therapists should have therapists. Part of my self-care is purging out a lot of the difficult emotions through ceremony and through cleansing ritual, like that. That's also the ceremony that I've provided to some of the people that I've worked with. When they have asked for it, I don't press it on them. I don't want to bring them into an alien cultural experience and hope it will mean something if it won't. But for some people who have chosen that they want to participate in that, I have brought them; and they go through this incredible cleansing experience using intense heat and prayer and communion with one another. It become life changing. So I have, at times, brought those things into my work, too. Plus, keeping myself balanced and healthy and positive as I do this work.

Dr. Dave: Well, I really appreciate your being open to sharing all of that personal information. It's very meaningful to me. It does raise one more issue to step back, which is, how does the man who's in relationship, the boyfriend, the husband, what can they do to be there for, to comfort their spouse, their girlfriend, the woman in their life who's been a victim.

Atkinson: Oh let me just, kind of, plug something for a minute, because I've got a good answer to that. On my website, which is [resurrectionafterrape.org](http://resurrectionafterrape.org), there's a section of bonus downloads, completely free, and in that section there's a booklet that I wrote called, "A Man's Guide to Helping a Woman who's been Raped." There is another one called, "A Parent's Guide to Helping a Daughter who's been Raped."

Dr. Dave: Oh, wonderful.

Atkinson: You can download them for free. A lot of women have downloaded them and they've given them to parents who may have been frustrated or, you know, "Aren't you over it, yet?" that kind of thing. Or husband's that were getting frustrated, and what I thought – I thought, "Well, this might help a lot of men." But it turns out a lot of women have written to me and said, "You know, reading this helped me." Because in these booklets I'm explaining to men or to mom and dad why the survivor is doing certain things and feeling certain ways, and a lot of women said, "I didn't even know why I was doing them until I read where you explained to other people why I was doing them." So, it turns out it had more of a good effect than I realized, but you can get those for free. I just want them to be available to anybody that can get helped by it.

Dr. Dave: Well that's great to know. So, I think we'd better wrap it up. Matt, I have really enjoyed talking to you and hope that we get a chance to meet in person at some point...

Atkinson: Oh that'd be great.

Dr. Dave: ...and I want to thank you so much for being my guest today on Shrink Rap Radio.

Atkinson: Well thank you. I love your show.

Dr. Dave: Thank you.

Atkinson: A good resource.

Dr. Dave: <laughs> Okay.