



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 December 2016

“It is more important to love the children we create than it is to create children we can love. “ Mary Murray

Season's Greetings Folks,

Grateful to share the latest edition of the newsletter, and my apologies for not sending out a few over the past several months. There has been a lot going on in my little corner of the world and self-care needed to be front and center.

I will keep this intro short, but I am mindful that the holidays are a wonderful time for many, and for some, well, it can be a challenge. With that in mind, please do visit the Surviving Spirit Resource Section - [Getting through the Holidays](#). Psych Central's, [2016 Coping with the Holidays Guide](#) is another great resource.

Once again, a treasure trove of resources, thoughts, music, books, etc, to peruse...'*take what you like and leave the rest*'.

Take care, Michael Skinner

“Attract what you expect, reflect what you desire, become what you respect and mirror what you admire.” Unknown

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“All change starts with the ability of being honest with one person ... yourself.” Unknown

- 1] [16 Voices From the First National March for Mental Health Dignity](#) - The Mighty [please note, pictures posted at the website of the individuals, etc]

On August 25 in Washington, D.C., for the first time in U.S. history, mental health groups and individuals from across the country joined forces to march for the dignity of those who live with mental illness.

The event was organized by [Destination Dignity](#), a collaborative project spearheaded by groups like The Campbell Center, The Center for Dignity, Recovery and Empowerment, [Copeland Center for Wellness and Recovery](#), [Mental Health America](#) and the [New York Association of Psychiatric Rehabilitation Services](#). The driving idea behind the event: mental health is as a basic right, and those who experience mental health issues deserve to be treated with dignity.

At a rally at the National Mall, speakers addressed issues like high levels of unemployment, incarceration and homelessness among those with mental illness. Destination Dignity hopes to bring attention to issues like underfunded mental health services, negative portrayals of mental illness in the media and a fragmented mental health system that often requires a person to be in crisis to access help.

For those who attended the event, it was a chance to be part of the first national movement of its kind for an issue that historically has been left in shadows. The Mighty spoke to some supporters about why they were there to support this cause.

“I’m here to show we’re people just like everyone else.” Stephanie Sikora, from Pennsylvania.

“I’m a person with mental health challenges who was institutionalized for on and off for 17 years before escaping to live on the streets. I believe we need to overcome the stigma of mental health, see all people as people with abilities and all people as active community citizens.” Gina Calhoun with her husband Scott Heller, from Pennsylvania.

“There’s strength in numbers. We’re proud to be a part of this movement, to demand dignity. I’ve been living this cause for 40 years now and finally there’s a group to join to be a part of it. The one thing I think needs to change is we the people, and then the government will follow.” Lee Shuer with his wife Becka Shuer, from Massachusetts

“I was technically homeless myself for a year and half. I want to speak out for people and help them. I want people to know there’s hope.” Terry Wasnick, from Minnesota.

“I came today to support people with mental illness. To show support for friends, family members, coworkers and let them to know it’s OK to be ill. It’s OK, and there are people around you who can support you.” Sherin Elsait, from Pennsylvania.

“I think this is one of the civil rights issue for a whole host of reasons hasn’t made it to the forefront. People are being discriminated against and being dehumanized for conditions that are no fault of their own. I think it’s long overdue that people recognize we are all people first.” Aiden Altenor, former Director of Hospital Services in Pennsylvania.

“I’m here today because there’s a crisis in this country. People in our culture understand the importance of physical wellness, but our mental and emotional wellness is treated only after people have hit poverty, lost support or have reached a breaking point. You can’t heal by separating (people with mental illness) from their communities. The best way to help people recover is to see their dignity, see their personhood and work with their community.” Matthew Federici, executive director of the Copeland Center for Wellness and Recovery

“Growing up, before I was diagnosed in 2012, people wanted to say I had a problem. I was dramatic. There was something wrong with me. And when I was finally diagnosed I realized I don’t have a problem, I just have an illness, and I began my road to recovery. That’s why I’m here today.” Latesha Higgs with her friend Laquisha Hall, from Baltimore.

“People matter. Why is it that suicide is so compelling? Why do we have to wait for someone to kill themselves for it to be a story worth talking about? What happens when someone becomes homeless and all of the sudden they don’t matter anymore? People are people.” Theresa Nguyen, from Mental Health America.

“People who have mental health issues are people and deserve the same dignity and respect as

everybody else. Having a mental health issue is not a crime.” Iden Campbell Mccollum, executive director and founder of The Campbell Center.

“Mental illness is a issue that’s usually hidden. It’s important to make the noise and bring attention to it.” Natasha West, from Stamp Out Stigma.

“We’re here to rally for anti-stigma, equal access for housing, fair and nondiscriminatory practices. In one word: equality.” Patrick Martin, from New Jersey

“Equality. We should treat everyone the same.” Brandon James, from Delaware

“Recovery is possible. There’s a lot of people who see it as out of reach, and we need to let them know it is in reach. It does happen. We need to spread hope.” Milton Schlador with Travis Lundwall, from New York

“I want to feel empowered. I want to gain my dignity back that I lost years ago. I suffered from a serious mental illness for many years and I’m recovering now. I’m becoming an even better more productive member of society. I want to show how strong I am.” Emily Turner, from New York

“I’m coming out of my shell, so to speak. I’ve been diagnosed with bipolar disorder. My son was diagnosed with a mood disorder this past year, too. It’s really important for him to be here too. We can do amazing things with our lives, and we do.” Julie Erdman with her son Eamon, from New York

To hear more voices from the event, follow the hashtag [#MHDignityMarch](#).

“Neurosis is always a substitute for legitimate suffering.” Carl Jung

2] [Standing Rock](#) - song by RossArnold – YouTube 5:16 minutes

”They have won a battle, but, the war continues. This is a very basic Folk Song. A basic "live" recording. The narration is intended to show the disdain that we have historically treated Native Americans with. The language may not seem PC, but, understand....That is exactly my intent, because, frankly, The way they have been treated has never been PC. This simple little song was written to hopefully gain some attention for the situation at Standing Rock, but, it is also about the oppression of Native Americans in general. It is my sincere hope that it will make even one person aware of the plight of our Native brothers and sisters.” Ross Arnold

Hey folks, I've had the pleasure of playing music with Ross, a musician who uses his art to say what needs to be said. I cannot wait to share his tune, “Big Pharma”....stay tuned! MS

“Often it's the deepest pain which empowers you to grow into your higher self.” Unknown

3] [The Trauma Tool Kit](#) - Susan Pease Banitt

Winner of the 2013 Silver Nautilus Award and Simmons School of Social Work’s 2013 Alumni Written Work Award

In recent years, it has become clearer than ever before that the mind, body and spirit are connected, and

that an illness affecting one affects the whole. Because this is a relatively new phenomenon in Western medicine, treatments of Post-Traumatic Stress Disorder (PTSD) and other stress-related disorders have often been woefully inadequate and poorly understood.

The Trauma Tool Kit: Healing PTSD from the Inside Out addresses the physical, emotional, intellectual and spiritual needs that arise in healing from traumas of all kinds.

Pease Banitt draws on her decades-long background as a psychotherapist, yoga teacher and alternative healer to provide a compendium of holistic techniques and interventions for healing from traumatic stress set in a yogic philosophical framework. ***The Trauma Tool Kit*** maps out stages of healing from stress-related disorders and provides immediate first-aid techniques that help alleviate the most intense symptoms of traumatic stress in a small amount of time. It shows how the latest findings in neuroscience research supports both ancient and contemporary methods of healing from around the world.

“In ***The Trauma Tool Kit*** Susan Pease Banitt concentrates on the physical, spiritual and esoteric dimensions of trauma usually ignored by our mainstream culture and healing practices. She presents universal dimensions of traumatic injury and recovery as they have been modeled in spiritual and holistic traditions for millennia as well as integrative methods practiced by holistic healers today. The Trauma Tool Kit is a readable, accessible, comprehensive, ‘user-friendly’ smorgasbord of healing ideas, information and practices that can help guide trauma survivors to wholeness. Susan Pease Banitt is consistently positive, encouraging and helpful as she guides readers in restoring healing and hope.”

Edward Tick, Ph.D., author, ***War and the Soul*** and ***The Practice of Dream Healing***, Director, Soldier’s Heart

“Life is a dance between making it happen and letting it happen.” Arianna Huffington

4] [Mental Health & Law Enforcement: Interview With Jeff Shannon - OC87 Recovery Diaries](#) -

Routinely, law enforcement officers in the United States are tasked with becoming the de-facto street-level mental health workers, responding to increasing numbers of mental health-related calls. This requires more training, more effort placed on de-escalation and crisis intervention, and it also requires a shift from more traditional methods of policing. Police officers are also at risk for a variety of mental health-related challenges themselves. Here to talk about all of this is Berkeley, California Police Officer and Marriage Family Therapist, Jeff Shannon. This is Part One of a two-part interview.

“I think there’s a stigma against people with mental health challenges period, across the country. And so, that would include law enforcement officers. My experience is that we have so much exposure to crisis that we have to become a little bit numb to it. And so, unfortunately, that translates, for many people, into not caring. And so, what I tell officers in my classes is that people will always remember, always remember their experience with law enforcement. “ Jeff Shannon

“We have to focus our attention on the police culture and that is really baby steps. You have officers who are willing to share their struggles with fellow officers and share what they’ve done to work through them. And that’s why the idea of peer support is so important because we know that police officers, if they’re having troubles, whether they are really serious suicidal thoughts or just wild frustration, are much more likely to talk to a peer about that than call up a professional.

So, peer support is very important and change in the cultures really will have to go and we have to train our patrol sergeants to be able to recognize the signs if there's an officer that's struggling. That sergeant has to be willing and brave enough to intervene with that officer even if that intervention is just asking if they want to talk about whatever's going on." Jeff Shannon [Read the entire article](#)

5] [OC87 Recovery Diaries](#) Mental Health, Empowerment and Change

OC87 Recovery Diaries is an interactive website that features stories of mental health, empowerment and change, created by and for those whose journeys of recovery speak to audiences from all walks of life. This project hopes to touch as many lives as possible and bring light to the lived experiences of recovery from mental illness: what matters, what helps, what's hard, what might be next?

OC87 Recovery Diaries exists to tell stories about how people with mental health challenges have created paths to meaningful lives. We feature stories that inspire and empower, stories that generate discussion and awareness. OC87 Recovery Diaries presents a range of experiences-personal perspectives, recovery innovations, examples of empowerment, strengths and gaps in the mental health system, and efforts to dismantle stigma-all told by people moving through their own recovery journeys.

Original content is being developed by the OC87 Recovery Diaries production team. In addition, the producing team will act as curators, selecting and hosting content created and shared by fans and friends of the website. One exciting pilot project will see OC87 Recovery Diaries collaborating with the Learning Center at WHYI, the PBS affiliate in Philadelphia, as a training place for storytellers - literally teaching documentary production to people from the field of mental health (a combination of clients and mental health service providers) to create stories for the site. Classes include planning, filming and editing at the WHYI Public Media Commons.

[Share Your Recovery Story](#)

Many thanks for spending time with OC87 Recovery Diaries. When we were out sharing the documentary OC87: The Obsessive Compulsive, Major Depression, Bipolar, Asperger's Movie with the world, we discovered that some of the most exciting conversations happened after the film ended, when the audience members had a chance to share their compelling stories of struggle and inspiring journeys of recovery.

OC87RecoveryDiaries.com can be a place to share your mental health recovery story to inspire and connect you with others who might learn from your experience.

If you have a story to tell and don't know how to share it, a great place to start is by commenting on the different entries already on our website and social media channels. Share your mental health recovery story. Talk to the community. Brainstorm ideas. Make connections. That's what this website is all about.

If you are ready to share your mental health recovery story now, please read the following guidelines. If we are interested in working with you to develop your piece into a OC87 Recovery Diaries essay, you will hear from us in 4 – 6 weeks with information on next steps. The staff of OC87 Recovery Diaries recognizes that substance abuse and/or addiction often co-occur with mental illness, and we welcome essays from writers struggling with mental health and substance co-occurring disorders. However, we

regret that we are unable to consider essays or content focusing solely on substance abuse or addiction at this time, nor will we consider essays about recovery from physical ailments or conditions.

Regrettably, due to the volume of submissions we receive, we are only able to respond to those authors we intend to feature on the site. If you do not hear from us within 4 – 6 weeks, you may assume that your proposal is not the right fit for OC87 Recovery Diaries, and you are welcome to submit another proposal at that time.

Submission Guidelines:

Please send all inquires to our team at submissions@oc87recoverydiaries.com.

Whether you are sending a completed written work or you are sending links to original videos, music, or artwork, please also include a paragraph in your email introducing yourself and a summary of your mental health recovery journey.

Essays (1,500 to 2,000 words) should be sent as an email attachment.

We offer a \$500 honorarium for accepted posts.

You give us permission to post it on OC87RecoveryDiaries.com, on our social media platforms, and in any associated future projects. All of the rights for music, images, and other media must be cleared by you in advance of publication.

“Not all wounds are so obvious. Walk gently in the lives of others.” Unknown

“Resilience is found by refusing to be inauthentic in the face of those who demand you demean yourself in order to make them comfortable.” Tim Lawrence

6] [Using Ecstasy to treat PTSD: 'I felt like my soul snapped back into place'](#) - PBS NewsHour, By Caleb Hellerman

In nearly a decade trying to recover from post-traumatic stress disorder caused by childhood abuse, Jessi Appleton compiled a medical chart that reads like a Chinese restaurant menu. Biofeedback. Neurofeedback. Anti-depressants. Anti-anxiety medication. She tried a popular treatment called Eye Movement Desensitization and Reprocessing (EMDR), where she spent hours letting her gaze follow a therapist’s hand as it moved through carefully prescribed patterns. She tried another gaze-based therapy, called brainspotting.

“EMDR helped the most, but I was hitting a wall,” says Appleton. “I was suicidal. I was like this ghost sort of thing, walking through life. And I felt like nothing was going to change.”

Then she tried a new experimental treatment: therapy under the influence of MDMA, better known as Ecstasy. Her therapist suggested she sign up to be part of a pilot study. After three sessions, she said, “I felt like my soul snapped back into place.”

Appleton, 32, was treated in Boulder, Colorado, in a study arranged and funded by the Multidisciplinary Association for Psychedelic Studies (MAPS), an organization that has long pursued a strategy of supporting rigorous scientific research into otherwise illegal drugs.

On Tuesday, the Food and Drug Administration (FDA) gave the treatment an important boost, when agency officials met with officials from MAPS to start clearing the way for one or more large-scale research studies. According to Rick Doblin, MAPS' founder and executive director, officials with the FDA's Division of Psychiatry Products will not require additional studies prior to launching a Phase 3 trial, a critical round of testing that determines whether a medical treatment can be approved for widespread use.

"It was a very collaborative discussion, in light of the need to develop new treatments for PTSD for veterans and others," Doblin says. "They recognize that this is a novel treatment, combining psychotherapy and pharmacotherapy, and there's nothing else like it right now."

The FDA says that federal law and internal regulations prohibit the agency from commenting on studies about pending applications or drugs still in development.

Details will be worked out over the next several months, but Doblin says that Phase 3 is likely to include at least 230 patients treated at roughly a dozen sites around the country.

Doblin and Appleton's lead therapist, psychotherapist Marcela Ot'alora, say the therapy component is crucial. After a handful of preparatory meetings, the patient takes the drug under the watchful eyes of a two-person treatment team — almost always a man and a woman. Across studies, the dosage varies, but it is typically between 75 and 125mg, enough to trigger a strong experience. Like others, Appleton wore eyeshades and spent several hours lying back on a small couch, mostly in silence.

"It's a lot of inner dialogue," Appleton recalls. "Sometimes you're terrified, sometimes relaxed, sometimes it's other emotions. It's intense, and by the end it's exhausting."

Ot'alora says her role is mostly supportive. Echoing Appleton's description, she says the drug seems to help patients let go of their inner critic, or inner demons. "That part of you becomes a witness, saying, 'This is what's happening to you, this is what happened to you and this is how it felt.' It's very matter of fact."

PTSD has garnered attention as a problem that plagues returning war veterans, but the majority of those with the disorder are civilians. The National Center for PTSD says that nearly one in 15 Americans, including one in 10 women, will be afflicted at some point in their life. PTSD can be triggered by a single, terrifying incident or by repeated abuse. In effect, the brain and body get stuck in a loop of overreaction to normal stimuli; symptoms may include nightmares, panic attacks and avoidance of normal situations or interactions that remind the patient of their initial trauma.

"It comes out of the fundamental terror part of the brain," says Dr. Bessel van der Kolk, a psychiatrist and trauma researcher in Boston. "It doesn't allow you to focus on anything new, because you're preoccupied with the past threat." To break the cycle, van der Kolk says, a patient needs to get beyond the ongoing sense of visceral terror. For some patients, talking about the trauma, even thinking about it, is too much.

That's where MDMA seems to come in. "What we see in the sessions is that it seems to kind of bring people down from being overwhelmed by emotions," says Dr. Michael Mithoefer, a psychotherapist who led the first MAPS-funded studies using drug-assisted therapy for PTSD. "At the same time, it also kind of brings them up from being numb or disconnected from those emotions."

That's how Appleton describes it, too. "PTSD is always distracting you from facing your problems, because it's terrifying. On the MDMA, you're finally able to face the stuff that you've been pushing down for so many years."

A variation of an amphetamine molecule, MDMA was initially synthesized in 1912 and promptly forgotten. It was resynthesized in the 1970s by the iconoclastic chemist Alexander Shulgin, who shared it with friends who were psychotherapists and who tested the drug informally, in their practices.

[Read the entire article](#)

"Just for today I will try to live through this day only, and not tackle all my problems at once." Al-Anon

7] [F.D.A. Agrees to New Trials for Ecstasy as Relief for PTSD Patients](#) - The New York Times

"The important thing is not to stop questioning." Albert Einstein

8] [Engaging Multiple Personalities](#) by Dr. David Yeung

Dr. David Yeung practiced psychiatry in a variety of settings on three continents. Engaging in private practice for 40 years, he retired in 2006. In the beginning of his career, despite his education, training, and qualifications, he was ignorant about DID/MPD. Through years of trial and error, he learned to recognize and treat patients with multiple personalities. It was a long and lonely journey of discovery. It is his hope that by sharing his clinical experience through this series, new generations of therapists will come to understand the importance of correctly diagnosing DID and treating it appropriately.

[Engaging Multiple Personalities](#) Volume 1, Paperback and eBook

The general public is bewildered and fascinated by Multiple Personality Disorder/Dissociative Identity Disorder. Through books, television and movies, a distorted view of DID is often presented. While it may make for good entertainment, it fails to truly present the depth and intensity of the inherent trauma. Outside the ordinary day-to-day life experience of most people, it is hard to understand. This book is directed toward patients, support networks and therapists who wish to learn about treating DID from a clinician's perspective. Ignoring past trauma simply will not help a patient. In his psychiatric practice, the author encountered a number of his patients' alters face-to-face. He found that the most effective course of therapy was to engage them directly. Talking to alters is a strange, serious and ultimately compelling experience. They are not real according to our customary definitions, but neither are they false or fake. They cannot get a passport but they concretely function in the patient's inner and outer world. They are survivors of childhood abuse, present in shared flesh and blood. They are essential for healing the patient. The author discusses the phenomenon of DID through case histories, and how it manifests clinically. Most important, he elucidates through these case histories practical and

easily accessible techniques necessary to help these traumatized patients heal. DID patients can successfully engage in and profit from therapy. By processing the impact of their past traumatic memory, they may reclaim their present.

[Volume 2](#) - This Volume 2 continues the discussions begun in Volume 1 concerning Multiple Personality Disorder/Dissociative Identity Disorder. This Volume focuses on giving patients, support networks and therapists the foundation to heal and support healing of those with DID. Those who wish to learn about treating DID from a clinician's perspective will find guidance in both Volumes. The key point of understanding that ignoring past trauma simply will not help a patient. In his psychiatric practice, the author encountered a number of his patients' alters face-to-face. He found that the most effective course of therapy was to engage them directly. Talking to alters is a strange, serious and ultimately compelling experience. They are survivors of childhood abuse, present in shared flesh and blood. They are essential for healing the patient. In Volume 2, The author goes into detailed guidance for working with DID as well as highlighting pitfalls to avoid. Most important, he elucidates practical and easily accessible techniques necessary to help these traumatized patients heal. DID patients can successfully engage in and profit from therapy. By processing the impact of their past traumatic memory, they may reclaim their present.

[Engaging Multiple Personalities](#) - David Yeung – YouTube 2:54 minutes

“Hopeful expectation has a way of warming our hearts and spirits.” Carol A. Kivler

9] [To Anyone Who Thinks Borderline Personality Disorder Is a Life Sentence](#) By Samantha Mills – [The Mighty](#)

To the person with borderline personality disorder (BPD),

First of all, know you are not alone. There are men and women from all walks of life who can identify with those three letters, and though they may not always be people you would choose to have in your life, they are your allies and your kin. We walk these paths together; and as lonely as it can be, because of that we are never truly alone.

Know that when you research your condition, you will come across websites that call you evil; you will come across websites that claim you are narcissistic and lacking in empathy. Know that being diagnosed with BPD does not equate to these things. Being diagnosed BPD means many things, but know that it does not make you a bad person. No website calling all people with BPD “evil,” “manipulative” or “narcissistic,” or calling for extreme avoidance of all those diagnosed is an automatic reflection of you.

Know that your future is not assured. BPD can be not “cured,” but it can be treated — it is not a life sentence. Life can get better. If you’ve done dialectal behavior therapy and found it unhelpful, know there is more than one option out there. There is no such thing as a one-size-fits-all treatment for BPD, no matter what anyone tells you.

Know that your feelings, as strong as they are, will dissipate if you allow them to. Your anger will fade; your sorrow will ease. Nothing lasts forever, and your feelings are not the exception to the rule. You are the emotional equivalent of a third degree burn victim, but you have the ability to graft yourself with

thicker skin. You can get through this.

Know that you can learn to control your behavior. What you do in impulse now, you can learn to contain. Your angry outbursts, your uncontrolled spending, even your self-harm can all become more controlled and can even be overcome. It will take time and it will take a great deal of hard work, but it can be done.

Know that the world is not as black and white as you'd like it to be, but you can learn to be OK with that. Know that your instinct to cast people or events into categories on the extremes can be worked with. You will learn, in time, that nobody is all good or all bad, and that is OK.

Know that you will learn to know yourself, gradually. Maybe you will start with your favorite color, or you'll choose an animal to love. Maybe you'll discover you like your eggs scrambled, or you dislike jelly.

Know that sometimes people will leave, but it doesn't mean you are being abandoned. Life is full of change; people move on, or are taken from us suddenly. Not everyone was meant to be a permanent fixture in our lives; some people will stay for a heartbeat, others will fill our hearts for years. Know that you can learn to be OK with the changing landscapes of friendships and loved ones, despite the pain.

Know, most of all, that there is hope. BPD is not a negative reflection on your personality and life can get better.

10] [National Education Alliance for Borderline Personality Disorder](#) - A Resource for Families and People in Recovery Education and Training for Professionals

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

[Treatments for Borderline Personality Disorder](#) - Current research shows that treatment can decrease the symptoms and suffering of people with BPD.

Talk therapy is usually the first choice of treatment (unlike some other illnesses where medication is often first.) Generally, treatment involves one to two sessions a week with a mental health counselor. For therapy to be effective, people must feel comfortable with and trust their therapist.

Some BPD symptoms are easier to treat than others. Fears that others might leave, intense, unstable relationships or feelings of emptiness are often hardest to change. Research shows that treatment is more effective in decreasing anger, suicide attempts and self-harm, as well as helping to improve overall functioning and social adjustment

People whose symptoms improve may still have issues related to co-occurring disorders, such as depression, substance abuse, eating disorders, or post-traumatic stress disorder. However, research suggests that full-blown BPD symptoms rarely coming back after remission.

There are several treatments that are most often used to manage BPD:

Dialectical behavior therapy (DBT) focuses on the concept of mindfulness, or paying attention to the present emotion. DBT teaches skills to control intense emotions, reduce self-destructive behavior, manage distress, and improve relationships. It seeks a balance between accepting and changing behaviors. This proactive, problem-solving approach was designed specifically to treat BPD. Treatment includes individual therapy sessions, skills training in a group setting, and phone coaching as needed. DBT is the most studied treatment for BPD and the one shown to be most effective.

Mentalization-based therapy (MBT) is a talk therapy that helps people identify and understand what others might be thinking and feeling.

Transference-focused therapy (TFP) is designed to help patients understand their emotions and interpersonal problems through the relationship between the patient and therapist. Patients then apply the insights they learn to other situations.

Good Psychiatric Management: GPM provides mental health professionals an easy-to-adopt “tool box” for patients with severe personality disorders.

Medications cannot cure BPD but can help treat other conditions that often accompany BPD such as depression, impulsivity, and anxiety. Often patients are treated with several medications, but there is little evidence that this approach is necessary or effective. People with BPD are encouraged to talk with their prescribing doctor about what to expect from each medication and its side effects. 1

Self-Care activities include: regular exercise, good sleep habits, a nutritious diet, taking medications as prescribed, and healthy stress management. Good self-care can help to reduce common symptoms of BPD such as mood changes, impulsive behavior, and irritability.

1. Zanarini MC, Frankenburg FR. omega-3 Fatty acid treatment of women with borderline personality disorder: a double-blind, placebo-controlled pilot study. *Am J Psychiatry*. 2003 Jan;160(1):167–9.

“My feelings are neither right nor wrong but are important by virtue of being mine...Al-Anon

Additional Resources:

11] [All About Developmental Disabilities Home](#) – **AADD** - *Creating options for a meaningful life with individuals and families living with developmental disabilities*

Help Us Impact Families Living with Developmental Disabilities

All About Developmental Disabilities (AADD) impacts the lives of some 2000 individuals each year. You can join us in creating options for a meaningful life with individuals and families living with developmental disabilities through family support, employment services, and community integration. A Georgia 501 (c)(3) non-profit organization, we serve individuals age three and up throughout their lifespan. [Find out how you can help.](#)

12] [Peer Employment Services](#) Facebook Public Group – great leads for work opportunities

13] [Rhythm of Breathing Affects Memory and Fear](#) – Neuroscience News

A new study reports the rhythm of your breathing can influence neural activity that enhances memory recall and emotional judgment. Source: Northwestern University.

Breathing is not just for oxygen; it's now linked to brain function and behavior.

14] [Art of Healing - Esperanza](#) - Hope To Cope with anxiety & depression

Whether it be music, dancing, or art therapy, getting those creative juices flowing can be extremely beneficial for your well-being.

The creative arts, sometimes referred to as expressive arts, are powerful instruments of change. Whether through dance, music, painting, photography or any number of creative outlets, they help us understand and respond to how we're feeling, reduce symptoms, and replace negative behaviors and thought patterns with greater insight and clarity.

15] [Filling the Hole in Your Heart: Recovering from Childhood](#) - Psychology Today

Four Blind Alleys and Clear Paths for Unloved Daughters

"It's still hard explaining what it was like to people who didn't experience it. I think most people think I'm exaggerating. I've gotten to used to it, over time, but it still stings and recovery is mostly a lonely process.." Adele, age 42

In the years since I wrote Mean Mothers, I've talked to many women about the process of healing from the wounds of childhood. As a layperson who's been on this journey herself - and who's sought professional help - my understanding has been enriched by two important insights. The first is from A General Theory of Love written by Thomas Lewis, Fari Amini, and Richard Lannon. In simple terms, they explain that lack of love has both neurological and psychological consequences:

"Love, and the lack of it, change the young brain forever....as we now know, most of the nervous system (including the limbic brain) needs exposure to crucial experiences to drive its growth... The lack of an attuned mother is a nonevent for a reptile and shattering injury to the complex and fragile limbic brain of a mammal."

The second is from Deborah Tannen's book, ***You're Wearing that? Understanding Mothers and Daughters in Conversation***:

"This, in the end, may be the crux of a parent's power over a child: not only to create the world the child lives in but also to dictate how that world is to be interpreted."

For me, these two insights in combination - the rather literal shaping of the brain in response to the conditions of an individual's childhood and the super-sized influence a mother has on a daughter's understanding of how the world works - capture why recovery can be so elusive.

16] [Back pain may raise risk of mental health problems](#) - Medical News Today

A study, involving almost 200,000 participants, finds that individuals who have back pain are more likely to also experience a range of mental health issues. Knowing about these links could form a more successful treatment plan for both sets of conditions.

17] [Going Mad And Getting Mad About Mental Health Treatment](#) by Emily Sheera - Jewish Currents

LIKE TOO MANY other people, I can't remember a time in my life when I haven't been bullied. I've always been the weird, uncool, socially awkward girl. In middle school, I was made fun of for being ugly and for being one of the only Jewish students. In high school, I was almost universally hated as a nerdy weirdo with a huge crush on her Spanish teacher.

18] [Maggie's Centres](#) Maggie's offers free practical, emotional and social support to people with cancer and their families and friends. Help is offered freely to anyone with any type of cancer. Simply drop-in at any time - you're always welcome.

"Life can only be understood backwards, but it must be lived forwards." Soren Kierkegaard

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

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