



Healing the Heart Through the Creative Arts, Education & Advocacy

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

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

The Surviving Spirit Newsletter July 2016

Hi Folks,

I hope you are getting some time to enjoy the summer...and that means taking some time off and taking care of your mind, body & spirit, you deserve we it, we all do!!

July has a several awareness concerns including, Eye Injury Prevention, Cord Blood Awareness, International Group B Strep Awareness, 1-7: Clean Beaches Week, 11-17: [second week in July] National Therapeutic Recreation Week, 18-24: Everybody Deserves A Massage Week and my favorite, which includes a Presidential Proclamation, [National Ice Cream Month!](#) And for some more fun filled facts - [“What makes I scream and you scream! We all scream for ice cream of course!”](#) So enjoy...

Regarding, “Everybody Deserves A Massage Week”, I hope someday that every organization and treatment center finds the ways and the means to be offering free massage to all...far too many people go without this valuable healing touch. Perhaps it might be a concern to take up and advocate for, why not?

Speaking of touch, please take a few minutes to read Pat Risser's last blog post. Pat was an incredible advocate for the concerns of trauma, abuse and mental health....I'm honored to have known him as a friend and fellow advocate. We did not always agree, but we would discuss these concerns and find common ground. The world needs more of that.

There's so much I would like to say about Pat and the work that he did...there are very few mental health advocates who address sexual abuse, Pat was front and center in addressing this concern. Many will speak of “trauma”, but shy away from the words, sexual abuse. Not Pat, he boldly went where far too many would not, the world will miss his voice and his passion in the mental health arena.

A smile will always come to my face when I think of Pat and how he would remind me to pronounce his last name, “Risser, rhymes with kisser”.....

[The last blog of Pat Risser.... “The T Word”](#) – Hopeworks Community

[Pat Risser Mental Health Consultant](#) - *“I don't believe in 'mental illness'. My thoughts, moods, feelings and emotions are not a disease, disorder or an illness. They are me. They are the essence of my being and what makes me a unique human being.” Pat Risser*

[Pat Risser, Leader in Psychiatric Survivor Movement, Dies](#) & [View Obituary](#)

A few words about the newsletter and the Surviving Spirit website, there has been a lot of ongoing work on the website and its resources and how to deliver the newsletter in a more efficient manner [Thank you [Rastech!!](#)] ...perhaps the next issue will have this up and running, I hope so.

Take care, Michael Skinner

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“What do we gain when we build a community where everyone belongs?” Torrie Dunlap

1] [Respite centers offer a way to avoid mental health crisis and the hospital](#) - By Christine Vestal, The Washington Post

NEW YORK -It is a busy Friday afternoon. Staff members check in guests at the front desk. Other employees lead visitors on tours of the upstairs bedrooms and field calls from people considering future stays.

Aromas of garlic and roasted chicken seep out of the kitchen.

[Community Access](#) is not a bed-and-breakfast, although it feels like one when you walk through its unmarked door off Second Avenue on Manhattan’s Lower East Side. Also known as Parachute NYC, this quiet, seven-bedroom facility is one of four publicly funded mental health centers in the city for people on the verge of a mental health crisis.

These respite centers have no medical staff, no medications, no locks or curfews and no mandatory activities. They are secure, welcoming places where people go to escape pressure in their lives and talk to trained “peer professionals” who are recovering from mental illness themselves.

Aside from places like this, New Yorkers battling serious mental illness have little choice but to check in to a hospital or a hospital-like crisis center when their lives spin out of control. Some need to be hospitalized for severe psychosis and depression, but many others end up in the hospital because they have no other options.

Relatively rare in the United States, respite centers like this one cost a fraction of the price of a hospital stay and can be far more effective at helping people avoid a psychotic break, severe mood swing or suicidal episode.

Community-based mental health services are particularly vital at a time when the number of beds in state psychiatric hospitals has shrunk sharply, said Sita Diehl, director of state policy at the National Alliance on Mental Illness.

Nationwide, state psychiatric beds decreased from roughly 51,000 in 2005 to 43,000 in 2010 and the number continues to dwindle, Diehl said.

According to a 2013 report by the [Substance Abuse and Mental Health Services Administration](#), 55 percent of U.S. counties had no practicing behavioral health workers and 77 percent had unmet behavioral health needs.

Launched in 2013, Parachute NYC includes mobile treatment units and a phone counseling system in addition to the four bricks-and-mortar respite centers. A collaboration of city and state mental health agencies, the project received a \$17.6 million innovation grant from the U.S. Department of Health and

Human Services. Its financial goal is to save nearly \$52 million in hospital expenses in its first three years.

An alternative to hospitals - “A hospital is the last place you want to be if your life is unraveling,” said Community Access’s chief executive, Steve Coe. “They put you in a room, check your blood pressure and walk away and leave you for hours. You need to put your life back together, not be held in a place where you can’t do anything or talk to anyone,” he said.

Nevertheless, there is broad agreement that non-medical services such as Parachute’s respite centers are not for everyone.

“The caution is that while this approach is good for some people, others really need medication and structure, so it has to be a good match for the person who is coming into it,” Diehl said. “The advantage is that you get an expert listener working with you, really delving into who you are, rather than someone slapping a diagnosis on you and handing you a prescription.”

Community Access and Parachute NYC’s other respite centers provide a non-threatening environment where people who are coming undone can take a break and think through their problems before they reach a crisis point. Many who shun hospitals and crisis stabilization units will voluntarily seek help at respite centers, Coe said.

Community Access insists that all prospective guests check in on their own, without coercion from a doctor, friend or family member. They also screen applicants to ensure that respite is their best option. Some may need medication and more intensive treatment.

“We’re not against medication,” explained Keith Aguiar, assistant director of the Manhattan respite center. “If they come in with their own medications and they want to take them, that’s fine. But we do not tell them they have to.”

Many guests have full-time jobs and continue working and seeing friends during their stay. They can come and go any time of day or night. Unlike a hospital, Coe stressed, respite centers allow people to maintain their lives and relationships instead of putting everything on hold. Guests can also continue seeing their regular mental health providers during their stay. [Read the entire article](#)

“If you're trying to achieve, there will be roadblocks. I've had them; everybody has had them. But obstacles don't have to stop you. If you run into a wall, don't turn around and give up. Figure out how to climb it, go through it, or work around it.” Michael Jordan

2] [The Compassion-Focused Therapy Model of Emotions](#) - By Jessica Dore, Psych Central

In compassion-focused therapy (CFT), clinicians aim to normalize painful parts of the human experience by helping clients understand the way their minds work from an evolutionary perspective.

Modern neuroscience research has identified basic emotion systems which have developed throughout the course of human evolution. To make this research clinically useful, the developers of CFT have sorted human emotions into three distinct systems; the threat system, the drive system and the safeness system.

By helping clients understand these systems and how they've evolved, CFT therapists encourage self-compassion, reduce shame associated with emotion-related difficulties, and normalize the human experience.

When clients are able to see with more clarity the way their minds work, it becomes possible to develop a more compassionate, understanding relationship with the internal events that challenge them.

“Instead of seeing emotions such as fear, anxiety, or anger as ‘something that is wrong with me,’ clients can instead see them as ‘part of what helped my ancestors survive.’ By considering emotions and motives in terms of their survival value to our ancestors, clients can begin to see that how these experiences operate within us makes perfect sense,” writes Russell Kolts, Ph.D, and author of the book, [“Compassion-Focused Therapy Made Simple: A Clinician’s Guide to Practicing Compassion-Focused Therapy.”](#)

The Threat System - The threat system is what is activated when we experience things like anger, fear, anxiety, disgust and other emotions that generally invoke struggle. Because of the function these emotions served in our ancestors, these emotions trigger us to act; they urge us to either fight, flee, or freeze.

Through intense bursts of physical and emotional sensations, we are triggered to act almost instantly in the interest of protecting ourselves from whatever threat we've perceived, whether real or imagined.

In 2001, a study conducted by Baumeister, Bratslavsky, Finkenaurer, and Vohs identified what has become popularly known as the “negativity bias,” which simply states that humans see negative information more powerfully than we see positive information. And when we think about it from an evolutionary standpoint, this makes perfect sense.

Unfortunately, when our threat system is activated our ability to behave flexibly is diminished. The strength of these emotions is essentially magnified by thousands of years of evolution that reinforced their role in our very survival.

When you look at it this way, it's unsurprising that anger, fear, anxiety and repulsion can be an extremely challenging state in which to step back. The sheer volume of treatment techniques, protocols, self-help books and even pharmaceuticals that have been designed specifically to help us manage our intense emotions is a testament to just how hard it is.

“The threat system helps alert us to potential threats and obstacles we need to deal with, to keep our lives moving in desired directions. However, it's easy for this system to take up more than its share of mental energy, so we need to help clients learn to find balance when they've spent lots of time living in states of threat,” writes Kolts. [Read the entire article](#)

“It does not matter how slowly you go as long as you do not stop.” Confucius

“When the world says, 'Give up,' hope whispers, 'Try it one more time.'” Unknown

3] [What Would a Trauma-informed Society Look Like?](#) By Noel Hunter, Psy.D., [Mad In America](#) –

Science, Psychiatry and Community

I'm not sure how it works in other parts of the world, but I do know that here in the US a central message of our culture is to pick yourself up by the bootstraps, toughen up, and stop blaming others for your problems. If you're poor, it's your fault. If you're sad, you're a baby. If you ask for help, you're a moocher demanding a handout. Independence, lack of emotion or vulnerability, and material wealth are what most of us are taught to strive for, above and beyond most anything. This is the ideal of mental health. On the other hand, displays of melancholy, pain, fear, or uncertainty are not only spurned, but they often have dire consequences.

Men are told from the youngest of ages to "stop being such a sissy" and "learn to be a man." They learn to swallow their tears and mask their pain lest they get beaten by their peers or marginalized as being "a girl." Forget about actually being a girl. When "acting like a girl" is a mortal insult, it becomes quite clear the less-than human nature of femininity and womanhood. And if a woman dares to be more "manly" she is viewed as "butch" or its close cousin, "bitch." Women who are sexually assaulted are blamed, and if they suffer years later are told they are "playing the victim." Black people and other minorities are told they are "too sensitive" for demanding the end to systematic racism (as are advocates from many civil rights movements). If someone cannot hide their pain or scream in agony, they are shipped off to be "dealt with" by mental health professionals. There is absolutely no room for empathy or compassion in our modern society, let alone an acknowledgment of grief, sorrow, oppression, and trauma.

The rapidly increased rates of diagnosable mental illness may have been partially driven by greed, corporate interests, prestige, and consequences of drugging the masses with toxic chemicals known to cause many of the problems they purport to assist. Many authors, such as [Robert Whitaker](#), have certainly made cases for all of these factors. Yet, greed and corporate tyranny can only exist when there is demand.

Rarely is there open discussion about the very nature of the dehumanized society that leads people to hide, suppress, and internalize pain; that leads people to isolation and profound loneliness; that results in fear of others' pain and explosions of rage and violence. We are taught from our nativity to hate ourselves. Lamentably, this suppression, denial, and isolation only lead to amplified pain and loneliness; a never-ending cycle of increasing emotional turmoil that eventually, for many, leads to break-downs and crises. The result? A society that clings to the relief of being diagnosed and drugged. People rejoice when they can finally have someone, especially someone in authority say "Yes, your pain is real and you are not alone."

Increasingly, people labeled with mental illnesses are coming out publicly to demand they no longer live in shame. Sadly, it seems the only way that individuals can appeal for empathy, understanding, and room to feel their emotional distress is through identification with a diagnostic label. In so doing, of course, it serves to further delegitimize the suffering of many others, it increases "stigma" (i.e., prejudice), it increases the likelihood of chronic problems for many, serves to reinforce the idea that "other" people do harmful things on purpose while those with "real illnesses" are passive victims to some brain disease (even though no evidence has ever existed that such a disease exists, while there are consistent promises it will be found one day). The rhetoric and illusory explanations that provide validation for long-suppressed emotional suffering is like sweet, succulent candy. It is incredibly difficult to resist; food poisoning (i.e., psychiatric traumatization) may be one of the few ways of

finding the willpower to do so.

If I cannot sleep at night, hate myself, and fear intimacy because I was beaten and told I was worthless as a child, then I am seen as immature, a crybaby, blaming my parents for my problems, selfish, and unable to deal with life. Yet, when I say “I have PTSD” or “Bipolar Disorder,” suddenly I have a reason to feel this way. Someone finally gets me. There is renewed hope that someone will not only care, but can help me. For the first time in my life I can rejoice that I am not “bad,” just “sick.” And no one can accuse me of doing it all on purpose. As an added bonus, my family and society are off the hook, too, for they have nothing to do with my internal brain disease; they merely triggered its occurrence. The status quo is saved. [Read the entire article](#)

“I am no longer accepting the things I cannot change. I'm changing the things I can't accept.” Angela Davis

“I think artists can go to a level of vision that can often save us from a situation which seems to have no solution whatsoever.” Susan Griffin

4] [Disability Arts Online](#) - Sharing Disability Arts & Culture with the World

We are small but perfectly formed disability-led organization set up to advance disability arts through the pages of our journal. Our raison d'être is to support disabled artists, as much as anything by getting the word out about the fantastic art being produced by artists within the sector.

We give disabled artists a platform to blog and share thoughts and images describing artistic practice, projects and just the daily stuff of finding inspiration to be creative.

We know that being an artist is a hard road to travel and that being a disabled artist takes extra layers of resilience and fortitude, so we give support by connecting you with like-minds primarily through our social media networks. In a more limited capacity we will respond to email requests for information and advice.

Primarily, we publish editorial, blogs and showcases of art, providing a place where opinion pieces, reviews and interviews can be shared and commented on. We have a small commissioning budget and are always looking out for pitches from disabled writers, so if you have a proposal for an arts opinion piece, review, or blog about your artistic practice then do email editor Colin Hambrook via editor@disabilityartsonline.org.uk

Disability Arts Online offers a means for the wider arts sector to engage with disabled artists by sharing professional opportunities on our listings pages, reading about their work on blogs and editorial and in some cases, with partnerships facilitated by our consultancy services.

Disability Arts Online's listings cover disability arts and culture related events as well as accessible performances of mainstream work. The listings also has a section for arts jobs and career development opportunities, artistic commissions, residencies and competitions.

When and where we can, we like getting out and about to speak at conferences and to produce events at festivals. As well as doing Disability Arts Online, our Director Trish Wheatley has extensive experience

as a producer of performance and visual arts, and our editor Colin Hambrook has worked on many performance poetry events.

Our understanding of disability arts and culture is informed by the Social Model of Disability, as an antidote to the Medical Model of Disability, which assigns us as rejects in need of being fixed in order to conform to normative values. We see disability arts and culture as a supportive environment where experience of barriers we face as disabled people can be shared and our lives valued. [Learn more](#)

“It is your ability as a creative person to envision positive change that will make a difference.”
Patricia Johanson

5] [This Is What Every Young Girl Can Expect to be Bombarded with for a Lifetime, Condensed Into 1 Min – Films For Action](#)

Parents, friends, and teachers alike - talk to girls before the beauty industry does. A powerful and concise message that communicates the destructive effect the ad and beauty industry has on society.

Rather than advocating censorship of these images, Dove and others advocate the need for improving our media literacy skills, so that when we see these images, their persuasive effect no longer has a hold on us. Rather than accepting these images by never accepting ourselves, we can reject the values this industry spins, seeing a beauty in people the ad industry could never understand. [video posted @ **Films For Action** website & @ You Tube]

[Beauty Pressure](#) - YouTube 1:19 minutes

“The mind grows by what it feeds on.” Josiah G. Holland

“The idea that some lives matter less is the root of all that is wrong with the world.” Paul Farmer

6] [Is A Child Just ‘Acting Out’ Or Suffering From Trauma And Toxic Stress? Educators Must Learn The Difference](#) - Center for Health Journalism

A decade ago, New Orleans restarted its public school system after Hurricane Katrina amid much pain and controversy. All teachers were fired and a new, charter-based system began. Along with bold change came a bold promise: New schools could disrupt the cycle of poverty for New Orleans’ children. While New Orleans’ overall economy has improved since the storm and flood of 2005, the number of children living in poverty stands at 39 percent, among the highest rates in the nation.

Consider the everyday stresses of children living in poverty: not enough food to eat, a lack of stable, safe housing, the threat of gun violence that plagues poor neighborhoods, picking up on the stress of adults facing job insecurity or without a living wage. We are learning more about how these “toxic stress” [factors affect children’s brain development](#) and limit their ability to learn, not to mention their basic ability to show up to school every day.

A student continually runs out of class. A social worker learns he has recently seen a dead body, and has known people killed by gun violence. He says he feels his own death by violence is inevitable, and doesn’t see the point of being in school.

A student always falls asleep in class. She catches a bus at 5:30 a.m. each day. Bus service is down 65 percent since Katrina, and the charter system means students are often assigned to far-flung schools, so they leave home before dawn and return after dinner.

A child is not wearing the required public school uniform, and is disciplined for this. It turns out his family was evicted, and he has no clean clothes. New Orleans was recently ranked the second worst housing market for renters, based on the rent-to-income ratio, and public housing is greatly reduced since Katrina.

These are but a few of the anecdotes we have heard.

Yet the “no excuses” model adopted by many of the city’s charter schools does not always consider the context of children’s lives in the classroom. In fact, it’s designed to do the opposite by enforcing “high expectations” no matter a child’s home life. This style can indeed boost achievement for some students, who can benefit from increased motivation and structure. But for many children who face chaos in their homes and neighborhoods, and whose brains and bodies are constantly reacting to that chaos, the rigidity of the “no excuses” classroom can be a barrier, and can increase stress rather than alleviate it.

We have met these children as reporters in New Orleans. Living in the city when Katrina hit and then covering the aftermath, Eve Troeh met families in which children missed many months of classes and who struggled to find any form of stability. The number of New Orleans youth showing symptoms of post-traumatic stress disorder is nearly four times the national average — a rate usually seen in war veterans, says a psychiatrist with the Institute of Women and Ethnic Studies. Many families still battle unaddressed trauma from losing homes, family members, jobs and community after Hurricane Katrina. And they’re now living in a city with fewer services and safety nets than before the storm.

And, we have seen signs that educators are beginning to understand the complex role schools play in the lives and health of children living in poverty. Last summer, Mallery Falk covered the many education conferences and reports that marked the 10th anniversary of Hurricane Katrina, and aimed to measure schools’ success in sweeping reforms. She noticed a shift in how school leaders spoke about reform. They touted improved test scores, graduation rates and college enrollment. But they also acknowledged that schools must address student trauma and stress.

How can schools do that? This is what our [2016 National Fellowship](#) project aims to find out.

We will spend time with teachers as they learn about the symptoms of trauma and toxic stress, and how to recognize these conditions in their students.

We will explore a trauma-informed curriculum being implemented at one of New Orleans’ elementary schools, and get to know the life of a student moving through this system.

We will examine school-based solutions that can help families by providing wraparound services, like health care and food assistance, to ease the toxic stress in students’ lives.

Our project will explore both the promises and challenges of trauma-informed education, in the city that’s become a national model for education reform. How can schools make academic gains while also

better meeting the holistic needs of their most vulnerable students?

“I do not live in the past, the past lives in me.” a Holocaust survivor

7] [Toxic Stress Derails Healthy Development](#) – YouTube video 1:52 minutes - Harvard Education

Learning how to cope with adversity is an important part of healthy development. While moderate, short-lived stress responses in the body can promote growth, toxic stress is the strong, unrelieved activation of the body's stress management system in the absence of protective adult support. Without caring adults to buffer children, the unrelenting stress caused by extreme poverty, neglect, abuse, or severe maternal depression can weaken the architecture of the developing brain, with long-term consequences for learning, behavior, and both physical and mental health.

This video is part three of a three-part series titled "Three Core Concepts in Early Development" from the Center and the National Scientific Council on the Developing Child. The series depicts how advances in neuroscience, molecular biology, and genomics now give us a much better understanding of how early experiences are built into our bodies and brains, for better or for worse. Healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation.

Also from the "Three Core Concepts in Early Development" Series

1. Experiences Build Brain Architecture: <http://youtu.be/VNNsN9IJKws>
2. Serve & Return Interaction Shapes Brain Circuitry: http://youtu.be/m_5u8-QSh6A

For more information, please visit: <http://developingchild.harvard.edu/re...>

“Art is a wound turned into light.” Georges Braque

“Making art is like giving a gift: evidence of your spirit and that you are here.” Patty Mitchell

8] [Creativity as a Wellness Practice](#) - © Cathy Malchiodi, PhD, Psychology Today

Back in 2002, I made the bold statement that “making art...may be as important to your health as balanced nutrition, regular exercise, or meditation.” While there were few studies to support this statement at that time, research over the past decade now indicates that I wasn’t that far-fetched in my audacity. Creativity is a wellness practice and we now know there are numerous reasons to make it part of your “wellness resolutions.”

In 2010, a review of existing literature on the benefits of the arts (music, visual arts, dance and writing) by Stuckey and Noble considered more than 100 studies, concluding that creative expression has a powerful impact on health and well-being on various patient populations. Most of these studies concur that participation and/or engagement in the arts have a variety of outcomes including a decrease in depressive symptoms, an increase in positive emotions, reduction in stress responses, and, in some cases, even improvements in immune system functioning; visual art therapy, for example, is trending

toward many of these health gains and more. Even engagement in the arts as a viewer can have an impact, but if you really want to benefit from the arts for wellness, studies continue to show that your active participation is the best bet (Bolwerk et al, 2014).

As of 2015, additional studies indicate that creative self-expression and exposure to the arts have wide-ranging effects on not only cognitive and psychosocial health, but also physical conditions such as Parkinson's disease, various forms of dementia and cancer. One of the most compelling studies was recently conducted by the Mayo Clinic and proposed that people who engage in art activities (painting, drawing and sculpting; crafts, like woodworking, pottery, ceramics, quilting, quilling and sewing) in middle and old age may delay cognitive decline in very old age. These findings underscore the idea that it is possible to build a "cognitive reserve" through engaging in novel, creative experiences that have a protective effect on the brain. According to the principle investigator, "Our study supports the idea that engaging the mind may protect neurons, or the building blocks of the brain, from dying, stimulate growth of new neurons, or may help recruit new neurons to maintain cognitive activities in old age" (American Academy of Neurology, 2015).

In brief, creativity is increasingly being validated as a potent mind-body approach as well as a cost-effective intervention to address a variety of challenges throughout the lifespan. While there are limitations to many of the existing studies such as sample size and research methodology, the overall outcomes complement what has been intuited by humans over millennia—that creative expression is good for us in one way or another. These simple wellness practices come in many readily available forms including the formalized approaches found in the creative arts therapies and expressive arts therapy, participation in arts within health care settings, and a variety of creative activities for personal self-care.

Psychologist Mihaly Csikszentmihalyi said during his seminal TED talk in 2004, "When we are involved in creativity, we feel that we are living more fully than during the rest of life." Building on Csikszentmihalyi's observation, I'll venture to make one more bold statement about the power of creative expression and the arts as wellness practices - it does not fully manifest from completing an adult coloring book sheet. It's our capacity to actually "create" is where we begin to live more fully, experience transformation, and recover the core of what it means to heal. It is your authentic expression through art making, music, song, movement, writing, and other forms of arts-based imagination that are central to the equation of why creativity is a wellness practice. So go make something and be well.

www.cathymalchiodi.com www.trauma-informedpractice.com

"Healing Art is being born as we speak. The concept is catching fire, is awakening in people's spirits... Artists, musicians and dancers are realizing their imagery has meaning....that their imagery heals them, others, their neighborhood, or the earth." Michael Samuels

9] [Fighting for Freedom In America: Memoir of a "Schizophrenia" and Mainstream Cultural Delusions](#)
- Clyde Dee

When anonymous mental health worker Clyde Dee finds himself working in a Section 8 housing project that is notorious for drug dealing, he mysteriously is compelled to break the codes of standard drug war conduct. Uncanny threats and coincidences and desire for justice drive him to question the pillars of his profession and his own wellness until he decides to go off a low dose of anti-psychotic

medication. Stopped by police in an effort to exit the country, Clyde is incarcerated in a State Hospital psychiatric ward for three months and released to the streets.

Clyde's story reveals both the innards of Schizophrenia and how a person can learn to make peace with the forces that are following them around. Clyde is able to overcome homelessness, underemployment, and harassment with family support and morph into someone who is fighting to gain attention for his successes in treating others who are in the throes of a "psychotic" episode.

About Clyde Dee - I am an author and anonymous licensed Marriage and Family Therapist who writes reflective blogs to come to a truer reality and understanding of myself. I do this to be a strong professional presence for the people I work with, to positively impact the local mental health system, and to promote my work. [Learn more](#)

"Every good thought you think is contributing its share to the ultimate result of your life." Grenville Kleiser

10] University of California at Berkeley - [A Culture of Support: The Practice Strengths of Mental Health Professionals and Social Workers Who Work with Survivors of Interpersonal Violence.](#)

To Whom It May Concern:

My name is T. Christopher Crandall and I am a returning undergraduate student in the Department of Sociology at the University of California, Berkeley, working under Professor Brian Powers. I am currently undertaking a research study regarding current and emerging practices in the treatment of survivors of interpersonal violence.

I am seeking mental health professionals to participate in this study in order to provide insight into the current status of trauma-informed mental health treatment and practices, and to explore emerging and best practices in the field. It is my hope that the information gained from this study will benefit the fields of both research and practice in understanding of the advances, innovations and best practices currently being utilized in the psychosocial treatment of victims and survivors of interpersonal violence. As this study will be conducted cross-culturally (The Netherlands, Germany, England and U.S.) the results have the power to inform practice within the practitioner communities in these countries as well.

The study has two separate, though related, components: a questionnaire and a personal interview. Study participants may participate in either component or both.

If you participate in the questionnaire you will be asked about your current knowledge about trauma and survivorship, current and emerging treatment practices. The questionnaire is completed online, should take about 30 minutes and may be found at the following link.

https://berkeley.qualtrics.com/SE/?SID=SV_cFUpKX75h7JEymF

Participants in the interview will be asked similar questions as those on the questionnaire, though will have the opportunity to provide more in-depth answers. The interview will take 1 – 2 hours and can be arranged by phone or in-person.

For more information, or to schedule an interview, please contact me within the U.S. at 510-229-7807, internationally at 00-1-510-229-807, or by email at tchristophercrandall@berkeley.edu. You may also contact my faculty advisor, Professor Brian A. Powers in the Department of Sociology at 510 - 642-4766 or by email at brpowers@berkeley.edu.

Thank you for your time.

Sincerely, T. Christopher Crandall

“You can't do anything about the length of your life, but you can do something about its width and depth.” Evan Esar

11] [Trauma and the Body: When Anniversaries Aren't So Happy](#) By Megan MacCutcheon, LPC, GoodTherapy.org Topic Expert Contributor

12] [Trauma in childhood linked to drug use in adolescence](#) - Medical News Today

13] [At any skill level, making art reduces stress hormones](#): Cortisol lowers significantly after just 45 minutes of art creation – Drexel University – ScienceDaily

14] [Anxious? 3 Ways to Get Out of Panic Mode](#) – Mindful - *Don't hit the panic button. Try these mini-mindfulness practices first.*

15] [Overcome Bias to Serve LGBTQ Trafficking Victims](#) - Administration for Children and Families

16] [Scientific Results of Yoga for Health and Well-Being](#) – You Tube Video 18:25 minutes

“There is only one thing that remains to us, that cannot be taken away: to act with courage and dignity and to stick to the ideals that have given meaning to life.” Jawaharlal Nehru

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

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

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