



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 July 2020

Hi Folks,

These are trying times for so many, I hope that you are finding some ways to have peace in your life despite the uncertainty due to this health crisis. The things that sustained me in my youth, music, nature, reading and learning are the balm for my soul once again. Phone calls and e-mail chats with friends are VIP as well. So please stay connected somehow, we all need that.

I also love to see and hear what others are doing to help others in these times of need, lets me know that there are more people doing the right thing[s]. So easy to get dismayed and overwhelmed with the never ending news cycle of the hardships taking place.

Honored to have been a guest on Teri Wellbrock's Healing Place Podcast last week, please take a listen.

A deep, yet smile-filled conversation with Michael Skinner, musician and trauma advocate.

*Please join us as we sit down to discuss: * his role as a musician and the importance of music for the healing journey * his role as a trauma and mental health advocate * his own personal story of triumph over childhood trauma * the importance of trauma practicing approaches to guided healing * a special live performance of one of his own songs * and so much more!*

The Healing Place Podcast: Michael Skinner-Mental Health Advocacy & "Songs for the Keys to Your Life" – YouTube 33 minutes - https://www.youtube.com/watch?v=YMv9ZMAw_t4

Take care, Michael

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“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

“Today I will make an effort to remember that I am a terrific human being.” - Courage to Change

1] [Healing from the Past and Living in Your Present](#) By [Dr. Annie Tanasugarn](#) @ PsychCentral

Our past shapes our present and helps us identify who we are and where we are headed. So, it’s natural to use our past experiences as a point of reference for our current situation. The choices we make for ourselves today are often influenced by our past. If we are using healthy judgment to guide our choices, then past regrets, mistakes, and pain are used as markers for what we do not want in our lives. However for some, the past is not seen as a place of reflection but as a destination. For those who struggle with letting go of past pain or regret, they can feel trapped by their situation and unable to move forward in their lives. Feeling unable to let go of the past can lead to clinical [depression](#), Post-Traumatic Stress Disorder ([PTSD](#)), or even suicide.

Pain has a way of making us feel stuck. In times of emotional pain, we may find ourselves thinking back to when we felt happier which can help motivate us in the present. For example, if in the past we were proud of an accomplishment we achieved, thinking of our past success can help motivate us in achieving new successes now. Referencing our past positive experiences can be a healthy option for

setting goals or in building optimal habits as we focus on our future. While a little reflection can be healthy and foster creativity, too much reflection or ruminating on past negative experiences can drift into obsession and lead to feeling stuck.

Pain, Regret, and PTSD - Our past experiences can affect our current mindset and our choices in how we interpret our lives. If pain or trauma has been experienced in our past, it can impact how we view our current circumstances or even prevent us from living in the present. Existing research suggests how past-negative experiences are often associated with increased incidences of trait [anxiety](#), depression, impulsivity, low self-esteem and poor choices. For example, if we have suffered betrayal from a loved one in a romantic or familial relationship, we may re-live the traumatic experience as it replays in our mind. Certain smells, foods, places or songs may “trigger” re-experiencing the pain, which often results in trying to push away the intrusive thoughts and feelings. This can lead to other symptoms including social isolation, distrust in others, self-sabotaging behavior and an inability to move ahead in our lives (i.e., living in the past).

Read more at - <https://psychcentral.com/lib/healing-from-the-past-and-living-in-your-present/>

Dr. Annie Tanasugarn is a Psychologist, Board Certified Behavior Analyst and certified life coach specializing in positive habit-change and skills-building. Annie is a trauma informed clinician with experience in PTSD. She works with adults seeking empowerment through goalsetting, skills building and awareness into their habits. She specializes in providing strategies and techniques to promote a healthy and positive self-image and in relationships with others.

“Ever'thing there is but lovin' leaves a rust on yo' soul.” - Langston Hughes

“When we feel fear at doing something...it very likely means that it's exactly the thing we need to do.” - Abigail Washburn

2] [Let's avoid talk of 'chemical imbalance': it's people in distress](#) By Joseph E Davis @ Psyche Ideas

After Jenna discovered that her boyfriend was cheating on her, she went into an emotional tailspin. She was ‘crying all the time’, struggled to attend her university classes, slept a lot and avoided situations she normally enjoyed.

In recounting her emotional reaction, Jenna stressed to me its unreasonableness. Given that she and her boyfriend hadn't been dating for long, she felt that she shouldn't have been so upset. After a month, she decided that something was seriously amiss and that she needed professional help. She recalled her psychiatrist diagnosing depression and telling her the problem might be caused by a chemical imbalance in her brain, for which she was prescribed an antidepressant.

Jenna found her emotional reactions jarring. They defied her basic assumptions about herself as confident, mature and self-sufficient. She told me she welcomed the diagnosis of a neurobiological disorder, which confirmed her problem was ‘real’ – brought on by a physiological force external to her volition – and that it showed she's not ‘just a slacker’.

At the same time, Jenna was careful to distance her experience from that of people who are, in her words, ‘crazy’ or ‘nuts’. Their illness means a loss of control and ability to function. By contrast, she

sees her problem as a common and minor glitch in neurochemistry. No one, she insisted, should mistake her for the mentally ill.

Jenna was one of 80 diverse volunteers that a research team at the University of Virginia and I interviewed in Chicago, Baltimore, Boston and two small cities in central Virginia. We wanted to find out how people deal with common forms of psychological distress and challenging circumstances, such as: shyness and nervousness in social situations; underperformance at work or school; struggles after the loss of a significant relationship; and disappointment with how their lives are unfolding. A majority of our interviewees had received some form of psychotherapy and/or been diagnosed with a condition such as depression, social anxiety disorder or attention deficit disorder, and prescribed a psychiatric medication.

It was striking that many (though not all) at least partly explained their distress in terms of biological causes, particularly a neurochemical imbalance. Yet thinking of their problems in this way was a fraught process. Like Jenna, many interviewees sharply distinguished themselves from the mentally ill and cast the mentally ill in a very negative light. This stigmatising of people with serious mental illness wasn't based on any first-hand experiences; rather, it was motivated by a desire to protect their own dignity and social standing. To justify the distinction between their own situation and mental illness, our interviewees rejected the idea that they had an 'illness' as such, detached themselves from any formal diagnosis using statements such as 'that's what the doctor calls it' or, in some cases, they avoided seeking medical help altogether.

For people like Jenna, who embraced a neurobiological explanation for their problems, this created a conundrum, which many of them resolved by creating a separate classification for their own experience – what I have called a 'third condition'. The people we spoke to did not give this 'condition' a name or explicit meaning. Rather it emerged in the rhetorical space opened up by the way they framed their personal struggle, distinguishing it from mental illness, on the one hand, and normality, on the other.

Consider the perspective of another of our interviewees, a young woman I'll call Piper, who had been diagnosed with depression. When 'you think mental illness', according to Piper, 'you think schizophrenia and crazy people, and I'm not crazy, I just get really nervous.' In making this distinction, interviewees like Piper and Jenna not only claimed that they were less impaired than the seriously mentally ill, they also insisted that their experience was categorially different. Piper said of herself that biologically something is just 'a little off'. She has 'too little or too much or whatever it is that makes you have these issues'. Distinct from 'crazy people', she has control over her mind and her story. All she needs is a little pill. Yet at the same time, her 'condition' is also different from the mundane challenges that normal people might face. Piper was adamant that her nervousness in social situations is different from ordinary shyness. Her taking of medication is warranted. She has a third condition caused by an 'imbalance'.

Read more at - <https://psyche.co/ideas/lets-avoid-talk-of-chemical-imbalance-its-people-in-distress>

Joseph E Davis is research professor of sociology and chair of the Picturing the Human Colloquy at the Institute for Advanced Studies in Culture at the University of Virginia. His latest book is [*Chemically Imbalanced: Everyday Suffering, Medication, and Our Troubled Quest for Self-Mastery*](#) (2020).

"We cannot drop out of human involvement without endangering our spiritual health." - One Day At a

Time

“The time you enjoy wasting is not wasted time.” - Bertrand Russell

3] [Elisabeth Kübler-Ross: The rise and fall of the five stages of grief](#) By Lucy Burns BBC News

Denial. Anger. Bargaining. Depression. Acceptance. Everyone knows the theory that when we grieve we go through a number of stages - it turns up everywhere from palliative care units to boardrooms. A viral article told us we'd experience them during the coronavirus pandemic. But do we all grieve in the same way?

When Swiss psychiatrist Elisabeth Kübler-Ross moved to the US in 1958 she was shocked by the way the hospitals she worked in dealt with dying patients.

"Everything was huge and very depersonalised, very technical," she told the BBC in a 1983 interview. "Patients who were terminally ill were literally left alone, nobody talked to them."

So she started running a seminar for medical students at the University of Colorado where she'd interview people who were dying about how they felt about death. Although she met with stiff resistance from her colleagues, there was soon standing room only.

These interviews led in 1969 to a book called *On Death and Dying*. In it, she began by describing how patients talk about dying, and went on to discuss how end-of-life care could be improved.

.....In her final broadcast interview with Oprah Winfrey she described her feelings about her own death as "just angry, angry, angry".

"Unfortunately the public didn't want her to go through her own stages," says Ken. "They thought the great doctor of death and dying should just be some angelic person who arrives at acceptance from the get-go - but we all have to deal with grief and loss in different ways."

Read more at - https://www.bbc.com/news/stories-53267505?utm_source=pocket-newtab

“The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen.” - Elisabeth Kübler-Ross

“Learn to listen and listen to learn.” Unknown

4] [Watch & Listen, “RIVER of SERENITY”](#) ♡ 396Hz ♡ Let Go of All The Fear, Stress, Worries, and Anxiety - Water Sounds – YouTube

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“it's important to make sure that we're talking with each other in a way that heals, not in a way that wounds.” - Barack Obama

“Simply touching a difficult memory with some slight willingness to heal begins to soften the holding and tension around it.” - Stephen Levine

5] [The Need for Size Equality in the Mental Health Recovery Movement: Ways that Peer/Recovery Activists Can Do Better on Issues of Sizeism, Diet Culture, and Eating Disorders](#) by Emily Cutler and Kaz DeWolfe @ Medium

In Consultation With: Megan Mills, Keith Gottschalk, and Malaika Puffer

Over the past several months, it has been amazing to see the peer support/mental health recovery movement engage in critical self-reflection and take steps to do better around the issues of racism, white supremacy, and transphobia.

One area where the movement can also do better is on issues of diet culture, sizeism, and eating disorder culture. Some fellow body liberation/eating disorder recovery advocates and I have collaborated to create a document with some action steps that peer-run organizations and recovery movement leaders/organizers can take to become more inclusive of people of all sizes as well as people with eating disorders/disordered eating.

Thanks in advance for reading and engaging in reflection around this issue. Shira Collings

As anti-diet and size equality activists in the mental health recovery and peer movement, we have unfortunately witnessed a surprising amount of fatphobia and sizeism within peer/recovery spaces. For example, we have witnessed fat activists being body shamed and told to lose weight by other people in the movement, as well as receiving unsolicited recommendations to come off psychiatric medication in order to be thinner. While the mental health recovery movement often claims to view mental health through the lens of social justice, recognizing the ways mental health and well-being are affected by various forms of oppression and marginalization, sizeism and diet culture often go unacknowledged as sources of distress and inequality.

In order for the recovery movement to be truly social justice informed, we believe that it needs to be aligned with anti-diet, pro size equality values. We define size equality as the absence of discrimination and bias on the basis of size, shape, and weight, as well as the recognition of sizeism as a form of systemic oppression that needs to be addressed. [Diet culture](#), which goes hand in hand with sizeism, is the idealization of thinness as equivalent to health, wellness, and self-discipline, and the promotion of restricting food intake and exercising in order to become thinner. Anti-diet and size equality values recognize that an individual’s weight does not determine their health, nor is it indicative of what food or exercise choices they may make. Nor does it reflect on the person’s degree of personal cleanliness, industriousness, or self-control.

Size equality and anti-diet activism are not only important in and of themselves, but they are crucial components of anti-racism and feminist activism. Diet culture and sizeism are rooted in [patriarchal](#) and [white supremacist](#) ideologies. Historically, Black bodies have been associated with fatness as a way to reinforce the stereotype of Black people as lazy, gluttonous, and lacking self-control, and to justify the enslavement and oppression of Black people. (Click [here](#) to read about the racist roots of the BMI.) In

our contemporary medical system, the disproportionate rates of health problems among Black people are often misattributed to their weight and size, allowing us to overlook the role structural racism plays in the health of people of color. Similarly, diet culture is often used as a tool of patriarchy: women and femmes are encouraged to shrink their bodies as much as possible and focus on pursuing the thin ideal, rather than pursuing their dreams and passions. As part of striving toward racial justice and gender justice within the peer and recovery movement, it is incredibly important to center size equality and fat justice as part of this.

Read more at - <https://medium.com/@emily.cutler/the-need-for-size-equality-in-the-mental-health-recovery-movement-ways-that-peer-recovery-efb3d80beba>

“Pain serves a purpose. Without it you are in danger. What you cannot feel you cannot take care of.”
- Rebecca Solnit

“Believing the lie that time will heal all wounds is just a nice way of saying that time deadens us.”
- Jonathan Nolan

6] [A Brief But Spectacular take on turning COVID-19 grief into action](#) – YouTube 4:40 minutes – PBS News

Mike Smith co-founded the Names Project AIDS Memorial Quilt in 1987. Now living through his second pandemic, Smith is finding ways to help out amid COVID-19 -- and to inspire others to do the same. He shares his Brief But Spectacular take on turning grief into action.

<https://www.youtube.com/watch?v=wfDObagqlO0>

“The mind grows by what it feeds on.” - Josiah G. Holland

“do not look for healing at the feet of those who broke you” - Rupi Kaur

7] [Call for 2021-2022 Featured Writers – Madwomen in the Attic](#)

Madwomen in the Attic is seeking featured writers for [The Featured Writer Project’s](#) 2021-2020 writing year, which will begin in January 2021 and end in January 2022.

Open reading period: July 1 – August 31, 2020. We feature women and gender-non-conforming people.

This is a non-competitive call for submissions, open to writers from any location across the globe; all who wish to be featured writers **and who fulfill the [submission guidelines](#)** will be included. MITA seeks to offer a space in which veteran writers write alongside novice writers as a form of advocacy to dismantle stigma and support women and queer people. MITA, as an organization, acknowledges equality and celebrates neurodiversity. In this way, the space is a learning space, and all who dare to express themselves are celebrated. Our featured writers are not simply writing to showcase their work—they are also writing as a form of advocacy or activism. More information related to this topic is available on our [FAQ page](#).

We will respond to all inquiries and submissions. Writers whose work qualifies, according to the

submission guidelines, will be notified and invited to become featured writers.

There are three components to a featured writing piece:

1. The writing/art
2. A note from the author/artist (and)
3. About the writer, including a photo

We will not ask for all three of the components until we invite you to be a featured writer, but if you are interested in seeing what this looks like, please learn about some of [our featured writers from previous years](#).

Send your submissions or notes of inquiry to madwomenofwny@gmail.com.

Help us to make the voices of the oppressed and underrepresented heard by sharing your words and art!

Learn more - <https://madintheattic.org/2020/06/30/call-for-2021-2022-featured-writers/>

“Sensitive people feel so deeply they often have to retreat from the world, in order to dig beneath the layers of pain to find their faith and courage.” - Shannon L. Alder

“If you would be loved, love, and be lovable.” - Benjamin Franklin

8] [This town of 170,000 replaced some cops with medics and mental health workers. It's worked for over 30 years](#) By Scottie Andrew @ CNN

Around 30 years ago, a town in Oregon retrofitted an old van, staffed it with young medics and mental health counselors and sent them out to respond to the kinds of 911 calls that wouldn't necessarily require police intervention.

In the town of 172,000, they were the first responders for mental health crises, homelessness, substance abuse, threats of suicide -- the problems for which there are no easy fixes. The problems that, in the hands of police, have [often turned violent](#).

Today, the program, called CAHOOTS, has three vans, more than double the number of staffers and the attention of a country in crisis.

CAHOOTS is already doing what police reform advocates say is necessary to fundamentally change the US criminal justice system - pass off some responsibilities to unarmed civilians.

Cities much larger and more diverse than Eugene have asked CAHOOTS staff to help them build their own version of the program. CAHOOTS wouldn't work everywhere, at least not in the form it exists in in Eugene.

But it's a template for what it's like to live in a city with limited police.

It's centered around a holistic approach

CAHOOTS comes from White Bird Clinic, a social services center that's operated in Eugene since the late 1960s. It was the brainchild of some counterculture activists who'd felt the hole where a community health center should be. And in 1989, after 20 years of earning the community's trust, CAHOOTS was created.

It stands for Crisis Assistance Helping Out on the Streets and cheekily refers to the relationship between the community health center that started it and the Eugene Police Department.

Most of the clients White Bird assisted - unsheltered people or those with mental health issues - didn't respond well to police. And for the many more people they hadn't yet helped, they wanted to make their services mobile, said David Zeiss, the program's co-founder.

"We knew that we were good at it," he said. "And we knew it was something of value to a lot of people ... we needed to be known and used by other agencies that commonly encounter crisis situation."

It works this way: 911 dispatchers filter calls they receive -- if they're violent or criminal, they're sent to police. If they're within CAHOOTS' purview, the van-bound staff will take the call. They prep what equipment they'll need, drive to the scene and go from there.

The program started small, with a van Zeiss called a "junker," some passionate paraprofessionals and just enough funding to staff CAHOOTS 40 hours a week.

It always paired one medic, usually a nurse or EMT, with a crisis responder trained in behavioral health. That holistic approach is core to its model.

Per self-reported data, CAHOOTS workers responded to 24,000 calls in 2019 -- about 20% of total dispatches. About 150 of those required police backup.

CAHOOTS says the program saves the city about \$8.5 million in public safety costs every year, plus another \$14 million in ambulance trips and ER costs.

Read more at - <https://www.cnn.com/2020/07/05/us/cahoots-replace-police-mental-health-trnd/index.html>

"No one is useless in this world who lightens the burdens of another." – Charles Dickens

"If we always helped one another, no one would need luck." – Sophocles

9] [Emotional exhaustion: Causes, symptoms, risk factors, and prevention](#) by Jayne Leonard @ Medical News Today

Emotional exhaustion can arise when someone experiences a period of excessive stress in their work or personal life.

When people experience emotional exhaustion, it can make them feel emotionally drained, overwhelmed, and fatigued. These feelings tend to build up over a long period, though people may not

notice the early warning signs.

This can have significant impacts on a person's everyday life, relationships, and behavior. In this article, we discuss the symptoms, causes, and risk factors of emotional exhaustion, and we explore the many ways people can treat it or prevent it from happening.

What causes emotional exhaustion?

Emotional exhaustion usually arises after a period of [stress](#).

Different things can contribute to emotional exhaustion in people, depending on a person's tolerance for stress and other factors in their lives at the time.

Examples of things that can trigger emotional exhaustion include:

- going through a significant life change, such as divorce or death of a loved one
- being a caregiver
- experiencing financial stress
- having a baby or raising children
- being homeless
- juggling several things at once, such as work, family, and school
- living with a chronic medical condition
- working long hours
- working in a high-pressure environment

Typically, emotional exhaustion occurs if someone feels overwhelmed by factors in their life. They may believe they have a lack of control over their life or they may not be correctly balancing self-care with life's demands.

Symptoms - Emotional exhaustion causes both physical and emotional effects that, in turn, can affect a person's behavior. The symptoms can build up over time and with repeated stress, though people may not recognize the early warnings.

Looking out for and recognizing the symptoms of emotional exhaustion in oneself and others is necessary so that a person can start taking steps toward feeling better.

Here, we discuss some common symptoms of emotional exhaustion:

Read more at - <https://www.medicalnewstoday.com/articles/323441>

Jayne Leonard is a qualified counselor and psychotherapist, and she holds a diploma in nutritional therapy. At present, she is completing a master's degree in counselling and psychotherapy. She is passionate about the influence of diet and lifestyle on mental health and well-being. Through her work in both private and not-for-profit settings, she hopes to empower others to take charge of their lives and improve their physical and mental health.

“As peer support in mental health proliferates, we must be mindful of our intention: social change

It is not about developing more effective services, but rather about creating dialogues that have influence on all of our understanding, conversations, and relationships.” - Shery Mead

“In the thick of this work we often forget about our own needs.” - Shery Mead

10] [Beth Hart, musician, her song – “Hiding Under Water”](#), live You Tube 4:45 minutes

Beth Hart is as real as it gets. In a music industry full of glossy production and airbrushed photoshoots, this is one artist who throws down her cards, shares her darkest secrets and invites you to join her for the ride. With *War In My Mind*, this Grammy-nominated talent has never served herself up so raw on a record, one that embraces her merits and flaws, channels her bittersweet headspace and spins gold from her demons. “More than any record I’ve ever made, I’m more open to being myself on these songs,” Beth explains. “I’ve come a long way with healing, and I’m comfortable with my darkneses, weirdnesses and things that I’m ashamed of – as well as all the things that make me feel good.”

At 47 – and proud of it – Beth is basking in a golden period of time. The success of 2016’s *Fire On The Floor* album has garnered yet more critical acclaim, growing sales and sold-out shows at iconic venues from the Ryman Auditorium to the Royal Albert Hall (scene of last year’s triumphant live DVD). But as the singer reminds us, her life has always moved in cycles – “things get good then go to crap, get good then go to crap” – and it’s in these extremes that many of her best songs are born. “A lot of subjects are covered on *War In My Mind*,” she reflects. “I’ve always tried to seek the truth on every record I’ve done. But on this album, I’m even closer to vulnerability and openness about my life, about love, addiction, my bipolar, my dad, my sister...”

New fans might know Beth as the all-conquering global icon, dubbed “extraordinary” by *The Times* and “daring, brooding and angry” by *The Guardian*. But to understand her rollercoaster backstory, you need only read the *War In My Mind* lyric sheet. Highs and lows alike are candidly recounted as the songwriter reaches back through the decades and tells her tale without flinching. There are memories from her ’70s childhood in Los Angeles, where Beth announced her musical talent and renegade spirit, while rolling with the punches of a chaotic upbringing – about the loss of her beloved sister, Sharon – about the personal problems that derailed what should have been her major-label breakthrough in the mid-’90s – about her collaboration with blues-rock maestro Joe Bonamassa – about the redemption offered by her husband Scott, and the rebirth she found through the church.

Learn more at - <https://www.bethhart.com/biography/>

“People need to have “the dignity of risk” and “the right to fail” - Patricia E. Deegan

“My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style.” Maya Angelou

11] [Sing for Your Life: A Story of Race, Music, and Family](#) by Daniel Bergner

The touching, triumphant story of a young black man's journey from violence and despair to one of the world's most elite artistic institutions, as if *The Blind Side* were set in the world of opera.

Ryan Speedo Green had a tough upbringing in southeastern Virginia: his family lived in a trailer park

and later a bullet-riddled house across the street from drug dealers. His father was absent; his mother was volatile and violent.

At the age of twelve, Ryan was sent to Virginia's juvenile facility of last resort. He was placed in solitary confinement. He was uncontrollable, uncontainable, with little hope for the future.

In 2011, at the age of twenty-four, Ryan won a nationwide competition hosted by New York's Metropolitan Opera, beating out 1,200 other talented singers. Today, he is a rising star performing major roles at the Met and Europe's most prestigious opera houses.

Sing for Your Life chronicles Ryan's suspenseful, racially charged and artistically intricate journey from solitary confinement to stardom. Daniel Bergner takes readers on Ryan's path toward redemption, introducing us to a cast of memorable characters—including the two teachers from his childhood who redirect his rage into music, and his long-lost father who finally reappears to hear Ryan sing. Bergner illuminates all that it takes—technically, creatively—to find and foster the beauty of the human voice. And *Sing for Your Life* sheds unique light on the enduring and complex realities of race in America.

Learn more at - <http://danielbergner.com/sing-for-your-life>

[Sing for Your Life — Daniel Bergner – Goodreads](#)

Ryan Speedo Green - Bass Baritone - <https://www.ryanspeedogreen.com/>

“Once I knew only darkness and stillness... my life was without past or future... but a little word from the fingers of another fell into my hand that clutched at emptiness, and my heart leaped to the rapture of living.” - Helen Keller

“Every day we should hear at least one little song, read one good poem, see one exquisite picture, and, if possible, speak a few sensible words.” - Johann Wolfgang von Goethe

12] [A psychological guide to 5 activities to improve your mental & physical health](#) by Vibeke Jenny Koushede, Ziggi Ivan Santini and Paul E. Jose @ Inverse, Mind & Body

No one is immune to developing chronic illnesses such as heart disease, cancer, or arthritis as they get older. But research shows [social activities](#), like joining clubs, interest groups, or volunteering, are linked to [better mental and physical health](#) and a longer lifespan.

Our own recent [research found that](#) that the more that people participated in social activities, the less risk they had of developing or accumulating chronic conditions. We looked at people aged 50 and older from 12 European countries over a five year period and studied how volunteering, education, joining a club or being involved in religious or political groups impacted their likelihood of developing major chronic illnesses.

We found that weekly participation in social activities reduced the risk of developing a chronic condition by 8 percent compared to no participation, and reduced the risk of developing two or more

chronic conditions by 22 percent.

Even if you're busy, our findings suggest that just a few hours spent on a social activity every week can protect your health. Not only are social activities important for keeping physically active, [engaging in activities with other people](#) is shown to benefit your mental wellbeing, which in turn further protects your physical health.

With that in mind, there's a wealth of research that shows doing just one of these five activities regularly will provide benefits

5. Learn something new - Taking time to be inspired by new things is good for our health. Studies show that people who read books [live longer](#), and bilingual people have [better cognitive health](#). Pursuing new knowledge or learning new skills is known to promote [wellbeing](#) and [memory function](#).

Activities like [attending an art](#) or [music](#) class are associated with enhanced brain health, as they improve the communication between different brain regions. They can also improve psychological resilience, meaning that they can improve people's ability to cope better and persevere through stressful or challenging situations.

People who have made a habit of [learning throughout their lifetime](#) generally have better physical and mental health, including reduced risk for heart diseases and obesity, healthier habits (such as good nutrition, exercise, and not smoking), better wellbeing and cognition, and a stronger sense of purpose in life.

4. Join a sport or social club - Research shows joining a [handball](#) or [football](#) team has multiple health benefits, such as lower blood pressure, better heart rate, lower fat mass, and musculoskeletal fitness. People are also more motivated and have better wellbeing. Even less common activities like [rock climbing](#) reportedly ward off symptoms of depression, while [hiking is shown](#) to promote emotional [health](#), creativity, a sharp mind, and healthier relationships.

This might be because living in the moment can be a [healthy distraction](#) from stress and worries. Physical activity might let someone experience "[flow](#)", the state of being completely absorbed, focused, and involved in something. During flow, people typically report deep [enjoyment, creativity, and happiness](#).

Even non-exercise group pastimes are beneficial. Mentally stimulating activities, such as [card](#) and [board](#) games, [videogames](#), [needlework](#), or [crafts](#), have been shown to improve and sustain good mental and cognitive health.

Joining a choir not only protects [physical and mental health, enhances wellbeing, and reduces loneliness](#), it also [promotes lung health and reduces anxiety](#) as a result of controlled breathing practices. Group activities such as [singing](#), [knitting](#), [painting](#), [playing board games](#), or [football](#) have also been shown to increase social belonging and help people bond.

3. Volunteer - The old saying that it's better to give than to receive might be true. Research shows that

[spending time volunteering](#) is associated with enhanced mental health, higher physical activity, fewer functional limitations, and lower risk of mortality.

We have previously shown that weekly volunteers are [twice as likely](#) to have optimal mental health compared to non-volunteers. Other researchers have [reported similar links](#) to acts of kindness in general. Volunteering can benefit mental health by [providing a sense of meaning](#) and purpose, improving competence, self-esteem, solidarity, and compassion, as well as opportunities to connect with others.

2. Political or community involvement - Being able to [contribute to one's community](#) is also key to mental health. This is because humans have an intrinsic need to both be connected with a community and have a role to play in it. One way to do that is through political or civic group activity.

Community engagement is generally associated with better [physical and mental health and wellbeing](#), and some research even shows [civic involvement at age 33](#) is protective against cognitive impairment at age 50. This means that being active in a civic group is linked to sustained cognitive health over 15 years.

1. Religious or spiritual activity - A [large volume of research](#) shows that religion and spirituality, in general, are beneficial to mental health. These mental health benefits positively impact physical health and decrease the risk of disease by improving immune function and lowering the stress response.

When becoming ill, many use their religious beliefs to cope with illness, which is important since poor coping skills can lengthen hospital stays and increase patient [mortality](#). Accordingly, [some evidence suggests](#) that religious people tend to have better recovery when ill or having undergone surgery.

Attending religious services [is associated with long life](#) and better [brain health](#), as well as increased [resilience](#) against depression – even for high-risk people.

No matter what activity you choose, all of them have three behavioral principles in common that we have [written about before](#), known as Act-Belong-Commit. Getting active, getting social, and getting involved can help you maintain good mental and physical health in general and as you age.

This article was originally published on [The Conversation](#) by [Ziggi Ivan Santini](#) at the *University of Southern Denmark*, [Paul E. Jose](#) at the *Victoria University of Wellington* and [Vibeke Jenny Koushede](#) at the *University of Copenhagen*. Read the [original article here](#)

<https://www.inverse.com/mind-body/5-activities-to-improve-your-mental-health>

“Your ordinary acts of love and hope point to the extraordinary promise that every human life is of inestimable value.” - Desmond Tutu

“I will love the light for it shows me the way, yet I will endure the darkness because it shows me the stars.” - Og Mandino

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

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