



Healing the Heart Through the Creative Arts, Education & Advocacy

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

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

The Surviving Spirit Newsletter December 2019

Contents List:

- 1] A neuroscientist's advice for combating stress this holiday season by Dr. Patrick K. Porter
- 2] Peer Respite: A Home Not Just For The Holidays by Juliana Cuadra – WUFT News
- 3] Peer Respite Handbook: A Guide to Understanding, Building and Supporting Peer Respites – Intentional Peer Support [IPS]
- 4] How dealing with past trauma may be the key to breaking addiction by Joanna Moorhead - The Guardian
- 4a] In the Realm of Hungry Ghosts: Close Encounters with Addiction^{3a}] by Gabor Maté
- 5] Microcosm Publishing Growing Your Small World
- 6] Musings of a Mad Activist: by The Borderline Academic, Andrew Collings, editor
- 7] Sleep loss may contribute to heart disease in those with low incomes by Maria Cohut, Ph.D.
- 7a] How to sleep better: Tips and home remedies – Medical News Today
- 8] Michael Skinner - Songs for the Keys to Your Life(c) – YouTube 3:08 minutes
- 9] Half of homeless people have experienced traumatic brain injury: study By Leslie Young Global News
- 9a] Concussions linked to increased risk of suicide, study shows – Global News
- 9b] Brain injury’s ‘invisible epidemic’: survivors of domestic violence - Global News
- 10] New York’s Mohawk tribe works to restore their culture - YouTube 8:59 minutes – PBS News
- 11] Is intermittent fasting good for you? Regimen boosts weight loss, disease resistance by A. Pawlowski TODAY News

12] Male Sexual Assault: Hidden Trauma by Joan Cook, PhD @ Psychiatric Times

12a] Further reading: When Men Are Sexually Abused in the Military

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

“The portal of healing and creativity always takes us into the realm of the spirit.” Angeles Arrien

1] [A neuroscientist's advice for combating stress this holiday season](#) by Dr. Patrick K. Porter - Business Insider

- Holiday stress is real - and people are feeling it. And some experts believe it can impact physical and mental health.
- There's a wide variety of reasons people find the holidays stressful. To minimize stress ahead of time, communicate with family about plans as soon as possible, and create a plan for what your goals - and schedule - will look like during the holidays.
- Try to prioritize sleep, and stay in touch with your emotions through active observation.

It's the most wonderful time of the year ... but is it really, though?

While the holiday season typically drums up visions of sugarplum fairies, bright lights, gifts, and cheer, many people admit this time of year is filled with an overwhelming amount of physical and emotional discomfort.

Recent [statistics](#) related to holiday stress reveal that nearly 69% of people are stressed by the feeling of having a "lack of time" and perceiving a "lack of money." And over 50% are stressed about the "pressure to give or get gifts."

A 2015 [Healthline survey](#) related to holiday stress showed that the majority of respondents were stressed. Overall, Gen Xers reported feeling stressed (65%) with baby boomers (62%) and millennials (61%) even-steven.

So, what do these statistics reveal? Holiday stress and anxiety are real. In fact, many health experts believe that exceedingly high expectations for peace, love, and joy during the holiday season can negatively impact both your physical and mental health - and much more than many people realize.

For example, common physical symptoms of holidays stress can show up in the form of headaches, insomnia, exhaustion, digestive, and respiratory issues, and much more. Stress can also lead to cardiovascular disease and heart attacks.

The holiday season is stressful for a variety of reasons and varies from person to person. For some people, Christmas or Hanukkah might remind them of a loved one they lost, setting them down a path of grief and triggering a sad, lonely, and stressful mood.

How to reduce your holiday-related stress levels

Fortunately, there are a number of physical and cognitive strategies you can use to deactivate your body's stress response during the hectic holiday season.

The important thing to realize is that in order to experience a stress-free holiday season, you first must create and set boundaries with regards to your overall goals and expectations. Stick to a plan that enables you to enjoy the joy-filled and fun aspects of the season without feeling unnecessarily overwhelmed.

To minimize stressful hiccups, discuss holiday plans with family members (especially those who live far away) as soon as possible. And if you can't join them on the actual holidays, schedule an alternate time to visit.

During the holidays, many people end up overcommitting and stretching their calendars too thin, often leading to physical and emotional exhaustion.

With this in mind, it's critical to focus on your emotional well-being during the holiday craziness and prepare your brain for the uptick in activities. Because you know the stress is coming, you can shift your cognitive strategies to respond to the changes in your environment.

For starters, be aware of your emotions. When you actively observe your thoughts and feelings, you can better understand where the stress is rooting from so you can manage it more effectively. Try carving out time each day for mindfulness activities, such as meditating, yoga, journaling, or anything else that helps exude a calm and controlled "you."

And as challenging as it might seem during the holidays, it's vital to make sleep a priority. Our bodies and brains repair themselves during our sleep cycles. So, when the quality (or quantity) of our sleep is poor, we miss out on the body and brain's restoration process. As a result, we are less focused, less resilient, and we have fewer internal resources for managing holiday stress and anxiety.

Kiss holiday stress goodbye

The holidays are seasonal for a reason, and they can serve as an ideal break from work and school-related stress - and our daily routines. Aim to restore what should be a relaxing, peaceful time by taking it easy and relishing in all the activities that come along with it.

Dr. Patrick K. Porter, PhD is an award-winning author and speaker who has devoted his career to neuroscience and brainwave entrainment.

"Thank you' is the best prayer that anyone could say. I say that one a lot. Thank you expresses extreme gratitude, humility, understanding." Alice Walker

"In times of stress, the best thing we can do for each other is to listen with our ears and our hearts and to be assured that our questions are just as important as our answers." Fred Rogers

2] [Peer Respite: A Home Not Just For The Holidays](#) by By [Juliana Cuadra](#) – WUFT News

Every year, it's the same.

Jessica Haymes knows she's supposed to be happy. She sees the Christmas lights and families bustling for gifts in the mall. She hears the Christmas music and the carolers singing. She smells the frosted sugar cookies baking in the oven. But the truth is "the happiest season of all" is a time of loneliness and despair for her.

Haymes, executive director of Gainesville Peer Respite, knows this feeling all too well, having dealt with seasonal depression and substance abuse. Now that her mental health is finally in a better place, her background makes her even more determined to help others. Peer Respite offers free mental health support in a more informal, unorthodox way. Located on 728 E University Ave, the non-profit organization works to create an accepting environment and sense of community for people dealing with mental health problems, as well as people who just need a break from the stresses of life. Led by certified peer specialists – all of whom have suffered from some form of mental illness or addiction – Peer Respite offers mental health assistance, often to those who otherwise would have limited access to counseling.

Haymes notes that although seasonal affective disorder spikes around the holidays, starting as early as September and ending as late as February, the need for mental health care is high year-round.

An estimated [42.5 million](#) American adults suffer from some form of mental illness. Of these, 10 million Americans specifically battle seasonal affective disorder, a type of recurrent major depressive disorder in which episodes of [depression](#) occur during the same season each year, according to [Mayo Clinic](#). In addition, 64% of people with mental illness report holidays make their conditions worse, according to a 2014 survey done by [the National Alliance of Mental Illness](#).

Regardless of when mental health issues arise, many Floridians struggle to find the help they need.

Florida ranks lowest of all 50 states in per capita mental health support, spending only about \$36 per person, compared to the U.S. average of \$126, according to [the Florida Health Behavioral Association](#).

Lower funding prevents some Floridians from getting treatment. Nationwide, 55.8 percent of U.S adults with any mental illness received no treatment in 2018. In Florida, more than two-thirds (67.8 percent) of adults with any mental illness did not receive treatment.

Haymes said she hopes Gainesville Peer Respite – the only peer respite center in Florida - will inspire others to open more centers, thus providing more options for those who do not have the means to access traditional mental health care services.

"We try to foster a welcoming, non-clinical environment to all guests," Haymes said. "We believe that it's OK to not be OK, and it's OK to be you. We are not here to 'fix' someone. We want to empower people, to give them options and to allow them to make choices for themselves."

The Peer Respite center's services are free and include allowing guests 18 and older to stay overnight up to eight times a month in a home-like environment, where they can participate in events such as

Friday night pizza and movie nights, support groups and wellness activities such as yoga, sports or playing board games. They also have specific support groups for the LGBTQ+ community and people who have experienced trauma, as well as personal peer-to-peer support groups.

Will Montux, the director of operations, was once a guest at Peer Respite and credits the program with empowering him and giving him his voice.

“Peer Respite taught me that I’m not alone,” Montux said. “I didn’t feel like I had a voice, but they made me feel heard.”

Through activities and overnight stays, Peer Respite’s staff hope to reduce the number of psychiatric hospitalizations. In fact, Haymes said that according to a [2018 study, access to peer respite services](#) decreased hospitalization by 2.9 instances per person. In another study by the [Human Services Research Institute](#), a nonprofit organization dedicated to improving the overall effectiveness of all human services through research, respite guests were 70 percent less likely to use inpatient or emergency services than those who didn’t use respite services.

“We are not here to say that we’re a better mental health option,” Haymes said. “We just simply want to give people options and make mental health more open to discussion.

“The truth is that some people are intimidated by clinical settings or are afraid of being judged or labeled, so we are here to give them encouragement and support and let them know they’re not alone,” she said. “They can choose to talk about it or not, but either way, we want to create a sense of community.”

The Peer Respite model, first created in New Hampshire, has proven so effective that it has spread throughout the United States and is now available in California, Florida, Georgia, Iowa, Massachusetts, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Vermont and Wisconsin.

In fact, Georgia, another one of the states with the lowest funding for mental health support, has five active peer respite centers. Sharon Jenkins Tucker, executive director of Georgia Mental Health Consumer Network, said peer respite centers offer cheaper, more flexible options for people who have trouble sticking to a rigid mental health approach.

“The goal of Peer Respite centers is to make mental health care more accessible to people and to make meaningful connections with other people with similar experiences,” Jenkins Tucker said.

Haymes hopes other Florida communities will open respite centers so that more people will get the support they need. Beyond that, she wants mental health care to be destigmatized.

“I was raised by very conservative parents who didn’t talk about mental health at all. In the rare cases that they did talk about me and my mental health to other family members, they would always say ‘Jessica is a little special,’” Haymes recalled.

“I don’t want people to feel ashamed or scared to get help like me. Now, things are getting better. You see all these celebrities with platforms that are starting conversations about mental health. Every day, we’re breaking down these judgmental views of mental health. Every day, another piece of the wall is

crumbling.”

“Kindness has a beautiful way of reaching down into a weary heart and Making it shine like the rising sun.” Unknown

“It’s not enough to have lived. We should be determined to live for something. May I suggest that it be creating joy for others, sharing what we have for the betterment of person-kind, bringing hope to the lost and love to the lonely.” Leo Buscagli

3] [Peer Respite Handbook](#): A Guide to Understanding, Building and Supporting Peer Respites – Intentional Peer Support [IPS]

Peer Support is about Social Change – [IPS](#)

Description by Sera Davidow, of the [Western Mass RLC](#), created in collaboration with IPS – 276 pages
Peer respites provide an alternative to psychiatric hospitalization for people experiencing deep emotional and/or mental distress. They come with many upsides including cost savings, less disruption to someone’s life, and the benefit of support and wisdom from others who’ve been through similar struggles. Peer respites are popping up with increasing frequency across the world. Yet, at the same time their numbers are growing, they continue to be not very well understood. Understanding peer respite is the first key to ensuring that they are developed with integrity, well supported in the community, and accessible to all those who might want to use them.

This book provides a comprehensive review of peer respite including:

- What is the mission of a peer respite?
- Who is it for?
- What does a stay at a peer respite look like and how is it different than more conventional services?
- What is involved with hiring and developing a peer respite team?
- What are some of the likely outcomes and challenges?
- And so much more!

This book is intended for groups wanting to start up a peer respite (or sustain an existing one), potential funders who are contemplating support of such an effort, and anyone interested in better understanding what peer respite is all about!

“You are drowning yourself by over-thinking everything. The next time you find yourself over-thinking or beating yourself over something, picture something simple and put no thought into it. Look at the trees moving in the wind or take a moment to look at how beautiful this world is. This world is too beautiful for you to waste your time in unnecessary thoughts that are just drowning you.” nakedly

“Life, for all its agonies...is exciting and beautiful, amusing and artful and endearing...and whatever is to come after it -- we shall not have this life again.” Rose Macaulay

4] [How dealing with past trauma may be the key to breaking addiction](#) by [Joanna Moorhead](#) - The Guardian

'It takes a lot of work to wake up as a human being, and it's a lot easier to stay asleep than to wake up.'

Opening up to past trauma is difficult, but self-awareness is key to addressing issues that leave us vulnerable.

What's your poison, people sometimes ask, but Gabor Maté doesn't want to ask what my poison is, he wants to ask how it makes me feel. Whatever it is I'm addicted to, or ever have been addicted to, it's not what it is but what it does – to me, to you, to anyone. He believes that anything we've ever craved helped us escape emotional pain. It gave us peace of mind, a sense of control and a feeling of happiness.

And all of that, explains Maté, reveals a great deal about addiction, which he defines as any behaviour that gives a person temporary relief and pleasure, but also has negative consequences, and to which the individual will return time and again. At the heart of Maté's philosophy is the belief that there's no such thing as an "addictive personality". And nor is addiction a "disease". Instead, it originates in a person's need to solve a problem: a deep-seated problem, often from our earliest years that was to do with trauma or loss.

Maté, a wiry, energetic man in his mid-70s, has his own experience of both childhood trauma and addiction, more of which later. Well-known in Canada, where he lives, he gives some interesting reasons why Britain is "just waking up to me" and his bestselling book [*In the Realm of Hungry Ghosts*](#). There's a generational conflict here, he says, around being open about past trauma: he cites Princes William and Harry opening up about their mother's death, and says it's something the Queen's generation would never have done. He applauds the new approach: "I think they [the princes] are right to be leading and validating that sense of enquiry, without which life is not worth living."

The infamous British stiff upper lip is something Maté has watched with fascination over the years. Born of our imperial past, he says, it was maintained for as long as there was something to show for it. Boarding school culture and traumatic childhoods played out into dominance of other countries and cultures, giving the "buttoned-up" approach inherent value. But once the empire crumbled, lips quavered.

"With rising inequality and all the other problems there are right now," he says, "people are having to question how they live their lives. People in Britain are beginning to realise they paid a huge price internally for all those suppressed emotions."

Part of that price was addiction – whether to alcohol or drugs, gambling or sex, overwork or porn, extreme sports or gaming – but essential to understanding it, says Maté, is to realise that addiction is not in itself the problem but rather an attempt to solve a problem. "Our birthright as human beings is to be happy, and the addict just wants to be a human being."

And addictive behaviour, though damaging in the medium or long term, can save you in the short term. "The primary drive is to regulate your situation to something more bearable." So rather than some people having brains that are wired for addiction, Maté argues, we all have brains that are wired for happiness. And if our happiness is threatened at a deep level, by traumas in our past that we've not resolved, we resort to addictions to restore the happiness we truly crave.

He speaks from experience: Maté is a physician who specialised in family practice, palliative care and, finally, addiction medicine. He became a workaholic and lived with ADHD and depression until, in his 40s and 50s, he began to unravel the root cause – and that took him all the way back to Budapest, where he was born in January 1944. Two months later, the Nazis occupied Hungary: his mother took him to the doctor because he wouldn't stop crying. "Right now," the doctor replied, "all the Jewish babies are crying." This is because, explains Maté, what happens to the parent happens to the child: the mothers were terrified, the babies were suffering, but unlike their mothers they couldn't understand what the suffering was about.

Later, Maté's mother, fearing for his survival, left him for a month in the care of a stranger. All this, he explains, gave him a lifelong sense of abandonment and loss which had an impact on his psychological health. It affected his marriage and his own parenting experience. To compensate for his buried trauma, he had buried himself in work and neglected his family.

Opening up to the trauma, exploring it and investigating it, was incredibly difficult. "The problems for me showed up in the dichotomy between my success as a physician and my miseries as a husband and a father," he recalls. "There was a big gap between them, and it's taken me a long time to work through what I needed to work through." As Oscar Wilde believed, pain is the path to perfection; and nearly five decades on from the day of their wedding, Maté says his marriage is better than ever.

"We're happier, but it's taken many years of work," he says. In a few weeks it will be the couple's 49th wedding anniversary. "We'll go out for dinner and raise a glass to five happy years," he quips. He's already chosen his epitaph: "It's going to say, this life is a lot more work than I anticipated. Because it takes a lot of work to wake up as a human being, and it's a lot easier to stay asleep than to wake up."

For Maté, self-awareness is the bottom line: when we wake up and become properly self-aware, we are able to address the traumatic childhood issues that leave us vulnerable to addiction. But because the process inevitably involves pain, we don't address the issues until we absolutely have to – until something happens that forces us to face up to the fact that our lives aren't working as they should. And as with the individual, so too with society: although all around us in politics and the wider world is mayhem and chaos, Maté holds on to the fact that this discomfort – which we are communally aware of – will force us to examine what's gone wrong in our collective psyche, and to seek to correct it.

Unsurprisingly, given his central message, Maté is in favour of drug decriminalisation. He points to Portugal, where it is no longer illegal to possess a small amount of heroin or cocaine, and says the country has seen a reduction of drug-taking, less criminality and more people in treatment. In his view, it's not really the drugs that are being decriminalised, it's the people who are taking them – and given that they are, in his view, always victims of trauma, and never merely "bad" or "dangerous", that's entirely logical. But decriminalisation is only the beginning: reform must cut much deeper. "The whole legal system is based on the idea that people are making a choice," he says. "This is false – because no one chooses to be an addict, or to be violent."

Everything about Maté seems to be based on a workaday, efficient kindness: his message is about understanding, blue-sky thinking and common sense. However, with any philosophy that references retrospective experiences, there's the inevitable tendency to parent-bash – the "they fuck you up" mentality. But read on in Larkin, and his approach is not so different from Maté's: "They may not mean to, but they do." There's no room for blame because, says Maté, virtually all parents do their best, and

the deepest love they have is for their child. One of the best things that ever happens to him, he says, is when a parent whose child has died of an overdose comes up to him and tells him that, through his book, they can understand why it happened. And when readers tell him – sometimes accusingly, sometimes gratefully – that his work humanises addicts, he can only answer: addicts are human. The only question for him is, why has it taken us so long to realise that?

4a] [*In the Realm of Hungry Ghosts: Close Encounters with Addiction*](#)3a] by Gabor Maté is published by Penguin

“Is it safe for children to tell? Only if you and I make it safe.” Marilyn Van Derbur

“The practice of staying present will heal you. Obsessing about how the future will turn out creates anxiety. Replaying broken scenarios from the past causes anger or sadness. Stay here, in this moment.” S. McNutt

5] [Microcosm Publishing](#) *Growing Your Small World*

Microcosm Publishing is an independent publisher and distributor based in Portland, Oregon. Microcosm describes itself as having "a reputation for teaching self-empowerment, showing hidden histories, and fostering creativity through challenging conventional publishing wisdom, influencing other publishers large and small with books and bookettes about DIY skills, food, zines, and art."

Beginning in 1996 with only Joe Biel, an autistic, self-taught teenager, doing part-time mail order out of a bedroom in Cleveland, Ohio, Microcosm moved to Portland, Oregon in 1998. Microcosm Publishing was originally run partly as a record label, which informed its approach to book-selling, and released records by Flotation Walls, Bedford, Organic, Cripple Kid, The Unknown, The Roswells, Little Dipper, Rock, Star. The operation grew significantly over the first ten years, and has been distributed by Independent Publisher's Group as of 2011 when Microcosm also shifted focus to primarily becoming a book publisher.

In 2006, the [Utne Reader](#) described Microcosm as an "esteemed Portland, Oregon-based publisher and distributor of zines, books, pamphlets, DVDs, and other fun stuff." Microcosm is known for works about DIY lifestyles, 1970s aesthetics of instructional books for self-empowerment, a tongue-in-cheek sense of humor, and images and artwork celebrating bicycles and radical politics. Many of the items offered are not available easily elsewhere on the web or otherwise

[Catalog](#) - Microcosm Publishing

[Mental Health](#) Microcosm Publishing

How do I submit manuscripts for publication? - [FAQ + Contact - Microcosm Publishing](#)

Microcosm specializes in nonfiction DIY (Do-It-Yourself) goods that focus on the reader and teach self-empowerment.

We publish books from people with both expertise and lived experience...

We are especially seeking books right now about genderqueer romance, comics journalism, sustainable

DIY projects, parenting (especially for Black, POC, and queer people), reproductive rights, mental health, sexual health, guidebooks, nature, survival, and contributions to the [Self Care Healthcare](#) and [Scene History](#) series. Our readers respond especially strongly to small, heartfelt books about self care or a narrow interest of a self-empowering nature. We love books that help us discover interest in a new topic. Books with illustrations, photographs, or other strong graphic elements are strongly encouraged.

If a book does not have a reachable audience of at least 5,000 people or if the subject matter does not require 100 pages, we'd suggest submitting your proposal for a zine (and you would not be required to list comp titles).

To pitch a book to Microcosm, click on "*Don't see your question above? [Send us a note](#)*" at the top of this page, choose "I'd like to subject a manuscript," and tell us, in five seconds, what benefit(s) your book offers to a reader, tell us why you want to write this book, and how it is unique from similar titles. Think about why people would buy a book like yours and what your book would do particularly well for the kind of readers who need it. Knowing why you want to write it and your honest goals will help you make decisions and us to know if we can help you get there. Please include a sentence about your own expertise and lived experiences that make you suited to create this work.

If you are Black, Indigenous, a person of color, transgender, or disabled, you are particularly encouraged to submit, as is anyone whose experiences are not well represented in the publishing world.

"When it feels disheartening to learn that trauma changes the brain, remember that healing changes the brain too." Unknown

"You're not stuck. You're just committed to certain patterns of behavior that helped you in the past. Now those behaviors have become more harmful than helpful. The reason you can't move forward is because you keep applying an old formula to a new level in your life. Change the formula to get a different result." Emily Maroutian

6] [Musings of a Mad Activist](#): by The Borderline Academic, Andrew Collings, editor

Mad Pride is a movement to reclaim the term "mad" and view madness - i.e. mental illness and psychiatric disability - as a positive identity rather than a pathology. This book contains the writings of an anonymous Mad Pride activist. "Several years ago, I was involuntarily committed to a psychiatric hospital the night before my college graduation. A lot has happened since that fateful night. My experience prompted me to become intricately involved in the psychiatric survivor movement, a collection of individuals challenging the coercive nature of many conventional mental health treatments. Throughout my journey within the movement, I wrote constantly. I documented as many of my thoughts, feelings, perspectives, and ideas as possible. Blogging was a source of comfort and joy for me. Many times, when I shared my thoughts through my writing, others would reach out to me sharing similar feelings and perspectives, and I'd feel much less alone.

Fast forward to the present day. It's 2019. After a few years of working administrative jobs within the psychiatric survivor movement, I decided to enroll in graduate school. However, during that process, I was Google searched and told that the views, opinions, and perspectives I expressed in my writings

made me unfit for my profession. So I made a decision. It wasn't an easy decision. In fact, it was one of the most heartbreaking, agonizing things I have ever done. I took down all of my writings and chose to no longer speak publicly about my perspectives. That feeling of giving up, of completely surrendering, made me feel incredibly hopeless. But I have started asking not, "How can I win this battle?" but "How can I lose this battle just a little bit less?" "How can I surrender just a little bit less of myself?" "How can I be a little bit less silent?" For me, one of the answers to these questions was to publish all of my writings pseudonymously in a book. Although I cannot be fully "out" publicly, I hope that my voice comes through the pages of this book and helps readers to feel less alone. Ultimately, my goal is for readers to know that no matter who you are, no matter what your background or identity, your pain is valid and you matter, and you deserve to be heard."

"Today's Reminder - I deserve to make choices that let me feel good about myself. It may take a while to see results, but I am building a life that promotes my health and self-esteem. It's worth the wait." Al-Anon

"Most of the shadows of this life are caused by standing in one's own sunshine." Ralph Waldo Emerson

7] [Sleep loss may contribute to heart disease in those with low incomes](#) by [Maria Cohut, Ph.D.](#) - Fact checked by Paula Field – Medical News Today

People who are in a precarious financial position have an increased risk of cardiovascular disease. New research reveals that chronic sleep loss may contribute to this risk in the context of social inequality.

People who are in a precarious financial position have an increased risk of cardiovascular disease. New research reveals that chronic sleep loss may contribute to this risk in the context of social inequality.

Short sleep may help explain why people with low incomes are at higher risk of heart disease, especially in the case of men.

Last year, research featured in the journal [Circulation](#) of the American Heart Association explained that individuals with low socioeconomic status are more likely to develop cardiovascular disease than those who are in a less precarious financial condition.

And as recently as April of this year, a study published in [The Lancet: Global Health](#) found that people living in low income countries face a higher risk of cardiovascular disease.

Many biological and psychosocial factors can explain the link between low socioeconomic status and a higher risk of heart problems, such as anxiety and high blood pressure.

But in a new study, researchers affiliated with the [Lifepath Consortium](#) - a research consortium aiming to understand better how socioeconomic differences impact health - have gathered evidence that poor sleep may significantly contribute to the risk of cardiovascular disease in people at a financial disadvantage.

The team reports and explains the new findings in a study paper that features in the journal [Cardiovascular Research](#). In the study paper, the researchers outline why they were interested in the

potential link between socioeconomic status, sleep duration, and heart disease, explaining that:

"First, individuals who experienced social adversity across the life-course report sleep-related problems more frequently [...] In particular, people working in shifts, living in deprived neighborhoods, or who have experienced adversity in childhood show an increased prevalence of sleep-related disorders. Second, inadequate sleep has been associated with an increased risk of cardiovascular disease."

Poor sleep explains 13.4% of the link in men

In the current study, the investigators analyzed data from a total of 111,205 participants across eight different cohorts from four countries: France, the United Kingdom, Switzerland, and Portugal.

The team split the participants into different socioeconomic categories - low, middle, or high income - based on the participants' occupation, as well as the occupation of each participant's father.

Thanks to medical exams and self-reported measures, the researchers also had access to the participants' history of coronary heart disease and cardiovascular events. The investigators also looked at measures of sleep duration, categorizing them as recommended sleep (6–8.5 hours per night), long sleep (over 8.5 hours per night), and short sleep (fewer than 6 hours per night).

To understand how, and if sleep loss was likely to contribute to cardiovascular problems in people of different incomes, the researchers used mediation analysis, a specialized statistical method. The researchers' findings indicated that insufficient sleep might play a role in the heightened risk of cardiovascular disease in people of lower socioeconomic status. However, the impact seemed to vary by biological sex.

The researchers note that short sleep likely explains 13.4% of the link between occupations associated with lower socioeconomic status and coronary heart disease in men.

Although women in lower socioeconomic groups also get heart disease, it does not appear to be linked to sleep in the same way as in men. The researchers hypothesize that this may be because most women already face a much higher burden of responsibilities outside of their professional occupation that independently affects their sleep and their health.

According to study co-author Dusan Petrovic from the University Centre of General Medicine and Public Health in Lausanne, Switzerland, "Women with low socioeconomic status often combine the physical and psychosocial strain of manual, poorly paid jobs with household responsibilities and stress, which negatively affects sleep and its health-restoring effects compared to men."

Based on the study findings, the researchers argue that societies must address many issues that lie at their cores in order to help every single one of their members to achieve adequate sleep as much as possible.

"Structural reforms are needed at every level of society to enable people to get more sleep," advises Petrovic.

"For example, attempting to reduce noise, which is an important source of sleep disturbances, with double glazed windows, limiting traffic, and not building houses next to airports or highways."
Dusan Petrovic

7a] [How to sleep better: Tips and home remedies](#) – Medical News Today

"The strongest principle of growth lies in human choice." George Elliot

"Life truly lived is a risky business, and if one puts up too many fences against risk one ends by shutting out life itself." Kenneth S. Davis

8] [Michael Skinner - Songs for the Keys to Your Life\(c\)](#) – YouTube 3:08 minutes

'Songs for the Keys to Your Life", from the '[Waitin' for a Train CD](#), performed at the Survivor Knights event, in Philadelphia, PA; a great cause, great people & a great time.

VERSE I

Slaving away, worked your fingers to the bone
The grindstone is all that you see
Once made of gold, now turned so cold
Your hands have forgotten your dreams
Do you even know, do you even care
When did you drop the keys?
The keys to your dreams, the music to your soul
Remember how you once sang to me

CHORUS

Songs for the keys to your life
Songs for the keys to your life
Songs for the keys to your life
Have you sung the song for the keys to your life?

VERSE II

Wasting away, what's there to say
Of all of the things that you loved
Now all I see, is broken inside
Is the love of only your wealth.
Is that now the dream, manipulations and schemes?
You've climbed your way to the top
You look around, what do you see?
A wasteland of all that you loved

CHORUS

"As a child I felt myself to be alone, and I am still, because I know things and must hint at things which others apparently know nothing of, and for the most part do not want to know. Loneliness does not come from having no people about one, but from being unable to communicate the things that seem

important to oneself, or from holding certain views which others find inadmissible.” Carl Gustav Jung

9] [Half of homeless people have experienced traumatic brain injury](#): study By [Leslie Young](#) Global News

Roughly half of people who are homeless or in unstable housing have experienced a [traumatic brain injury](#) in their lifetime, a new study has found, with potentially severe consequences for their mental and physical health.

The study, by a group of B.C. researchers, analyzed previous research on the subject from six high-income countries including Canada, and was published Monday in the journal [Lancet Public Health](#).

Not only did the researchers find that around half of homeless people had a traumatic brain injury (TBI) in their lifetime, they also found that one quarter had experienced a moderate or severe injury — defined as being unconscious for at least 30 minutes or a visible injury on an MRI scan with lingering disability.

By comparison, only around 22 per cent of the general population has ever experienced TBI, and only three per cent have experienced a moderate or severe brain injury.

“What we found with this study is a strikingly high burden of TBI in this population,” said lead study author Jacob Stubbs, a PhD candidate in the UBC psychiatry department who works with the BC Mental Health and Substance Use Services Institute.

“TBI is broadly associated with poor health and functioning in this vulnerable population.”

Traumatic brain injury is linked to a host of problems, the researchers found, including poorer reported mental health, substance abuse, suicidal ideation, and even involvement with the criminal justice system.

When a person experiences brain injury, their brain essentially bounces around in their skull, said Nathan Churchill, a scientist at St. Michael’s Hospital, causing damage to the brain tissue with a “cascade” of effects.

Issues with blood flow and swelling can lead to further damage, Churchill explained. With less severe injuries, damage can still occur at a microscopic level.

The effects can be short-lived, or quite long-term in the case of repeated head injury, he said.

Studies of former boxers and football players show they can have problems regulating their mood, depression, irritability, and problems with thinking and planning due to damage to the frontal cortex, he said.

Dr. Gary Bloch, who has worked with homeless and marginalized populations for 17 years as a family doctor with Toronto’s St. Michael’s Hospital and Inner City Health Associates, said the numbers are “shocking” but not that surprising.

His patients are often experiencing many mental and physical health challenges at once, he said, so teasing them out can be tricky. When he sits down with a patient to try to get a detailed medical history, “There’s often a piece that seems to be missing.”

When he digs deeper, he often finds a history of head injuries.

“Having a history of traumatic brain injury becomes interwoven with just about every other health issue that a person is dealing with,” he said.

“So I think knowing that someone has experienced traumatic brain injury raises my index of suspicion for other health issues, physical health issues and mental health issues.”

Traumatic brain injuries happen both before and after a person becomes homeless, according to the study. They can contribute to the likelihood that someone becomes homeless, Stubbs said, and make it harder to get out.

“TBI is obviously an important factor in the health and functioning of this population, but it actually might be a component that represents a barrier to exiting homelessness or unstable housing, given that homelessness and unstable housing itself is a risk factor for sustaining more TBIs.”

Michelle McDonald, executive director of Brain Injury Canada, agrees that these injuries could contribute to a higher risk of becoming homeless.

“Many, many people with TBI or brain injury in general live below the poverty line,” she said.

“There’s many factors that lead to homelessness, but brain injury can be the root cause of some of those factors, such as unemployment, substance abuse, family breakdown.”

These injuries can often be treated, Churchill said, though the exact treatments will vary considerably depending on the nature of the brain injury.

But the care needs to be available. Even just having a place to rest and recover, and getting some immediate medical attention after the injury is “critical,” he said.

This is obviously a problem for many people who are experiencing homelessness. It’s “near impossible” for his patients to get proper treatment and rehabilitation for TBI, Bloch said.

“It is a source of constant frustration to me on the front lines, that I do not have access to the resources to either identify or address the needs of people who have experienced these types of injuries.”

He argues for a holistic approach to address both the health and social issues that people encounter while homeless, including a heightened risk of traumatic brain injury.

“The number one preventive intervention is helping people get housed.”

9a] [Conussions linked to increased risk of suicide, study shows](#) – Global News

9b] [Brain injury's 'invisible epidemic': survivors of domestic violence](#) - Global News

“Healing may not be so much about getting better, as about letting go of everything that isn't you - all of the expectations, all of the beliefs - and becoming who you are.” Rachel Naomi Remen

“Healing is a matter of time, but it is sometimes also a matter of opportunity.” Hippocrates

10] [New York's Mohawk tribe works to restore their culture](#) - YouTube 8:59 minutes – PBS News

For decades, Native American children were forcibly removed from their families and lands to attend boarding schools where English was mandatory and their own languages were forbidden. But in 1979, a small Mohawk tribe in upstate New York formed The Akwesasne Freedom School, where today Mohawk children continue to learn their native language and culture. Special correspondent Jenna Flanagan reports.

“The soul always knows what to do to heal itself. The challenge is to silence the mind.” Caroline Myss

“Feelings are much like waves, we can't stop them from coming but we can choose which ones to surf.” Jonatan Martensson

11] [Is intermittent fasting good for you? Regimen boosts weight loss, disease resistance](#) by A. Pawlowski TODAY News

Many patients ask their doctors about intermittent fasting, but the physicians themselves are often not up on the science.

The evidence just keeps growing in favor of [intermittent fasting](#) — and not just for [weight loss](#).

Studies and clinical trials have shown the eating regimen has “broad-spectrum benefits” for health problems including obesity, diabetes, [heart disease](#), cancer and neurologic disorders, researchers wrote in a new review of research in humans and animals.

The paper was published Wednesday in the New England Journal of Medicine.

The powerful health effects appear to come from the body flipping a “metabolic switch” during fasting - or shifting away from using sugar as its main source of energy and instead converting fat for fuel when a person's stomach is empty.

But most people still eat all throughout the day and miss out on the health benefits, said lead author Mark Mattson, adjunct professor of neuroscience at the Johns Hopkins University School of Medicine.

“The evidence is accumulating that this metabolic switch triggers a lot of signaling pathways in cells and various organs that improve their stress resistance and resilience,” Mattson, who has been practicing intermittent fasting for 30 years, told TODAY.

“If you eat three meals a day plus snacks spaced out... you may never have that metabolic switch occurring.”

Many patients ask their doctors about [intermittent fasting](#), but the physicians themselves are often not up on the science, which has rapidly progressed, he added. Medical schools still aren't teaching future doctors about the benefits, but Mattson is hopeful that will change with time.

What the science shows:

When a person depletes his or her sugar energy stores during fasting, fats are released from fat cells and converted to ketone bodies by the liver.

Ketone bodies aren't just an energy source, but also have a “potent signaling” function. The body responds by activating certain pathways that boost beneficial processes like autophagy, a mechanism that helps to regenerate cells. These pathways are untapped or suppressed in people who overeat and are sedentary, the review noted.

When a person switches between a fed and fasted state, it stimulates responses that boost [mental](#) and physical performance, plus disease resistance, the authors wrote.

“We're adapted through millions of years of evolution to respond to reduced food availability in ways that one, enable us to get food, but two, increase our ability to resist various types of environmental stress,” Mattson said.

Studies in humans show intermittent-fasting helps reduce obesity, insulin resistance, high cholesterol, high blood pressure and inflammation. It can improve verbal memory, executive function and global cognition in adults with mild cognitive impairment.

No studies have yet determined whether intermittent fasting affects cancer recurrence in humans, but research in animals has shown it reduces the number of spontaneous tumors during aging.

The weight-loss factor is also a major draw: Intermittent fasting can help people slim down without having to count calories, “so psychologically it seems a little easier,” Mattson said.

How to adopt intermittent fasting in your life:

There are three most-widely studied types of intermittent fasting:

- [daily time-restricted feeding](#), where you fast for a certain amount of hours a day, often 16, but are free to eat whatever you want the rest of the time. This is the easiest for most people to adopt, Mattson said. It's the regimen he follows: He skips breakfast, exercises mid-day, then eats all his food between 1 p.m. and 7 p.m.
- the [5:2 plan](#), which means incorporating two non-consecutive fast days into your week, then eating normally during the other days.
- [alternate day fasting](#), which means eating nothing or very little one day, then eating whatever you want the next, and then repeating that process.

“A lot of people who try to switch to intermittent fasting don’t realize it takes a while to adapt,” Mattson noted. They may experience hunger and irritability at first, but those side effects usually disappear within a month.

Ease into it, the review advised. For daily time-restricted feeding, start with an eating window of 12 hours, then gradually reduce it to ten, eight or even six hours over several months.

For the 5:2 plan, start by eating about 1,000 calories one day a week for the first month, then try it for two days a week for the second month. Limit those two fasting days to 750 calories each for the third month and, ultimately, 500 calories for the fourth month.

Always check with your doctor and a nutritionist before starting an intermittent fasting regimen.

Companies are now working on a wrist device that would let people monitor their ketones and know in real time whether the metabolic switch has occurred, Mattson said. Once people try intermittent fasting, many see a host of benefits and never go back to three meals a day — just like him.

“A lot of people I know have tried it and like it and have stuck with it,” he noted

A. Pawlowski is a TODAY contributing editor focusing on health news and features. Previously, she was a writer, producer and editor at CNN

“Today's Reminder – Words of wisdom inspire us, but they have value only if we can take them into our hearts and use them in our daily lives.” Al-Anon

*“Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved.”
Mattie Stepanek*

12] [Male Sexual Assault: Hidden Trauma](#) by [Joan Cook, PhD](#) @ Psychiatric Times

What are the differences in prevalence rates and clinical presentations of men and women with sexual assault/abuse histories? What barriers do men face in disclosing sexual abuse and assault histories?

Joan Cook, PhD, Associate Professor at Yale School of Medicine Department of Psychiatry, provides insights in this video. [posted at the website link, 2:14 minutes]

Speaking at a recent Grand Rounds at Yale Psychiatry, Dr Cook notes that male sexual assault is largely overlooked and neglected by the public. Survivors and health care professionals, too, often overlook their experience as valid, noting the myths surrounding sexual victimization of boys and men.

It is estimated from very good epidemiological data that at least 1 in 6 boys by the age of 18 has experienced some form of sexual violence and that that number increases to 1 in 4 across their lifespan. If you think about a football stadium of 100,000 men, 25,000 (or 1 in 4) will have been sexually abused.

The research shows us that men who have been sexually abused have higher rates of PTSD, depression, anxiety disorders, substance abuse disorders, and a range of other problems. These include sexual compulsivity, higher rates of HIV, and sexually transmitted diseases. It is important to help survivors

recognize the impact of these experiences and heal from trauma.

12a] Further reading: [When Men Are Sexually Abused in the Military](#)

“It doesn't take a lot of strength to hang on. It takes a lot of strength to let go.” J. C. Watts

“In helping others, we shall help ourselves, for whatever good we give out completes the circle and comes back to us.” Flora Edwards

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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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