

Mind Rape – A mental Abuse that warrants a Name

Part1 Mind rape remedy and conclusion Part1

Part2

Fascia (The structure which connects with skin, muscle, ligament ect.)

Emotions are felt in the body. It is my viewpoint that fascia is what determines to a very large extent the emotions that are felt and interpreted by the brain. The brain determines the tensions in the fascia by various means and then interprets these emotions by feedbacks from the fascia to the spine and then from the spine to the brain. If the feedbacks are very high (what ever this means) then the brain starts to get overloaded and brain's stress breakdown point is reached with the result fall in ability to do things well.

My viewpoint on fascia and emotion is the result of my investigations into myself. However I think each person must investigate this for themselves to determine its truth and how to use it.

I have found the following three books useful for the discussion of Fascia are:

1. "Fascia The tensional Network of the Human Body" [ISBN: 978-0-7020-3425-1] Schleip et al articles on Fascia written by contributing authors
2. "Anatomy Trains Myofascial Meridians for manual & Movement Therapists" [ISBN: 978-0-7020-4654-4] by Thomas Myers
3. "Born to Walk Myofascial Efficiency and the body in movement" [ISBN: 978-1-58394-769-2] by James Earls

The book "Fascia The tensional Network of the Human Body" describes fascia in a way that I cannot better.

In the table below I have listed words that maybe unfamiliar and their meanings.

Word	Meaning
Nerve fibres myelinated or unmyelinated	Individual nerve fibers vary widely in diameter and also may be myelinated or unmyelinated. Myelin helps to insulate the axons from electrically charged atoms and molecules. Cholesterol is an essential constituent of myelin. The main purpose of a myelin layer (or sheath) is to increase the speed at which impulses propagate along the myelinated fiber. Myelinated nerves have fast conduction enabling fast response times (5 to 120 m/s). Unmyelinated nerves have slow conduction rates (0.2 to 2 m/s).
C-fiber neuron	Non-myelinated neuron small diameter 0.2 to 1.5 micrometres.
Locomotor system	
synergistic	
antagonistic	
ballistic	
proprioception	
mechanoreception	
interoception	
vasomotor	

homeostatic	
lamina I spinothalamocortical tract	
insular cortex	
muscle spindles	
Golgi receptors	
Paccini corpuscles	
Ruffini endings	
primary somatosensory cortex	
ergoreceptors	
Sympathetic output	
matrix hydration	
plasma extravasation	
interstitial matrix	
myofibroblasts	

[Page XV]

Fascia forms a continuous tensional network throughout the human body, covering and connecting every single organ, every muscle, and even every nerve or tiny muscle fibre. The first International Fascia Research Congress was held at Harvard Medical School in October 2007. The second was in Amsterdam in 2009 and there will shortly be a third in Vancouver in 2012. [has now taken place] third was in Vancouver in 2012.... fascia is found to play an important role in health and pathology. ...fascia has been introduced to many a medical student as the white packing stuff that first needs to clean off, in order “to see something”. Similarly, anatomy books have been competing with each other, in how clean and orderly they present the locomotor system, by cutting away the whitish or semitranslucent fascia as completely and skillfully as possible.

...in real bodies, muscles hardly ever transmit their full force directly via tendons into the skeleton.... They rather distribute a large portion of their contractile or tensional forces onto fascial sheets. These sheets transmit these forces to synergistic as well as antagonistic muscles. Thereby they stiffen not only the respective joint, but may even affect regions several joints away.... most muscular movements are generated by many individual motor units, which are distributed over some portions of one muscle, plus other portions of other muscles. The tensional forces of these motor units are then transmitted to a complex network of fascial sheets, bags, and strings that convert the motor unit movement into the final body movement.

[Page xvi]

...it has been shown that fascial stiffness and elasticity play a significant role in many ballistic movements of the human body.... fascia recoil plays an impressive role in many human movements. How high you can throw a stone, how high you can jump, how long you can run, depends to a large degree on not only on the construction of the muscular fibres, it also depends to a large degree on how well the elastic recoil properties of your fascial network are supporting these movements.

...The fascial body is one large networking organ, with many bags and hundreds of rope-like local densifications, and thousands of pockets within pockets, all interconnected by sturdy septa as well as by looser connective tissue layers.

[Page xviii]

...fascial tissues are seen as one interconnected tensional network that adapts its fiber arrangements and density according to local tensional demands.

[page 11 Chapter 1.2]

When we think about the somatic portion of the body, images of skeletal muscle, bones, and joints usually present to mind. However, none of these structures can suffer much direct contact without developing significant pathology. For protective reasons, all of the somatic structures are embedded in a matrix of soft connective tissue termed fascia – the bandage or packing substance of the body.

...The functions of fascia tend to dictate its structure. Fascia must be capable of significant distortion in multiple planes of direction and return rapidly to its native shape. This type of action is best met by constructing fascia out of irregular connective tissue where the fibrous component is interwoven; thus proper fascia is defined as connective tissue with an irregular distribution of fibrous elements as opposed to those tissues containing parallel arrays such as are seen in tendons, ligaments, aponeuroses and joint capsules....The irregular weave of the fibrous component allows for movement and resistance in all directions but is master of none.

...The density of the fibrous component of fascia will vary tremendously with its location and function. Thus, fascia underlying the skin must be very moveable and therefore has a lower density of collagenous fibers;...Alternatively, the fascia that invests muscle, ligament, tendon, or joint capsule is providing a stronger support role and is often termed investing fascia, the density of its collagen fibers being considerably higher; however, they are still irregular in weave...

[Page 19 Chapter 1.3]

Skin, comprising epidermis and dermis, covers the whole surface of the body and is its largest organ. Immediately subjacent is an enveloping layer of dense and areolar connective tissue and fat called superficial fascia...

...Skin, with the subjacent superficial fascia, provides a protective cushion for the musculoskeletal framework over which they slide. Sheets of collagen fibers coupled with elastin facilitate this mobility....The spaces between the collagen sheets facilitate sliding, whilst stretching results in realignment of collagen fibers within the sheet. Skin shape and position are restored by elastic recoil. The tortuosity of blood vessels and nerves through superficial fascia allows them to accommodate stretching.

...Its widespread distribution, its mechanical role, and the ability of fibroblasts to communicate via their gap junctions, suggest fascia may form a body wide mechanosensitive integrating signalling system analogous to that of the nervous system.

[Page 81 Chapter 2.2]

It is likely that the connective tissue continuum of fascia and facial structures serve as a body-wide mechanosensitive signalling system with an integrating function analogous to that of the nervous system....Without doubt fasciae and fascial structures play a substantial role in the process of proprioception.

...In this context, mechanoreception is not synonymous with proprioception. Proprioception relates to mechanoreception as seeing relates to the retina. The mechanoreceptive information needed for the process of proprioception originates not only from fascia and other connective tissue structures but also from mechanoreceptive or even tactile information from skin, muscles, joint surfaces, and joint structures. Mechanoreceptors are triggered by like squeezing stretching or compression....Proprioception in the fascia is not only provided by the mechanoreceptors that are located within or are immediately to the fascial structures, but also the architecture of the fascia plays an instrumental role in the process of proprioception.

[Page 89 Chapter 2.3]

...Disorders such as anxiety, depression or irritable bowel syndrome have subsequently been described as interoception disorders. Most notably, it has been proposed that the neural pathways associated with interoception may be considered as a potential correlate for consciousness...The sensory receptors for interoception are mostly located in fascial tissues throughout the human body. Proprioception and interoception are organised differently in the human brain and that very different afferent pathways are involved in them.

...interoception is a sense of the physiological condition of the body, which includes a wide range of physiological sensations, including muscular effort, tickling or vasomotor sensations. (See Box 2.3.1). These sensations are triggered by stimulation of unmyelinated sensory nerve endings (free nerve endings) that project to the insular cortex rather than to the primary somatosensory cortex which is usually considered as the main target of proprioceptive sensations.

...Feelings from these sensations not only have a sensory, but also an affective, motional aspect and are always related to the homeostatic needs of the body. They are associated with behavioral motivations that are essential for the maintenance of physiological integrity.

[p90 Box 2.3.1 Chapter 2.3]

Interoceptive sensations

- Warmth, coolness
- Muscular activity
- Pain, tickle, itch
- Hunger, thirst
- Air hunger
- Sexual arousal
- Wine tasting (in sommeliers)
- Heartbeat
- Vasomotor activity
- Distension of bladder

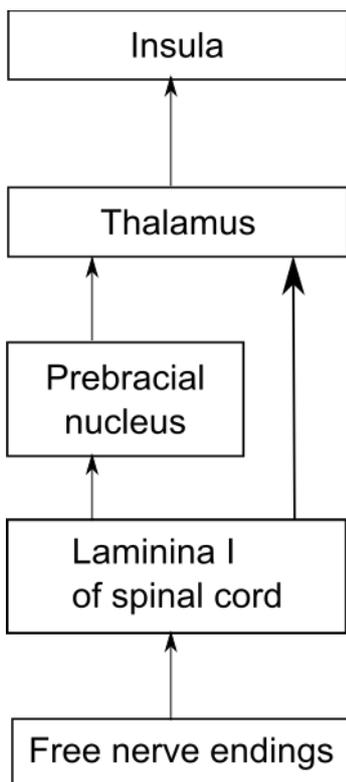
- Distension of stomach, rectum or esophagus
- Sensual touch

Afferent pathways associated with these sensations follow the lamina I spinothalamocortical tract towards the insular cortex.

[Fig 2.3.1 p80 chapter 2.3]

Besides proprioceptive nerve endings, human skin contains interoceptive C-fiber endings which trigger a general sense of well being. The connections of these slowly conducting receptors do not follow the usual pathways of the pyramidal tract towards the proprioceptive areas of the brain. They rather project to the insular cortex, a key player in the regulation of interoception.

It has been discovered through brain imaging studies that experiments using gentle stroking that initiated general well being that the touch initiated the insular cortex.



The figure a copy of figure 2.3.2 on page 91 Chapter 2.3

[figure 3.3.2 p 91]

...In mammals, the main pathway of interoception starts with free nerve endings, which project to the lamina I of the spinal cord. From here they project to the prebrachial nucleus in the brainstem, and it is only from there they are further projected to the insular cortex via the thalamus. In primates, however, there are additionally direct projections from lamina I to the insula cortex via the thalamus.

[Page 91 Chapter 2.3]

The anterior insular-cingulate network is also credited with specific function of self recognition...the anterior insular cortex is a peculiarly human brain structure that is crucial for integrating all subjective feelings related to the body, and especially to its homeostatic conditions, into emotional experiences and conscious awareness of the environment and the self....This view is congruent with the somatic marker hypothesis of Damasio (1994), which proposes that humans use nonconscious somatic sensations, such as “gut feelings”, to guide their decision making, particularly when facing complex and conflicting choices. Similar to Craig’s concept of the uniqueness of human interoception, this model sees the human insular cortex – together with its newly acquired direct spinothalamic afferent pathway – as key players for the integration of body perceptions and mental processes.

(Schleip et al)

References

Craig, A. D. 2003. Interoception: the sense of the physiological condition of the body. *Curr. Opin. Neurobiol.* 13, 500-505.
Damasio, A.R. 1994. *Descartes' Error: emotion, reason, and the human brain.* Grosset/Putnam, New York.

[Page 92 chapter 2.3]

In musculoskeletal tissues only a minority of the sensory nerve endings are myelinated mechanoreceptors concerned with proprioception, such as muscle spindles, Golgi receptors, Paccini corpuscles or Ruffini endings. The vast majority – or 80% of afferent nerves – terminate in free nerve endings.... 90% of these free nerve endings belong to ... to the slowly conducting C-fiber neurons.... Functional magnetic imaging studies by Olausson et al. (2008) revealed that stimulation of these C-fiber neurons results in activation of the insular cortex (which indicates a clear interoceptive role of these receptors) and not of the primary somatosensory cortex which is usually activated by proprioceptive input.

A surprising conclusion from this is that the number of interoceptive receptors in muscular tissues by far outnumbers the amount of proprioceptive endings. In numerical terms, one could estimate that for every proprioceptive nerve ending in these tissues there are more than seven endings that could be classified as interoceptive receptors.

(Schleip et al)

References

Olausson, H.W., Cole, J., Vallbo, A., et al., 2008 Unmyelinated tactile afferents have opposite effects on insular and somatosensory cortical processing. *Neurosci. Lett.* 436, 128-132.

[Page 93 Chapter 2.3]

...Some of the interoceptive nerve endings in muscle tissue have been classified as ergoreceptors, they inform the insula about the work load of local muscle portions. Their mechanical stimulation has been shown to lead to changes in sympathetic output, which increases the local blood flow. Stimulation of other interoceptive nerve endings has been shown to result in an increased matrix hydration, via an augmentation of plasma extravasation, i.e., the extrusion of plasma from tiny blood vessels into the interstitial matrix....

(Schleip et al)

The total amount of the proprioception inputs into the spine and hence onto the brain is many and there is complexity as to what the proprioception inputs finally cause the brain to respond. When doing physical actions there is thus a need to consider not just proprioceptive responses, but interoceptive responses as well. My understanding is that proprioceptive responses is relatively fast while interoceptive responses may take several seconds to come to fruition. This suggests fascia tone has an influence on how the muscles behave. The behaviour relies on fascia state and this state when muscle behaviour processing is being determined by the brain may be based on information that is now incorrect because of the slow response of interoceptive sensory nerves.

[Page 95 chapter 2.4]

..Recent data [circa 2012] indicates that fascia in general is not just a passive structure but is contractile. The basis of the contractility is myofibroblasts that appear to be present in many fascia and perform very slow “contractions” lasting many minutes when the tissue is stimulated chemically in vitro....

(Schleip et al)

This would make sense to my experience where I have observed a persons reaction to an emotional experience. There is a difference to their skin tone after the incident which rises over several seconds and decreases over a number of minutes. Is what I have observed the response of the myofibroblasts? I have noticed that I can get angry quickly and this anger takes quite some time to reduce except when I initiate particular gentle movements. I have also noticed that a person can calm an angry person done by using a particular way of speaking.

When considering emotional reaction to events the state of the fascia must be taken into account. What this account is each person needs to investigate for themselves. Different fascial states will cause a different emotional response and hence cognitive decisions made by the conscious are highly influenced by the state of the fascia.

Data Pathway Model Proposal

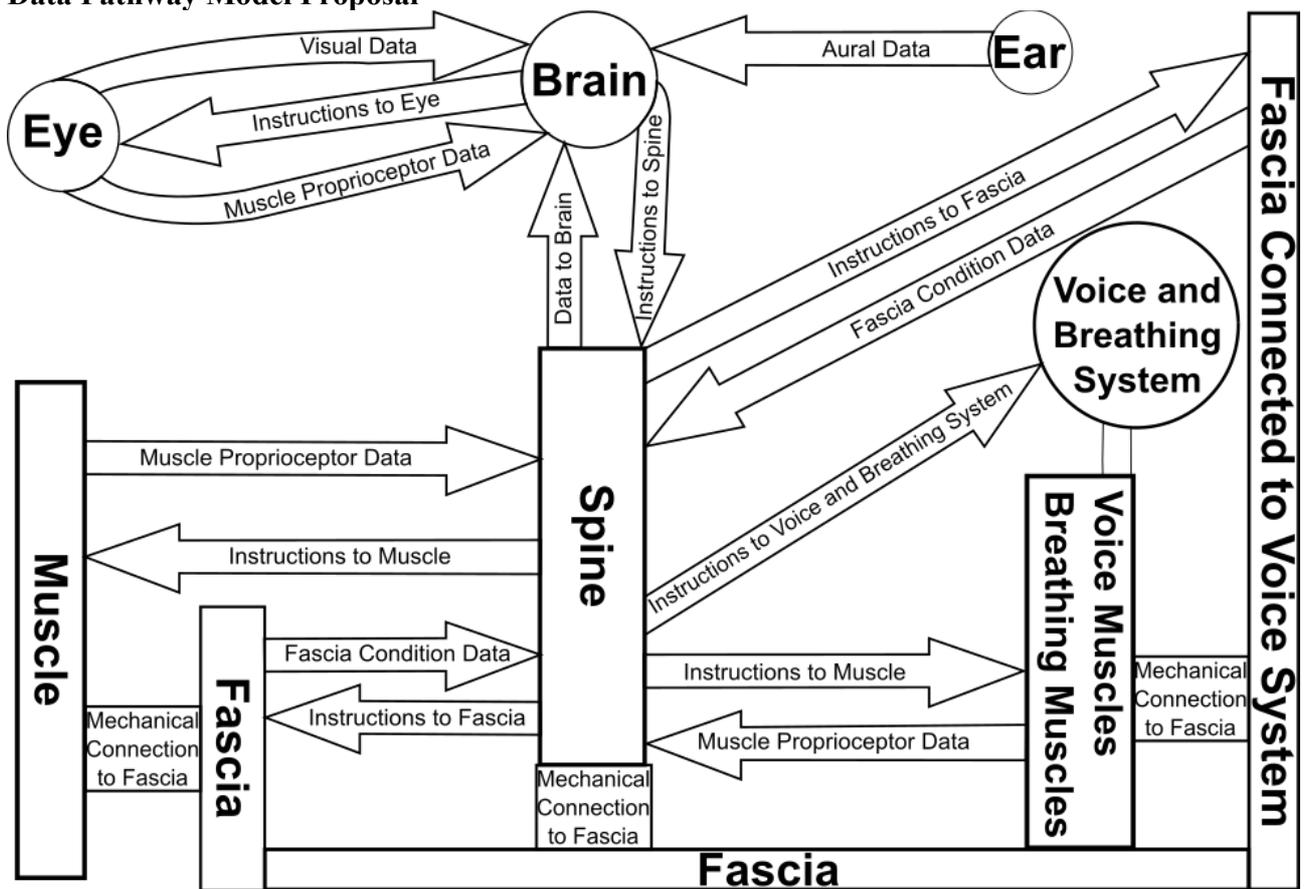


Illustration 1: Example of Data Pathways in Human Body

to be continued

Straw Man

In my three part document I have tried to highlight a problem that cannot be dealt with in a few words colloquially known as a “30 second sound bite”. A number of people with concerns found that when they present a problem that needed looking into they were presented with the “straw man” argument. The straw man argument technique has enabled the “protect the children from all harm” brigade to advance their cause and prevent dissenting voices from engaging in much needed discussion and exploration on the subject. I believe that many children have died whose deaths could have been avoided as a result of the activities of the “protect the children from all harm” brigade.

A straw man is a common form of argument and is an informal fallacy based on giving the impression of refuting an opponent's argument, while actually refuting an argument that was not advanced by that opponent. One who engages in this fallacy is said to be "attacking a straw man". The typical straw man argument creates the illusion of having completely refuted or defeated an opponent's proposition through the covert replacement of it with a different proposition (i.e. "stand up a straw man") and the subsequent refutation of that false argument ("knock down a straw man") instead of the opponent's proposition. This technique has been used throughout history in polemical debate, particularly in arguments about highly charged emotional issues where a fiery, entertaining "battle" and the defeat of an "enemy" may be more valued than critical thinking or understanding both sides of the issue. (Taken and slightly modified from https://en.wikipedia.org/wiki/Straw_man).

I remember one incident that is still very vivid in my mind. I was at a meeting where I asked a question about adults and children no longer mixing and my concerns about this. I cannot remember the question. The person replied by talking about a grandfather who had sexual intercourse with his six year old granddaughter. The daughter was hospitalised. Did I think this is right? I was too shocked to think of any answer, and the point I was trying to make was totally lost.

There was another incident where the a woman was talking about the idea that all children should be allowed to play. I put forward the issue of children working part time. When I was at school I did paper rounds as well as work at a local garden centre at weekends. This enabled me to buy much needed items as well as visit the cinema. It also gave me the opportunity to learn skills that I would have been unable to gain otherwise. The woman replied that I was saying that children should labour in factories five days a week.” This is the straw man argument. The women’s reply had closed down the needed discussion on skills gained by children from engaging in employment activity. Again the presentation of the straw man argument closed down needed discussion.

(to be cont)

Safeguarding Policy as abuse process

Has the safeguarding policy developed a policy of abuse of children that have particular vulnerabilities?
<https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people>

I know from personal experience that the Safeguarding Policy would not have enabled me to survive past the age of 16. That was the age that my mother pushed me to consider suicide as the best option and this option was not fully engaged in because of the help I had had from the local community.

The Safeguarding Policy:

1. does not protect vulnerable children from other children.
2. does not enable adults who are looking after children to gain needed skills to handle situations of over stress.
3. Does not enable children who have learning vulnerabilities from learning needed skills

4. Does not enable adults to prevent children from engaging in dangerous fun activities (which can result in death)
5. Produces many adults who are learning disabled because did not learn fundamental learning skills.
6. Causes many children to be medicated to protect them from the results of stressful events.

We currently have what is referred to as the “snowflake generation”. They are unable to handle unpleasant stresses. This is because they have been protected from as many unpleasant stresses as possible. The result of this is that when an unpleasant stress occurs they do not have the means to damp down the emotion. James Davies of Roehampton University has researched and written on unpleasant emotion in:

1. The Importance of Suffering: The Value and Meaning of Emotional Discontent
2. The Sedated Society: The Causes and Harms of our Psychiatric Drug Epidemic

Various adults who have been through horrific traumas that I have spoken to consider that the minor trauma that they have experienced have inoculated them against the major traumas. The government policy of preventing all minor traumas is creating a situation where no inoculation to protect from major traumas is taking place.

(to be cont)

I went for counselling and group psychotherapy pre 1986 because I had found that certain types of anxiety was present before a bad bout of itching in my eczema. There was a belief by many, myself included at the time, that some health disabilities could be psychosomatic. I have had six Sessions of counselling under the auspices of the NHS followed by 18 months of group psychotherapy again under the auspices of the NHS previous to 1987. I was diagnosed with clinical depression following a road traffic accident in 1991. For this I received counselling from a psychiatrist for a period of about three years. The counselling and group psychotherapy for the problems I had had was a waste of my time and non effective. Itching was no longer a problem after 1988 when evening primrose oil was found to be effective for my eczema. The clinical depression (1994 to 1997) went when a chiropractor reduced the pain I was in so that I was able to get more quality sleep. The exercise experiencing counselling and psychotherapy was useful in that I was given a background that enabled me to say from experience that counselling was not helpful in solving the problems I needed to solve. The counselling and psychotherapy created problems because of the emotions they created. They created problems because neither of these two disciplines provide tools to enable patients to correct educational deficits in their skill base.

I have engaged with a NHS mindfulness group for about 18 months and was able to compare this to Buddhist Mindfulness which I had practised for about 35 years. There are many other practices that I have engaged in which have turned out to be helpful particularly those which were movement based.

What I found fascinating when talking to psychology lecturers, who did clinical research, was how narrow their research interests were. I remember speaking to a researcher. He told me before the research they had to clear the research with the ethics committee. During the process of research if they found something interesting they were not allowed to follow it up because if they did they could lose their ability to obtain grants. Something interesting if found stood a chance of never being followed up.

Conclusion (to be continued)