



*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 January 2017

Hi Folks,

Wow, another year in our lives....A Happy New Year's Greeting to all. I hope this year, gives you the opportunity to stretch and challenge yourself, and may we all step out of our comfort zones...why not?

I'm trying. Heck, I've been practicing some yoga...despite the creaking of my knees, I am finding it helpful and it gets me out of my winter cocoon.

Personally, I am so darn excited to be performing on drums and singing again with a great group of guys...we're making music and having fun. And hey, venues keep hiring us back, so we're doing something right. Lots of new music videos and pictures posted at the band's Facebook page, so please take a look and listen when time permits.

Full Throttle Trio - <https://www.facebook.com/FullThrottleTrio/?pnref=story> Thank you!

Musically, I plan to broaden my horizons a bit more and soon I will be practicing the guitar and singing with the bass player of the band I am in. We plan to perform in some pubs and coffeehouses on the weeknights. Several years ago, the arthritis in my fretting hand stopped me from gigging full time as a vocation, I am grateful that acupuncture has helped me regain use of my left hand.

Some more insightful resources to share with everyone in this month's newsletter, and remember, *'take what you like and leave the rest'*. And please, do share with friends and colleagues.

Take care, Michael Skinner

*“Whoever is out of patience is out of possession of his soul. Men must not turn into bees who kill themselves in stinging others.” Jonathan Swift*

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*“Kindness is like snow. It beautifies everything it covers.” Kahlil Gibran*

1] [How Social Isolation Is Killing Us - The New York Times](#) by [Dhruv Khullar](#), M.D., M.P.P., a resident physician at Massachusetts General Hospital and Harvard Medical School. Follow him on Twitter at [@DhruvKhullar](#).

*“Social isolation is a growing epidemic, one that’s increasingly recognized as having dire physical, mental and emotional consequences.”* Damon Winter The New York Times

My patient and I both knew he was dying.

Not the long kind of dying that stretches on for months or years. He would die today. Maybe tomorrow. And if not tomorrow, the next day. Was there someone I should call? Someone he wanted to see?

Not a one, he told me. No immediate family. No close friends. He had a niece down South, maybe, but they hadn’t spoken in years.

For me, the sadness of his death was surpassed only by the sadness of his solitude. I wondered whether

his isolation was a driving force of his premature death, not just an unhappy circumstance.

Every day I see variations at both the beginning and end of life: a young man abandoned by friends as he struggles with opioid addiction; an older woman getting by on tea and toast, living in filth, no longer able to clean her cluttered apartment. In these moments, it seems the only thing worse than suffering a serious illness is suffering it alone.

Social isolation is a growing epidemic - one that's increasingly recognized as having dire physical, mental and emotional consequences. Since the 1980s, the percentage of American adults who say they're lonely has doubled from 20 percent to 40 percent.

About one-third of Americans older than 65 now live alone, and half of those over 85 do. People in poorer health - especially those with mood disorders like anxiety and depression - are more likely to feel lonely. Those without a college education are the least likely to have someone they can talk to about important personal matters.

A wave of new research suggests social separation is bad for us. Individuals with less social connection have disrupted sleep patterns, altered immune systems, more inflammation and higher levels of stress hormones. One recent study found that isolation increases the risk of heart disease by 29 percent and stroke by 32 percent.

Another analysis that pooled data from 70 studies and 3.4 million people found that socially isolated individuals had a 30 percent higher risk of dying in the next seven years, and that this effect was largest in middle age.

Loneliness can accelerate cognitive decline in older adults, and isolated individuals are twice as likely to die prematurely as those with more robust social interactions. These effects start early: Socially isolated children have significantly poorer health 20 years later, even after controlling for other factors. All told, loneliness is as important a risk factor for early death as obesity and smoking.

The evidence on social isolation is clear. What to do about it is less so.

Loneliness is an especially tricky problem because accepting and declaring our loneliness carries profound stigma. Admitting we're lonely can feel as if we're admitting we've failed in life's most fundamental domains: belonging, love, attachment. It attacks our basic instincts to save face, and makes it hard to ask for help.

I see this most acutely during the holidays when I care for hospitalized patients, some connected to I.V. poles in barren rooms devoid of family or friends - their aloneness amplified by cheerful Christmas movies playing on wall-mounted televisions. And hospitalized or not, many people report feeling lonelier, more depressed and less satisfied with life during the holiday season.

New research suggests that loneliness is not necessarily the result of poor social skills or lack of social support, but can be caused in part by unusual sensitivity to social cues. Lonely people are more likely to perceive ambiguous social cues negatively, and enter a self-preservation mind-set - worsening the problem. In this way, loneliness can be contagious: When one person becomes lonely, he withdraws from his social circle and causes others to do the same.

Dr. John Cacioppo, a psychology professor at the University of Chicago, has tested various approaches to treat loneliness. His work has found that the most effective interventions focus on addressing “maladaptive social cognition” - that is, helping people re-examine how they interact with others and perceive social cues. He is collaborating with the United States military to explore how social cognition training can help soldiers feel less isolated while deployed and after returning home. [Read the entire article](#)

*“A great paradox of our hyper-connected digital age is that we seem to be drifting apart. Increasingly, however, research confirms our deepest intuition: Human connection lies at the heart of human well-being. It’s up to all of us - doctors, patients, neighborhoods and communities - to maintain bonds where they’re fading, and create ones where they haven’t existed.” Dhruv Khullar*

*“Sharing experiences widens one’s horizons and opens out new and better ways to deal with difficulties. There is no need to solve them alone.” Al-Anon*

2] [Split - A DID Documentary](#) – [David Irish – Producer](#) DID - dissociative identity disorder

**Praise:**

Winner: 2015 BEAC National Student Awards, “Video - Long Documentary” Category

Winner: 18th Annual NSCC RTA Awards, Top Major Project - Broadcast Journalism

*“I have had to try to find a balance. And I’m still trying to find a balance. I don’t always get it right.” Clara*

**‘About 35’ doctors**

In the years leading up to high school graduation, Clara’s daily life was fraught with obstacles. But it’s around age 10 that Clara started to experience staggering ups and downs. Her symptoms of DID were beginning to be established. She said she experienced blackouts. Occasionally, she’d have feelings of being outside her body.

Her troubling experiences can be traced back through diary entries, which archive pivotal events from this period: a suicide attempt, kids at school taunting her, being called a retard by her peers and visits to “4th floor south” - the psychiatric ward at the IWK Children’s Hospital in Halifax.

Today, Clara remains disarmingly positive. Somehow, she’s not an embittered, calloused person despite that period. But she does hold one grudge. Clara said when the going got tough, she felt left out in the cold.

“I felt like the people who had understood me my entire life be it family or friends, [they] just seemed to all vanish,” she said. “I didn’t know who I was anymore.”

I asked her how many doctors she’d seen over the last decade. “About 35,” she said. Clara continues to see a psychiatrist. However, they’re not directly treating her current diagnosis of dissociative identity disorder (DID) because of a lack of related clinical experience.

Getting treatment for DID is one of the obstacles with which Clara continues to contend.

## **DID & Culture**

Like it does for so many things, pop culture shapes how audiences perceive DID. But it's important to remember that for every illness, almost every patient's experience is different.

Journalists have focused on some extreme cases. More recently, new theories have come to light that spin off the DID concept.

But a rough current runs beneath what audiences see on the surface. Clara's experience points to the great divide in psychiatric opinion about DID. Some believe it exists, while others believe the diagnosis causes more harm, or that it doesn't exist at all. In the real world, this means most patients can go years without treatment — trapped in a cycle of clinicians, misdiagnoses or misinformation.

The fulcrum to this split in psychiatric opinion is repressed memory and false memory. But it also comes down to the validity of a person's claims they suffered overwhelming abuse as a child.

## **The Great Divide**

If repressed memory is the walling off of traumatic events by the subconscious, then false memory is a condition where a person claims to remember events that never actually happened because of a therapist's influence. Specifically, a therapist who uses leading questions, repeated suggestions or hypnosis.

The great divide widens to more questions. How can the absence of memory be studied? If doctors were able, by what measure can the absence of something be studied? If there was trauma, how can it be quantified, qualified, or corroborated? Are there medical records, police reports, diaries or recorded confessions?

Surveys of psychiatrists in Canada and the U.S. show less than one-quarter believe DID has legitimacy. Resistance within the medical community may make empirical evidence a pipe dream for DID proponents.

If those who suffer from some form of mental illness fight stigma from the outside-in, then those with DID are also fighting stigma from the inside out. [Learn more](#)

*“Compassion brings us to a stop, and for a moment we rise above ourselves.” Mason Cooley*

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

3] [Art 4 Social Change](#) – New Project: HEALING, STRENGTH, RESILIENCE – Collaborative Artwork – Helga Luest

## **Seeking Contributors!**

Take a minute to think about these three words, take a photograph [black and white or color] and post your image on the Art 4 Social Change wall or [PM me](#). I'll be grouping them in photo cubes like this,

so think about your photograph as part of a body: HEAD (examples: tearing eyes, sunshine, a dog's head), BODY [examples: group shot of faith community, tree trunk, heart formation in a cookie], LEGS (examples: sports equipment, feet moving, the foundation of a house). This can be as abstract as you'd like. Photo cubes are 3.5" x 3.5" so please size your image or understand that it will be cropped to fit.

Please spread the word. All are welcome to join. By sharing your image, you agree that it can be shared on this group page and exhibited with other images to stimulate discussion and build new community connections. Please do not submit images that you did not take.

It doesn't matter where you live or your level of skill, but I'm facilitating a new art project using photo images. I have about 9 photo cubes [see pic] and each panel is 3.5 x 3.5. I'd like to use the exquisite corps approach here as well - having distinct blocks that will just have "heads," some that will have "torsos," and others that will have "legs/feet." They will then be stacked to create the "body" and can be changed around as an interactive exhibit. This can be as abstract as you'd like -- color or B&W is fine. If you want to use a photo treatment to alter the image, that's fine too. The theme is "Coping." Please let me know what section you'd like to do and when we have reached our limit, I'll let you know. Thanks for considering!

#### INFORMATION NEEDED WITH IMAGE:

Please include your name, or the name you would like associated with the image, and the city/state/country you are from.

Send them to: <https://www.facebook.com/groups/Art4SocialChange/> -- the ad is pinned to the top, so you will see it first on the wall

**DEADLINE: February 10, 2017**

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

4] [Hear Me Sing: Book I](#) by Rivka Edery - available in both paperback and Kindle

Rivka Edery is a career social worker who has ministered to scores of clients in crisis and deep emotional pain: drug addicts, mentally ill, adolescents at risk, victims of poverty, children of deployed military, and veterans in treatment for Post-Traumatic Stress Disorder. She has been on the front-line of intervention at some of the most prominent facilities and treatment centers in New York State.

Rivka is much more than a clinician, mental health writer, and researcher. She brings her enlightened soul forward to share the truths from her own healing journey that began in childhood. Rivka Edery has found a new voice, that of a poet! Her work with victims of great suffering has brought her to a new level of spiritual transformation, which she invites us to experience.

In her new book, *Hear Me Sing Book I*, she completely embodies her identity as a spiritual healer and becomes a psalmist. Her songs reach to guide our broken hearts. They are songs of transforming the pain of unrequited love. Rivka's poems celebrate the heart that continues to be grateful for love after rejection, for love abiding in spite of the trauma of abandonment, a love that prevails through being forsaken, that survives the obliterating cruelty of solitude. She shows us how we are never alone, as whimsical healing partners emerge in the form of Rivka's various crones, goddesses, trolls and

monsters in a landscape glittering with wonders. Hear Me Sing Book I is a passionate recording of a beautiful heart that never stops singing and loving. The pain of this poet is not that of a victim asking for mercy, but the seizing of archetypal adventure and relishing a full, joyful emotional life.

Rivka is also the author of "[Trauma And Transformation: A 12-Step Guide](#)"

*"May your Spirit always Shine and Change this world with Love." Michal Madison*

*"Worry never robs tomorrow of its sorrow; it only saps today of its strength." A.J. Cronin*

5] [Learning to overcome fear](#) – The Homewood Star by Sydney Cromwell

Jason Lee doesn't enjoy recalling or talking about some of his childhood years in Homewood. In fact, he said a part of him still "wants to turn around and run away" when he discusses the sexual abuse he experienced at the hands of his assistant Boy Scoutmaster.

But Lee continues to talk about his experience, so no other victim of childhood molestation feels like they're alone.

Lee moved to Homewood in 1986 with his mother, Billie Gray, and brother. Because she was busy trying to support her family, Gray looked for ways to build a support network for her sons. That included Boy Scout Troop 97 at Trinity United Methodist Church.

"That was our hub and kind of our home away from home," Lee said.

The troop's assistant scoutmaster was Don Corley, an established member of the community who had been part of the troop for a long time. What no one knew then, however, was Corley used his position to take advantage of some of the boys in his troop, including Lee.

At the time, Lee never said anything to his mother or anyone else. There were "layers and layers of reasons" he kept quiet. His mother had recently been divorced and was struggling with supporting the family, so he didn't want to add to her burdens. Lee said discussing sexuality as a teenager would have been difficult anyway, let alone about something he knew was wrong.

"Part of the molestation and part of that relationship is an element of grooming involved and training the child not to tell anyone else," Lee said.

Though he said he is proud of his time in the troop, including becoming an Eagle Scout, those memories are all tainted by Corley's presence. He left the state in 1992 to go to college, fully intending to close the door on everything from those years.

"I left. I didn't want to go back, I didn't want to talk about it. I wanted to lock it up in a little box and never look at it again," Lee said.

Then he got a call from the Homewood Police. Corley had attempted to molest another boy who had told his parents, and an investigation was underway. Lee decided to share his story.

From there, Gray said the investigation seemed to grow exponentially as more children willing to talk

about their abuse came forward.

“We believe the number right now is 43 victims of Don Corley over a 30-year span,” Lee said.

Knowing her own son was a victim, however, still leaves feelings of guilt and personal grief for Gray. “I was pretty devastated to think that I had been totally unaware that this had been going on to my child,” Gray said.

She wasn’t the only one. Gray said one of the other scoutmasters for Troop 97, who has since passed away, kept saying, “I can’t believe that man fooled me,” for years after the news came out.

Many of Corley’s victims wanted to keep their privacy, but Lee and two others pressed charges. Lee had been reluctant to talk about that part of his life for years, but once he chose to talk to the police, he wanted to see it through.

“Once I decided to talk, I got rid of the fear,” Lee said. “I made a commitment to put Don Corley in jail.”

Corley pleaded guilty prior to trial and went to jail in November 1995. Gray recalled that “half of Homewood” was at the courthouse for the day of his sentencing. At that point, Lee thought his participation was done.

A few years later, when Corley became eligible for parole, his lawyer contacted Lee to ask him not to oppose Corley’s parole petition. But Lee was convinced that his molester should serve his full 30-year term. That led to the creation of 30 is 30, Lee’s campaign to spread awareness about child molestation and Corley’s story in particular.

30 is 30 serves multiple purposes. Lee uses his website to encourage people across the world to write letters to the Alabama parole board in opposition every time Corley has a parole hearing. The next parole hearing is in April, and Lee said he is hoping to send a flood of letters to the parole board.

He also keeps in touch with fellow victims and a few of Corley’s family members, who have wounds of their own after Corley’s actions came to light. Lee said he was surprised, though, by the number of people who reached out to him through 30 is 30 asking for help healing from their own experiences or because they believe their child might have been molested. In many cases, they have no idea what steps to take.

“I’ve had so many people reach out to try to ask for help and guidance. It made me realize there’s really no leadership available and accessible on this topic,” Lee said.

Lee was contacted by the Bristlecone Project, a part of the 1 in 6 campaign that profiles male victims of sexual abuse and assault, to share his own story. He gave not only his story, but also the idea to set up a display of some of the profiles in Homewood.

Since Lee now lives in Atlanta, Gray took the initiative to get the City Council’s approval. They want the Bristlecone Project, which will be on display from Jan. 9 to Feb. 6 at Rosewood Hall, to show other sexual abuse victims that the future can be brighter than the past.

“It’s to show victims of molestation not as victims, but as current successes,” Lee said. “People aren’t alone. You’re not doing this yourself. You’re not trapped; you’re not damaged. You can come out of this.”

David Lisak, who is one of the Bristlecone Project organizers, said there are about 78 men who have participated so far. The display will include posters of a few of these men and their pictures and stories, as a way to break the stigma of talking about childhood sexual abuse.

“They’re pretty gripping,” Lisak said. “It’s a very personal kind of moment between a viewer and the man who’s being depicted on the poster.”

One of the profiles on display will be Lee’s story, and he will be making the trip back to Homewood when the display arrives. Lee said the Bristlecone Project display is a chance for Homewood to face an ugly part of its past and show tangible support for molestation victims even if they never come forward.

“It’s a ripple effect. It starts with Corley, but then it broadens out. I’m so proud of Jason and what he has done,” Gray said.

For more information, go to [30is30.com](http://30is30.com) and [bristleconeproject.org](http://bristleconeproject.org).

*“Be determined to handle any challenge in a way that will make you grow.” Leo Brown*

*“To live a creative life, we must lose our fear of being wrong.” Joseph Chilton Pearce*

## 6] [Finding a Healthy Space Between Solitude and Isolation](#) – ConscienHealth

A quiet plague grows acute at this time of year - social isolation. It can trigger a host of chronic health problems, including obesity. Writing in the *New York Times*, physician Dhruv Khullar explains:

Social isolation is a growing epidemic - one that’s increasingly recognized as having dire physical, mental and emotional consequences. Since the 1980s, the percentage of American adults who say they’re lonely has doubled from 20 percent to 40 percent.

Loneliness is an especially tricky problem because accepting and declaring our loneliness carries profound stigma. Admitting we’re lonely can feel as if we’re admitting we’ve failed in life’s most fundamental domains: belonging, love, attachment.

But the good news is that every one of us has the capacity to reduce the burden of isolation. The only necessary tools are care and respect. Respect for individual differences helps to distinguish between solitude and isolation.

While solitude is something that people seek, isolation is something imposed on people. Solitude provides healthy time for reflection. Some people need more solitude than others. ***Isolation comes from losses and situations beyond a person’s control. No one seeks loneliness.***

Caring about a neighbor, friend, or relative does not require curing their problems. It requires only the

time that it takes to listen and earn a person's trust. It requires setting aside your own concerns and beliefs to hear and understand someone else's. Genuine caring is not visible, but it is unmistakable. Don't bother trying to fake it.

***Can you think of someone who might not know that you care about them? Think about investing time to show them.***

*"Give me solitude, sweet solitude, but in my solitude, give me still one friend to whom I may murmur, solitude is sweet."* – Elbert Hubbard

*"Not every "sorry" deserves an "it's okay" in return." The Mind Journal*

*"You are always responsible for how you act, no matter how you feel." Robert Tew*

7] [The Art of Healing Trauma](#)

## **About**

Hello and welcome to my blog. My name is Heidi Hanson. I developed PTSD in 2008 after two serious medical accidents and I have been creating drawings, poetry, videos and songs about my journey of recovery. I was floundering and wasn't making much headway out of acute PTSD until I found a therapist who is a practitioner of Somatic Experiencing, hence many of my drawings relate to my experiences working with Somatic Experiencing. I also developed a number of my own exercises and observations regarding PTSD. I am compiling all of it into an illustrated book. Please visit [new-synapse.com](http://new-synapse.com) for more information.

## **Disclaimer**

[1] Please keep in mind most therapeutic exercises presented here are based on one person (the author's) own personal experience. This means they have not been scientifically tested or validated for effectiveness among a varied population of trauma victims. If you decide to try out an exercise be aware you are doing so at your own risk.

[2] Please do the exercises under the supervision of a trained and licensed therapist, counselor, psychiatrist or other mental health specialist. If you experience an increase in symptoms, stop and discuss your experiences with your helping professional.

[3] There are inherent challenges in self-therapeutic exercises. You have to have developed some degree of self-monitoring and self-management skills so part of your mind can manage the rest of your mind's symptoms. Some ways to do self-therapeutic exercises responsibly: 1) Only begin after 12 months of therapy has been completed. 2) Go slowly and carefully monitor your responses. Stop immediately if you feel you have opened up part of your psychology that is beyond your ability to manage and seek help. 3) You may elect to bring the exercise to therapy and do it with the therapist managing your experience.

*Thank you for your cooperation and understanding. Heidi Hanson*

[15 Trauma Healing Goals – Symbolic Representations](#) » The Art of Healing Trauma

I've been having a lot of fun lately drawing symbols. You see, I want to put symbols next to each exercise in the book of trauma healing self-therapy exercises I am working on. The symbols will indicate all the Healing Goals that exercise will help one achieve.

So I got to work and – whew it's hard to come up with symbols for these psychological concepts!

Just to show the creative process at work (it's sort of interesting) I'm sharing with you all the various oddball symbols I came up with for each goal, and then the one I ultimately chose. Did I choose the best symbol for each goal? I don't know! My head is so full of symbols right now I guess you could say I have symbols coming out my ears. I chose the one I thought “felt” most like the goal and was also hopefully bold enough to see if printed very small.

Symbols – I was calling them “Codicons” for a while – are like little images (or icons) of information (or code). I guess I am wondering – can art enhance and improve our understanding of psychology? Take a look and tell me what you think.

So – without further ado, here are the 15 Trauma Healing Goals and all their symbols! Enjoy!

Before we get into the whole creative process behind each symbol, here are all finalist symbols in color on one page. Feel free to print this if it will help you. Also, there are some beautiful art prints of this illustration available in the [Store](#).

*“Take a long whiff of that burning bridge you dared to ignite. That's the scent of 'survival' you smell. Breathtaking isn't it?” Alfa*

8] [A Journey to the Center of Yourself](#) – Mindful by Tracy Picha

*“Depression is not an end point. It's the beginning of a process. If we heed the call for growth and change, a more enriching life awaits.” James Gordon, M.D., author of "Unstuck," talks to Tracy Picha*

**Mindful** recommends that anyone with depression or mood disorders consult a mental health professional before beginning or altering any course of treatment. Our articles do not constitute professional medical advice for your precise circumstances.

*“Depression is not a disease,” says Dr. James Gordon in his book [Unstuck: Your Guide to the Seven-Stage Journey Out of Depression](#). “It is a sign that our lives are out of balance, that we're stuck. It's a wake-up call and the start of a journey that can help us become whole and happy, a journey that can change and transform our lives.”*

For anyone who has experienced depression firsthand, this view may come as a surprise - and a relief. For anyone who's had a doctor hand over a drug prescription at the slightest sign of the blues, Gordon's take may seem like heresy.

And it's about time.

Depression ranks as the “most disabling of nonfatal conditions in the United States and around the

world,” according to Gordon. It is, he says, “the defining disorder of our times.”

The statistics in *Unstuck* underscore the point. One in five Americans will have an episode of either major depression or dysthymia (defined as a “disordered and depressed mood”) during their lifetime. More than 13 million Americans will have a major episode of depression this year, and countless others will experience symptoms that don’t quite reach the threshold for clinical diagnosis. Depression makes people more likely to suffer from a host of other problems, such as heart disease, alcoholism, and diabetes. The annual cost of lost productivity is more than \$50 billion a year.

Increasingly, the most common way to treat depression of any kind is by prescribing pharmaceuticals. Gordon sees antidepressants as a reasonable - and sometimes necessary - last resort, if no other treatments are found to help. But, he argues, drugs are by no means the place to start.

Gordon takes a more positive and empowering look at depression, but this is no Pollyanna approach. Depression can be serious, so do consult a doctor. But also take the time to consult yourself. If you are navigating any level of depression, you may be feeling miserable and disoriented, but, in Gordon’s words, “that doesn’t mean you don’t have intuition. People have a sense of what’s right for themselves.”

As for the rest of the journey, there’s no magic bullet. Personal effort is required. Whether Gordon is counseling patients or training other health care practitioners to take a more mindful approach, it’s the active involvement of tuning in to your body, exercising and eating well, and digging more deeply into the bigger questions of life that is called for. And on the other side of that journey? There lies the possibility of living a more enriched life with greater resilience, health, appreciation, and balance.

Mindful sat down to talk about the *Unstuck* approach with Gordon, who is the founder and director of The Center for Mind-Body Medicine in Washington, D.C. He’s a graduate of Harvard Medical School and a clinical professor in the departments of psychiatry and family medicine at the Georgetown University School of Medicine.

The hallmarks of depression are hopelessness and helplessness. My approach is grounded in hope and helping people help themselves.

Mindful: Why do you think it’s a bad idea to define depression as a disease?

James Gordon: When you’re in the midst of depression, you don’t know where your life is going, you’re feeling unhappy and pessimistic, and you don’t feel like interacting with others. When you’re trying to navigate that kind of condition, I don’t think it serves you best for someone to describe that as a disease.

Mindful: Why not?

JG: First of all, it’s inaccurate, because depression doesn’t have a regular pathological set of symptoms or signs. They differ from person to person. The broader implication is that this is something that needs to be treated, almost always with medication. When we call depression a disease, we define it as something chronic and essentially out of the realm of one’s own understanding. We treat it as an enemy. In that view, depression is something to reject and suppress, rather than a situation where we have the

possibility of learning what's going wrong in our lives and how to put our lives back into balance.

Mindful: What kind of imbalance are we talking about?

JG: It may be physical, emotional, mental, conceptual, social, spiritual, or all of them at the same time. They're all connected, so the idea is to look at the ways you're not in balance at this moment. When I work with a patient, I know that sooner or later I will need to address all of these dimensions. Each is part of who we are, and they have a profound effect on each other. [Read the entire article](#)

*“Their projections aren't your truth, and they don't have to be your reality.” Alex Elle*

*“All the mistakes I ever made were when I wanted to say 'No' and said 'Yes'.” Moss Hart*

### **Additional Resources:**

9] [Seeds of Love on Vimeo](#) - A collaboration of soul art dedicated to all sisters and brothers in need of healing at this time, as well as our Mother Earth by Vicky Stata

10] [As a psychiatrist, I diagnose mental illness. Also, I help spot demonic possession.](#) - The Washington Post

*How a scientist learned to work with exorcists.* Richard Gallagher is a board-certified psychiatrist and a professor of clinical psychiatry at New York Medical College. He is at work on a book about demonic possession in the United States.

11] [Outrage Over Katelyn Nicole Davis Video Suicide Misses the Point](#) - World of Psychology By John M. Grohol, Psy.D.

At the close of 2016, 12-year-old Katelyn Nicole Davis decided that she had had enough of her life in a small, rural town in Georgia. So she did what most teens do nowadays - she took to social media to share her feelings of angst, depression, and hopelessness. She was, by all accounts, a person doing the best she could in coping with depression and an alleged abuser within her own home.

What she did, however, is becoming an increasingly common and disturbing consequence of our society virtually ignoring people who are troubled by suicide and suicidal thoughts. She decided to livestream her death on Facebook Live.

This is upsetting to people: “How could they allow such videos to be online?!” “Why don't Facebook and YouTube do something about this?!” But the outrage misses the point completely.

### ***The Problem Isn't Video, It's Suicide***

12] [Depression and Anxiety](#) - Sports and Group Therapy are my Drugs of Choice [by Joe Guz] - Hey Sigmund - Karen Young

Ten years ago I was in a downward spiral. I just finished up my five year enlistment in the United

States Air Force. I was trying to transition into being a civilian and I soon realized how different military life was.

I struggled with my self-worth. I went from being in charge of all combat flying missions to working a mundane job. I lost all of my self-worth. I constantly felt that I reached my peak. I would never find another job as important and exciting. I was diagnosed with depression and social anxiety but I didn't believe it. I never took my prescribed medication. I assumed I was just having a tough time transitioning to my new life and I would snap out of it. I was wrong!

13] [Guz Gets a Buzz](#) - Finding comedy in a life filled with anxiety and depression.

Joe Guz is a military veteran who writes a humorous blog about living life with anxiety and depression at **Guz Gets a Buzz**.

14] [Why psychedelic drugs are having a medical renaissance](#) - PBS NewsHour

For C.J. Hardin, an Army veteran, dealing with post-traumatic stress disorder is an everyday feat. After years of pills and therapy failed to help his disorder, Hardin knew he needed an alternative. So he turned to a surprising substitute that's at the forefront of a revolution in neuroscience and medicine: psychedelics like MDMA and psilocybin. Science correspondent Miles O'Brien reports.

15] [Misguided mental health system needs an overhaul](#) - Alaska Dispatch News by Jim Gottstein

Jim Gottstein was a plaintiffs' attorney in the 1 million-acre mental health lands trust litigation, resulting in the creation of the Alaska Mental Health Trust Authority. For the past 14 years, he has donated his services to the Law Project for Psychiatric Rights. He has won five Alaska Supreme Court cases regarding involuntary commitment and forced drugging on the grounds both are unconstitutional or illegal.

The views expressed here are the writer's and are not necessarily endorsed by Alaska Dispatch News, which welcomes a broad range of viewpoints.

16] [11 Inspiring Transformations Of People Who Chose Life Over Drugs](#) – GoodStuff.buzz

For individuals battling addiction, the road ahead can be filled with many unknown twists and turns. Some experience a life-altering moment that propels them to seek help. Perhaps it was reckless behavior or a drunk driving conviction. But however they got to that point in their lives where they knew they needed help was a blessing in disguise.

Seeking support for an addiction is one of the most courageous things a person can do on that long and winding road to recovery. And addictions are a lot more common in society than one would have guessed. According to addictioncenter.com, approximately 20 million Americans over the age of 12 have an addiction to something, excluding tobacco. And with that shocking statistic, 100 people die every single day from drug overdoses.

And that's why it's so important for people dealing with an addiction to seek help and treatment. For the individuals in the images below, their journeys have turned into victories as evidenced in their before and after photos.

Take a look at how far they've come and applaud them for turning their lives around.

*"You don't have to be positive all the time. It's perfectly okay to feel sad, angry, annoyed, frustrated, scared, or anxious. Having feelings doesn't make you a 'negative person.' It makes you human." Lori Deschene*

***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](mailto: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**