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

The Surviving Spirit Newsletter September 2018

Hi folks,

Well, Fall has arrived with lots of rain, chilly nights and every now & then, a mild taste of what summer was, with a short visit of warmer temperatures. And of course, the changing colors of the leaves and their dropping to the ground. I truly appreciate the large oak and maple tree in the front yard and their shading, cooling help on the hot summer days, same rings true for the many in the back...but the annual raking of the leaves is not a favorite pastime of mine.

Speaking of 'annual', I had the good fortune to attend the 36th NYAPRS Annual Conference – Dignity, Justice and Recovery for all, a few weeks ago in the Catskills region of New York. This was my 17th year being here, truly honored each time I am asked to attend and host the Open Mic events. I am always amazed at the amount of talents and gifts that are shared on both of those evenings. Whether one is presenting their poetry, a song, performing, telling a story, some comedy, art, etc, there is an incredible amount of support and caring throughout the room.

Faith Taryn Davies is a great example of what is shared at the Open Mic nights. Please take some time to visit her website/blog, A Writer Exists Here.

“I write about my life. I write about my friends. I write the random words that filter through my mind at the most inopportune moments. I don’t follow a genre or any one specific type. I write out the words that sound in my mind. I write about a feeling, an experience, and sometimes about the voices in my head. For a label, I just write about my reality and my perception of this life.”  Faith Taryn Davies

There is a deep, palpable feeling throughout this conference of caring, support and love, as Harvey Rosenthal, the executive director of NYAPRS is fond of saying, “it is a gathering of the tribes”. And I agree.

Mary Murray & I were excited to also present a workshop:

The Spirit of Survival - Does society recognize the incredible strength, courage and resilience of those who have experienced trauma, abuse and mental health challenges and survived despite it all?

Let’s spend some time in song and discussion sharing about the positive attributes we all bring to the table of life. Let’s re-frame our negative thoughts, images and disparaging labels and develop self-compassion by questioning that inner critic who tells us we are not worthy of love.
“I have learned that some of the nicest people you’ll ever meet are those who have suffered a traumatic event or loss. I admire them for their strength, but most especially for their life gratitude - a gift often taken for granted by the average person in society.” Sasha Azevedo

This was Mary's first time attending a NYAPRS Conference, she did not want to leave [also echoed by many others at the event] because of the caring and love that is shared with one another. To feel wanted and supported leaves a lasting impression upon the mind, body & spirit.

Take care, Michael

“Our lives are not as limited as we think they are; the world is a wonderfully weird place; consensual reality is significantly flawed; no institution can be trusted, but love does work; all things are possible; and we all could be happy and fulfilled if we only had the guts to be truly free and the wisdom to shrink our egos and quit taking ourselves so damn seriously.” Tom Robinson

Newsletter Contents:

1] U.S. veterans use archaeology to dig through trauma in Israel by Paul Goldman and Francis Whittaker NBC News

2] Recommended Graduate Program Survey & Recommended Research Partners Survey - Nev Jones PhD, Assistant Professor Department of Mental Health Law & Policy, University of South Florida

3] 7 Strategies to Turn Trauma Into Strength by Michaela Haas - YES! Magazine

4] 5 Key Ways Crafting Heals Us - Crafting to Heal - By Kathryn Vercillo – PsychCentral

5] Doctors' Suicide Rate Highest of Any Profession – Web MD


7] Brené Brown: Listening to Shame - You Tube/TED Talk

8] 1in6 Online Support Groups for male survivors of sexual abuse and assault and their partners


10] Vikki Reynolds - Hate Kills - A social justice response to “suicide”

11] Tulane psychiatrist wins national award for research that shows how trauma seeps across generations by Keith Brannon -Tulane News

12] The Creative Art of Quilting and Its Health Benefits By Marijke Vroomen Durning @ NextAvenue
Fuentes, 38, a retired sergeant, suffered recurring ankle injuries while in Iraq and while stationed in Japan. She has also been diagnosed with post-traumatic stress disorder, or PTSD.

But the New Jersey mother of three and wife of an active-duty Marine has been invigorated by an unexpected field: archaeology.

“It’s almost like therapy,” she told NBC News amid the dust and stones of an excavation site at Beit She’arim, a World Heritage site and national park in northern Israel. “It’s helped me a lot. It’s given me something to focus on and a purpose.” Fuentes said that a dig she recently took part in helped her recapture the sense of “camaraderie” she had lost since leaving the military. Fuentes traveled to the Holy Land with American Veterans Archaeological Recovery, or AVAR.

Stephen Humphreys, a former U.S. Air Force aircraft maintenance officer, heads up the program. He served in the military for six-and-a-half years, before going back to college to become an archaeologist.

“I realized that archaeology digs really bring people together,” he said. “You build this fantastic sense of community that’s really centered around this mission. ... I thought there were a lot of parallels between that and my military service.”

Joshua Sooklal, an Iraq war veteran who served in the U.S. Navy Hospital Corps, said the project has given him a new sense of belonging.

“My job was to protect people, to basically serve them. After I lost that I felt I had no purpose in life,” he said. “Reinstating that purpose is what came through with this program. Connecting with other veterans, showing that my purpose is still needed and wanted. It has also reinstated the motivation that I have to be a driven person.”

Humphreys said that the veterans he works with “usually have a combination of physical and mental issues they are coping with.”
Some have been wounded by improvised explosive devices and suffer from traumatic brain injuries or PTSD.

Humphreys hopes that the program won’t just give veterans an “amazing transformative experience to bond together again,” but also bring potential employment opportunities in the field.

“Awareness is so much better for me than closing out all feelings, shutting out people, withdrawing from living. No matter how hard the truth is or what the facts are, I prefer to know, look at, and accept this day.” As We Understood...

2] Hello--

As some folks may already know, I'm a peer/lived experience researcher (and assistant professor) at the University of South Florida. At Alternatives this past summer, one of my PhD students, Emily Cutler (also a lived experience researcher) and I ran a workshop on increasing research and evaluation capacity in the peer/consumer/survivor community. A really great group of folks from the US and Canada attended and we generated a long list of potential next steps/actions items. The three we're starting with are (1) starting a listserv to provide a hub for members of the peer community who are interested in research; (2) generating a list of recommended graduate/PhD programs for students with lived experience/psychiatric disabilities (i.e. that can be recommended as explicitly supportive, disability-friendly programs) and (3) generating a similar list of recommended academic or non-academic/community-based research partners (centers/programs/organizations) -- i.e. programs or centers that proactively, meaningfully partner with the peer/lived experience community.

If you're interested in the listserv, please email me at genevra@usf.edu.

To help put together with the two lists of recommended programs we've put together two online surveys to guide responses. We will compile this information and make it publicly available via a dedicated website. Anyone (student or former student, current faculty/staff or affiliated researchers, community partners) with direct experience is encouraged to recommend one or more programs if they're in a position to. Links are here:

**Recommended Graduate Program Survey**

**Recommended Research Partners Survey**

Thank you!

Nev Jones PhD, Assistant Professor
Department of Mental Health Law & Policy, University of South Florida

“The test of the morality of a society is what it does for its children.” Dietrich Bonhoeffer

“The goal of recovery is not to become normal. The goal is to embrace the human vocation of becoming more deeply, more fully human.” Patricia Deegan
Survivors discover surprising benefits in the process of healing from a traumatic event.

When Army surgeon Rhonda Cornum regained consciousness after her helicopter crashed, she looked up to see five Iraqi soldiers pointing rifles at her. It was 1991 and her Black Hawk had been shot down over the Iraqi desert. Dazed from blood loss, with a busted knee and two broken arms, the then-36-year-old medic was subjected to a mock execution by her captors, sexually assaulted, and kept prisoner in a bunker for a week.

Her crisis included textbook causes for post-traumatic stress—a near-death experience, sexual assault, utter helplessness—and yet, after her release and medical rehabilitation, she surprised psychiatrists by focusing on ways she improved. “I became a better doctor, a better parent, a better commander, probably a better person,” she says. One might suspect Cornum was suppressing the real toll of her ordeal, but her experience is far from unique.

“Post-traumatic growth,” a term coined by University of North Carolina psychologists Richard Tedeschi and Lawrence Calhoun, describes the surprising benefits many survivors discover in the process of healing from a traumatic event. After counseling bereaved parents, people who had lost the loves of their lives or were severely injured, cancer survivors, veterans, and prisoners, the researchers found growth in five main areas: personal strength, deeper relationships with others, new perspectives on life, appreciation of life, and spirituality.

Post-traumatic stress disorder gets more attention, but post-traumatic growth is much more common. Tedeschi found that as many as 90 percent of survivors from all walks of life report at least one aspect of growth. “But it is important to make clear that not everybody experiences growth, and we are not implying that traumatic events are a good thing,” Tedeschi stresses. “They are not. In the wake of trauma, people become more aware of the futility in life, and that unsettles some while it focuses others. This is the paradox of growth: People become more vulnerable yet stronger.”

Tedeschi estimates that most of us—almost 90 percent, according to his calculations—will experience one or more traumatic events during our lifetimes. For instance, 1.6 million people are diagnosed with cancer each year. About 3 million Americans are injured or disabled in traffic crashes. Many women have experienced sexual assault. Although most people will suffer from post-traumatic stress in the aftermath of trauma, few will develop the full-blown disorder, and even of those, most will heal with therapy and time.

Tedeschi rejects the designation “disorder” because of the stigma the term carries. “When someone crashes their car against a wall at 60 miles per hour, they’ll have many broken bones. Do we say they have a broken bone disorder? They have an injury. Same with trauma survivors; they have been injured. Psychologically injured, maybe morally injured.”

Psychiatrists and psychologists have focused on the negative impact of trauma; after all, they’re trained to track the symptoms, what’s wrong. But this deficit model adversely impacts survivors. Many trauma survivors simply assume that they are damaged forever. In reality, although we likely do carry a traumatic event with us forever—in our minds and bodies—we can heal and even thrive.
Cornum is convinced that resilience is like a muscle that strengthens when exercised and atrophies when neglected.

Together with specialists, she initiated a comprehensive resilience training that ran its first pilot program in 2009. Every single U.S. Army soldier now participates in the $160 million program, which has been shown to significantly decrease substance abuse and increase optimism, good coping skills, adaptability, and character strength. The training is so successful that psychologists are convinced that it can help not only soldiers, but people from all walks of life.

Here are strategies trauma psychologists have found particularly helpful to turn struggle into strength:

1. **Mindfulness** - At the resilience boot camp in Philadelphia, soldiers start each day with mindfulness meditation and breathing exercises. Because the most common PTSD treatments—medication and psychotherapy—only work for about half the survivors, the army is experimenting with alternative methods, and meditation has proven to be one of the most promising.

2. **Vulnerability** - Post-traumatic growth is not the opposite of post-traumatic stress. Rather, the stress is the engine that fuels the growth. Before we can overcome suffering, we need to go through it. Covering up a raw wound with a smiley face Band-Aid does not lessen the pain. Neither does suffering in silence, which only increases the risk of PTSD. Instead, growth arises from acknowledging the wounds and allowing vulnerability.

3. **Self-compassion** - Shame, self-blame, and guilt are all too common in the aftermath of trauma. Practices of self-compassion and loving kindness under the gentle guidance of an experienced, trauma-informed instructor can allow survivors to reconnect with parts of themselves that have been wounded, at their own pace.

4. **Finding meaning** - “After trauma, it’s important to acknowledge mental suffering will happen,” Tedeschi instructs. “At a certain point, and in tandem with continuing distress, a crucial foundation of post-traumatic growth is making meaning out of and reflecting about one’s trauma.” As Auschwitz survivor Viktor Frankl realized, “Those who have a ‘why’ to live can bear with almost any ‘how.’”

5. **Gratitude** - One of the single most effective practices for resilience is keeping a journal of gratitude. The army calls it “Hunt the Good Stuff,” but the exercise is the same: noticing three good things every day and reflecting on them. According to studies at the University of California, Davis, grateful people not only report that they are more satisfied, optimistic, and content with their lives, but they also have fewer medical symptoms, more energy, and even sleep better. In addition, cultivating gratitude improves our mood, and makes us more social and willing to help others.

6. **A holistic approach** - Dr. Karen Reivich, the co-director of the Penn Resiliency Project, and her team teach 14 core skills, such as goal setting, energy management, problem solving, and assertive communication.
7. **A team effort** - “Nobody ever does it alone,” civil rights icon Maya Angelou recognized, years after being raped at the age of 8. Resilience is always a team effort. Moving forward after a crisis depends not only on the individual’s resources and their genetic makeup or upbringing, but also on their connections to the people around them and the quality of support. The best kind of support encourages survivors to focus on their strength but doesn’t gloss over their wounds. Nothing is as powerful as knowing we are not alone.  

Read the entire article

“Nothing in life is to be feared, it is only to be understood. Now is the time to understand more so we fear less.” Marie Curie

”Our greatest glory is not in never falling, but in rising every time we fall.” Confucius

4] 5 Key Ways Crafting Heals Us - Crafting to Heal - By Kathryn Vercillo – PsychCentral

Crafting heals us.

It doesn’t matter which craft we engage in. As long as we are doing something creative with our hands, we begin to heal our minds.

Of course, each craft has its own particular benefits. For example, knitting and crochet both use repetitive motions that have been found to release serotonin. This, in turn, helps to alleviate depression.

Some crafts require more patience than others. Certain crafts have a higher bar of entry. In other words, they are more difficult to learn, therefore they can be more frustrating than healing in the beginning.

Nevertheless, there are certain traits that almost all crafts have in common. Here are five common ways that crafting heals us:

1. Crafting Distracts The Mind - Many mental health conditions are characterized by problematic thinking. For example, ruminating thoughts worsen depression. Similarly, OCD is characterized by obsessions, which are unwanted, intrusive thoughts.

Crafting can often provide a focused distraction for the mind. When you have to pay attention to a crochet pattern, you can’t worry about a problem. When you need to figure out the next stitch in your quilt, your mind forgets whatever it was obsessing over.

Distraction is not always a solution for mental health issues. However, it can be a great tool in the toolbox.

2. It Feels Good to Be Productive - So many mental health issues eat away at our ability to do the things that we want to do. For example, depression can cause fatigue. This, in turn, makes it impossible to complete even simple everyday tasks, let alone to take on bigger endeavors.

The less we do, the less capable we feel. It can seem like we “should” be able to be productive, and we may feel like failures when we don’t accomplish anything. Crafting can be one thing that we do well. As a bonus, our crafts are often functional.
We can set the bar low with a craft that is easy to accomplish. Then, when we complete the craft, we feel the success of finishing a project.

3. Crafting Builds Self-Esteem - This goes along with being productive. We feel good when we can do something. It’s magnified by creating items by hand. There is just something magical about putting a few materials together with your own creativity and labor and coming up with a finished project seemingly out of thin air.

Crafting also boosts self-esteem when we share our crafts with others. Friends and family members may compliment our efforts. We can share our work online and see a positive response. Although there are occasionally naysayers out there, the crafting community tends towards kindness and generosity. We want to see one another thrive, and we support each other’s efforts in doing so.

4. Crafting Offers Community - That online community goes a long way towards providing psychological support. If you have never joined a craft community online, then you may be surprised to discover just how much support is out there. More importantly, it goes so far beyond support for crafting.

For example, Sam Bastable shared in an article with Crochet Now that he is part of a Facebook called Crochet Beginners Group that has nearly 100,000 members. The group was started by a woman who “set up the group to share stories and support each other through tough times.” People may join the group to learn how to crochet, but they end up supporting each other through grief, depression, anxiety, and so many more serious issues.

5. Crafting Stirs the Imagination - Many mental health conditions eat away at our imagination. Depression may be the worst of all. We become incapable of seeing a time when things might be better. Crafting is one way to get the imagination going again.

Learning how to make simple decisions and imagine in small ways stretches the brain. This helps us begin to see a future again, one that is filled with possibility. This is how crafting heals us. Read more at

Has crafting helped you to heal? I would love to hear your stories. Share in the comments or reach out to me via email if you are interested in doing a more complete email interview to share your story with others.

Kathryn Vercillo is a professional writer who also has a Masters in Psychological Studies. Her expertise is writing at the intersection of crafts and mental health. Kathryn is the author of several books on this topic including Crochet Saved My Life.

As a writer I am committed to helping others explore, articulate and share their own individual stories.

I am a writer, a crafter, a daydreamer and a part of a community that starts in my San Francisco hometown and radiates out. I believe that self-expression is the key to self-realization and also the key to connecting communities. Explore My Books
"Too often we underestimate the power of a touch, a smile, a kind word, an honest compliment, or the smallest act of caring, all of which has the potential to turn a life around." Leo Buscaglia

“Be not overcome of evil, but overcome evil with good.” Romans

5] Doctors’ Suicide Rate Highest of Any Profession – Web MD

One doctor commits suicide in the U.S. every day - the highest suicide rate of any profession. And the number of doctor suicides -- 28 to 40 per 100,000 - is more than twice that of the general population, new research shows. The rate in the general population is 12.3 per 100,000.

Doctors who die by suicide often have untreated or undertreated depression or other mental illnesses, a fact that underscores the need for early diagnosis and treatment, says study researcher Deepika Tanwar, MD, of the psychiatric program at Harlem Hospital Center in New York.

"It's very surprising" that the suicide rate among physicians is higher than among those in the military, which is considered a very stressful occupation, Tanwar says.

The findings were presented at the American Psychiatric Association (APA) 2018 annual meeting.

Stigma, Access to Lethal Means - Using MEDLINE and PubMed, the researchers looked at studies of doctor suicide that included articles published in peer-reviewed journals during the past 10 years.

The results also showed that although female doctors attempt suicide far less often than women in the general population, their completion rate exceeds that of the general population by 2.5 to 4 times. It also equals the completion rate of male doctors.

Experts are trying to understand why the rates are so high, Tanwar says. The study shows that some of the most common diagnoses are mood disorders, alcoholism, and substance abuse.

One study showed that depression affects an estimated 12% of male doctors and up to 19.5% of female doctors, a rate similar to the general population. Depression is more common in medical students and residents. About 15% to 30% have symptoms of depression

'but were reluctant to seek professional help because of the fear of stigma.' Read the entire article

“Suicide is not something that happens to one person, and it is not something that one person does. Nobody simply kills themselves. Events occur in context, and because we live in a society that has not delivered on the promises of social justice, which we are well qualified and able to deliver, we have to structure into our analysis of a person’s death the context of social injustice in which they lived.” Vikki Reynolds, “A Social Justice Response to ‘Suicide’


Last week, Southern California was stunned by the disappearance of an LA County Fire Department Captain. For almost a week family, friends, firefighters and first responder communities came together to help locate him. Unfortunately, for the loved ones of Wayne Habell, five days after his
disappearance he was found, having taken his own life.

Sadly, for those in first responder roles, suicide is nothing new. In fact, the Journal of Emergency Medical Services reports in a 2015 survey of more than 4,000 first responders, that 37% had contemplated suicide and almost 7% had attempted it. That is more than 10 times the rate of the general population. Nevertheless, the Firefighter Behavioral Health Alliance (FFBHA) says that despite that staggering number, they estimate only 40% of firefighter suicides are voluntarily reported. Another study concluded that at least 143 firefighters had taken their own lives in 2015, while far fewer had died in the line of duty. This same report also highlighted that firefighters commit suicide at a higher rate than even their police officer peers. And if the FFBHA is correct, that means more than twice the number died at their own hand than in the line of duty. At the time of publication, FFBHA had confirmed 43 firefighter suicides in 2018.

Firefighters, like many first responders, spend a career facing death and destruction. Shift after shift trying to save others while putting themselves in harms way. But for firefighters, a challenging schedule can intensify issues. Sleep deprivation, 24-hour work shifts, lots of missed family time and generally low pay. Consequently, there is plenty of opportunity for frustration and stress – professional and personal. And despite being five times more likely to suffer from depression and PTS symptoms than the rest of the population, very few fire stations support mental health care needs (supposedly less than 5%).

With increasing frequency, the mental health of full-time firefighters is compared to those who serve in the military. Populations who self-select into physically demanding, high-risk taking careers, purposefully running into danger with the aim of helping others. And that, especially in these male-dominated fields, the occupation is how they define themselves. Thus, once they pass the peak of their physicality or face retirement, they often report feeling a loss of identity. Add in a Superman complex of feeling like it’s their job to save others, frequent reports of decreasing testosterone levels with age, and the effects of hiding their emotions following years of traumatic situations, and it’s no wonder the stigmas, symptoms and outcomes often look similar between firefighters and service members.

Although suicide in the U.S. has reached epidemic levels, the media is selective in highlighting celebrities. Media also covers the deaths of first responders lost in the line of duty extensively. But the ones who are lost to their own demons are left to cope in silence, feeling isolated. First responders in particular are afraid to speak up, for fear of career limitations or being seen as less brave by those around them. But, as more individuals and families begin to speak up, the less alone and stigmatized others feel. And with that, come added resources and strategies. Read the entire article

“Dare to reach your hand into the darkness, to pull another hand into the light.” Norman B. Rice


Shame is an unspoken epidemic, the secret behind many forms of broken behavior. Brené Brown, whose earlier talk on vulnerability became a viral hit, explores what can happen when people confront their shame head-on. Her own humor, humanity and vulnerability shine through every word.

“Sometimes we try so hard that we fail to see that the light we are seeking is within us.” As We
“Don’t judge each day by the harvest you reap but by the seeds that you plant.” Robert Louis Stevenson

8] In6 Online Support Groups for male survivors of sexual abuse and assault and their partners

These weekly chat-based support groups are free, anonymous, and confidential. Each group is facilitated by a professional counselor and a trained moderator, who provide a safe space to discuss issues related to the effects of and recovery from unwanted or abusive sexual experiences. We currently offer two groups for men who have experienced sexual abuse or assault, and one group for partners of men who have had such experiences. Weekly schedule:

Monday Group - 7 - 8:30pm EDT Survivors group
Tuesday Group - 8 - 9:30pm EDT Partners group
Wednesday Group - 8 - 9:30pm EDT Survivors group

“What hurts the victim most is not the cruelty of the oppressor but the silence of the bystander.” Elie Wiesel

“That which is felt by the heart is the remedy.” Kenyan Proverb


In addition to his three published books Callen is the author of many plays and other works. He also privately printed a genealogical work on his great-great grandfather and great-great-uncle, The Townsend Brothers of Shullsburg, Wisconsin, which will become publicly available in 2018. He is currently finishing revisions of a new memoir, editing a book of theatrical skits for the LGBT youth theater group, Proud Theater, and working on a book of essays.

Callen has written 23 full-length plays, a full-length adaptation, a one-act play, and about 50 monologues that have been produced. The monologues he wrote for a cemetery tour sponsored by the Wisconsin Veterans Museum, Talking Spirits, received two awards. The first was a 1999 Award of Merit that the program received from the Wisconsin Historical Society. In 2003 the first four years of the project received an award from the American Association of State and Local History. Most of his full-length plays have been produced at Broom Street Theater in Madison, Wisconsin, one of the oldest experimental theater companies in the nation.

In addition he has had poems, articles and essays appear in various publications, including The James White Review, The Sweetwater Review, Out!, Isthmus, Scott Stamp Monthly, Our Lives Magazine, and the Wisconsin Fellowship of Poets' annual poetry calendar, among others.

Callen is also an activist and public speaker on surviving child sex abuse. He has spoken before many organizations, including MaleSurvivor's 14th International Conference in Newark, New Jersey in 2014.
and as the keynote speaker for Bolton Refuge House's annual Fall Gale in 2017 and for the Paths to Healing conference in June of 2018. Callen was the driving force in creating the Paths to Healing conference in Madison, Wisconsin. It is a one-day conference on surviving child sex abuse with a focus on male survivors. Planning will be underway soon for the seventh annual event to be held in June of 2019. He won Community Shares of Wisconsin's Backyard Hero award in October of 2013 for his work on organizing the conference. In 2016 Wisconsin Coalition Against Sexual Assault honored him for his survivor activism by naming him their annual Courage Award winner.

Callen has written many essays and articles as a survivor. He is one of the men featured on the Bristlecone Project, a website and touring art show that highlights the photos and biographies of male survivors of sexual abuse. He also wrote the autobiographical play, Invisible Boy, about his experiences.

As a queer community activist Callen was an active member of the University of Wisconsin-Platteville's Gay and Lesbian Alliance back in the early 1980s. After moving to Madison he was one of the four co-founders of The 10% Society in 1983, the first campus-wide LGBT organization on the University of Wisconsin campus. In 1999 he was the co-founder of Proud Theater, an LGBT youth theater group that now has five chapters and is working on opening a sixth. He is still a mentor for the group. Starting in 1999 he worked for two and a half years as the Direct Services Coordinator at Outreach, Madison, Wisconsin's LGBT community center. During that time he also served on the Dane County Coordinated Community Response to Domestic Violence's same-sex domestic violence task force. In 2003 he was awarded OutReach's Man of the Year award for his activism. He has worked with several LGBT organizations, written articles and essays on queer issues, and spoken to many groups, including emceeing Madison's annual pride celebration.

Originally from Shullsburg, Wisconsin Callen now lives with Brian, his partner of more than 25 years, in Monona, Wisconsin. They share their house with a dog, two cats and an ever-changing number of finches. Besides writing he is a published and prize-winning photographer, an avid hiker, birdwatcher, stamp collector, traveler, reader, community activist, and has many other interests that are too numerous to list.

Amazon.com: Callen Harty's Books

& Invisible Boy on Vimeo - Invisible Boy is a play about surviving childhood sexual abuse. Using narrative and poetry, the play traverses across time and memory as Jason works to fuse together the broken pieces of his past to become a survivor instead of a victim. Written by Callen Harty, the play is autobiographical in nature, based on his own experiences growing up in southwestern Wisconsin. Harty, who has written and directed more than twenty full-length plays, said, “It was the most difficult thing I’ve ever written, but in the end it was worth it. It was healing for me and for some of the cast members and hopefully some of our audience as well.” He said he hopes the play brings a greater understanding to an issue that is not often discussed, particularly in theatrical form.

“Try not to become a man of success but rather to become a man of value.” Albert Einstein

“The highest function of love is that it makes the loved one a unique and irreplaceable being.” Tom Robinson
10] **Vikki Reynolds - Hate Kills** - A social justice response to “suicide”

“As change agents, I believe we need to “belong” people who have been told by hate that they do not belong on this earth, and we need to participate in delivering justice to them and to all of us. Resisting hate, practicing solidarity, and transforming society to be inclusive and just is suicide prevention in its most radical form because social injustice, hate, stigma, and oppression create the conditions that make the horrors of suicide possible.”

**Sustainability In Community Work** - Vikki has a deep commitment to social justice and her work is based on an anti-oppression and decolonizing framework. She plays a leading role in building communities in a spirit of solidarity, putting ethics at the forefront.

Vikki Reynolds is a Consultant, Instructor and Supervisor specializing in Team Development, Resisting Burnout and Organizational Change. Her work addresses Addiction, Substance Misuse, Diversity, Homelessness, Trauma and Violence.

**Articles** – Philosophy - As an instructor and Registered Clinical Counsellor, I supervise and support frontline workers who work alongside marginalized clients. I believe we can be of use in community work that happens in contexts of social injustices. When we operate in alignment with our ethics, embrace a spirit of solidarity, and collective responsibility, we can sustain ourselves and shore up each other in this challenging work.

“There is a vitality, a life force, an energy, a quickening that is translated through you into action, and because there is only one of you in all of time, this expression is unique. And if you block it, it will never exist through any other medium and it will be lost. The world will not have it. It is not your business to determine how good it is nor how valuable nor how it compares with other expressions. It is your business to keep it yours clearly and directly, to keep the channel open. You do not even have to believe in yourself or your work. You have to keep yourself open and aware to the urges that motivate you.”  *Martha Graham*

11] [Tulane psychiatrist wins national award for research that shows how trauma seeps across generations](https://news.tulane.edu/) by Keith Brannon -Tulane News

The American Academy of Child and Adolescent Psychiatry (AACAP) has selected Tulane child psychiatry professor Dr. Stacy Drury to receive the 2018 Norbert and Charlotte Rieger Award for Outstanding Scientific Achievement.

The award recognizes the most significant paper published in the Journal of the American Academy of Child and Adolescent Psychiatry by a child and adolescent psychiatrist within the last year. It’s a record fourth time a Tulane child psychiatrist has won the prestigious award for groundbreaking research in the field. Representing more than 9,000 child and adolescent psychiatrists worldwide, the AACAP is the leading authority on children's mental illnesses.

The academy singled out Drury’s research into how early childhood trauma can have negative health consequences that seep across generations. The research showed that a biological marker of an infant’s ability to regulate stress was influenced not only by the amount of stress the child’s mother experienced during pregnancy but also by a mother’s life course experiences with stress. Her paper, "**Thinking**
Across Generations: Unique Contributions of Maternal Early Life and Prenatal Stress to Infant Physiology," was published in November.

“People who have high respiratory sinus arrhythmia [RSA] or a lot of RSA reactivity when stressed tend to be more adaptable or resilient,” Drury said. “What our study showed was that moms’ adverse childhood experiences took away some of that flexibility in babies. It showed that things that happened even before a mom gets pregnant can leave lasting traces in her child and, what is really new about this study, is that we showed that these are different than prenatal stress.”

The study showed that a mom’s early life adversity set a lower baseline for RSA, while prenatal stress resulted in less variation over a stressor.

“It is a bit nuanced in that adverse childhood experiences really lowers baseline or starting point of a child’s RSA, while prenatal stress influenced the change in RSA, or what we call reactivity,” Drury said. Researchers are studying whether early childhood interventions can recalibrate an infant’s RSA stress response. Read the entire article

“I have no special talents. I am only passionately curious.” Albert Einstein

12] The Creative Art of Quilting and Its Health Benefits By Marijke Vroomen Durning @ NextAvenue  
– Where grown-ups keep growing

This art form is good for your health, helps you stay connected and provides purpose

If you’re among the 7 to 10 million quilters in the United States, you likely already know how quilting can have a positive impact on your life. Studies have shown crafting can have a healing effect on the mind, but did you know the art of quilting may help restore or maintain your health?

Quilting Offers a Sense of Belonging - With families and friends spread out across the country, it’s easy to feel disconnected. Unlike many other crafts, quilting can provide the sense of community that has been lost. A few generations ago, women held quilting bees to gather and work on quilts. Today’s equivalent is the quilting guild, where quilters gather to learn about quilting, share creations, work on community projects and reach out to other quilters who need support.

Bonnie Wright, a retired occupational therapy assistant, found this support when quilting helped her adapt to her new home. After moving to Mount Cobb, Pa., following her husband’s death, Wright sought out and joined a guild, so she could meet people. There she met a woman who held smaller meetings in her home. “It’s what I needed,” Wright said. “With this group, I feel like I made the friendships I needed so badly.”

Dana Howell, program director of the occupational therapy department at Eastern Kentucky University, had a similar experience after moving to Seattle and then going through a bad break-up. “I was in a really rough spot, so I started taking a quilting class through a local community college in 1996. To this day, that was one of the most supportive groups of women I have ever been involved with,” she said.

Howell went on to write a paper about the restorative qualities of quilting, which was published in the
Think of yourself as having two parts: One part is a child in need of nurturing; the other is a parent who has the privilege of caring for that child. It’s a privilege to take seriously. And one way we take that privilege seriously is to practice self-care on a deeper level.

We also can think of self-care as having layers. One layer, perhaps the first layer, may include pampering: bubble baths, manicures, pedicures and spa days. The other layers, layers two and three and 23, address caring for our souls, hearts and spirits. That’s really self-care on a deeper level. It’s how we honor ourselves at our core, mentally, emotionally, physically and spiritually.

Below are nine ways we can compassionately care and parent ourselves on those deeper levels.


It may seem silly to think of ourselves as two parts, and maybe it is. And maybe it’s also exciting and empowering: Because you have the power to give yourself what you need. You have the power to make adjustments. You have the power to honor your natural tendencies, and to protect them. And, as any parent knows all-too well, while that comes with responsibility, it also is an incredible privilege.

“Self discipline is self caring.” M. Scott Peck

“If I am not for myself, who will be for me? And if I am only for myself, what am I? And if not now – when? Hillel

14] Scientists seek veterans to help treat CTE  By Brit McCandless Farmer @ CBS News

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide.

These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

As correspondent Sharyn Alfonsi reports this week on 60 Minutes, some veterans’ brains are affected by chronic traumatic encephalopathy, or CTE, caused by repeated blows to the head.
CTE is the same disease that's rocking the football world. Last summer, neuropathologist Dr. Ann McKee discovered CTE in the brains of 110 out of 111 deceased N.F.L. players, raising serious concerns for the men still playing the game.

Now Dr. McKee is seeing similar patterns in deceased veterans who were subject to head trauma from combat blasts. Of the 125 veterans' brains she has examined, 74 had CTE.

There's currently no cure for CTE, a debilitating brain disease that causes symptoms such as depression, memory loss, difficulty thinking, and impulse control. But researchers like Dr. McKee are trying to find ways to treat - and even just diagnose - CTE, and for that, they need veterans.

Veterans living with symptoms of CTE can help science advance research on this disease in two ways - by signing up to be part of an active research trial or by pledging to donate their brains after death, similar to becoming an organ donor. Learn more

15] Combat veterans coming home with CTE by Sharyn Alfonsi on 60 Minutes - CBS News

_A brain disease best known for impacting football players who suffered concussions is now being found in soldiers_

Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

As we first reported in January, CTE isn't just affecting athletes, but also showing up in our nation's heroes. Since 9/11 over 300,000 soldiers have returned home with brain injuries. Researchers fear the impact of CTE could cripple a generation of warriors. Learn more

“Success is to be measured not so much by the position one has reached in life, as by the obstacles which one has overcome while trying to succeed.” Booker T. Washington

_Take care, Michael_

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