



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 August 2020

Hi Folks,

I hope this finds you safe and well in these trying times...It is stressful, but I am encouraged by the amount of people out there doing good things to help others in times of need. If I only paid attention to the news, it would be depressing. I want to know what's going on in the world, but it is important that I make sure to look for the good news that most TV stations don't carry.

The canceling of gigs and presentations for me has given me more time to write. That is a mixed blessing, working on finishing a memoir of mine...the visits down memory lane are not always times of joy. This is something I have long wanted to do, so I have committed myself to finishing the task. Hope to take a published book out on the road next year to share songs, conversation and words from the book. And truly hope that my travels bring me to your neck of the woods.

The limited amount of work has been a new challenge for me...I've always been someone who likes to connect in person, especially if performing. But the current state of affairs has found me playing to a computer screen to reach folks with my music and also some Trauma-informed Peer Support Training[s]. Grateful for the opportunities, but that is a strange new way [for me anyways] to reach folks. Yes, you can teach this old guy new tricks...

Take care & stay safe, Michael

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“When wounds are healed by love, The scars are beautiful.” - David Bowles

“Remember that grief is a necessary pain. It's your only way to heal. To starve it will destroy you.”~The Grimoire” - S.M. Boyce

1] [This Is What Happens to Your Brain When You Declutter Your Home](#) by Kelsey Clark @ [Domino](#)

There's more to cleaning than just aesthetics.

For many of us, decluttering serves as a sort of mental palette cleanser. Stressed out? Tidy your apartment. Unfocused and frazzled? Clear the mess on your desk. Down in the dumps? Reorganize your closet for a sense of accomplishment.

It turns out there's [plenty of science](#) behind this sentiment. “Our brains can process information more clearly and efficiently in an organized space,” said Manhattan-based psychotherapist [Dana Dorfman](#). “Human beings like to feel in control of themselves and of their surroundings. We prefer predictable environments that provide a sense of stability and calm.”

A deep clean can also help you let go of certain things - a particularly appealing benefit as we stare down 2020. “Possessions represent the emotions or experiences attached to them,” she adds. “A cluttered or disorganized accumulation of possessions may make it difficult to ‘move on’ from the past or live in the present.”

Whether you're decluttering to start a new chapter or you simply appreciate an orderly apartment, here's what you can expect from a mental health perspective.

After One Day - “On day one, people can experience a range of emotions—from overwhelming

sadness to relief to invigoration,” notes Dorfman. But no matter what the nature of your project, she adds that you’ll most likely feel energized and motivated as the day progresses. Because organizing involves problem-solving and decision-making, people feel a sense of mastery and accomplishment.

While the presence of a mess may overload all of the senses, it impacts the visual field most significantly. “When the visual field is cluttered, the brain must ‘sift through’ everything and weed out the interfering stimuli,” Dorfman explains. “[Studies](#) show that people experience a significant decrease in the stress hormone cortisol when items are removed,” helping you to feel more stable, clearheaded, and relaxed as you clean.

After One Week - Believe it or not, you may find yourself looking for your next organizational project after just seven days or so. “System creation can provide ongoing motivation - it builds on itself,” Dorfman notes. “If you design an entryway space equipped with a place for your coat, keys, and bag, you’ve mitigated future misplacements. The sense of mastery and competence prompts the mind to want more.”

With that said, your new lifestyle may take some getting used to, both on a personal and practical level. It can take time for the brain to adapt to a fresh environment and you just might forget where certain items are, for example. But there are additional benefits: “This change may require an updating of one’s self-narrative,” adds Dorfman. “If you’ve always identified as a ‘messy’ person, you may view your habits and capabilities in a new light.”

After Three Months - In addition to feeling less stressed, less overwhelmed, and more in control, sticking to an organizational system may lead to newfound feelings of capability and empowerment. “Conquering a procrastinated task like cleaning may remind a person that the anticipation is usually worse than the reality,” explains Dorfman. “This realization and resulting sense of competence can flow into other areas of your life.”

Above all else, most research indicates that it is simply beneficial to live in a consistently neat and organized space. Any steps you take toward curating a healthy environment for yourself are well worth the effort. That’s one compelling reason to do a deep clean and donate unwanted items before the year’s end.

“Perhaps the most important thing we bring to another person is the silence in us, not the sort of silence that is filled with unspoken criticism or hard withdrawal. The sort of silence that is a place of refuge, of rest, of acceptance of someone as they are. We are all hungry for this other silence. It is hard to find. In its presence we can remember something beyond the moment, a strength on which to build a life. Silence is a place of great power and healing.” Rachel Naomi Remen

2] [My mental health journey: How PTSD gave me the strength to share my story](#) by Hannah Storm @Poynter

At the end of last year, I was diagnosed with post-traumatic stress disorder, or PTSD, as a result of multiple traumatic experiences in my journalism career and my personal life.

I suspect my experiences may resonate with some colleagues who still suffer in silence.

It's encouraging to see some news organizations creating safe spaces for more open conversations about mental health and ensuring emotional safety is as much a part of the culture as physical safety. Where they lead, I hope others will start to follow. Unfortunately for now, taboos remain.

I am publicly sharing my journey for the first time to try to tackle some of those taboos and the stigma around mental health that still silences journalists.

Admitting vulnerability can impact career prospects. Individuals who are traditionally marginalized within our industry, including journalists of color, are less likely to feel safe speaking about their suffering, and yet more likely to be at risk of mental stress.

As a profession, we need to see that the structures which perpetuate inequity in our industry often prevent those who are less privileged from feeling safe speaking about the burdens they carry.

Recent years have given rise to a perfect storm of factors impacting the mental health of journalists.

Relentless breaking stories, a rise in attacks against the press, a crisis of trust, job cuts, sinking ad revenues causing stress, burnout, vicarious trauma, moral injury, and exhaustion have taken their toll on the mental health of individuals and the cultural and economical health of our industry. If we aren't well, we can't do our best work.

Even before the global pandemic, I heard many anecdotes of colleagues on the brink. Many of them were women, impacted by an industry where they were exposed to gendered attacks in the field, newsroom and online. Others were freelancers affected by job insecurity.

A growing number of studies examining journalists suggest that they experience PTSD at a rate higher than the general population, said clinical psychologist and trauma specialist Kevin Becker. In the U.S., the lifetime prevalence for PTSD is 8%. Studies of journalists exhibiting PTSD range from 4% to a high of 59% (for photojournalists working in conflict zones) depending on conditions, locations and job duties.

More recently, the disproportionate impact on Black communities of COVID-19, followed by the protests sparked by the murder of George Floyd, has underscored the unique burden carried by Black journalists.

“When you carry around the ongoing collective trauma that Black journalists and journalists of color do, it's never business as usual,” said Kari Cobham, the senior associate director of the Rosalynn Carter Fellowships for Mental Health Journalism at the Carter Center. “And existing in workspaces and newsrooms where that isn't acknowledged by leadership makes it even harder. Black journalists are exhausted.”

Psychiatrist Dr. Sarah Vinson described the burden this way: “Black journalists are Black people first. It's important to understand that the trauma of being a Black person in America is not acute or of the moment, it is a chronic part of the Black experience. It is our nation's attention to this trauma that is episodic.”

As a white woman at a relatively senior level, I have a degree of privilege that many do not. Even so,

this has not been easy to write. My hope is to encourage managers to lead by example, to listen, to show empathy and to communicate. Dealing with stress, trauma and mental ill health can be an isolating experience. I hope to show others they are not alone and that vulnerability can in fact be a strength.

What PTSD looks like

I've learned the language of mental health after 20 years in journalism. Yet for a long time, I was in a dark place, hiding my pain. Outwardly, I gave the impression I was coping. After all, I led the [International News Safety Institute](#), a media safety charity that served some of the world's leading news organizations.

But I was experiencing flashbacks, depression, anxiety, mood swings, nightmares and difficulty sleeping. All symptoms of PTSD.

My flashbacks aren't always the same, either in cause or in response. Over time, they have become less frequent, but when they occur, my body believes it is reliving one of my traumas. I sweat, my heart pounds, I breathe faster, my chest tightens, my legs want to give way. Often I get an urgent need to go to the bathroom. Afterward, I feel completely drained.

There's no one thing that triggers my flashbacks. Sudden loud sounds may set me off: fireworks, drilling, cars backfiring, heavy items falling to the floor; smells as well: raw meat, overripe fruit, drains, body odor, certain aftershaves.

At my worst, I had clusters of nightmares in which I was usually trapped. I dreamed of my abusers. I saw the faces of desperate and dying people, individuals I had been unable to save, whose stories I had reported on as a journalist. Sometimes I dreamed of someone I loved being violently attacked. At times when I was too scared to sleep, I self-medicated with antihistamine tablets. They reduced some of the physical symptoms, like itching and bloating, that I suffered as my mental health played havoc with my body as well. I would wake to sweat-soaked sheets: drained, disconnected, foggy-brained. I struggled to concentrate or remember simple instructions. I felt out of sync, like the world and I were spinning on different axes.

Although I ached all over and felt tired much of the time, running provided an escape. At times I exercised to extremes. I lost my libido. At home, where I was safest, I was overbearing, searching for control in at least one part of my life. This impacted those I loved most. I catastrophized simple situations - was terrified my family would have a traffic accident, that I would lose one of my kids. I was anxious, tearful and angry. Some days I wondered if the world would be better off without me. At work, I was holding it together, but I felt like a fraud.

Getting better [Read the entire article](#)

Additional article from Hannah Storm - [Navigating my #MeToo story](#)

[Shamed into silence: Female journalists are disproportionately targeted for sexual harassment and assault — and I'm proof.](#)

“First, the physiological symptoms of post-traumatic stress disorder have been brought within manageable limits. Second, the person is able to bear the feelings associated with traumatic memories. Third, the person has authority over her memories; she can elect both to remember the trauma and to put memory aside. Fourth, the memory of the traumatic event is a coherent narrative, linked with feeling. Fifth, the person's damaged self-esteem has been restored. Sixth, the person's important relationships have been reestablished. Seventh and finally, the person has reconstructed a coherent system of meaning and belief that encompasses the story of trauma.” - Judith Lewis Herman

3] [How To Be Depressed](#) by George Scialabba – University of Pennsylvania Press

"A new memoir by George Scialabba, an unsung giant of criticism, is a gripping portrait of life under the spell of depression - and also a model of true intellectual inquiry . . . [O]ne is grateful for the characteristically insightful and socially committed thought that Scialabba brings to the thorny issue of clinical depression." - *The American Interest*

"[A] brilliant and unusual contribution to the literature of depression By sharing his struggles, Scialabba has provided not just a profound account of depression, but a reminder of how precarious our lives can be, and how much we need each other . . . Scialabba is one of the best social critics of our time." - *Commonweal*

"Intentionally or not, this book is a devastating critique of psychiatry. At its center is a brilliant man struggling for decades with intractable depression. While he writhes in agony, his therapists toss out sometimes contradictory diagnoses, try every possible drug, and compulsively recalibrate dosages. But year in and year out, their patient's actual experience continues to elude them. Still, I finished *How To Be Depressed* with hope that psychiatry can change - if its practitioners are willing to listen, really listen, to patients like Scialabba." - Barbara Ehrenreich, author of *Natural Causes*

"This is the most shocking report on lifelong depression I have ever read: the depression intractable, the report heartbreaking" - Vivian Gornick, author of *The Odd Woman and the City*

"A remarkable achievement. Assembling a collage of essay, interview, and his own medical records, George Scialabba remakes the memoir of depression. I can't think of another book that is so successful in evoking the relentlessness of recurrent depression. We see it for what it is: painful, tedious, and debilitating, able to interfere with every aspect of life." - Peter D. Kramer, author of Listening to Prozac

An unusual, searching, and poignant memoir of one man's quest to make sense of depression

George Scialabba is a prolific critic and essayist known for his incisive, wide-ranging commentary on literature, philosophy, religion, and politics. He is also, like millions of others, a lifelong sufferer from clinical depression. In *How To Be Depressed*, Scialabba presents an edited selection of his mental health records spanning decades of treatment, framed by an introduction and an interview with renowned podcaster Christopher Lydon. The book also includes a wry and ruminative collection of "tips for the depressed," organized into something like a glossary of terms—among which are the names of numerous medications he has tried or researched over the years. Together, these texts form an unusual, searching, and poignant hybrid of essay and memoir, inviting readers into the hospital and the

therapy office as Scialabba and his caregivers try to make sense of this baffling disease.

In Scialabba's view, clinical depression amounts to an "utter waste." Unlike heart surgery or a broken leg, there is no relaxing convalescence and nothing to be learned (except, perhaps, who your friends are). It leaves you weakened and bewildered, unsure why you got sick or how you got well, praying that it never happens again but certain that it will. Scialabba documents his own struggles and draws from them insights that may prove useful to fellow-sufferers and general readers alike. In the place of dispensable banalities - "Hold on," "You *will* feel better," and so on - he offers an account of how it's been for him, in the hope that doing so might prove helpful to others.

[George Scialabba is an essayist and literary critic](#) whose work has appeared in *The New Yorker*, *The Nation*, *The New Republic*, *The Baffler*, *The Boston Globe*, *Dissent*, and many other journals. His writings have been collected in five volumes: *Slouching Toward Utopia*, *Low Dishonest Decades*, *For the Republic*, *The Modern Predicament*, and *What Are Intellectuals Good For?*

3a] [Muddling Through](#) by Matthew Stillman @ [Commonweal Magazine](#)

A Depression Memoir Like No Other [article on several books dealing with depression along with the writer's personal experiences. MS]

"It is one thing to lose people you love. It is another to lose yourself. That is a greater loss." - Donna Goddard

"If you wished to be loved, love." - Lucius Annaeus Seneca

4] [A Brief But Spectacular take on caring for those who care for us](#) - YouTube 3:24 minutes

The pressure on doctors, nurses and other health care professionals has been constant throughout the coronavirus pandemic. Tara Rynders, a registered nurse in Colorado, has created an arts-based workshop designed to alleviate the stress and compassion fatigue that many medical providers experience. Rynders shares her Brief But Spectacular take on caring for those who care for us.

"Meditation is a microcosm, a model, a mirror. The skills we practice when we sit are transferable to the rest of our lives." - Sharon Salzberg

"We must be willing to let go of the life we have planned, so as to have the life that is waiting for us." - E. M. Forster

5] [If not now, when? COVID-19, lived experience, and a moment for real change](#) - authors - Nev Jones, Louise Byrne & Sarah Carr - *The Lancet Psychiatry*

In a Position Paper published in *The Lancet Psychiatry*, Carmen Moreno and colleagues 1 recommended bolder language and framing with respect to the meaningful involvement of service users in mental health planning, policy, and research in the wake of COVID-19. It is always gratifying to hear enthusiasm for goals the user and survivor research movement has long fought for. We were similarly gratified to read an Editorial in *The Lancet Psychiatry* arguing for pressure from service users

to more actively shift societal discourse .2 And yet, as welcome as these statements are, we worry that the primary problem we are all up against is not a paucity of articulated support for service-user involvement but rather the gap between rhetoric and reality.

Our collective experience suggests that both before, and now many months into, the COVID-19 pandemic, meaningful service-user involvement remains unevenly implemented in some places, and non-existent in others. In some regions, involvement could be reduced from pre-COVID-19 levels, whereas in others, attestations to the importance of inclusion might have long been unaccompanied by concrete action. The same sentiment—anger and frustration about decades of inaction—has also been at the forefront of the Extinction Rebellion, March for our Lives, and Black Lives Matter movements. At a specific point, one feels the need to say “enough talk”. And if there was ever a moment when we, as a field, might take deeper stock of where we really want to head, it is arguably now. Involvement efforts are too often accompanied by empty promises, insufficient funding or commitment, and superficial gestures (eg, membership on advisory boards), with no real power to set agendas, influence decision making, or bring about structural change.^{3, 4, 5}

Concretely then, what actions might be taken at this pivotal cultural moment? As activists across multiple under-represented social groups have long argued, leadership roles and power over decision making are fundamental.^{4, 5} From a systems perspective, this situation means addressing barriers specific to both academic training and advancement and research funding. Beginning with addressing barriers in academia, explicit proactive support for students and investigators with lived experience must be provided across the training pipeline, from undergraduate studies through to independence as mid-career investigators. Ideally, such support would be pursued with the primary goal of supporting junior scholars to ultimately obtain their own grants as primary investigators, particularly in fields in which extramural funding is *sine qua non* for promotion and advancement.^{6, 7} In supporting such trajectories, senior researchers must take care to ensure that service-user trainees and researchers, when included in studies and grants, are not there primarily to check a box or shore-up involvement plans, but to substantively shape research activities and, above all, advance their own careers and research agendas. Attention to diversity within this pipeline is also important, certainly of race, ethnicity, gender, sexual orientation, and class, but also with respect to level of disability and intersectional experiences of homelessness, incarceration, discrimination, addiction, and poverty.⁸

Research funders, in turn, must implement safeguards against discrimination, communicate and enforce robust expectations for service-user involvement and leadership in research proposals, and ensure that established bodies of research do not become barriers to authentic community-led innovation.^{4, 9} Too often, funding processes re-inscribe existing hierarchies and established interventions by rewarding proposals that build on, and hew to, existing published work. High-risk high-reward funding streams are typically present in the basic and translational sciences or new research areas such as digital health, with such language rarely used to refer to or fund user-led innovations. To achieve deeper change, funders must be open to new ideas and new directions, guided by those on the receiving end of services. [Read the entire article & References](#)

PDF - <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930374-6>

“Friends can help each other. A true friend is someone who lets you have total freedom to be yourself - and especially to feel. Or, not feel. Whatever you happen to be feeling at the moment is fine with them. That's what real love amounts to - letting a person be what he really is.” - Jim Morrison

“They might not need me; but they might. I'll let my head be just in sight; a smile as small as mine might be precisely their necessity.” - Emily Dickinson

6] [Free Webinar: The Living Room](#) - A Welcoming Space for those in Crisis

Compassionate Approaches to Crisis Webinar Series - Over the next several months, the [National Empowerment Center](#) will be offering several webinars on peer-run services serving individuals experiencing an emotional crisis. Topics covered will include peer-staffed warmlines, peer respites, and the living room model.

The next webinar in the series is scheduled for Thursday, August 27th, at 2:00pm Eastern, 11:00am Pacific. The webinar will introduce participants to the Living Room model. [Registration](#)

Thursday, August 27th, 2020
2:00 - 3:30 pm ET 11:00am Pacific

For many people in crisis, connecting with another person with shared lived experience can be a vital factor on the journey to mental health and addiction recovery. That connection is available at The Living Room hosted by Advocates, a welcoming space where people experiencing emotional distress can walk in and connect with a peer specialist on the spot.

The Living Room in Framingham, Massachusetts provides a 24-hour crisis response. No referral is necessary to visit this comfortable, home-like location, staffed entirely by trained, certified peer specialists. The Living Room creates an experience that is entirely voluntary and focused on respect, mutuality, and trust.

In this webinar, **Keith Scott** will describe the Living Room model and how it can be a valuable source of support during a mental health crisis.

As Vice President of Peer Support and Self-advocacy, Keith Scott is responsible for developing and overseeing peer support and self-advocacy for the entire organization, as well as oversight of all human rights mechanisms. His goal is to create and nurture an effective means of providing support for the voices of all of the people we serve while maintaining a vibrant and vigilant human rights program to ensure that the rights of everyone we serve are respected and preserved.

Prior to his promotion in 2015, Keith worked for Advocates' Mental Health Division for more than 20 years as a program director, administrative director, director of clinical services, and, most recently, director of recovery and peer support. Under his direction, the peer specialist team within the Mental Health Division has garnered recognition as an exemplary model and one that truly adheres to the values and principles of peers support.

Keith holds a bachelor's degree in human services administration from Springfield College and is a Certified Psychosocial Rehabilitation Practitioner and a Certified Peer Specialist.

Moderator: Shira Collings - Youth Coordinator, National Empowerment Center

Shira Collings is a Master's student in Clinical Mental Health Counseling. Growing up Jewish and queer in a conservative part of Birmingham, Alabama, she was bullied and struggled with mental health challenges throughout her childhood and teenage years. As a result of her own experience, she is passionate about supporting people who are struggling with the effects of marginalization, bullying, and other kinds of trauma. Shira's goal is to create spaces in which people can express their thoughts, feelings, and lived experiences without fear of judgment. She is an advocate for trauma-informed, person-centered approaches to mental health care.

"He who has a why to live can bear almost any how." - Friedrich Nietzsche

"The shoe that fits one person pinches another; there is no recipe for living that suits all cases." - Carl Jung

7] [You Can't Count On Me](#) By [Kelly Babcock](#) @ [Psych Central](#)

As a writer penning a blog about what it's like to have ADHD, you can count on me to tell you exactly what it is like for me.

You can be certain that I'll tell you some of the more embarrassing things, not because I'm brave or dedicated to honesty and truth (though I like to think I am somewhat representative of those qualities), but because I find the telling of things like that to be too irresistible.

I mean, I really enjoy imagining you all laughing at how hopeless and helpless I can be at times, even as I am aware that you're potentially crying because you know all too well what I'm going through.

So, while you can't count on me to be exactly like you, you can count on me to be here wording all over the subject of ADHD and its insidious impact on our lives.

But ... While you can count on me to be honest, to research aspects of ADHD that intrigue me and share that, and to illuminate exactly what it feels like for me to have ADHD, there is something you cannot count on me for.

No two of us have the same ADHD, so while what I go through may resonate with familiarity for you, you may have a few, or even many alternate experiences. We are not the same.

It is true, however - We empathize with our own even when we don't get what they are doing or feeling, because the end result of ADHD, the anxiety and depression that we feel because of our symptoms, that hits in ways that we all feel.

We often know how we all feel, even if we don't feel that way for the exact same reasons.

My ADHD - My particular flavor of ADHD may be solely developmental. Or it may be due to trauma. That's a bit of a chicken and egg story, did I hit my head because I was being ADHD or am I ADHD because I hit my head. I can't say.

Nor can I say with any certainty that my "serious concussion" suffered when I was four years old played no role in the development of my disorder.

It's thought that some people grow out of ADHD. It's a certainty that I did not. But is it because I was never going to develop executive functions well enough to leave the diagnosis behind? Or is it because of the trauma and subsequent insult to the integrity of my brain?

Some things will remain mysteries - What is certain is that I meet the criteria for a diagnosis of Adult ADHD. And what's more, I am available to write about that.

Because no matter what happens in my life, it seems I will always remain, the Man Of DistrAction.

Gotta go now.

[Kelly Babcock](#) - I was born in the city of Toronto in 1959, but moved when I was in my fourth year of life. I was raised and educated in a rural setting, growing up in a manner I like to refer to as free range. I live on the traditional lands of the Chippewas of Nawash in an area where my family history stretches back 6 or 7 generations and my First Nations friend's families go back hundreds of generations. I was diagnosed with ADHD at the age of 50 and have been both struggling with the new reality and using my discoveries to make my life better. I am a freelance writer and I write two blogs here at Psych Central, one about living with ADHD and one that is a daily positive affirmation that acts as an example of finding the good in as much of my life as I possibly can.

Find out more about me on my website: [writeofway](#).

"We may encounter many defeats but we must not be defeated." Maya Angelou

"Just as courage imperils life, fear protects it." - Leonardo da Vinci

8] [Danijela Stajnfeld's 'Hold Me Right' Examines Impact of Sexual Assault](#) by [Ed Meza](#) @ [Variety](#)

"Hold Me Right," a documentary by first-time Serbian director [Danijela Stajnfeld](#), is certain to shake this year's [Sarajevo Film Festival](#) with its exploration of sexual assault and its impact on survivors.

Stajnfeld, a celebrated actress in Serbia, left the country for the U.S. a few years ago after she was sexually assaulted by a powerful and well-known industry figure. The attack left her traumatized and unable to speak about it for a long time.

She ultimately made "Hold Me Right" about the experience and those of other victims of sexual assault who she met in the U.S. The film, which screens in Sarajevo's documentary competition section, highlights the plight of survivors whose voices still go unheard even in today's post-#MeToo era.

Still suffering from post-traumatic stress disorder when she arrived in the U.S., Stajnfeld says she slowly recovered with the help of friends. "I was struck by the fact that just me speaking about it, I can actually start to be okay. That is the healing. It was a huge revelation for me."

The experience of recovery inspired Stajnfeld "to create something that can help others. If a survivor can speak with another survivor, maybe they will feel safe to share their story and in that way get

empowerment.”

After connecting with survivors’ organizations like RAINN (the Rape, Abuse & Incest National Network) and applying to be a speaker, she contacted other survivors for what she initially planned as a short YouTube video.

“I wanted to make a 10-minute piece of just people sharing their stories, because I realized we all have very different stories about how we got to be assaulted, but we all share similar pathways because we all suffered stress in this space of silence and shame where you cannot speak about it – the consequences of being in that [confinement] are very similar.”

Stajnfeld interviews a number of victims of sexual violence, both female and male, including a former Philadelphia police officer who lost her career after she was raped by a superior officer, and a former Navy sailor who spent 20 years living in silence and denial after being assaulted in the military at the age of 17. She also interviews several perpetrators in the film, even discussing her own experience with the unidentified man who assaulted her.

Stajnfeld didn’t initially plan to include her own story in the film, but once she had made a first rough cut, she realized she needed to add her own voice to the work, lending the film a more intimate and personal tone. She found video diaries she had recorded following her assault and included the material in the film, which is also intercut with stark animated sequences.

In seeking to expand the project into a feature documentary, Stajnfeld met producer [Mike Lerner](#) of London-based Roast Beef Prods. through a mutual friend, the late producer Avram Ludwig.

“I think we have to say that Avram Ludwig was a very important person for both of us and a very creative and amazing person,” says Lerner. Recognizing the seriousness of the project, Lerner agreed to produce the film.

Stressing the timeliness of the subject matter, Lerner notes that recently published statistics in Britain show a massive decline in the prosecution of sexual assault and rape cases.

“In a way this film is a really obvious thing. But nobody really tackles it in the way that Danijela has. I think the simplicity of its message is really powerful, and the fact that it’s not only obviously Serbia or America, universally we’re just so far behind in really understanding this issue and finding ways to A) make it happen less, and B) how to really deal with the aftermath. I’m very delighted to be working with Danijela on this and I hope that it will achieve everything that we set out to do.”

Stajnfeld says making “Hold Me Right” has given her a “huge sense of empowerment.” She is sharing her story and the stories of others to inspire and help other survivors around the world, most of whom are still in silence, she says. It’s very important for them to see that there are people like them who have not reckoned with these crimes publicly or sought justice in court “but who can still find healing, because for most of us, unfortunately, justice is not possible, but healing is.”

She adds: “I don’t need that personally, I don’t need justice. I got my justice through making this film. I got my peace.” [Read the entire article](#)

[HOLD ME RIGHT FILM](#) - A filmmaker tries to cope with the aftermath of her own sexual assault while filming first-hand testimonies - ranging from a nurse that performed her own rape kit to a pedophile molested as a child. Hold Me Right follows both survivors and perpetrators through the harrowing journey of speaking up, healing, and moving forward.

“Let my soul smile through my heart and my heart smile through my eyes, that I may scatter rich smiles in sad hearts.” - Paramahansa Yogananda

“Only I can change my life. No one can do it for me.” - Carol Burnett

9] [New Study Shows What Happens To Your Brain When You’re Anxious And Depressed](#) by [Bryan Robinson](#) @ Forbes

Neuroscientists have continued delving into the relationship between the brain and mental illness to offer hope to those who suffer. On a global level, depression is the most prevalent and disabling psychiatric disorder - affecting approximately 4.4% of the population - with anxiety the second most prevalent psychiatric disorder, according to the World Health Organization. Depression costs employers an estimated \$44 billion each year in lost productivity. About half of employees with depression are untreated. Anxiety in the workplace affects some 40 million Americans, and research shows it can decrease job performance. One of the worst results is missing deadlines. In one study, 55% of employees surveyed said they experienced anxiety about deadlines, which may even contribute to missing them altogether. The coexistence of depression and anxiety has been linked to poorer health outcomes, more severe symptoms, inadequate job performance and higher levels of suicidal thoughts.

New Research - A new study from Australian National University examined the coexistence of anxiety and depression. Over time the pairing had a profound effect on brain areas associated with memory and emotional processing (the hippocampus). The study, published in *The Journal of Psychiatry and Neuroscience*, observed people with depression and anxiety to learn the simultaneous effects of both disorders on the brain. The researchers examined 10,000 people and found those with depression alone had lower brain volumes, especially in the hippocampus. According to the study’s authors, this becomes even more relevant later in life because a smaller hippocampus is a risk factor for Alzheimer’s disease and may accelerate the development of dementia. The second finding revealed that when both anxiety and depression occur together, no shrinkage appeared to the hippocampus, and the amygdala - the part of the brain linked to emotions - increased in size.

What does this combined impact on the brain mean? The research team surmised that the pairing of anxiety and depression indicates that anxiety lowers the effects of depression on brain volume size by 3%. They concluded that the over activity of anxiety causes the brain to make more connections and thus becomes larger. But this is not good news according to the researchers, because the presence of anxiety along with depression and the enlargement can mask the shrinking effects of depression.

The findings that the brain gets bigger if you’re both anxious and depressed also implies that the actual effect of depression on brain shrinkage has been underestimated because of the opposite masking effect in the amygdala. The investigators emphasized the need for future studies that examine anxiety coexistence as a means to better understand the independent role of each disorder in brain structure.

The findings further highlight the need for effective treatments to improve long-term mental health and prevent additive disorders later in life.

Climb The Career Ladder Without Anxiety And Depression - With proper treatment, employees with anxiety and depression get better. There are steps you can take to manage job stress. If you're a manager, the key is to help employees access effective care. If you're someone having anxiety and depression seek help from your employer or some of the resources below. Meanwhile, self-care is the most important action you can take. Putting on the brakes and temporarily stepping away from work refills your dwindling reservoir, replenishes your mojo and provides an incubation period for embryonic work ideas to hatch. In those moments that might seem empty and needless, strategies and solutions that have been there all along in some embryonic form are given space to come to life.

During the workday when you get caught in the stress of the moment, step back, take a breath and chill. Achieving balance between the gas (doing your job) and brakes (being in the moment) is a never-ending dance. Especially in our culture where doing is more valued than being where you're taught to believe that the more you do, the greater your worth. Some employers will make unreasonable demands. Life won't always go your way, hardships and obstacles will occur and family obligations will challenge you. At times it might even seem like the world is conspiring against you. But it isn't. You're simply experiencing life on its own terms, not yours.

Learn To Still Your Mind [Read the entire article](#)

[Bryan Robinson](#) - I am the author of two novels and 40 nonfiction books, including #CHILL: TURN OFF YOUR JOB AND TURN ON YOUR LIFE (William Morrow) and the long-selling CHAINED TO THE DESK: A GUIDEBOOK FOR WORKAHOLICS, THEIR PARTNERS AND CHILDREN, AND THE CLINICIANS WHO TREAT THEM (New York University Press). My books have been translated into fifteen languages. I am Professor Emeritus at the University of North Carolina at Charlotte, where I conducted the first studies on children of workaholics and the effects of workaholism on marriage. I built my career on the themes of resilience and work/life balance and have lectured throughout the world on work addiction and workplace issues. My research was featured on 20/20, Good Morning America, ABC's World News Tonight, NBC Nightly News, NBC Universal, The CBS Early Show, CNBC's The Big Idea and NPR's Marketplace. I hosted the PBS documentary, Overdoing It: How to Slow Down and Take Care of Yourself. I maintain a private psychotherapy practice in Asheville, NC and reside in the Blue Ridge Mountains with my spouse, three dogs, one cat, several tropical birds, and occasional bears at night.

"Knowledge without justice ought to be called cunning rather than wisdom." - Plato

"Beginning today, treat everyone you meet as if they were going to be dead by midnight. Extend to them all the care, kindness and understanding you can muster, and do it with no thought of any reward. Your life will never be the same again." - Og Mandino

10] [The Toll of Toxic Shame](#) by Elisabeth Corey @ [Beating Trauma](#)

Toxic shame is one of the most detrimental epidemics in a world filled with childhood trauma. But it isn't easy to see. It is often heavily defended by our dissociation, anger and futility. It is hidden under our defenses like anxiety, depression and addiction. Even when we are in touch with it, we aren't aware

of exactly what it is because we don't know what it looks like. We just know that it feels awful and our first instinct is to run from it. It is more confusing because the mind works so hard to cover it up. We intellectually understand that child abuse is not the victim's fault. We assume there is nothing to heal since we already know it wasn't our fault. But we are missing the shame that lives in the unconscious beliefs. And unfortunately, those are the most powerful when it comes to our life's manifestations. So let's talk about what we might be holding under the surface of our conscious mind because we can't heal it if we can't see it.

You were not supposed to handle things like an adult when you were 8, 13 or 16. Abusers have a tendency to parentify us. They will ask us to do impossible, age-inappropriate tasks and shame us when we inevitably cannot. So we begin to see ourselves as not good enough, stupid or incompetent. In reality, we were never supposed to be able to do that task. Many parentified survivors feel paralyzed to take any risks or try anything new. We don't think we have what it takes to succeed and we don't want to be shamed if we fail. But when we can uncover this hidden traumatic shame, it can help us let go of these fears.

Your body did not betray you when it responded to sexual abuse. I will use some intense language here because I don't like saying this lightly. We often hold shame about the way the body responded to sexual abuse. But in reality, it was not wrong. When the body experienced any kind of arousal during rape or sexual abuse, it is protecting us from damage. It is doing what it needs to do. It is not an indication that we are enjoying rape. Abusers will tell us this to shame us, but it is never true. If the body gets pregnant, that is also not a betrayal or our fault. The rapist is responsible for getting their victim pregnant. That's it. There is no gray area here. If the body miscarries from the tremendous stress we are under or from physical abuse, this is also not the body's fault. This is a natural response to traumatic stress and abuse. When we see these beliefs and stop blaming the body, our relationship with self shifts dramatically.

The behaviors you have picked up to keep yourself alive are not an indicator that something is wrong with you. We often find ourselves taking actions that we are not proud of. This could be in the form of addictions, isolating behaviors and abusive actions. While we can never excuse behaviors that hurt others, we must acknowledge that they were an understandable result of what we went through. If we are swimming in regret, we won't heal. We need to take responsibility. But then we need to give ourselves some compassion and let ourselves heal. That is the only way to ensure the cycle stops with us.

You were not old enough to stop your abuse or the abuse of any other children around you. We often believe there was a time when we should have been able to stop it but didn't. We blame ourselves because abuse happened to us or others. But the responsibility for the abuse lies with the adults. As children, we did not have the resources to stop what was happening. We need to take that responsibility off our young shoulders. It was not possible for us to stop anything.

If you did not stop abuse in your teens after spending an entire childhood dissociating from it, you were not the problem. If we didn't stop abuse when we were older, it does not mean we liked it, wanted it or were too weak to stop it. It means we were primed for it. We were prepped for it. Our

abusers knew exactly how to set up our defenses so we would immediately dissociate when we were older. We were taught that “no” was unacceptable and that there was no help available. We learned helplessness so we defaulted to the only thing left. We only had one option in childhood and that included the later years.

So how do we stop the shame that is holding us back in our adult lives? First, we have to see it. It helps to search for the beliefs I have listed above. It can also help to watch the mind chatter for signs of regret. If we are obsessing over past experiences, what we could have said, or actions we could have taken, there is shame beneath the surface driving our thoughts. If we feel angry and we are suddenly swimming in regret, we are using shame to hold ourselves back from our healing. When that happens, take the second step and write from the shame itself. Write from the self-loathing beliefs that spin beneath the surface and drive everything. As you honor your inner parts who feel shame and let them express, you will come to holistically understand the truth. You are not to blame for what has happened to you in any way. And you never were.

[FREE Video Series](#) - Discover The 5 Voices of Childhood Trauma And Learn How Your Past Is Driving Your Choices Today

“I will get my education - if it is in home, school, or anyplace.” - Malala Yousafzai

“Let us tenderly and kindly cherish, therefore, the means of knowledge. Let us dare to read, think, speak, and write.” - John Adams

11] [This Org Helps Black Dads Be All They Can Be by Uplifting Them](#) by [Cathy Cassata](#) @ Healthline

- About 20 percent of U.S. children don’t live with their father, according to the [U.S. Census Bureau](#).
- [Fathers’ UpLift](#), a Massachusetts-based nonprofit organization, provides fathers with mental health and community support to engage in their children’s lives.
- Addressing past trauma can help fathers understand their struggles with parenting.

[Charles Daniels](#) grew up in a household without his father. Throughout his childhood, he watched his mother struggle as a single parent while he grappled with understanding why his father was absent.

“As I got older, I learned that my dad struggled with a variety of mental health issues, and I began to understand how difficult it must have been for him to navigate emotional issues and relationships without the appropriate support,” Daniels told Healthline.

As an adult, Daniels channeled his empathy for his father and other dads in similar situations into a greater good.

In 2012, he founded Fathers’ UpLift, a Massachusetts-based nonprofit organization which provides mental health support to fathers and helps them become engaged in their children’s lives.

“There is complexity when it comes to getting men involved in therapy in Black communities. Past treatment of Black men in mental health facilities and lack of trust are barriers. We provide guidance to

men who had experiences like my own father had,” said Daniels.

Samantha Fils-Daniels, co-founder of Fathers’ UpLift and therapist at the organization, said talking about disparities in the Black community is part of therapy sessions.

“We talk about race in the sessions and stigma and how we understand from a personal perspective what fathers have experienced. We want them to be comfortable with the language and people in the office,” Fils-Daniels told Healthline.

The approach proves effective - [95 percent of fathers](#) who received help from the organization reported an improved sense of self and improved relations with their kids.

“Based on the men we work with, what we have found is that when they feel important, they feel valuable and continue to work toward being the people they want to be toward other people,” said Daniels.

He believes the reason fathers continue to get help from Fathers’ UpLift is based on this notion.

“The commissioner of the Department of Public Health asked [some of the fathers we helped] what was different about our program or what made them participate in mental health therapy with us, and they told her, ‘It’s because they make us feel important,’” said Daniels.

Facing trauma to reduce trauma - Fathers’ UpLift started off organically and was built by word-of-mouth from dads who the organization helped.

Today, it has worked with more than 5,000 fathers and receives referrals from child welfare offices, local mental health and substance abuse programs, hospitals, and schools.

Because Massachusetts is a state where almost everyone is insured, as a mental health and substance abuse treatment facility, the organization can bill the state for services. For fathers who don’t have insurance, Fathers’ UpLift taps into funds they receive through grants.

Fathers seek out therapy for different matters, including legal issues with the court system.

“When they come in our doors, they are looking for reconnections with their children and families, and want to access therapy to help with that. We coach them along with how to dress in court, and how to show that they are doing their due diligence in terms of making effort,” said Fils-Daniels.

A big part of therapy deals with addressing their past trauma.

“We have found that many fathers don’t understand how their past trauma has affected how they parent or how they’re not in their children’s lives at the moment,” Fils-Daniels said.

She provides a full psychological assessment and talk therapy to work through past trauma.

Stephanie E. Johnson, owner of [NaviPsych](#) and executive director of the [Lee Thompson Young Foundation](#) in Atlanta, Georgia, said Black men who have experienced personal, environmental, racial,

and/or socioeconomic traumas and who are willing to explore how those experiences have effected how they think, feel, and act will find insight into themselves that can positively affect how they parent.

However, if they're not aware that past experiences were indeed traumatic, then they'll also be unaware of how their actions affect their parenting.

Johnson said this is where trauma-informed care can help them understand and respond to trauma.

[Read the entire article](#)

Cathy Cassata is a freelance writer who specializes in stories around health, mental health, and human behavior. She has a knack for writing with emotion and connecting with readers in an insightful and engaging way. Read more of her work [here](#).

“The beauty of a woman is not in a facial mode but the true beauty in a woman is reflected in her soul. It is the caring that she lovingly gives the passion that she shows. The beauty of a woman grows with the passing years.” - Audrey Hepburn

“Wealth is the progressive realization of worthy goals, the ability to love and have compassion, meaningful and caring relationships.” - Deepak Chopra

12] [Why Deep Breathing Helps Calm Anxiety](#) By Suzanne Kane @ [PsychCentral](#)

As someone whose friends and family know I've endured a number of heartbreaking challenges and physical and emotional difficulties, I'm often asked how I cope with anxiety. They see my eternal optimism as at odds with the turmoil I've gone through in life and wonder what my secret is for dealing with a magnitude of life's ups and downs. I tell them, quite simply, that it isn't a secret, yet the most effective technique I've discovered to calm anxiety is deep breathing.

How and why does deep breathing work in calming anxiety? The Anxiety and [Depression](#) Association of America states that about [40 million adults in America have an anxiety disorder](#), making anxiety this country's most common mental illness. If deep breathing exercises can help, surely more people should add this technique to their anxiety-busting toolkit. While my anecdotal experiences may serve as peer advice, to further validate the benefits of deep breathing as an easy-to-use anxiety intervention, I combed research for some scientific answers and offer them here.

Deep Abdominal Breathing Reduces Anxiety and Stress - According to the American Institute of Stress, [20-30 minutes of deep breathing daily is effective in reducing both anxiety and stress](#). It has to be breathing deeply through the abdomen to produce the best results. What happens during deep abdominal breathing is that the oxygen breathed in stimulates the body's parasympathetic nervous system. This, in turn, produces a feeling of calmness and body connectedness that diverts attention from stressful, anxious thoughts and quiets what's going on in the mind.

Researchers Find Why Deep Breathing Induces Tranquility and Calm - [Research published in Science](#) uncovered what may be a likely reason why deep breathing is so successful in bringing about a sense of calmness and tranquility. In studies with mice, Stanford University researchers discovered that

a neuronal subpopulation in the animals' primary breathing rhythm generator projects directly to a center of the brain with a key role in "generalized alertness, attention, and stress." This subgroup of neurons belongs to a cluster of neurons in the brainstem that controls breathing initiation. When scientists removed the neuronal subgroup from the brains of the mice, it did not affect breathing, yet the mice remained in a state of calm. In fact, their calm behaviors increased while they spent less time in agitated or aroused states. Further research, they said, should explore mapping the full range of functions and emotions controlled by the breathing center.

Deep Breathing Turns Off Body's Response to Stress - When you're anxious and tense, the body automatically kicks in the [stress response](#). This is known as the "fight or flight" syndrome and is the physiological reaction that occurs from the release of the chemicals cortisol and adrenaline. Initially, the stress response helped man respond to external threats to his existence, like fire, flood, marauding wild animals or an attack by members of rival clans. While not so applicable today, the body's stress response still throttles up when it senses danger or a threat. Being aware of danger when it suddenly appears helps us take preventive action to save lives. Yet when stress goes on indefinitely, and the stress response is constant or chronic, it wreaks incredible havoc on the body. Not only does anxiety increase, so do a number of health risks, such as obesity, heart disease, and digestive problems. Deep breathing, however, turns off the body's natural stress response, allowing heart rate and blood pressure to decrease, tension in muscles to relax, and promotes an overall resiliency build-up to better withstand life's stressors and anxiety.

How Does Deep Breathing Affect Stress? - In a pilot study published in *Neurological Sciences*, researchers said their results point to the possibility that [deep breathing has the capability of inducing mood and stress improvement effectively](#). The study utilized both self-reports and objective parameters. They noted that deep breathing, particularly as practiced during [yoga](#) and qigong, has long been perceived as beneficial to overall well-being. Research of yoga, the oldest known technique for relaxing, has found improvements of a "remarkable" nature in blood pressure, heart rate, body composition, motor abilities, respiratory function, cardiovascular function, and more. Also, researchers found positive effects in mood states, such as anxiety and perceived stress, including deep breathing's effect on reducing tension anxiety.

Breath Control (Slow, Deep Breathing) Can Decrease Anxiety - Research published in *Frontiers in Human Neuroscience* found that [slow, deep breathing can decrease anxiety](#) by promoting changes that enhance autonomic, psychological, and cerebral flexibility through a number of mutual interactions. These include links between central nervous system activities that are related to emotional control, parasympathetic activity, and psychological well-being. The psychological and behavioral outputs resulting from these changes produce an increase in alertness, relaxation, vigor, comfort, and pleasantness and a decrease in anxiety, depression, anger, arousal, and confusion.

In a study published in *Frontiers in Physiology*, researchers Donald J. Noble and Shawn Hochman investigate the effect that [sensory nerves around the chest play in deep breathing's ability to relax the chest during exhalation](#), thereby triggering baroreceptors (another set of sensors) in arteries. Both sets of sensors, the researchers said, feed into the brainstem, and the resulting slow brain waves produce the state of relaxed alertness. The ideal is six breaths per minute, note researchers.

What if You're Chronically Anxious? - If you suspect that you may have an [anxiety disorder](#) and deep breathing only works sometime to help dampen the anxiety level you feel, you may benefit from seeking [treatment](#) from a doctor or mental health professional. Symptoms of chronic anxiety include, but are not limited to, exhaustion and fatigue, constantly worrying, sleep problems, decreased or increased appetite, digestion problems, difficulty concentrating, and lack of energy. There's no shame involved in asking for help to learn how to overcome anxiety. While medication and talk therapy may be necessary as you work through how to effectively cope with anxiety, deep breathing and other therapies will likely also be incorporated into the healing plan.

Suzanne Kane is a Los Angeles-based writer, blogger and editor. Passionate about helping others live a vibrant and purposeful life, she writes daily for her website, www.suzannekane.net. She is a regular contributor to Psych Central. You can reach her at suzanne@suzannekane.net.

"When you stop caring what people think, you lose your capacity for connection. When you're defined by it, you lose our capacity for vulnerability." - Brene Brown

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