Healing the Heart Through the Creative Arts, Education & Advocacy

Hope, Healing & Help for Trauma, Abuse & Mental Health

“Out of suffering have emerged the strongest souls; the most massive characters are seared with scars”. Kahlil Gibran

The Surviving Spirit Newsletter June 2016

Hi Folks,

Here we are at the half-way point of another year, I don't know how it is for you, but it does fly by for me, even though I have slowed down. C'est la vie.

Strange weather up here in New Hampshire land, the April showers came in May...who ever thought that we would have a drought during the month of April, coupled with fire concerns. Unfortunately, we did have a few major fires take place; sadly, some of those were set by people. I don't understand why a person employed to fight fires, would do something like this. So sad....

June is a time to raise awareness on LGBT Pride & PTSD. Very exciting to see a Presidential Proclamation and recognition from the US Navy on LGBT, wow!!

LGBT Pride - Wikipedia - The month of June was chosen for LGBT Pride Month to commemorate the Stonewall riots, which occurred at the end of June 1969. As a result, many pride events are held during this month to recognize the impact LGBT people have had in the world. Brenda Howard is known as the "Mother of Pride", for her work in coordinating the first LGBT Pride march, and she also originated the idea for a week-long series of events around Pride Day which became the genesis of the annual LGBT Pride celebrations that are now held around the world every June.

And, Presidential Proclamation - LGBT Pride Month, 2016 – whitehouse.gov

US Navy Celebrates 2016 LGBT Pride Month

PTSD Awareness Month - Help Raise PTSD Awareness - National Center for PTSD (NCPTSD)

Everyone makes a difference. Help us spread the word about PTSD and effective treatments.

Join our efforts to spread the word about PTSD and effective treatments during PTSD Awareness Month. Everyone makes a difference. Share our printable PDF: Help Raise PTSD Awareness.

And, National PTSD Awareness Day (June 27, 2016) - National Child Traumatic Stress Network - In order to bring greater awareness to the issue of post-traumatic stress disorder (PTSD), the United States Senate designated June 27th as National PTSD Awareness Day. In addition, June has been designated as PTSD Awareness Month by the National Center for PTSD (NCPTSD).
For my friends in the Albany, New York area, or if passing through, I'm honored to be a part of these
great events, so if in the neighborhood, do stop by and say hello.

**EVER Changing World: 4th International Conference** June 8th and 9th, 2016

Institute of Community Research and Training, The College of Saint Rose, Albany, NY

This year the conference has moved to the United States. The conference focus has expanded to explore
the role of mental health and peer support in diverse countries as well as for those who come to the US
and Europe as refugees and immigrants.

And, **A Symposium on Men & Sexual Trauma: Healing & Recovery** Thursday June 16, 2016 from 8:00
AM to 4:30 PM EDT

The focus will be on healing, recovery and strategies for outreach and support.

I hope to see you!!!

Take care, Michael Skinner [MS]

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“**It does not require many words to speak the truth.**” Chief Joseph

1] Leah Harris on Mental Health as a Social Justice Issue - Psychology Today - Eric R. Maisel Ph.D.

The following interview is part of a “future of mental health” interview series that will be running for
100+ days. This series presents different points of view about what helps a person in distress. I’ve
aimed to be ecumenical and included many points of view different from my own. I hope you enjoy it. As with every service and resource in the mental health field, please do your due diligence. If you’d like to learn more about these philosophies, services, and organizations mentioned, follow the links provided.

Interview with Leah Harris

EM: You believe in redefining health (and mental health) as a social justice issue. Can you share your thoughts on that?

LH: The prevailing “mental health” paradigm is largely disease and pathology-focused, which is a convenient way to enforce and reinforce the status quo, placing the blame squarely on individuals’ “faulty” brains. As noted by Gabor Mate, M.D., this paradigm is dangerous for many reasons, because it:

+ Separates the mind/brain from body in artificial and arbitrary ways.
+ Separates the person from their environment, depoliticizing their experiences.
  - Focuses hundreds of millions of dollars on research into discovering the genetic causes of “mental illnesses,” while little is spent on research to improve the quality of and access to psychosocial services and treatments.

What is needed instead of a reductive approach to mental health is a political, intersectional analysis that highlights the connections between race, gender, socio-economic status and health outcomes.

People of color who experience mental disability or addictions are more likely to experience coercive “interventions” than their white counterparts - whether in the form of police violence, mass incarceration, forced inpatient and outpatient psychiatric commitment, as well as suspension and expulsion from school, which feed the school-to-prison pipeline. Mental health is a civil rights issue.

Mental health also has clear social determinants: access to housing, education, employment, economic security, and social support. Yet far too often, people of color, gender non-conforming folks, and people with mental health and other disabilities are systematically denied these things. A social justice approach to mental health would focus on ensuring equitable access to the social determinants of health for all. It’s impossible to regain your health if your basic needs are going unmet.

EM: You have done a lot of training and advocacy around “trauma-informed care.” What is meant by this term?

LH: “Trauma-informed care” is the newest buzzword that is thrown around in a variety of settings – from education to juvenile justice to mental health. I’ve known a lot of systems and agencies that claim that because they screen for trauma or have tossed in an evidence-based intervention, that they have “done” trauma-informed care.

Trauma-informed care is about so much more than that. It’s the recognition that the vast majority of people who encounter all of our systems have likely experienced multiple forms of trauma – whether in their home or in the community, as children and as adults. Systems and society need to recognize that practices such as institutionalization and incarceration, seclusion and restraint, suspension and
expulsion, solitary confinement, forced medication, and other practices serve to re-traumatize people they are supposed to be “helping” or “rehabilitating.”

Providers of services also need to recognize their own trauma histories, breaking down the us/them dichotomies between those who serve and those using services. True trauma-informed care is about changing the culture of all of our systems to do everything possible to avoid re-traumatizing people, and to create the conditions where people feel empowered to heal and live their best possible lives.

EM: What do you mean by “trauma-informed suicide prevention?”

Eric Maisel, Ph.D., is the author of forty books, among them Rethinking Depression, The Van Gogh Blues, Mastering Creative Anxiety, and Coaching The Artist Within. He is a California licensed psychotherapist and writes regularly for the Huffington Post and Professional Artist Magazine.

Author of Rethinking Mental Health re-imagines ideas like normal and abnormal, mental health and mental disorder, and other concepts in need of updating and upgrading.

“Justice will not be served until those who are unaffected are as outraged as those who are.” Benjamin Franklin

Leah Ida Harris - A survivor

I am a survivor of many things. I am a trauma survivor. I have survived multiple adverse childhood experiences, suicide attempts, psychiatric disability, addiction, profound losses. I was born to a single mother, a creative artist with a delightful spirit who was diagnosed with schizophrenia, whose care I was removed from by the age of five. She cycled in and out of state hospitals, wandering the streets, hearing voices. She died by a passive suicide at the age of 46, a life that was lost far too soon. My father, a brilliant man with an encyclopedic memory, also struggled with bipolar disorder, and died suddenly at age 63, another devastating blow to my family. I witnessed firsthand how poor quality treatment, discrimination, and lack of hope led to both of my parents’ untimely deaths. As we all know, people with serious mental health diagnoses die earlier than the general population, and my parents sadly fell into that category.

All my life, the doctors said that I would likely end up like my parents, a sort of genetically-based fatalism. I believed them, and “patient” became my primary identity. As an adolescent, I struggled from the devastating effects of all I had experienced in my short life. I entered mental health treatment for depression, and was traumatized by systems that did not seek to understand and support me, but to blame me, label me, and heavily medicate me. Sometimes I wonder which was more traumatic: my turbulent 0-5 years, or five years of scary experiences in incompetent treatment settings. I witnessed many instances of brutality of staff against minors; I was warehoused in institutions for months on end; heavily medicated; given no less than five psychiatric diagnoses; denied a meaningful education; denied dreams; denied a real life. Being treated like a mental patient is inherently damaging to the human spirit.

Angels, Nazis and Aliens - Written and performed by Leah Harris, Directed by Regie Cabico
Leah spent her childhood hunting imaginary Nazis with her mother, fantasizing about ancient aliens, dieting and fighting with her hypercritical grandmother, collecting psychiatric diagnoses, contemplating suicide, and falling in love with John Waters’ films in a teen mental ward. With humor and heart, her stories explore the complexities of history, trauma, mental health, addiction, loss, struggle, and survival among three generations of women in her Jewish family. Show Dates

“You don't have to suffer continual chaos in order to grow.” John C. Lilly

2] Rachel Waddingham – Behind The Label: Recovery from psychosis, trauma & dissociation – United Kingdom

I ended the last century in a psychiatric hospital, diagnosed with schizophrenia and with little hope for recovery.

Seen as a ‘revolving door patient’ with a severe and enduring mental illness, I lived my label – not my life. I bought into the idea that schizophrenia (and the many other illnesses I was labeled with) were life-long mental illnesses. I accepted that the best I could hope for was to manage my symptoms with life-long psychiatric medication.

Life, I’m glad to say, doesn’t always turn out the way you think.

Through a combination of luck, the kindness of others and my own, not inconsequential, stubborn streak, I have finally ditched the psychiatric labels and see myself as a survivor. I am a freelance trainer and consultant, a writer, I speak at conferences and am a trustee for the National Hearing Voices Network, Vice Chair of ISPS UK and an Executive Committee member of the International Society for Psychological and Social Approaches to Psychosis. From 2007 – 2015 I had the privilege to manage Mind in Camden’s London Hearing Voices & Distressing Beliefs Projects (including Voice Collective youth project and the London Hearing Voices Prisons Project).

I no longer take medication, and choose to live with alongside my experiences. To me, they are not symptoms – they are meaningful responses to a life that has thrown many challenges my way.

If you’d have met me 15 years ago, this is a future that you would never have imagined for me.

About This Site - This site includes some of my thoughts and reflections on my ongoing journey, my experiences of working in the mental health field and some of the initiatives that inspire me. If you’re interested in training, consultancy or web design, this site also enables me to showcase a little of what I can offer in terms of services.

Working in the mental health field, and being lucky enough to meet some amazing people along the way, means that my brain cells are brimming with ideas and questions that I would be glad to use to open up a dialogue or debate. I’ve learned that there is never one way of seeing the world, or making sense of extreme experiences.

Training & Consultancy - I am an experienced trainer with over 12 years of experience in the mental health field. If you’re looking for someone to speak at an event, run a workshop for your organization or help you think about new ways of working – please see my ‘Services’ section or email me to
discuss your options.

My specialist areas include: psychosis, trauma, dissociation (including DID), self harm, distressing & unusual beliefs, recovery, resilience, mental health in prisons/forensic units and working creatively with young people who hear voices.

If you’d like to attend some of my training, see the Upcoming Training & Events section for details of where I’m at in the next few months.

“It may not be the answer I want, but I have to remember that it may be what I need.” As We Understood

3] The Icarus Project - The Icarus Project is a support network and education project by and for people who experience the world in ways that are often diagnosed as mental illness. We advance social justice by fostering mutual aid practices that reconnect healing and collective liberation. We transform ourselves through transforming the world around us.

Vision Statement - The Icarus Project seeks to overcome the limitations of a world determined to label, categorize, and sort human behavior. We envision a new culture that allows the space and freedom for exploring different states of being, and recognizes that breakdown can be the entrance to breakthrough. We aim to create a language that is so vast and rich that it expresses the infinite diversity of human experiences. We demand more options in understanding and navigating emotional distress and we want everyone to have access to these options, regardless of status, ability, or identity.

The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness. We are members of a group that has been misunderstood and persecuted throughout history, but has also been responsible for some of the world’s most extraordinary creations. Sensitivities, visions, and inspirations are not necessarily symptoms of illness, they are gifts needing cultivation and care. When honored and nurtured, these gifts can lay the foundation for a wiser and more compassionate society. As a mutual aid community, we intertwine threads of madness and creativity to inspire hope and transformation in an oppressive and damaged world.

OUR PRINCIPLES:
1. Self-Determination. We honor the language people use for understanding their experiences and we respect how people choose to navigate their distress. We embrace diversity, harm-reduction and self-determination. Everyone is welcome, whether they support the use of psychiatric drugs or not, and whether they identify with diagnostic categories or not.

2. Beyond the medical model. Icarus is a sanctuary for people creating their own definitions of health and wellness. We are exploring unknown territory and don't steer by the default maps outlined by health professionals and pharmaceutical companies. We're making new maps.

3. Educating ourselves about options. We question what we hear in the media and what we read in doctor's office brochures. We research medical treatments, learn all we can about their risks and benefits, and respect the role that personal beliefs and intuition play in decision-making. We explore a spectrum of approaches, and encourage each other to make informed choices.
4. Balancing wellness and action. We help each other stay balanced and grounded so we can use our gifts to make the world we live in better, more beautiful, and way more interesting. Together we strive to create full and independent lives for ourselves where the ultimate goal is not just to survive, but to thrive and transform.

5. Access. We demand more options in understanding and navigating emotional distress and we want everyone to have access to these options, regardless of status, ability, and identity. We seek to create spaces and resources that enable the inclusion of all people.

6. Social Justice. We recognize that we all live in a crazy world and that too many of us struggle due to ongoing legacies of abuse, colonization, racism, ableism, sexism, and other interlocking forms of oppression. We affirm that social justice is the foundation of healthy societies and foster supportive relationships free of violence and oppression.

“Creativity does not necessarily mean you paint or write – creativity is being uniquely who you are & expressing it. It helps us unblock negativity so we can start to see the world in a more positive light.”
Amanda Clifford

4] **Everyday Creativity and Healing** by Alison Bonds Shapiro, M.B.A., Psychology Today

Alison works with rehabilitation patients, rehabilitation service providers and caregivers. Surviving and thriving after having experienced two devastating brain stem strokes herself, she is the advisor to non-profits dedicated to individuals with acquired brain injuries, the author of *Healing Into Possibility: the Transformational Lessons of a Stroke* and of numerous articles and the co-producer of the film, *What Now? Sharing Brain Recovery Lessons*. Alison is also a business consultant, non-profit advisor, illustrator, and the emeritus chair of the board of trustees of Saybrook University in San Francisco.

*Healing is a creative response of our bodies to injury.*

My friend and teacher, Dr. Ruth Richards, who lectures throughout the country on creativity is fond of reminding me that creativity is our birthright. It is a not a special talent limited to famous artists and writers and musicians. We are all creative. We are built to be. Being human requires us to adapt to the changing circumstances of our lives. This is what Ruth calls "everyday creativity" and describes in the book she edited: *Everyday Creativity and New Views of Human Nature: Psychological, Social and Spiritual Perspectives*.

When I go for a hike on the mountain, even if I use the same trail it, is always different. There are rocks in new places, grass and thistles that have overgrown the path in new ways, different lizards run away from my feet in their erratic zig-zags. Every walk down that trail asks for a new response - one I have never given before in quite the same way. We are all, moment after moment, responding to our lives in creative ways.

Healing is a creative response of our bodies to injury. Even healing from something as simple as a scratch on a leg invites our bodies to evaluate the scratch, see how it's different from all other scratches we have ever had and marshal the resources necessary to heal this scratch in a particular way. Our minds and our bodies, integrated and inseparable, respond together to every specific situation that we encounter and devise unique solutions to help us cope.
And these responses are not single events. Healing is a process - not an on/off switch - a process that involves all of our abilities since our lives change as our bodies change. The scratch takes time to heal. We can't make a decision and suddenly be all better. It may take months or years and for some of us, the rest of our lives to deal with the conditions of a major injury as those conditions heal. Change is the operative word. Immediately after an injury a person may not be able to move her hand and months later she may be able to move it but experience continued weakness and months after that she may be able to move her hand with increasing strength but no flexibility and so on. I did not go from being paralyzed one day to being entirely able to do whatever I wanted with my hand the next day. The process of regaining the ability to move took many, many months and happened in countless steps.

Often when a person is injured he or she cannot use an affected limb. Maybe the arm is paralyzed. Maybe the leg is in a cast. But life goes on. It doesn't conveniently stop while we are trying to heal. We still have to do all sorts of tasks to get on with the business of living. How do we do this? We create solutions to get things done in different ways. Maybe we employ a new tool. A woman in a study in Portugal by Ana Correria de Barros and Carlos Duarte was paralyzed in one hand and began to use a kitchen cloth to stabilize vegetables while she cut them with her unaffected hand. She created a specific way to work in her kitchen, adapting her abilities in order to continue to meet her goals.

Every day brings a new opportunity to respond creatively to our injuries. We can pay attention to them, noticing what is true about them right now, and discover some new way to work with them and the limitations they bring.

At sixteen Patrick, who had an ankle injury and could not put weight on his foot for five weeks, decided that the way to get around in his mom's apartment while keeping his ankle safe was to use a simple office chair on wheels. Patrick scooted wherever he wanted to go, smiling cheerfully at his own inventiveness, making a game out of coping with his injury.

Our brains love novelty. Creativity brings satisfaction as we solve the challenges our injuries present in living our lives. When we are injured often we feel disengaged from life, as if we cannot participate unless we are well. We may feel that we have become, in some way, powerless. When we acknowledge that we are always responding creatively to our healing process, our sense of purpose improves. We are creating new ways to do things, whether we know it or not. We are not powerless. The more we recognize and celebrate this "everyday creativity" the more sense of satisfaction we can find.

As Ruth says creativity does not belong to only a handful of famous people. Creativity is part of all of us.

"You get to the point where your demons, which are terrifying, get smaller and smaller and you get bigger and bigger." August Wilson

5] Mental illness mostly caused by life events not genetics, argue psychologists by Sarah Knapton, Science Editor - The Telegraph

Mental illness is largely caused by social crises such as unemployment or childhood abuse and too much money is spent researching genetic and biological factors, psychologists have warned.
Over the past decade funding bodies like the Medical Research Council (MRC) have spent hundreds of millions on determining the biology of mental illness.

But while there has been some success in uncovering genes which make people more susceptible to various disorders, specialists say that the true causes of depression and anxiety are from life events and environment, and research should be directed towards understanding the everyday triggers.

"Of course the brain is involved and of course genes are involved, but not very much."  
Prof Peter Kinderman, University of Liverpool

Peter Kinderman, Professor of Clinical Psychology at the University of Liverpool, told BBC Radio 4’s Today programme: "Of course every single action, every emotion I’ve ever had involves the brain, so to have a piece of scientific research telling us that the brain is involved in responding emotionally to events doesn’t really advance our understanding very much.

“And yet it detracts from the fact that when unemployment rates go up in a particular locality you get a measurable number of suicides.

“It detracts from the idea that trauma in childhood is a very very powerful predictor of serious problems like experiencing psychotic events in adult life, so of course the brain is involved and of course genes are involved, but not very much, and an excessive focus on those issues takes us away from these very important social factors”

Almost half of adults will suffer from a mental health condition at some stage in their life and more than a third of GP surgery consultations are due to mental problems.

One in four people have been diagnosed with some type of mental health problem - most commonly depression. In addition, 18 per cent said they had suffered from such illness, but never been diagnosed.

The UK now has the seventh highest prescribing rate for antidepressants in the Western world, separate figures show, with around four million Britons taking them each year - twice as many as a decade ago.

Yet the MRC spends just three per cent of its research budget funding studies into mental illness, most of which goes towards genetics or neuroscience.

Prof Richard Bentall, also of Liverpool University added: “It’s a tragedy actually. The UK Medical Research Council is one of the biggest funders of medical research in the UK but if you look at the things that they fund, by far the majority are things like brain scanners or gene sequencing machines, almost none of it is going towards understanding psychological mechanisms or social circumstances by which these problems develop.

“It is impossible to get funding to look at these kind of things.”  

“To keep our faces toward change, and behave like free spirits in the presence of fate, is strength undefeatable.”  Helen Keller

6] Male Survivor - A new FREE resource for for survivors and our supporters
Finding answers to your questions about sexual abuse, trauma, and healing can be difficult. It can be just as challenging to locate trauma-informed resources for male survivors of sexual abuse.

In order to help, MaleSurvivor has partnered with the Trauma Resolution and Integration Program (TRIP) at Nova Southeastern University to provide the public with a FREE, confidential resource that can answer questions via email about male sexual abuse and the healing process.

MaleSurvivor's HHS Team [Hope Healing Support] provides email answers to questions sent from:

2. Survivors
3. Family Members
4. Friends
5. Professionals
6. Anyone who wants information on male sexual abuse and recovery

Send a question to the MaleSurvivor HHS Team

The MaleSurvivor HHS Team can provide answers to your initial questions about MaleSurvivor's resources, male sexual abuse, and healing. They can also help you find resources to aid your progress toward recovery. Please note, the HHS Team DOES NOT provide clinical or counseling support services. Please seek the guidance of a mental health professional for any of your needs beyond our stated purposes.

The HHS TEAM is NOT A HOT LINE. If you need immediate help and are at risk of harm please call 911 or go to an emergency room.

Also see our Resource Directory for more resource options.

“We cannot tell what may happen to us in the strange medley of life. But we can decide what happens in us - how we can take it, what we do with it - and that is what really counts in the end. How to take the raw stuff of life and make it a thing of worth and beauty - that is the test of living.” Joseph Fort Newton

7] Using Story to Process the Emotional Experience of Complex Trauma – Writing Through Trauma

“For regardless of how threatening emotions from childhood trauma might seem, if the adult can stay present as an adult through continuing to write and edit their story, s/he can work through her/his narrative as a means to realize that these emotions will not and are not actually annihilating him/her. And as adult s/he can now provide the child-self with all that was formerly denied. However, if the emotions remain unfelt it is likely they will continue disrupting the adult survivor’s mental, emotional and physical well-being through repetition-compulsion.

For me, psychological, emotional and physical liberation did not come from the telling of my story in therapy, because I could not do anything with it. However, by writing a fictional story I have been able to take action, speak and do something about my experience through the protagonist’s story and fulfill my needs of confrontation, closure and exposure in order to let go of what I do not wish to continue carrying with me.
Furthermore, writing fiction has enabled a sense of release, because I have not told the story as the victim frozen in the fractured way of experiencing the trauma, or as the child, but as the adult author who through the repetition of rewriting and redrafting as many times as necessary to understand how that experience became possible, why, and what effect it had. Through story I was able to see how all the pieces could fit together and how the protagonist’s story as well as my own could made sense. And this was enough for me.”

“Thinking is difficult, that's why most people judge.” Carl Jung

8] End The Stigma  by Aidan O'Connell

The purpose of this website to fight the stigma that exists in Irish and global society surrounding Mental Health.

Aidan is trying to change stigmatization on Mental Health by writing blog entries and having Guest Bloggers.

1 in 4 of us will experience depression or anxiety or panic attacks or bipolar disorder or another of the myriad of illnesses under Mental Health at a point in our lifetime.

I don't see any difference between physical and mental illness and having having lost friends to suicide, witnessed discrimination against people declaring mental Ill health in the workplace and experienced mental health difficulties in the past, I have decided to use my Psychology and Communications knowledge and skills to join the increasing number of advocates for the complete removal of discrimination against mental health problems.

Initially, I decided to start writing blogs and soon had people asking could they write for me and that has been the website for the first 4 months.

The website has now relaunched with thanks to Matrix Internet who have been excellent and I recommend and the site will be now be Blogs, Social Media and so much more in 1 place.

“People are lonely because they build walls instead of bridges. Let us not erect walls without doors of friendliness or windows of love.” Joseph Fort Newton

9] Can I Grieve If Nobody Died?  by Mary Bradley, LSCSW – Good Therapy.org

Anyone who has lost somebody they love will likely agree the death of someone close usually causes a deep and painful grieving process.

The people you care about typically validate these losses, understand they cause pain, and offer comfort and support. They don’t always give you what you need, but many at least try.

But what about a loss in which nobody died? Does it count as grief?

There are many examples of loss that don’t necessarily involve death, such as:
- Loss of a career you cherished
- Loss of a role you played in your community or church
- Loss of health
- A loss of closeness to a family member or friend
- A decline in financial status
- Divorce

It may be hard to imagine going through one of the above experiences without feeling the pain of loss—also known as grief. If you experience similar circumstances, you may find yourself asking for support and not getting it. Others may not understand the magnitude of your pain, so they don’t validate your loss. Of course, people who have lost someone to death get disappointing responses, too, but experiencing a loss that doesn’t involve a death may feel like you’re doing it all on your own without the support of peers or loved ones.  Learn more

“Shame is the lie someone told you about yourself.” Anais Nin

Hyper-vigilance is one of the hallmark symptoms of trauma. It can look many different ways: military veterans who dive for cover when a car backfires, people who startle easily and always feel on edge, or folks who go into panic mode when experiencing certain triggers. I think it’s the same mechanism that makes it difficult for us to feel safe with other people after we’ve been attacked.

It makes sense as a survival strategy. After our brain has perceived a life-endangering situation and gone into fight or flight, then some people’s brains will be on the alert for more situations that could also be threatening. If the type of trauma you experienced was abuse or assault, then you were hurt by a person or people. That’s obviously different than being bitten by a snake or in a car accident. And when we know our abuser, there is a breach of trust and emotional harm inherent in the assault.

So now when we find we’re getting close to someone, we start getting anxious. We look for signs we’re about to be betrayed or hurt. We get paranoid about someone’s tone or interval in responding to our texts. We’re anticipating the worst and unconsciously looking for signs that we’re right.

How do we learn to trust others again? It can take some time and there’s no substitute for the feedback and support of a professional, but here are some rough steps for guidance. Read the entire article

“I wish I could show you, when you are lonely or in darkness, the astonishing light of your own being.” Hafiz

11] 10 Things to Do When Depression Physically Hurts – To Save a Life

“It never fails to surprise me how badly depression can physically hurt.”

“Educating the mind without educating the heart is no education at all.” Aristotle

12] Share Your Story - Tell Your Story! TO SAVE A LIFE deals with real life. It's about facing real
issues. It inspires hope through connecting with others. After all, “What's the point of all this if we don't let it change us?” If the film touches you or someone you know, share your story with others and let the impact spread.

“We do not need magic to change the world, we carry all the power we need inside ourselves already: we have the power to imagine better.” J.K. Rowling


We are spending more time indoors and online. But recent studies suggest that nature can help our brains and bodies to stay healthy.

“We need to give each other the space to grow, to be ourselves, to exercise our diversity. We need to give each other space so that we may both give and receive such beautiful things as ideas, openness, dignity, joy, healing, and inclusion.” Max de Pree

14] Mindful – Taking time for what matters

Mindful is the voice of the emerging mindfulness community. We’re the place to go for insight, information, and inspiration to help us all live more mindfully.

From our flagship bi-monthly Mindful magazine and mindful.org to our MindfulDirect video, conferences, and collaborations, our activities support people seeking to learn more as well as those leaders working to bring genuine mindfulness practices into the mainstream.

We offer personal stories, news-you-can-use, practical advice, and insights that speak to anyone from novice meditators looking for guidance to corporate managers exploring new ways to cultivate workplace engagement and fulfillment. Our audience learns from leaders in the field about effective techniques for mindful living, and the science that points to their benefits.

“Nothing on earth consumes a man more quickly than the passion of resentment.” Friedrich Nietzsche

“Love one another and help others to rise to the higher levels, simply by pouring out love. Love is infectious and the greatest healing energy.” Sai Baba

15] Past child abuse may influence adult response to antidepressants by Lisa Rapaport – Reuters Health

Antidepressants don’t work for everyone, and having a history of abuse during childhood may signal a low likelihood that the drugs will improve an adult’s symptoms of major depression, a recent study suggests.

While there are few reliable predictors of which people will respond to specific antidepressants, lots of previous research links a history of trauma early in life with how well people tend to do on these drugs, researchers note in the journal Translational Psychiatry.

“The presence of trauma history should be taken into account when making treatment decisions,” said Leanne Williams of Stanford University and the VA Palo Alto Health Care System in California, lead
author of the new study.

“Based on our findings, if you have experienced abuse or neglect early in life you are 1.6 times less likely to benefit from a typical first line antidepressant than a person who hasn't had this experience,” Williams said by email. “In this case, consideration should be given to alternative medications plus adjunctive therapies that address the trauma issues as well as the current experience of depression.”

Read the entire article

“Part of the healing process is sharing with other people who care.” Jerry Cantrell

16] What it Really Means to Hold Space for Someone by Heather Plett - Uplift

Learning to hold space for others

What does it mean to “hold space” for someone else?

It means that we are willing to walk alongside another person in whatever journey they’re on without judging them, making them feel inadequate, trying to fix them, or trying to impact the outcome. When we hold space for other people, we open our hearts, offer unconditional support, and let go of judgment and control.

Sometimes we find ourselves holding space for people while they hold space for others. Learn more

Uplift – We Are One

Amidst the many changes and challenges facing our planet at this time, there is a new shared vision which calls upon each of us to bring forth our unique gifts and contributions to the whole.

Imagine a place where poets and artists meet with scientists and ecologists, where indigenous elders gather with visionary youth. Where conscious evolutionaries meet with doctors, farmers, and teachers and each one comes to the circle to learn, share and discover what limitless possibilities emerge when we unify our gifts and passions for the greater good of all. Where our greatest challenges are recognized as our greatest gift – the opportunity to come together and create a world we love.

Combining the gift of intimate live events with the power of the internet to reach the world, UPLIFT is a bridge of love and consciousness into real world action, guided by a fundamental vision of Sarvodaya – Sanskrit meaning: “Upliftment for all”.

“The greatest healing therapy is friendship and love.” Hubert H. Humphrey

Take care, Michael, Mary, Becky, Cynthia, Lynn & Mary Ann

PS. Please share this with your friends & if you have received this in error, please let me know – mikeskinner@comcast.net

Our lives begin to end the day we become silent about things that matter. Martin Luther King, Jr.
A diagnosis is not a destiny

The Surviving Spirit - Healing the Heart Through the Creative Arts, Education & Advocacy - Hope, Healing & Help for Trauma, Abuse & Mental Health

The Surviving Spirit Speakers’ Bureau

The Surviving Spirit Facebook Page

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