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 October 2019

Hi folks,

I'm hoping all is well for you in your corner of the world. For myself, I've been taking in the lovely colors of Fall here in New England, simply stunning. And also quite stunning, the leaves that keep falling down into the yard. Lots of leaf raking parties going on here in New Hampshire!

My mind has been quite busy these past few weeks with thoughts on the *peer connection*, stirred up by what has been shared from many of the articles.

I know from my travels of advocacy, in what I refer to the as the trauma, abuse & mental health arena, that the word *peer* means a lot of things to many people. Though there is community in these worlds, it can also be quite polarized in how some think what a '*peer*' is or supposed to be.

For myself, I have had time to ponder these things over the past several years...I was and still am a peer among musicians. I identify as a peer who has lived in the worlds of trauma, abuse and mental health and all of the hurts, pain, suffering and joy that I have experienced from being a member of these communities. I'm a divorced husband, a dad, a father who has lost children to divorce and parental alienation and a grieving father of two children who did not make it into this world. I'm a brother, a survivor of suicide loss and survivor of suicide attempts. I felt connected as a peer to others when I attended Adult Children of Alcoholic meetings, ditto to support groups for survivors of childhood sexual abuse and *peer* support groups for those of us who have been labeled "*mentally ill*". These are snippets of some of my life's experiences and how they connect me to others. I feel the same holds true for most folks, our experiences are many and that to me is what unites us, our commonality as human beings. Finding a way to bridge the divide that takes place in some camps can go a long way in our efforts to change the paradigm of how things are in this world.

I believe that Sarah Knutson has summed it up quite nicely, we are, "*Peerly Human, We are human beings on a human journey. Nothing more, nothing less. No greater gift, no higher calling.*"

Sincerely, Michael

"The greatness of a community is most accurately measured by the compassionate actions of its members." Coretta Scott King

"Alone, we can do so little; together, we can do so much." Helen Keller.

Newsletter Contents:

“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.” Bessel van der Kolk

1] The Sisyphus Cycle: How Everyday Stress Leads to Suicide By Sarah Knutson @ Mad In America - Science, Psychiatry & Social Justice

Sarah Knutson is an ex-lawyer, ex-therapist, survivor-activist. She is an organizer/ blogger for Peerly Human (http://peerlyhuman.blogspot.com), and the Wellness & Recovery Human Rights Campaign. Sarah organizes free, peer-run, peer-funded opportunities for ordinary people to offer, receive, share and experience the radically transformative power of unconditional personhood and our own authentic, vulnerable humanity.

By and large, mainstream society agrees that suicide rates are disturbingly high, possibly approaching epidemic proportions. Most people probably also see these issues as part and parcel of "mental illness" and are fairly content to leave the solutions to health-care industry experts. As the story goes, suicidal people are depressed, depressed people are mentally ill, mental illness is a chemical imbalance or genetic abnormality. Ergo, better drugs or medicine should eventually provide a cure. The experts are working on it. We just need to be patient and let them do their job.

But is this a fatal mistake?

In the first place, there is something of a glitch in the comfortable rhetoric. It doesn't comport with the actual data.**1** According to researchers, a wide variety of cultural, social & economic factors - not just biological or heritable traits - impact suicide rates, e.g.:

- Disparities in health care, income inequalities, despair, loneliness, lack of belonging **2**
- The increased social acceptability of thinking about suicide **3**
- Declining socio-economic status
- Weakened forms of social integration **4**
- Relationship problems/loss, life stressors, and recent/impending crises **5**
- Increased media screen time for minors **6**
- Experiences of trauma, negative interpersonal/ occupational/ academic events, and feeling the burdensome responsibilities of professional life **7**

The implication is this:

If social factors and garden-variety life stressors like those cited above significantly affect whether or not we off ourselves, then privatized health-care interventions are - at best - only part of the solution. Pills and other bio-medical remedies aren't designed to remedy broader socio-cultural dynamics - and they don't claim to. Nor does conventional talk therapy. So confining our approach - and public spending - to the health care industry is, ironically, probably deadly. At the very least, it's not all we can do. Perhaps it's not even the best thing we can do (see Pridmore & Pridmore, 2016; see Evans, 1994).**8**

But that begs the question. Because, like, *how do we even know where to start with a problem like suicide?* It seems so irrational, counter-intuitive, *bat ass crazy* to most people. *What kind of idiot would want to take their own life?*

In a word: *What do I do if the problem itself defies logic?* If something is totally random, there's no

rational pattern to reason from. That alone makes me vulnerable. Until I know what's going on, any crackpot can propose a theory.

History is replete with examples:

- *The sun, stars and planets orbit the earth.*
- *The earth is flat, if you walk far enough you'll just fall off it.*
- *Rabbit feet and knocking on wood bring you luck.*
- *Black cats and broken mirrors curse you for days or years.*
- *Normal birth is male, never female or queer, either of which are the mother's fault.*
- *You can determine intelligence and good breeding from the shape or size of someone's head.*
- *Madness is caused by masturbation and wandering wombs.*
- *Tooth extraction, organ removal, malaria, insulin shock, lobotomies, electroshock and psychoactive drugs are promising medical interventions.*

What's really true? Who knows? It just goes on like that - for years or millennia until someone actually nails the jello to the wall and proposes some operative principles to make sense of the territory.

Since the jury is still out, the outcomes are dismal, and the mainstream world is still mostly grasping at straws, I figure there's room to offer my two cents.

Why not?

After all, I'm a suicide contemplator and attempt survivor. Plus, I'm still alive to look back, reflect, observe some patterns and connect a few of the dots that seem to stretch across the decades of personal struggle. So here goes:

What is it, exactly, that happens for me during those critical periods when ending my life seems like a reasonable - almost necessary - solution?

The Sisyphus Cycle

1. Suicide can be understood as a stress response

You remember Sisyphus, right? The guy who was condemned to push the boulder up the hill, watch it roll back down, and start all over again - for eternity.

Truth be told, I find that story disturbingly relatable. If you wanted to capture my mindset at the peak of suicidal longings - mountains towering in front of me, huge obstacles weighing me down, crushing odds, repeated failures, futility of existence - that would be it. From there, it's only a few short steps to exit-oriented "self-help" seeming logical and desirable. So if you asked me, that's pretty much how I'd explain suicide.

To sum up, you couldn't write a better recipe for normal stress-response activation:

1. *Everything I've tried has failed.*
2. *My body is worn out, and wants to quit.*
3. *My brain is fried and can't think of anything better.*
4. *No one in my known world is offering meaningful solutions.*

5. *Everyone else seems happy with how things are.*

After one too many trips around this block, enter suicide:

- The fail-safe tactic for escaping unbearable pain and suffering (at least in this world).
- Plus I get to send you a message that I hope you'll think about after I'm gone.

If you know what to look for, those responses are also indicators that stress is at work here. In the first case, my death is the vehicle for my escape. That's the classic FLIGHT response. In the second, my death is the weapon. I use the moral capital of my own life to attack a value system and social order that I have judged to be irreparably not okay with me. That's the classic FIGHT response.

Kind of ironic, huh? Here I am *intending to off myself*. But when you take a look under the hood, it would be hard to find a more a textbook example of the flight and fight *survival* **strategies** in action.

The World My Body Doesn't Want to Live In

2. For a variety of complex reasons, modern life is more stressful for the human body than one might think at first glance. This keeps me, more or less, in a state of constant alert, which costs energy and wears me down physically and mentally over time.

A lot of people believe that modern progress is taking us in the direction of the best of all possible worlds. We just need to sit tight and wait - it's only a matter of time before technological advances make utopia possible and we end up with worldwide peace and ease. A hard lesson for me to get in my suicidal journey was that, try as I may, my body refused to believe that. It's taken considerable experience, reflection and research to give my body some credit. I now believe my body was a lot wiser than I once suspected. I wish I had listened and started taking what my body was trying to tell me seriously a lot sooner. I might have saved myself a lot of pain and self-judgment if I had. In part 2 of this series, I'll talk about some of the social conditions and physical realities that led me to these conclusions.

The Stress Response and Behavioral Hell

3. As wear and tear increases, ability to manage stress decreases. I begin cycling through a range of seemingly contradictory survival defenses, the "symptoms" of which are indistinguishable from DSM criteria for "serious mental illness." As a result, I and others increasingly come to believe that I'm crazy and doomed — that my mind and body are untrustworthy, unreliable and irrevocably broken.

When my life started getting harder than I could comfortably manage, I did what every good citizen is supposed to do. I turned to mental health professionals. When years of talk therapy, exercise, body work, supplements and dietary changes barely made a dent, I finally gave in and consented to pharmaceuticals. Within a few years, my formerly robust body was unrecognizable and irretrievable by me. I was shaking with fear and couldn't leave my apartment. I had no natural motivation and couldn't think my way out of a paper bag. For the first time in my life, I was sincerely praying to die.

When I turned to professionals for answers, they basically had none. According to them, I had a "serious mental illness" and this was just how the disease progressed. For a while I believed them and dutifully accepted my fate. But I no longer do.

In part 3 of this series, I'll share how and why I came to believe differently. I'll explore the unfortunate, iatrogenic connection (for me) between mainstream treatment and suicide. I'll share how it turned into behavioral hell instead of behavioral health, even though my providers were good people and none of us wanted my life to turn out this way. I'll also lay out here why I think that happened - why, for me, "behavioral health" labels and treatment activated suicidal inclinations - and the mediating role that I think the stress response played in that.

Finally, since I'm already in the neighborhood, I'll broaden the field a bit. I'll look at why, for me, behavioral health concerns like "mental illness," addiction and anti-social (inconsiderate, abusive, violent) thoughts and actions - as well as risk for homelessness (becoming "hard to house") - tended to overlap. Here, again, I'll be looking at stress/survival responses as a possible common denominator.

Cracking the Code on My Human Condition

Understanding the stress response is the key to doing something about it. There are evolutionary alternatives to the stress response, including physical and mental capacities hard-wired into my body. While chronic stress activation may have blocked my awareness, these underlying systems are essential to life, so I wouldn't be alive if such capacities weren't functioning and accessible to me on some level.

Just knowing this can open up a world of possibilities. What I am up against is the human condition — not a pathology. If I know what to look for, where and how, I can learn to bypass stress reactivity and generate meaningful, satisfying responses to the challenges life presents.

In this final part of this series, I'll venture beyond the problem and take a look at solutions. The neat thing about viewing suicide as something that arises from stress and survival needs is that this perspective, in and of itself, can give me ideas and direction for finding a way out. En route to this destination, I'll recap the essential physiology of the Sisyphus Cycle and then point out an interesting twist in the stress response that, for me, keeps that cycle endlessly churning. I'll also explore what I think suicide is trying to tell me - both about myself and the larger world I live in.

Having poured the cement and firmly set the foundation for a broader existential inquiry, I'm going to jump off a cliff and take a huge paradigm leap in search of solutions. I'll posit how (with a bit of magic mental judo) the exact same physiological mechanisms that leave me wanting to off myself can be harnessed to reverse the stress response. I can learn to work with my body instead of against her, generate energy and hope naturally, and point myself in a direction worth going. I'll talk about how I practice these principles in real life and how this is helping me to make conscious contact with inborn mental and physical capacities that I didn't even know I had. I'll also share how this understanding of myself and life can keep me from getting stuck in old patterns and help me to dust myself off and crawl out of holes when I inevitably do.

All free of charge. No new therapy, coaching, consulting, supplements, body work, or trendy blah-blah modality required. All I have needed for it to work for me are the body, conscience and honest human longings I was born with.

If You Can't Afford to Sit Around Waiting…

If this stuff speaks to you and you're in a lot of pain, you don't need to wait for the rest of this series to come out. There's a growing community of us who are trying to figure out how to support each other to navigate this territory with dignity, conscience and absolutely no coercion. Even if there aren't in-person options in your area, there are telephone and online groups that are accessible, literally, from around the world. You can find out more here. I hope you will join us.

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"Great spirits have always encountered violent opposition from mediocre minds." Albert Einstein

"Educating the mind without educating the heart, is no education at all." Unknown

2] Shared Decisions and Agency: Better Engagement Tools by Cindy Peterson-Dana L.M.H.C. - Psychiatric Services Online

In their Open Forum, Daniel Guinart, M.D., and John M. Kane, M.D., explore the use of monetary

incentives to improve medication adherence for individuals with psychiatric diagnoses, including schizophrenia, schizoaffective disorder, and bipolar disorder (1). In medicine, "adherence" describes the degree to which patients take medications as prescribed and follow other professional recommendations. Guinart and Kane assert that "poor adherence has been associated with increased risk of relapse, use of emergency rooms, hospitalization, suicide attempts, violence and legal problems, as well as poor social and occupational functioning." They cite a study conducted in the United Kingdom that found that individuals given financial incentives (up to $34 per month) to receive prescribed depot medications had better adherence rates compared with individuals who received treatment as usual. Guinart and Kane conclude that "patients with severe mental illness can benefit from this approach," an assertion that calls for further discussion.

Guinart and Kane acknowledge that "the use of financial incentives raises ethical concerns that need to be addressed. . . . When implementing this strategy, measures must be taken to ensure that patients are consenting freely and not out of pure financial need." Yet people motivated by monetary incentives have some economic need. Coercion seems unavoidable when people receive needed resources for medication compliance. This presents an ethical dilemma.

Medication can be a powerful tool to lessen troubling psychiatric symptoms. At the same time, medications come with both desired and unwanted effects and often serious metabolic and other short- and long-term side effects, such as tardive dyskinesia. Research shows that some individuals can successfully use reduced amounts or discontinue some prescribed drugs when in psychiatric care. These findings call into question incentives to encourage medication compliance and instead highlight the value of continued dialogue and flexibility with prescribers. In addition, many elements beyond medication are required for lasting recovery, including educational, employment, peer, housing, and other psychosocial supports. Placing the primary focus on medication adherence is misguided. Even Guinart and Kane found that, "though the reported increase in adherence rates is substantial, neither of the two randomized studies found a subsequent improvement in clinical outcomes such as severity of symptoms or hospitalization rate." Thus, although medication is helpful for many individuals, adherence alone may not always correlate with desired treatment outcomes. Coordinated services that go beyond compliance and instead empower participant agency and comprehensive treatment planning will lead to the most person-centered services and enduring recovery.

Guinart and Kane note that improvements in adherence decline when financial payments stop. Instead, approaches that prioritize individual and family involvement are both ethically sound and more likely to result in service engagement. Shared decision making has been found to facilitate dialogue, patient agency, and collaborative planning. People are more likely to adhere to plans they helped create.

Mental health conditions have complex etiologies beyond the person. People live within families and social networks affected by multifaceted political and socioeconomic conditions that affect mental health difficulties and successful recovery. Efforts to address poverty are critically necessary for lasting recovery. Unaddressed histories of individual and collective trauma are also surprisingly common. Treatment approaches must be broad and address not only individual symptoms but also underlying systemic factors. For example, social isolation is a known causal factor in mental health conditions. Likewise, resources to strengthen social connection are necessary for effective treatment.

Thus, instead of paying people to take medications, inviting individuals into a shared decision-making process that maximizes their self-determination and includes members of their social network is more likely to lead to comprehensive treatment planning and service engagement. To build this approach, the

Mental Health Association of Westchester recently started to offer social network meetings designed to help individuals during times of crisis or heightened need by using the peer-supported version of Open Dialogue (POD), currently being piloted at locations around the world. In the POD model, clinicians and peer specialists work together to engage with patients and their social networks. Our initial outcomes are promising; POD seems to offer integrated, sustainable, and person-centered services. This and similar approaches to improve treatment engagement by maximizing patient and family agency merit further study.

Peer and Recovery Support Services, Mental Health Association, Westchester, New York.
Send correspondence to Ms. Peterson-Dana (danac@mhawestchester.org).

(1)Guinart D, Kane JM: Use of behavioral economics to improve medication adherence in severe mental illness. **Psychiatr Serv** 2019; 70:s201900116 Google Scholar

"The human mind always makes progress, but it is a progress in spirals." Madame de Stael

2a] *Psychiatric Services* **Welcomes Two New Coeditors of Personal Accounts Column**

We are pleased to welcome Patricia C. Deegan, Ph.D., and William C. Torrey, M.D., as coeditors of the Personal Accounts column. Dr. Deegan is founder of the CommonGround recovery program and Pat Deegan and Associates, and Dr. Torrey is Professor of Psychiatry at Dartmouth's Geisel School of Medicine and works for Dartmouth-Hitchcock.

Personal Accounts: Patricia E. Deegan, Ph.D., pat@patdeegan.com; and William C. Torrey, M.D., William.C.Torrey@dartmouth.edu

People who have experienced psychiatric illnesses, their family members, and professionals engaged in providing care are invited to submit first-person accounts of their lived experiences for the *Personal Accounts* column. The editors are looking for articles that create conversations and move the field forward. Authors may publish under a pseudonym if they wish. Material is not subject to peer review. Length: Maximum length is 1,600 words.

"May the stars carry your sadness away, May the flowers fill your heart with beauty, May hope forever wipe away your tears." Chief Dan George

"We cannot all do great things. But we can do small things with great love." Mother Teresa.

3] Can neurofeedback training increase self-esteem in depression – Medical News Today
By Catharine Paddock, Ph.D. Fact checked by Paula Field

There is evidence that people with a history of major depression have lower connectivity between two particular brain areas when recalling feelings of guilt. Now, new research suggests that it is possible to strengthen this brain connectivity and increase self-esteem with a new type of neurofeedback training.

A team of researchers from Brazil and the United Kingdom demonstrated that just one session of neurofeedback training using functional MRI (fMRI) can produce such a result.

They report the findings of the proof-of-concept study in a recent *NeuroImage: Clinical* paper.

Neurofeedback is a technique that allows people to learn how to influence their own brain activity by observing a representation of that activity in real time.

Electroencephalography (EEG) neurofeedback has been around since the 1970s. Neurofeedback using fMRI, which uses imaging to look at brain activity, is a more recent development.

Like EEG neurofeedback, fMRI neurofeedback is noninvasive, but it differs from the EEG approach in that it offers greater resolution of the brain region under observation.

Previous study examined connectivity

In an earlier study, the same team had already used fMRI to show that when people with a history of major depressive disorder (MDD) experience feelings of guilt, or "excessive self-blame," they have lower connectivity between the right anterior superior temporal (ATL) and the anterior subgenual cingulate (SCC) regions of the brain.

Connectivity between brain regions has to do with the amount of connectedness that they have in order to exchange information. In the case of the ATL and SCC, their connectivity relates to the interpretation of social behavior.

The researchers refer to the patterns of lower connectivity between the ATL and SCC that they saw as "brain signatures."

"The brain signature of excessive self-blame was discovered in patients with [MDD] whose symptoms had remitted, suggesting it could precede the symptoms of depression, making people more vulnerable to the disorder," says lead study author Dr. Roland Zahn.

Dr. Zahn is a reader in neurocognitive bases of mood disorders at King's College London in the U.K.

He and his colleagues wished to take the previous findings a step further and address the question of whether people could use fMRI neurofeedback to alter their brain signature.

How the team conducted the study

For the study, the researchers enrolled 28 people with a history of MDD and randomly put them into two groups: an active intervention group and a control intervention group.

For reasons of safety, they chose to involve people whose MDD symptoms were in remission, so as not to risk any current depressive episode getting worse following the treatment.

Both groups could see fMRI neurofeedback of their ATL-SCC connectivity activity in real time on a color computer screen. The computer represented the level of ATL-SCC connectivity in the form of a

thermometer.

During the feedback sessions, both groups recalled a memory of a situation in which they had felt guilt towards other people. They also repeated the task for feelings of indignation.

The instruction to both groups was to try and increase the level of the thermometer by changing their feelings as they recalled the event.

"The marker was a thermometer that, when filled to the top, would be a signal that the participants were doing well in the training," Dr. Zahn explains.

There were differences between the groups, however. In the intervention group, the thermometer level went up only if the ATL-SCC connectivity increased; in the control group, it only went up if the connectivity stayed the same, or stabilized.

Rise in ATL-SCC connectivity and self-esteem

Because the study design took the form of a double-blind trial, neither the participants nor their instructors knew whether they were in the active intervention group or the control (stabilization) group.

"The rationale for stabilization as a control intervention," write the authors, "was to provide feedback from the same brain regions as in the active group whilst being engaged in the same psychological task, which avoids differences in the psychological aspects of the intervention in both groups."

Also, such a design rules out feedback that might come from a brain region that is not relevant and "could thus create a mismatch between neurofeedback signal and psychological task," they add.

When the participants completed the thermometer task for the indignation condition, the thermometer "reinforced stabilization of the preceding degree of correlation between the ATL and SCC in both intervention groups."

This was because the outcome measure that the researchers used was the "increase in correlation between ATL and SCC fMRI signal for guilt relative to indignation."

Although both groups experienced neurofeedback for the same amount of time, the fMRI results showed that ATL-SCC connectivity only increased in the active intervention group.

In addition, from analyzing before and after responses to psychological questionnaires, the team saw an increase in self-esteem in the active intervention group but not in the control group.

More work before clinical use possible

In the trial, the researchers used a software called Functional Real-time Interactive Endogenous Neuromodulation and Decoding (FRIEND) that they had developed themselves.

"FRIEND is a toolbox developed for any kind of neurofeedback study using fMRI," explains corresponding study author Dr. Jorge Moll.

Dr. Moll is a research group leader in cognitive and behavioral neuroscience at the D'Or Institute for Research and Education in Rio de Janeiro, Brazil.

He says that while they devised FRIEND for the particular aspect of MDD that they investigated in the study, it is possible to adapt the software to investigate other emotions and cognitive states.

To advance the usefulness of the package, Dr. Moll and his team have made FRIEND available online for other researchers to use.

They regard the recent findings as no more than proof of concept of the method. There is still a lot of work to do, such as confirm the results with more extensive trials and longer follow-ups to prove effectiveness before the approach is available for clinical use.

"Despite fMRI time being expensive, it is not much more than other treatments, and this can potentially offer an alternative for patients who are poor responders to conventional therapies." Dr Jorge Moli

"Years may wrinkle the skin, but to give up enthusiasm wrinkles the soul." Samuel Ullman

"Kindness is giving hope to those who think they are all alone in this world." RAKtivist

4] RAKtivists™ - Random Acts of Kindness

You have the potential to change the world.

We can tell you're someone who wants to seize that potential. You're a RAKtivist® you just didn't know it... until now. RAKtivists are the heroes of our organization. They live and breathe kindness, share knowledge and lead by example. You can tell where they've been because they leave a trail of warm-and-fuzzy feelings in their wake.

'RAKtivist' is short for 'Random Acts of Kindness activist'. Think of RAKtivists like kindness ambassadors—and, like all ambassadors, they're a part of an active, global community.

Join our Global Community of Kindness

The internet can be a bit of a cynical place sometimes—but not in our neck of the woods. Our private RAKtivist Facebook group is an awesome place to meet new, kind-minded people and share ideas.

Make Your Mark in the Kindness Movement

Kindness is its own reward - but sometimes it feels great to get some recognition for your work, right? By sharing your photos, kindness ideas, and stories with us, you'll see them featured on our site and social media! If you're more of an introvert, you can enjoy the benefits of reading inspiring stories, watching the group grow and occasionally quietly crying when one of those beautiful (but sad) videos pops up in your feed.

No matter how you engage, you're making the world a better place.

The Kind Blog A collection of inspiring content from around the world.

We are looking for people who want to share kindness, light, and positivity.
If you would like to submit a guest blog post, please click here to review our content guidelines.

"A single act of kindness throws out roots in all directions, and the roots spring up and make new trees" Amelia Earhart

"We rise by lifting others." Robert Ingersoll

5] Orchestrating Change - a film about the world's only orchestra for people living with mental illness

ORCHESTRATING CHANGE is the documentary film that tells the inspiring story of Me2/Orchestra, the only orchestra in the world created by and for people living with mental illness and those who support them. Co-founded by Ronald Braunstein, once a world-renowned conductor whose career was shattered when his own diagnosis of bipolar disorder was made public, the mission of the orchestra is to erase stigma one exhilarating concert at a time. As they rehearse, perform and prepare for a major concert, these extraordinary musicians have no idea how much the orchestra will change their lives in poignant and powerful ways.

Me2/Orchestra: Handel, Leich, Cooke, and Mozart on Vimeo video 30:58 minutes

The mission of Me2/ is to present exhilarating performances that encourage dialogue about mental health issues and erase the stigma surrounding mental illnesses.

Me2/ – Music for Mental Health – To view our performances, please visit our YouTube Channel

Gretchen, musician, speaks about the Me2/ experience - YouTube 43 seconds

"What you do makes a difference, and you have to decide what kind of difference you want to make" Jane Goodall

"Be the change you wish to see in the world." Mahatma Gandhi

6] Former Navy SEAL enters Yale as a 52-year-old freshman – Associated Press

Former Navy SEAL James Hatch says heading to class as a freshman at Yale University is just about as nerve-wracking as preparing for the uncertainty of combat.

At 52 years old, Hatch does not fit the profile of the traditional Yale freshman.

"My experience in academia is somewhat limited, at best," he said. "But I want to learn, and I feel this can make me a better person. I also feel my life experience, maybe with my maturity - which my wife would say is laughable - I think I can help some of the young people out."

Hatch's journey to the Ivy League has been serpentine.

He joined the military out of high school, became a SEAL and spent just short of 26 years in the Navy, fighting in Afghanistan and other hot spots.

His military career ended after he was seriously wounded in 2009 during a mission to find Army Sgt. Bowe Bergdahl, who had walked off his post.

Eighteen surgeries and some notoriety followed after his story became public during Bergdahl's trial. He suffered from serious post-traumatic stress, fell into drinking and drugs, and even attempted suicide.

But he got help from professionals and his family, he said, and is now better able to cope.

Hatch has authored a memoir, become a speaker and runs Spikes K-9 Fund, a nonprofit organization that helps cover the health care costs and provides ballistic vests for police and military dogs.

It's a cause he has been passionate about since being a dog handler in the military. He credits dogs with saving his life several times, including on his final mission, when one alerted him to the position of the enemy.

Hatch was admitted to Yale after applying to be an Eli Whitney scholar, a program for nontraditional students who have had their educational careers interrupted.

"I was shocked to get accepted," he said. "But my wife told me I would be silly not to take this opportunity, and she's right. So I'm going to do my best, get in there and start swinging."

Hatch is in Yale's Directed Studies program, which teaches students how to analyze great texts and write persuasive essays through courses in philosophy, literature, and historical and political thought. Tuition and other costs are being covered by the G.I. Bill, scholarships from veterans groups and Yale.

He will attend classes with his PTSD service dog, Mina, who he said has already become popular with other students. His biggest worries, he said, are that he's too old and might not fit in or be able to do the work.

"I think everyone there has a little bit of this 'impostor syndrome' where you feel, 'Oh, my gosh, am I good enough to be here,'" he said.

But Hatch is just the type of person the Yale wants, said Patricia Wei, the director of admissions for the Eli Whitney Students Program.

"He brings just an incredibly different perspective," she said. "We don't have anyone here that is like Jimmy and just his life and professional experiences will add tremendously to the Yale classroom, to the Yale community."

Hatch said he believes having a Yale degree will open more doors for him in seeking funding for his charity work. He also believes it might broaden his world view and help get him a seat at the table when government officials start discussing where and when to use the U.S. Military.

"I feel like the political folks and the senior military folks spend so much time in that particular fish tank, that they some of the givens in their mind, should not be givens," he said. "I believe getting a classical education can help fill in my base and combined with my military experiences can be the most beneficial thing I can have. I think I have a voice that should be heard.

6a] Former Navy SEAL Returns To School For His Freshman Year At Yale At 52 Years Old : NPR

Please note, the NPR website has audio clip of the 8 minute interview along with the text

6b] *Touching the Dragon: And Other Techniques for Surviving Life's Wars* memoir by James Hatch

& Penguin Random House Speakers Bureau

"***I would like to help destroy stigma, so that for others, a suicidal moment isn't required to get help***."

6c] Eli Whitney Students Program - Yale College Undergraduate Admissions

Yale welcomes applications from nontraditional students with exceptional backgrounds and aspirations.

The Eli Whitney Students Program (EWSP) at Yale is designed for individuals with high academic potential who have had their education interrupted, at some point during their educational careers, for five or more years.

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

"When we love, we always strive to become better than we are. When we strive to become better than we are, everything around us becomes better too." Paulo Coelho

7] How To Help Your Anxious Partner - And Yourself: Shots - Health News by Susie Neilson @ NPR

Living with anxiety can be tough — your thoughts might race, you might dread tasks others find simple (like driving to work) and your worries might feel inescapable. But loving someone with anxiety can be hard too. You might feel powerless to help or overwhelmed by how your partner's feelings affect your daily life.

If so, you're not alone: Multiple studies have shown that anxiety disorders may contribute to marital dissatisfaction.

"We often find that our patients' ... partners are somehow intertwined in their anxiety," says Sandy Capaldi, associate director at the Center for the Treatment and Study of Anxiety at the University of Pennsylvania.

Anxiety is experienced at many different levels and in different forms - from moderate to debilitating, from generalized anxiety to phobias - and its impacts can vary. But psychiatrists and therapists say there are ways to help your partner navigate challenges while you also take care of yourself.

Start by addressing symptoms.

Because an anxiety disorder can be consuming, it can be best to start by talking with your partner about the ways anxiety affects daily life, like sleeplessness, says Jeffrey Borenstein, president and CEO of the Brain & Behavior Research Foundation in New York. Something as simple as using the word "stress" instead of clinical labels can help too. "Often people may feel a little more comfortable talking about stress as opposed to ... anxiety [disorders]," Borenstein says.

Don't minimize feelings.

"Even if the perspective of the other person absolutely makes no sense to you logically, you should validate it," says **Carolyn Daitch**, a licensed psychologist and director of the Center for the Treatment of Anxiety Disorders in Farmington Hills, Mich. Try to understand your partner's fears and worries, or at least acknowledge that those fears and worries are real to your partner, before addressing why such things might be irrational.

Anxiety doesn't have an easy solution, but helping someone starts with compassion. "Too many partners, particularly male partners, want to fix it right away," Daitch says. "You have to start with empathy and understanding. You can move to logic, but not before the person feels like they're not being judged and ... misunderstood."

Help your partner seek treatment - and participate when you can.

If your partner is overwhelmed by anxiety, encourage your partner to seek therapy. You can even suggest names of therapists or offices, but don't call the therapist and set up the appointment yourself, Borenstein says. You want the person to have a certain level of agency over treatment.
Capaldi says she often brings in a patient's partner to participate in therapy and to bolster the patient's support system at home. "The three of us - patient, partner, therapist - are a team, and that team is opposed to the anxiety disorder," she says.

But don't talk to your partner at home the way a therapist might. For example, don't suggest your partner try medication or ways of modifying behavior. "Let the recommendations about treatment come from the professional" even if you yourself are in the mental health care field, Borenstein says. "I personally am a professional, and I wouldn't [prescribe anything] to a loved one."

It can also be helpful to do some research on whatever form of anxiety your partner might be living with, Capaldi says (The National Alliance on Mental Illness' guide to anxiety disorders is a great starting point). "Many times, people with anxiety feel as if they're misunderstood," she says. "If the partner takes the time to research it a little bit, that can go a long way."

For tips on how to help your partner pick the right type of therapy, check out this guide from the Anxiety and Depression Association of America.

Encourage - don't push.

When your partner suffers from debilitating anxiety and you don't, your partner's behavior can be frustrating, says Cory Newman, a professor at the University of Pennsylvania's Perelman School of Medicine. But you should never patronize or diminish your partner's fears. Comments such as "Why

can't you do this? What's your problem?" will probably be ineffective.

Instead, try to encourage your partner to overcome the anxiety. "Channel your encouragement in a positive direction," Newman says. "Say something like 'Here's how it will benefit you if you can face [this] discomfort.' "

Daitch cites the example of someone with an immense fear of flying: "Start off saying, 'I really understand how scared you are of flying. It makes sense you'd be scared. You can't get off the plane if you have a panic attack, [you're] afraid you might embarrass yourself ... or it feels like you're out of control when there's turbulence.' See things from their perspective."

Then you can try to gently push your partner to overcome those fears.

Cultivate a life outside your partner's anxiety.

To maintain your own mental health, it's important to cultivate habits and relationships that are for you alone, such as a regular exercise regimen or weekly hangouts with friends. Have your own support network, like a best friend or a therapist (or both), for when your partner's anxiety overwhelms you.

Partners definitely need support of their own, Capaldi says, "whether that means their own therapeutic relationship or just friends, family [and] other interests or activities that set them apart from the world of anxiety they might be living in."

And don't let your partner's anxiety run your family's life. For example, someone with obsessive-compulsive disorder, which is closely linked to anxiety disorders, might want family members to keep everything very clean or organized in arbitrary ways. Newman says it's important to restrict how much you will organize your household around your partner's anxiety - and not to indulge every request or mandate.

"Try to be respectful, but also set limits," he says.

Help your partner remember that the goal is to manage anxiety — not to get rid of it.

"A lot of people with anxiety disorders understandably view anxiety as the enemy," Newman says. "Actually, it's not. The real enemy is avoidance. Anxiety causes [people] to avoid things - like applying to schools, flying to a cousin's wedding - [that can lead to] an enriched life. ... And that causes depression."

It can also reduce the number of life experiences you and your partner share.

"You can have an anxious life, but if you do things - you're doing that job interview, you're saying yes to social invitations, you're getting in that car and driving to the ocean even though ... you don't want to drive 10 miles - you're doing those things still," Newman says. "OK, you might need [medication] or therapy, but you're still living life."

"Our days are happier when we give people a piece of our heart rather than a piece of our mind" Unknown

"Try to be a rainbow in someone's cloud" Maya Angelou

8] Sia's heartrending acoustic performance of "Titanium" - LA LGBT Center - YouTube 3:44 minutes

***Sia**, is one of the most successful and famous singers in the world today; despite the fame and fortune, Sia's rise to fame came through a very dark, painful, depressing journey; one that you might relate to.*

& second version - Titanium - Boyce Avenue acoustic cover - YouTube 4:09 minutes

"Beauty is not in the face; beauty is a light in the heart." Kahlil Gibran

"If you have the power to make someone happy, do it. The world needs more of that." Unknown

9] Author & Visual Artist Jyl Anais Releases Debut Collection of Poetry "Soft Out Spoken"

In work of interest to all concerned with humanity and mental health "Soft Out Spoken" the debut collection of poetry from Jyl Anais is sure to inspire.

Poet and visual artist, Jyl Anais touches on subjects that many find difficult to discuss or consider. It's clear that she has written one of those rare and impactful books that everyone needs to read. In "Soft Out Spoken", her debut collection of poems, Jyl addresses psychiatry and the medical system with brutal honesty while also reflecting on contemporary ideas of mental health and illness. Her writing focuses on the promises and perils of the psychiatric drug withdrawal process. By detailing the journey onto and off of those medications, Jyl opens doors many may not have insight to and which other readers will understand too well.

Delivering art powerfully while informing, early readers have responded passionately.

"*A fierce-hearted triumph of personal truth against power. Jyl's words stirred my spirit and sharpened my vision: a surge in our collective struggle to hold on to what is vital in a world that would deny us our humanity.*" **Will Hall, schizophrenia diagnosis survivor & Host of Madness Radio**

"*Poetry, the language of the soul, lays bare and expresses tumultuous emotions that can help heal the wounded spirit. These poems document one hero's journey through a dark night of the soul, that ultimately leads to the author's self-discovery, recovery and a sovereign victory. Emotionally palpable, deeply moving, artistic and inspiring!*" **Gwen Olsen, author of Confessions of an Rx Drug Pusher**

My Physician
apologized.
She said

she was sorry
she told me
not to stop

taking the medicine.

So, I leaned into the space
between us
in the examining room
and said,
"That's okay.
I needed to take my power back

for 16 years.
You gave me
the opportunity

to do that.
I needed to know
I could trust myself.

I didn't need the medicine.
I am the medicine."

Medicine

If you think those pills
create more problems than they're worth, that
those tablets and capsules don't treat your
underlying condition,
don't address your needs
that they aren't a solution,
you're right.
They don't.

If you wonder why you're much
sicker than you were before
and ask yourself how you got here
to this land of doctors appointments
with a pill case jingling
with promises of a solution
that brought you to this place
and the men and women who agreed
they were ever a treatment,
you were right
about them.
They weren't right about you.

That voice deep down
that told you the truth

and when you breathed it
aloud in that soft, outspoken way
or in the voice of vengeance
you earned a right to speak in
and they condemned you and then
threw you away far beyond the margins
of the economy and you hung on to the edge
of a society
you weren't easily enough controlled by.

You were right.
You are now, too.
All is not lost.
This is an anthem.
Start to reclaim yourself,
slowly this time, even though
you want to throw it down the drain,
flush it down the nearest toilet
far away from you
to remove the bottles of opportunity you might
use to get the hell out of here.
Try and avoid
years of protracted withdrawal
that might embed itself upon the trauma
you've already endured. Step away from your
medication regime long enough to listen
to the sound of your heart singing
songs of justice,
and believe what it tells you is true.

Those medications are no treatment,
and those people you trusted with
the most intimate details
of your life are not trustworthy.
They don't have your best interests
at heart, but you do.
I believe you.

You were right about those pills
that were no solution.
You are enough.
Find your family
of choice, your community.
Learn that blood is not thicker than water.
Love is thicker than blood
and you will find your way home.

Your Way Home

Soft Out Spoken, Jyl Anais' debut poetry collection is available for purchase online at Lulu, Barnes & Noble, Amazon, and other retailers. Libraries and booksellers may order the collection through Ingram.

Jyl's work has appeared in Anthony Award nominated *Protectors 2: Heroes, Nixes Mate Review*, and *Asylum Magazine for Democratic Psychiatry* among other publications. Jyl has worked as a legal advocate for victims of child abuse in the court system, as well as with law enforcement and in the private sector as a forensic medium. Originally from Trinidad, she now lives in the United States where she nurtures orchids and faces the blank page.

For more information be sure to visit http://jylanais.com/

Today's reminder from Al-Anon – "Am I expecting everything in life to be just the way I want it? Maybe I ought to take a good look at those expectations and see if they are realistic for my particular situation. If I'm constantly reaching for the moon, I'm going to miss a lot of pleasant things right here in my little world."

10] CITY VOICES – The Newspaper for Peers & the Peers Workforce - Behavioral Health, Mental Health Recovery Current issue – city-voices-fall-2019_V4_color.pdf

From the Editor

By Dan Frey, Editor in Chief

The Fall 2019 edition marks a turning point for City Voices. Allied with the Peer Workforce Coalition, from this point forward, in addition to providing news, resources, stories and information for all peers, we are also going to be focusing on issues of concern faced by the peer workforce.

Their work can show how someone with "lived experience" can play a significant part in preventing relapse and promoting recovery principles. Helping others overcome their challenges is highly rewarding! But it's going to be a long time before peers are no longer discriminated against, vocally or silently. Going to work as an identified peer in a world where the president calls us all mass killers, is going to have its social challenges. But you will be representing yourself as someone who is capable, caring and more than an illness diagnosis. Your presence in the workplace will send a message that we're not hostile and that we just want to help our peers to be their best and earn a paycheck like everybody else.

City Voices seeks to provide a stage for peer workers to air their issues, learn from others, feel less isolated and like someone is paying attention to their struggles. Peer work isn't easy. Often the work can activate the worker's own traumas, especially when the peer-client is suffering and there's no easy answer on how to best support them. The safety net for both workers and clients alike, is often inadequate. Life can be overwhelming at times and very difficult to cope with, especially when it's one thing after another piling up and compounding stress. That's when peer support is needed most.

Our goal is for City Voices to continually address these issues and more, encourage peer and peer-worker alike to participate by connecting with us through Facebook and our website, contributing

articles and attending workforce events. We look forward to hearing from you. And we will do our best to make sure that you gain the support and encouragement that you need because your work is so crucial!

MISSION: To empower peers to live full and active lives by providing information, resources and a means to participate in the community.

VISION: An organized community of peers in behavioral health, who can partner with like-minded groups to fight in improving our lives.

When It all started

In 1995, City Voices' founder, the late Ken Steele, decided to print a couple of pages stapled together and call it a newsletter for his clinic The Park Slope Center for Mental Health in Brooklyn, New York. He included peer poetry, opinion pieces and personal recovery stories. Ken later went on to found the Mental Health Voter Empowerment Project (MHVEP) which registered thousands of peers diagnosed as mentally ill to vote and educated them on the candidates in order to make an informed decision at the polls. While MHVEP grew, so did his newsletter, becoming a newspaper called New York City Voices, reaching thousands of peers with information they could use. His voter project drew massive media attention, notably making the cover page of The New York Times twice and he received a call from the then First Lady Hillary Clinton who was running for Senate at the time. She probably thought that he could influence thousands of registered voters, but his project was non-partisan and left the decision-making to the voters themselves. Ken died in 2000 at the too-young age of 52 and MHVEP seemed to die with him, but his newspaper did not.

Where we are today

Many years later, New York City Voices was renamed City Voices under the leadership of Dan Frey, Ken's protege. Dan kept the paper afloat for 15 years since the death of his mentor with the help of his peers and many other members of the community. Now City Voices is partnering with the Peer Workforce Coalition (PWC) and serves as "the newspaper for peers and the peer workforce" with articles of interest to peers both working and not working. Voices partners with legal, grassroots, government, non-profit and peer-run organizations to provide content that inspires, educates, and empowers. We have developed a social media presence and are working toward building a social community of peers that can support and network with one another. Voices has an editorial board of individuals dedicated to our mission and vision. Some of the worst things that can happen to people after a diagnosis are self-stigmatization, isolation, apathy and disconnection from the community. The City Voices project intends to help people in these circumstances.

A few excerpts from this month's issue:

10a] From Pg,. 1 - **Preventing Deadly Encounters with Police By Carla Rabinowitz, Advocacy Coordinator, Community Access**

Avoiding 911 During a Crisis

Coalitions, advocates, and activists have been pushing for crucial reforms to the emergency response systems in the New York City area for years. Thanks to that work, progress has been made, and alternatives to 911 for people experiencing emotional crises exist.

Advocates are working towards a goal to prevent ordinary encounters with police. The objective is to replace the current criminal justice response with a more humane, compassionate public health response and get police out of the equation altogether.

This vision can only be realized if the current alternatives to 911 are expanded upon and adequately funded. We need more respite centers. We need peer-informed and peer-directed mental health urgent care centers. And we need them sooner rather than later.

Cities like Eugene, Oregon have developed such a system. Their program, "Crisis Assistance Helping Out" on the Streets or CAHOOTS, has been effectively responding to mental health crises for over 30 years, and currently handles 17% of the city's 911 calls. CAHOOTS teams are comprised of an EMT and a specially trained de-escalation worker with over 500 hours of field training. A successful model such as this is helpful in conceptualizing what the future of emergency response in NYC could look like.

Much more needs to be done to address the city's response to people in mental health crisis, to realize a system where police officers are no longer called to respond to health-related emergencies. As we continue to work toward that vision, there are alternatives that exist to date, that New Yorkers can access.

Note: For more details on alternatives to 911, visit our classifieds section on page 24 and look under the Resources header. These include Co-Response Teams, Mental Health Urgent Care, NYC Well hotline and Crisis Respite Centers.

10b] **Trauma Informed Peer Support [TIPS] by Michael Skinner**

"Out of suffering have emerged the strongest souls; the most massive characters are seared with scars." Khalil Gibran

Trauma Informed Peer Support [TIPS] is when we ask the question, "*What happened to you?*" instead of, "*What is wrong with you?*". When we can step away from the blaming and shaming of another human being, we go a long way in helping them to heal.

It is not a question we ask out loud, but one we think to ourselves, what has gone in this person's life that it has had such an impact upon them. When we can allow our mind to drift to this type of thinking, we can find more compassion, understanding and empathy for a fellow human being whose mind, body and spirit have been forever touched by the trauma in their lives.

For myself, I try my level best to practice being *trauma informed* in my day to day interactions with others and my peers. It has gone a long way in my offering a higher form of peer support. I may not always get it right, but I am willing to listen, to learn, to value and honor the experiences of what someone else has gone through in life.

Trauma is a word that is so easily tossed about in the day to day, but the trauma, the abuse and the challenges of one's mental health has a direct bearing in how we learn to navigate the world and our interactions with others.

What is traumatic to one person may not have the same affect upon another, this is vital to understanding others in life, what has hurt me in life, may not hurt you. It does us no good to compare or try to best another person's trauma. This is not a competition, but rather a time for understanding. It is a time to honor the human being we are interacting with, and not put them down because of how they are feeling or behaving.

When we pause to reflect upon some examples of trauma, such as, sexual, physical or emotional abuse, childhood abuse, neglect, abandonment, homelessness, major illness, injury, death, loss, grief, domestic violence, witnessing or experiencing violence, war and its impact, bullying at school or in the workplace, racism, poverty, natural disasters, stigma and discrimination, we can have a better grasp of what may have happened to the person we are interacting with in peer support. These examples do not reflect all of the traumas that are present in life.

Things to think about as we practice trauma informed peer support; everyone's healing timetable will be different. Sadly, the earlier in life that trauma occurs and deliberate acts of violence inflicted by those we know have a profound effect on healing. The trauma of violence and betrayal can have a negative impact upon relationships.

Fortunately, '*trauma informed*' is making its way into the mainstream, that said, society still has long way to go in fully incorporating it and not just giving it simple lip service. This is also true in peer support.

When we take the time to reflect upon how we practice 'trauma informed' in our day to day lives, we learn that it does us no good to judge another human being. By adding these concepts, that the hurts and the negative experiences of life do have a correlation in how we see and interact in the world, they help us to grow in mind, body and spirit as we offer peer support.

Personally, I continue to learn about trauma, whether it is a by reading a book or an article, watching a documentary or a news program, or by visiting websites that offer trauma related information and resources.

I share a monthly newsletter, The Surviving Spirit, that always contains information and resources about healing from the impact of trauma, abuse and mental health challenges. The newsletter is archived at http://newsletters.survivingspirit.com/index.php

If you wish to sign up for the newsletter, you can contact me from the website, http://www.survivingspirit.com/ or by writing to me at mikeskinner@comcast.net

This article only scratches the surface on TIPS, feel free to contact me if you have other questions or thoughts.

Thank you, Michael Skinner

A diagnosis is not a destiny

www.mskinnermusic.com - Hope, Healing, & Help for Trauma, Abuse & Mental Health - Music, Resources, & Advocacy

"Our lives begin to end the day we become silent about things that matter." Martin Luther King, Jr.

To hear my personal story of recovery from trauma and abuse, visit https://www.youtube.com/watch?v=f-g_mw4F_2o

WRITE FOR or SUBSCRIBE to CITY VOICES!

For individual or bulk subscription rates and submission guidelines, contact Dan Frey via CityVoices1995@gmail.com

Note: Our website is www.cityvoicesonline.org and join us on Facebook: https://www.facebook.com/groups/cityvoicesforpeers

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"Besides the noble art of getting things done, there is the noble art of leaving things undone. The wisdom of life consists in the elimination of non-essentials." Lin Yutang

"The world is in greater peril from those who tolerate or encourage evil than from those who actually commit it." Albert Einstein

Thank you & 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

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

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Michael Skinner Music - Hope, Healing, & Help for Trauma, Abuse & Mental Health - Music, Resources, & Advocacy

Live performance of "Joy", "Brush Away Your Tears" & more @ Michael Skinner – You Tube

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