



Healing the Heart Through the Creative Arts, Education & Advocacy

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

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

The Surviving Spirit Newsletter October 2020

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Hi Folks,

I'm hoping all is well for you and yours in these trying times. I had a glimmer of hope that we might be able to get back to a little bit of the life that we knew before Covid-19. Sadly, it is on the rise again and for all of the wrong reasons. I suspect it will be with us for a while longer.

Truly grateful for all who are out there helping others to weather the crisis and all of the storms of life.
Stay safe and wishing you the best.

I'd like to share a piece that I wrote for [Pete Earley's blog](#). Sadness and anger compelled me to write...

Take care, Michael

D. J. Jaffe and A Culture of Fear by Michael Skinner

Dear Pete,

I read your blog post, [“Influential Critic D. J. Jaffe Has Died: Remembered As “Bomb Thrower” Who Demanded Mental Illness Reforms”](#) and thought of how he has done so much to hurt those of us labeled “mentally ill”. You considered him a friend, he was anything but for those of us struggling with the challenges of trauma, abuse and mental health concerns.

These are some of my thoughts on D.J. Jaffe. He did not have the best interests of people struggling despite all of his rhetoric, it was based in fear, hate and disdain for those of us labeled “mentally ill.” There was no compassion in that man or his cohort, E. Fuller Torrey, despite their bombastic appeals to the contrary.

They built a house of cards, a hurtful, dangerous house of cards.

Jaffe and Torrey have been on a mission to instill fear in society to help propel their agenda. Their overstating of the violence we supposedly commit is false.

In your book, you quote Jaffe stating in a speech: “Nobody cares about people with brain disorders. Laws change for a single reason – in reaction to highly publicized incidents of violence...I am not saying it is right, I am saying this is the reality... (We) must take the debate out of the mental health arena and put it in the criminal justice/public safety arena.”

He used fear to help drive his agenda. Fact is, those labeled “mentally ill” are more often the victims of crime. Jaffe refused to look at the data of how psychiatric medications can cause people to commit violence and suicidal ideation. Journalists have covered this over the years, they’ve even linked some of the mass shooters to this fact, but it is ignored. My suicidal ideation and attempts to end my life came when overly medicated on psychiatric drugs that were known to cause this. I am not anti-medication, but strongly oppose over-medication and understand that not everyone responds to these medications in the same way. The drugs in fact can have an adverse affect. Again, I am not not anti-medication, many friends and peers are helped by them.

Hope is an essential component for healing.

Jaffe’s belief that “mental illness” was a life long sentence was another falsehood. I was told repeatedly that because of my “mental illness, I would never be able work again or be a musician.” Learning how the trauma and abuse in my life shaped the development of my brain and nervous system and finding

compassionate trauma-informed and practicing providers played a huge role in me regaining my life and returning to work.

Jaffe made light of peer support. Well, that too played a major role in my healing. Al-Anon and Alcoholic's Anonymous have been helping people for decades. The peer support of fellow travelers impacted by mental health challenges, trauma and abuse has also been crucial for many. Generous doses of kindness and caring go a long way in healing.

Ironically, many of us who were labeled "seriously mentally ill" and then found ways to have a meaningful life have been maligned by Jaffe and Torrey, that we were in fact not "seriously mentally ill." Their use of gaslighting, bullying and control are not pathways for healing.

The fears associated with mental illness drive the bus of shame, blame and stigma in preventing most folks from seeking help for their respective trauma, abuse and mental health challenges. Jaffe's agenda, at its very core is built upon disdain for those of us who have struggled in life. As one who has been on the receiving end of people like him I know only too well the charade of helping that cloaks their true intent. The silence and controlling of human beings because of the arrogant beliefs that they may know more is hurtful. He did not walk in our shoes and had no idea of our struggles. If Jaffe truly wanted to help people, he would have invited us to the table.

"Nothing about us without us" was ignored by Jaffe and Torrey because at the heart of their crusade, we are not functioning human beings, we are the others of society. We are dehumanized, and that is a scary and hurtful place to be.

History is full of examples of the others in life being mistreated and dehumanized by the supposed all knowing. The destruction of cultures around this world by the missionaries out to save the heathen [because they were not aware they were heathens] ruined generations of lives. Racism at its very core is dehumanizing and all because of the color of your skin. Unfortunately there are far too many who also view those of us labeled "mentally ill" as less than human. Jaffe has spoken at length of how we "don't know we're mentally ill", and yet despite no medical degree, he knew what was best for me and others?

Despite our lowest lows, we all need connection, support and caring, that is what heals.

Their repeated refusals to look seriously at the impact trauma and abuse has upon the mind, body and spirit has been detrimental for helping to seriously reform how the mental health centers and treatment providers help build lives of hope and healing. Jaffe's belief that the "seriously mentally ill" will always be "mentally ill" is a lie. The negating of the impact of trauma, which has the science behind it, makes no sense.

Sadly, he has have been successful in his fear based campaign. He was able to make a name for himself and keep perpetuating the stigma, shame and blame against those dealing with trauma, abuse and mental health challenges as the result of their respective life experiences.

I have come to detest the word "mentally ill" or "mental illness" because of how I have been mistreated. I hope and pray that it loses its place in the lexicon of language. I suffered mental injuries, not a mental illness.

Sometimes I wished I had the schooling of an investigative journalist to look deeply into folks like Jaffe and Torrey, find out their funding stream and some background on who they really are as people. But, that is not my reality. I learned many years ago to ignore them as best that I could and hope and pray that others with the expertise and science behind them would discredit them for who they are. The simple fact that the National Alliance of Mental Illness and others pulled away from them speaks volumes. I have tried my level best to help advocate and educate on the matters of trauma, abuse and mental health and these are the reasons I speak out against Jaffe and others like him.

Thank you, Michael Skinner

“Everyone thinks of changing the world, but no one thinks of changing himself.” - Leo Tolstoy

“Recovery does not refer to an absence of pain or struggle. Rather, recovery is marked by the transition from anguish to suffering. In anguish the paralyzed man and I lived without hope. We experienced anguish as futile pain, pain that revolved in circles, pain that bore no possibility other than more pain, and pain that lead nowhere. However, when we became hopeful, our anguish was transformed into` true suffering. True suffering is marked by an inner peace, i.e., although we still felt great pain, we also experienced a peace in knowing that this pain was leading us forward into a new future.” - Patricia E. Deegan

1] [Beauty 2 The Streetz: This woman is beautifying Skid Row one makeover at a time](#) by Alicia Lee, CNN [FYI, great photos at the CNN website accompany this article. MS]

And not even the pandemic can stop her from helping the homeless .

For a few hours every Saturday morning, [Los Angeles' Skid Row](#) -- home to one of the nation's largest concentrations of homeless people -- transforms into an outdoor beauty salon.

There, where tents line entire city blocks, homeless people gather to get free makeovers from Shirley Raines, or a member on her team of volunteers, made up of licensed hair stylists, barbers, makeup artists.

The service began three years ago, when Raines started her non-profit [Beauty 2 The Streetz](#), an organization dedicated to making those who are homeless look good and feel even better.

"Just because they live on the streets doesn't mean that there aren't things we can do to help them not appear as they live on the streets," Raines told CNN. "It's their right to be beautiful."

She said she came up with the idea after volunteering at a soup kitchen, where she realized that while food, water and shelter may be what homeless people need to survive, a haircut, a new hair color and some makeup are what help them thrive.

"These are people who are homeless with a husband, with a wife," the 52-year-old said. "We're talking about people who go to work five days a week, but still remain homeless. They want to get beautiful for their spouse. They want to get cleaned up and beautiful to go to work. The little kids who are still going to school need a fresh haircut."

The coronavirus epidemic has put the organization's beauty services on pause -- but the non-profit is still helping in any way it can. It has since shifted its focus to providing resources to help protect homeless people from the coronavirus.

And now that California Gov. Gavin Newsom has allowed hair salons and barbershops to [perform services outside](#), Raines said she hopes to restart haircuts and makeovers soon.

A purpose stemming from her pain - For many on Skid Row, Raines has become much more than a stylist. With each interaction, she said people in the homeless community share their life stories with her.

But caring for people experiencing homelessness has also helped Raines heal a traumatic pain of her own. About 30 years ago, she lost her 3-year-old son in an accident.

"That just broke me," she said. "I came down with panic and anxiety disorder... I wasn't a good mom to my living children. I was just a really bitter person and my loss made me that way."

With her twin sister's advice to "find a purpose for the pain," and a friend's recommendation to volunteer at a soup kitchen, Raines set foot for the first time in LA's homeless community, helping give out food.

"I saw so much brokenness, so much heartbreak," she recalled. "I just recognized that because I felt like I was one of them. I'm broken too from the pain and so I really liked it and I continued to go out."

As she gave out food, she quickly realized that the homeless women, both cis- and transgender, were more interested in her hair, makeup and fashion.

She asked them if they wanted some hair and makeup products and they said yes so she headed to a makeup store and bought dozens of mascaras, eyelashes and other simple makeup items.

Then she went home to pick up bottles of hair color that she hadn't used and headed to Skid Row. As she handed out makeup products and dyed people's hair, she realized that she had found her purpose and decided to launch her own operation.

Initially, Beauty 2 The Streetz was small -- with just her five children helping to hand out food, drinks, hygiene kits and beauty products. Raines alone would dye people's hair and do their makeup.

But then she started live streaming the events and posting pictures to Instagram, and Beauty 2 The Streetz soon became more well-known.

Licensed hair stylists, barbers, makeup artists and even big makeup companies reached out to Raines saying that they wanted to help.

By 2019, Raines had registered Beauty 2 The Streetz as an official non-profit with about two dozen volunteers generously offering their time and efforts to help Skid Row's residents feel beautiful. She left her job as a medical biller last year and started running the organization full time.

Giving her clients confidence - Cherish Benham, 30, and her husband were homeless on and off for

around four years, an experience she described as "traumatic."

"I saw a man get shot and drop dead just 15 feet away from our tent," Benham told CNN. "To see that, it gave me fuel to get me out of that situation."

Benham already had a reason to get her life back on track -- but she just needed the confidence, and the right opportunity.

That's when Beauty 2 The Streetz came in -- with Raines giving Benham a makeover that let her natural beauty shine.

"I felt like a brand new woman," Benham said. "It gave me the confidence to lift my head up higher. To not worry about the situation I'm presently in, but move forward for what I can be in the future."

In the year that they've known each other, Benham said Raines was always there provide her with anything she needed, whether it was some money for a work uniform, job connections or just someone to talk to.

Now, Benham is working for the Census Bureau, and has been living in permanent housing with her husband for three months. In addition to her own hard work, she credits Raines for turning her life around.

"Ms. Shirley is one of the most caring, loving souls ever," Benham said. "No matter what situation you're in, no matter what you look like, she's always treats you with the utmost respect. Especially in Skid Row, you don't get that much welcoming respect, but with her and her team, they make me feel like a normal human being."

Pushing through the pandemic - When California ordered all its residents to stay at home in late March due to the [coronavirus pandemic](#), Raines and her volunteers complied and did not go to Skid Row.

But their presence was greatly missed.

"That Monday, I opened up my DM on my Instagram and several homeless community members sent me messages saying, 'Where are you? We're hungry. We're alone. Nobody's out here feeding us,'" Raines recalled.

"I realized that we didn't have the luxury of self isolating because we built this relationship with the community so we need to still go out there and help them."

Because homeless people live in close quarters and have limited access to hand washing resources, Raines knows that they are extremely vulnerable to contracting Covid-19. So instead of hair and makeup, she shifted her operations to focus on food, hygiene and protection.

The non-profit has been handing out supplies every weekend since March 28, making sure they're adhering to social distancing guidelines and wearing masks themselves while on Skid Row.

Raines and her volunteers distribute hundreds of McDonald's burgers, as well as kits packed with hand sanitizer, bottled water, socks, masks and vitamin C-rich fruits to boost the immune system.

Still, the desire for hair products and makeup is there, Raines said, so Beauty 2 The Streetz has also been slowly bringing out wigs, makeup, combs and brushes so homeless people can style themselves.

Raines said If there's anything to learn from the coronavirus pandemic, it's that "any one of us could be them (homeless) at any given time."

An [analysis](#) published in May by Brendan O' Flaherty, a Columbia University economics professor, predicted that homelessness will [increase 40-45%](#) by the end of the year if the coronavirus pandemic continues to drive unemployment levels as high as predicted.

That would mean 250,000 more Americans would become homeless compared to last year, bringing the total number of those experiencing homelessness to above 800,000.

"We're already looking at places where landlords are putting tenants out and we've got moms and children sleeping in the car. They just had a job. Everything was fine with them," Raines said.

"One pandemic came in and changed everyone's finances. I want people to understand that they are no different than us and the narrative of what homelessness is has to change."

https://www.instagram.com/beauty2thestreetz/?utm_source=ig_embed

CNN's Harmeet Kaur contributed to this report.

"Sometimes to be seen is the same thing as being saved" - Mary Rakow

"If we can really understand the problem, the answer will come out of it, because the answer is not separate from the problem." - Jiddu Krishnamurti

2] [Surviving Childhood Adversity Builds Empathy in Adults](#) by David Ley, Ph.D., Psychology Today

Childhood trauma creates wounds and scars. But it may also create pathways that lead to the development of empathy.

Experiencing [traumatic](#) events as a child is predictive of higher levels of [depression](#) in adulthood, and also predicts higher levels of [aggression](#), violence, [personality disorders](#), as well as several physical health problems. Causality is not always clear, as trauma, [genetics](#), and environmental factors intertwine in complex ways. But it is clear that traumatic events can, and do, have starkly negative impacts on peoples' lives.

But there are few things in life that have universally unidirectional effects. In other words, even bad things can have a silver lining. I've heard countless patients sit on my couch and reflect that having survived the things they did has given them the ability to understand how other people can hurt. "*After what I experienced from my mother, I could never inflict that kind of pain on any other person, much less my children—I know exactly how much it hurts, and how those scars affect you,*" one patient told me. Research now supports this, finding that people who experienced [childhood](#) trauma have a greater ability to empathize with others.

In groundbreaking research [published](#) in the journal *PLoS One*, New York and Cambridge researchers explored what relationship childhood traumas had with the ability to empathize as an adult. Greenberg, et al. conducted multiple studies using mTurk respondents to identify and examine how a childhood experience of trauma affected the results of different measures and factors of empathy. Empathy, the ability to recognize, respond to, and even "feel" the feelings of others, can be broken down into three main components:

1. Affective empathy, where we feel, in our gut and heart, the feelings that others are, or may, be experiencing. When we see others suffering, we "feel" pain with them.
2. Cognitive empathy, where we can imagine ourselves into the shoes of other people and their experiences. A significant component of this is "perspective-taking" and the intellectual exercise of thinking through what it must be like, to be that other person experiencing what they are.
3. Social skills/sympathy, whereby our feelings of empathy motivate us towards social action and engagement, perhaps to alleviate the suffering of others.

In this study, the researchers used two different measures of empathy, administering to them to two large samples, via electronic testing. In the first study, the researchers found that of 387 participants, 309 had experienced childhood trauma, and 78 had not. In the second study, of 442 participants, 348 disclosed childhood adversity and traumas, and 94 did not. About 65 percent of the overall participants were female, and over 75 percent of the participants were white, which is one of the few limitations of the study, as some research suggests a disproportionate impact of traumas with minority status.

In the first study, the researchers found that childhood experience of trauma strongly predicted higher levels of affective empathy, but not cognitive empathy. Interestingly, different types of trauma experiences had different effects, with the death of a parent or family member correlating with increased cognitive empathy, while other forms of trauma, including sexual and physical abuse, predicted higher levels of affective empathy.

In the second study, utilizing a different instrument to assess empathy, the researchers found significant differences for trauma survivors, related to both affective empathy and cognitive empathy, with those who experienced childhood trauma scoring higher on both the emotional and perspective-taking aspects of empathy. Again, experiencing the death of a family member had unique effects on increasing empathy, and the severity of childhood abuse was overall predictive of a greater effect on empathy in adulthood.

Thus, the research suggests that different types of traumatic experiences may affect people differently - and that the more severe these traumas were, the more likely the person is to have higher levels of [empathic](#) concern and caring for others, as an adult. In both studies, the age at which the traumatic experiences occurred had no statistical impact on the development of adulthood empathy.

The findings in this research confirm past research that demonstrated that people who have experienced adversity in life are more likely to demonstrate compassion and support to others who are suffering. People who have survived hard things are more willing to reach out and help others who are struggling. In part, this current research helps us to explain why, and how that effect occurs. Surviving childhood

trauma increases our ability to feel what others feel, and helps develop our ability to put ourselves in the shoes of others.

In one powerful finding in the Greenberg, et al. study, they found that those who experienced childhood trauma did not demonstrate higher levels of personal distress as adults, compared to those who had trauma-free development and upbringing. The authors suggest "it appears that the transition from childhood to adulthood and the process of [posttraumatic growth](#) may have alleviated feelings of personal distress. Therefore, empathy may be an 'end-product' of post-traumatic growth that is longer lasting than the initial personal distress that is expected to be felt immediately after a trauma."

As a clinician, this research helps us to help patients who suffered in childhood to integrate those experiences into their life and [identity](#). Those experiences helped shape who they are as an adult, both the good and the bad. They increase our experience of emotional struggles as adults, AND they increase our ability to recognize and feel the pain of others. This can also help us to empathize with those people who don't show empathy for others, and seem untouched by their pain - those people may have been blessed with safe and protected childhoods that insulated them from having to develop empathy as a component of overcoming their own pain. So, when they walk past that suffering person, it is because they were lucky enough to be able to avoid pain themselves. These days, with the social media and cultural wars aflame, it helps to be able to understand how others can seem so uncaring, not to [forgive](#) them, but to be able to empathize with in a way that might, one day, help them to see this in themselves. Childhood trauma creates wounds and scars, but also creates pathways for the development of empathy, compassion, and caring.

[David Ley, Ph.D.](#), is a clinical psychologist in practice in Albuquerque, New Mexico. He earned his Bachelor's degree in Philosophy from Ole Miss, and his Master's and Doctoral degrees in clinical psychology from the University of New Mexico. Dr. Ley is licensed in New Mexico and North Carolina, and has provided clinical and consultative services in numerous other states. He is the Executive Director of New Mexico Solutions, a large outpatient mental health and substance abuse program in Albuquerque, NM.

"Hardships often prepare ordinary people for an extraordinary destiny." - C.S. Lewis

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

3] [How Treating People With Brain Injuries Helped Me Forgive My Mother](#) by Shelby Vittek

After a lifetime of resentment, working with other T.B.I. patients finally helped me understand the riddle that is my mother's mind.

I sat across the table from my client Matt, watching as he clicked away on his Kindle keyboard, presumably searching through his notes for clues as to what we had discussed during our session a week prior. "Ah, yes, found them," he said a minute later. "It says here we planned a studying schedule for my physics final."

"Did you follow the study plan we worked on?" I asked.

He paused, waiting for a cue. "I have no idea," he said after realizing I wouldn't be filling in the gap for

him. “Let me search my notes.”

A minute passed as he searched his Kindle again, and then another while he scrolled through the emails and calendar on his phone. “I did not record any studying in the last week,” he said. “So according to my notes, I did not.”

“O.K.,” I said, recording his answer in my own notebook. “How did you feel after taking the exam?” I observed his eyes scanning the wall behind me, his face wearing the recognizable look of someone who is trying to grasp those just-out-of-reach answers.

“I have no idea,” he said and let out a sigh. “I don’t remember taking it at all.”

A year earlier, while out for a jog in his Philadelphia neighborhood, Matt (whose name has been changed to protect patient confidentiality, as have the names of other patients mentioned) had been hit by a car. His physical injuries were minor – a few broken bones and small scrapes – but a few days into his recovery, it became evident he had sustained a more serious injury. Every time he’d fall asleep and wake up again in the hospital, he’d ask where he was and how he got there.

Matt had sustained a traumatic brain injury, or T.B.I. His memories from before the accident were accessible, but he struggled to retain new ones, like what he ate for lunch yesterday, or the names of any new people he met, or how confident he felt about a test he’d taken last week.

This was not uncommon among patients recovering from a T.B.I., I was learning. I was a junior in college, and had recently started a new job as a brain injury therapist intern, working in a community re-entry program at an outpatient brain injury rehabilitation center in North Philadelphia.

A semester earlier, I had learned about traumatic brain injuries in a physiological psychology class I took at Drexel University, where I was majoring in psychology and on the pre-med track. This is when I first discovered my fascination with the human brain’s structures, and how physical damage to those structures can affect a person’s perceptions and behaviors.

It was also the first opportunity I had to think critically about my own mother’s brain, and the traumas it has endured throughout her life. I remember poring over different case studies, searching for any recognizable symptoms that might be associated with the parts of her brain that had been damaged, anything that would help me understand my mother better.

Long before I was born, when my mother was 17, she collapsed in her high school’s hallway after suffering a massive aneurysm when a tangle of blood vessels burst in her right frontal lobe, bleeding into her brain.

She doesn’t remember anything between hearing her classmates say she shouldn’t be drinking at school just before passing out and coming to two weeks later in the hospital. Though she’d been conscious the whole time to answer questions the hospital staff had asked, the nurses and doctors startled her when she gained awareness again. She had no memory of them.

My mother was lucky that she didn’t have to relearn how to walk or talk. Though, like some of my clients at the brain injury center, she did experience some short-term memory loss – like not

remembering whether she had taken her medicine that morning, or repeating the same story or question over and over again.

Of course, my mother would sometimes come to mind at the brain injury center, though I tried to stay focused on the same mundane tasks interns in all kinds of offices are given: filing, organizing, and ordering lunches. I also got to shadow other brain injury therapists and, eventually, was allowed to work one-on-one with clients like Matt in hour-long sessions. It was a rare opportunity for someone who didn't yet have an undergraduate degree.

Our collective duty at the center was to help patients who had experienced brain injuries re-learn skills necessary in their daily lives, such as cleaning and cooking, organizing a shopping list, training for a new job, or managing personal finances. Our job was to help people rebuild their lives, one step at a time.

A few years before I started the internship, during the summer before my senior year of high school, my mother had abandoned us. After marrying a man she'd met on eHarmony, she packed up and left me and my 15-year-old sister, Lindsay alone in our house – without any prior discussion or warning. Her new husband's home was closer to where she worked, in a town a little more than 20 miles away, though she didn't check in on us often. Our father, who lived 500 miles away, was oblivious to the situation the entire time. We were too afraid he'd make us move in with him, and so we kept it all a secret.

At the age of 17 – the same age my mother was when she experienced her brain aneurysm – I stepped up into the parent role. I worked as a manager at a nearby grocery store, where I'd shop for our groceries. I was the one who made sure Lindsay finished her homework as I drove us to school each morning, and forged our mother's signature on any school forms that required it. I took us to the doctor when we got sick. With each day that passed, I collected more resentment toward my mother. She didn't understand how cumbersome it was for us to navigate daily tasks without her, how painful it was to not have our mom around. She couldn't seem to grasp that we still needed her, and I was too stubborn to admit I wanted her to come home.

I managed to get myself into college, where I majored in psychology – not for any particular reason, though looking back on it now, I can't help but see it as the first step of my attempt to understand my mother.

Two years later, I helped Lindsay do the same. She joined me in Philadelphia, where she started coursework in advertising at a nearby college, and we attempted to rebuild our lives. We could look ahead to the future, and were finally allowed to imagine what might be possible for us, and for our careers. But we were both still living in the fallout of our mother's abandonment. We were stuck in survival mode, lost and craving guidance, in need of someone to help us see that our goals were, in fact, reachable.

Feeling distant from my mother was not a new experience for me. Throughout my childhood and adolescent years, I'd often felt as if there was a wall between us. I vividly remember coming to her when I was 12 or 13, frustrated about something – maybe I was annoyed with my sister, or had just had an argument with a friend, or even likelier, was upset because of a boy. My mother was lying on the couch reading a book as I stormed into the living room with tears running down my face.

She looked up from her book and laughed in reaction to my despair, offering only one of her frequent refrains of “oh, it’s not a big deal” or “life isn’t fair” as comfort. Being dismissive of my emotions and concerns was typical for my mother, as was her cold affect, and I never got used to it. The emotional rejection hurt each time.

In the developmental psychology class I took during my sophomore year at Drexel, I learned about attachment theory, how crucial it is for a baby’s development to bond with their mother after birth, and how important it is for their emotional development that they feel safe in her arms. As I sat in that lecture hall, scribbling down notes from our professor’s slides, my thoughts returned to my mother. I’d been told I was a difficult newborn with bad colic, and knew my mother had gone back to work when I was only a couple of months old – two things that explained our lack of connection, or so I wanted to believe.

I raised my hand, eager to find out whether it was ever too late to start forming that bond. By the time my professor called on me, I was too ashamed to ask.

At the brain injury rehab, I’d sometimes suggest the patients and I play a card game like War, Solitaire, or Kings, which proved useful as a way to see how long they were able to maintain focus, noting what they could or couldn’t remember about how to play. To test a client’s spatial awareness, I might ask them to assemble blocks into a certain shape, like a tower. To test their organizational abilities, I might hand a client a stack of postcards marked with different zip codes and ask them to sort them.

I’d frequently act out mock scenarios with clients, like when I assisted Laurie, a single mother of four, with planning a meal from start to finish. We met in the quiet back room that had a computer. “What recipe would you like to make for dinner?” I asked.

“Something simple,” said Laurie. “I get lost if there’s too many steps.”

“O.K., simple is good. We can also print out the recipe for you to follow step by step at home,” I reminded her, and then walked her through using Google to search for possible recipes. Once she had decided on one, we worked on writing out a shopping list.

Over the course of the next few weeks, I helped Laurie work through all the steps involved in booking a vacation, from budgeting expenses to looking up flights and hotels. We discussed what to do if she got a call from the school nurse and one of her children was sick, and typed up a list of tips in her phone’s Notes application for her to reference in the future. When she entered the job-training phase of her treatment, we talked about how she might explain her brain injury to her new coworkers, and if she was even required to do so. She was training for an office job, so we practiced tasks like sorting and filing folders, making copies, and alphabetizing names in a Rolodex.

Some patients grew frustrated easily and gave up. Others, like Matt and Laurie, were motivated to finish the task at hand, but sometimes seemed confused about how to do so. It was my job to help encourage them, providing cues when necessary, repeating steps and reinforcing rules – all a great lesson in patience, a trait my mother had always reminded me I didn’t have.

When I started the internship, my new supervisor explained that some of the most common behavioral

and emotional problems people with a T.B.I. can experience include verbal or physical outbursts, poor judgment and disinhibition, impulsive behavior, egocentricity, and a lack of empathy.

“You might feel shocked the first few times you experience an inappropriate behavior,” she warned. “You’ll get used to it.”

But there wasn’t much “getting used to it” that I had to do. I had been raised by a woman who lacked inhibition, a woman who said what she felt and thought at all times, unaware of how it might make another person feel, including her children. I had survived her biggest impulsive act. I was more prepared for the job than I ever should have been.

When I had to fend off aggressive or inappropriate comments, or correct a client’s inappropriate behavior – like when one wanted to know if I was dating my male colleague (I was not) – I’d remind myself they didn’t know any better. Their brains had experienced trauma, and now they were moving through the world differently. They needed to relearn and regain different skills, which required time, patience, and guidance.

One afternoon I was walking through the hospital with Jeremy, a client who was volunteering in the maintenance department as part of his job-training program. As he pushed his cart beside me, he tried to fill the quiet hallways with conversation.

“So, when we gonna hang out?” he said. “You’re pretty hot, you know.”

My initial reaction was shock and embarrassment, and if I wasn’t supposed to be the professional one in the situation I might have turned around and run down the hallway. I managed to stumble out a response.

“That’s inappropriate and unprofessional, Jeremy,” I said. “You don’t speak to people you work with like that.”

“O.K., O.K.,” he said with his head down, embarrassed. “Got it.”

Once my knee-jerk shock reaction subsided, I felt something else for Jeremy. As I was teaching him how to interact in the world again after his injury, he was teaching me a lesson in empathy. And maybe, if I could learn to understand and feel compassion for what Jeremy was experiencing, I could learn to feel empathy for my mother, too.

In the end, the internship didn’t lead me anywhere career-wise. I never made it to medical school, but the experience did unlock my ability to re-think and write about my life – and helped salvage my relationship with my mother.

It’s taken years, but I’m finally beginning to understand and appreciate that she’s a complex person, like all of us are. I now see she’s not only someone who has caused trauma for me, but also a person who has endured and survived trauma herself. Like some of my impulsive clients, my mother’s frontal lobe had been damaged as a result of her brain trauma, an injury that likely impaired her judgment and ability to perceive other’s emotions. Maybe she couldn’t be blamed for her character flaws.

Sometimes I worry I'm just trying to impose a narrative on something that's unexplainable, but knowing it might not have entirely been her fault has helped me forgive her, bit by bit, and we're finally working to build the bond I've always felt was missing.

A few months ago, I went to visit my mother in the Poconos where she and her husband now live. We went out for dinner, just the two of us, and I ordered a bottle of red wine for us to share. I'd been reading a significant book about trauma called *The Body Keeps the Score*, I told her, and had lately been thinking a lot about how trauma is something we have in common.

"Yours might be physical, and mine emotional," I said, "but they're both considered trauma."

I watched as she sipped her glass of wine. She nodded with a little smile of recognition. "And we both survived," she said. "We share that, too."

It wasn't the warm, motherly embrace I've always dreamed of, but after years of working to be able to see my mother, I was finally able to feel seen by her.

They say the human brain is a mystery, an unknowable enigma, and for so much of my life my mother has been exactly that: a riddle I've never been able to solve. But the brain is resilient, too, with the ability to repair damaged cells and grow new neurons, capable of creating connections where there used to be none.

Shelby Vittek is a writer and editor based in New Jersey. Her work has appeared in Longreads, Catapult, the Washington Post, Wine Enthusiast, Bon Appétit, National Geographic, The Kitchn, and The Smart Set, among others. She is currently the associate editor for New Jersey Monthly.

"We have to be witnesses for those millions who are not speaking up now for whatever reason. That's the role that I feel our movement needs to play right now in society-to speak up to tell the truth about what we have known, what we have experienced in our own lives." - Leonard Roy Frank

"Wounded children have a rage, a sense of failed justice that burns in their souls. What do they do with that rage? Since they would never harm another, they turn that rage inward. They become the target of their own rage." - Woody Haiken

4] [Family Secrets - When Nobody is Looking](#) – Documentary – YouTube 22:24 minutes

This documentary series takes viewers on a journey into the private world of family relationships. Each episode focuses on an individual family whose members have been affected by a life-changing event.

When Nobody is Looking: One man shares his secret about a father who sexually abused him, as well as his brothers and sister for many years. Now, after a long journey that helps free him from the horror and pain, he can finally accept the past and embrace the future

[Family Secrets: When Nobody's Looking](#) Documentary @ Amazon.com

From the outside looking in, author Donald D'Haene's childhood hardly seemed unconventional. He grew up in a patriarchal family with his mother, father and two siblings. Home life was strict and

regimented, his father was clearly the master of the house. But as a devout Jehovah's Witness, this was hardly out of the ordinary. On the surface, Donald's youth would resonate with anyone raised in the slow-paced sanctity of a small town. Years later, Donald would reveal a sad tale of survival, struggle and strife in his book, *A Father's Touch*, his memoirs about enduring years of sexual abuse at the hands of his father, subsequently retold in this documentary *Family Secrets, When Nobody's Looking*.

[Father's Touch by Donald D'Haene](#) Book @ Goodreads

[Reviews of Father's Touch](#) by Donald D'Haene

Father's Touch is an extraordinary book. I have read many impressive memoirs by survivors of sexual child abuse; many features set this one above the pack.

In addition to his fearless self examination, Donald D'Haene presents excerpts from his father's writings that offer a chilling first person portrait of an abuser's denial, distortions, justifications and rationalizations of his crimes. D'Haene details the response (ranging from ignoring the problem through outright resistance to re-victimization) by many segments of the community - religious, educational, police, and the legal system.

That Donald D'Haene persisted in his quest for understanding and justice in the face of these obstacles, is testimony to his strength, courage and resilience.

This is a book that will stay with you long after you close its covers.

[Mike Lew, Author of Victims No Longer and Leaping upon the Mountains](#)

“Art should comfort the disturbed and disturb the comfortable.” - Cesar A. Cruz

“A friend is someone who knows all about you and still loves you.” - Elbert Hubbard

5] [Indigenous in Music and Arts](#) – Thank you for supporting Us and our Entrepreneurs

Mission - To develop and promote, indigenous artists and musical entertainers, while also providing entertainment to the general public.

Indigenous In Music Mission - The Indigenous in Music Radio Show mission is to: develop, organize, promote and administer a comprehensive, coordinated music program. Provide music and entertainment for the general public.

[Indigenous in Music](#) - Join Larry every week as he brings you live interviews and a mix of new music from our Indigenous musicians from around the Western Hemisphere, a variety of rock, pop, country, flute, salsa, classical, house and electronica. Indigenous in Music is Distributed on Native Voice One, the Native America Indian Radio Network, PRX the Public Radio Exchange and Pacifica Audio Port. A big Pini-Gigi (Thank you) to “SAY Magazine” a international Indigenous magazine for giving Indigenous in Music a mention and for featuring all of our musical guest's.

The Indigenous in Music Radio Show was developed to support indigenous musicians. After we did

our research, we discovered that our indigenous musicians were not getting the exposure needed to get into the mainstream music scene. Host Larry Knudsen, from the Ho-Chunk Nation started the [Indigenous in Music Radio Show](#).

[Two Buffalo Virtual Art Gallery](#) - Thank you for stopping by and visiting our new “Virtual Gallery. A great opportunity to take a look at artwork presented by our Indigenous Artists. All artwork can be purchased here using credit card, Paypal, Zella or check.

[Indigenous Mentor and Leadership Network](#) – YouTube

Boozhoo, A’ho.....We have started a new program, and would like you to be a part of it. Do you produce Learning videos? If so, please visit, subscribe, and send us your links, we’ll post them to our YouTube channel. Our email is mentorandleadership@gmail.com

Welcome to the Indigenous Mentor and Leadership Network. This is where we make our family connections. Together we will build a site to showcase and demonstrate our family traditions we don’t want to see forgotten.....

Mentoring offers a great opportunity to develop skills, share knowledge, encourage the formation of networks, and work together towards future goals. Your involvement in this initiative will enhance your understanding of your own professional and cultural identity, as well as the cultural differences of others.

Whether you’re a Mentor or Mentee, this is your chance to inspire, empower and challenge others.

Nonprofit Purpose - Indigenous in Music and Arts Inc is organized and operated exclusively for charitable and educational purposes in accordance with Section 501c(3) of the Internal Revenue Code. More specifically, Indigenous in Music and Arts is dedicated to celebrating the indigenous cultural arts and working to develop the educational improvement, economic opportunity and social advancement of indigenous communities and individuals who share these values.

Specific Purpose - Indigenous in Music and Arts provides music and cultural entertainment that reflect or represent indigenous identity worldwide. The organization also fosters opportunities for individuals or groups who want to celebrate the rich history and culture of indigenous people and develop themselves, especially within music or arts. These opportunities include scholarships, collaborative projects and other educational programs to develop.

“The opposite of love is not hate, it's indifference. The opposite of art is not ugliness, it's indifference. The opposite of faith is not heresy, it's indifference. And the opposite of life is not death, it's indifference.” - Elie Wiesel

“If there's a book that you want to read, but it hasn't been written yet, then you must write it.” - Toni Morrison

6] [Ending the Stigma on Mental Health - Moments of Clarity with Tiffany](#)

My Mission - Hi Friends! I’m Tiffany and I’m a Licensed Mental Health Counselor, Author and Host

of the Radio Show “Moments of Clarity With Tiffany”.

My mission and passion is to educate and help end the stigma on mental health through the radio show, thanks to the inspirational stories of my exceptional guests, and the resources on this website.

Living with a mental health disorder is not easy. If you or someone you know is struggling with this, please know it’s so important to seek treatment and I’m here to help.

Check out all the blog posts and resources on this site to help educate and inspire you to take action, because there’s no shame in seeking help for mental health!

Make sure you take a few seconds to sign up for the email list. You’ll get some extremely valuable, educational and entertaining content right to your inbox each week.

Plus you’ll get instant and free access to my guide on managing your anxiety!

Each week, the show features inspirational guests, celebrities, authors, film makers, and entrepreneurs, who share their stories of improving their lives through their own courage and the support of others.

Many are dealing with depression, anxiety, and bipolar disorder. Some have survived traumatic situations or are abuse survivors.

Moments of Clarity with Tiffany reaches approximately 1.2 million listeners on the airwaves in Tampa Bay alone! Callers are welcome during the show and your support is appreciated!

Watch and Listen Here - Live [12:00 – 1:00 Eastern Thursday and Friday](#)

[YouTube](#) – archived show videos and [Facebook Live](#)

“It is not a lack of love, but a lack of friendship that makes unhappy marriages.” - Friedrich Nietzsche

“Hold fast to dreams, For if dreams die Life is a broken-winged bird, That cannot fly.” - Langston Hughes

7] [Eddie Van Halen endured a 'horrifying racist environment' before becoming a rock legend](#) By Kimmy Yam @ NBC News

In an interview with Marc Maron, former band-mate David Lee Roth revealed just how painful the experience was for the late artist, who was of Indonesian and Dutch descent.

Music fans around the world are mourning the loss of iconic Van Halen rock star Eddie Van Halen. And while many today honor his legacy as one of the all-time greatest guitarists, fans are also highlighting past interviews describing his encounters with painful racism and discrimination because of his mixed race in his early years.

Van Halen, [who died Tuesday of throat cancer](#) at 65, was the son of Dutch and Indonesian immigrants and spent his childhood in the Netherlands. His former bandmate David Lee Roth, a fellow rock

superstar, once revealed on the podcast ["WTF with Marc Maron"](#) just how painful the experience was for the young Van Halen and his brother, drummer Alex Van Halen.

In the 2019 interview, Roth described how poorly the Van Halens' parents were treated because of their mixed-race relationship in the 1950s.

"It was a big deal. Those homeboys grew up in a horrifying racist environment to where they actually had to leave the country," Roth said in the podcast.

He added that the brothers, who were often referred to as "half-breed" in the Netherlands, still met difficult circumstances after immigrating to the U.S.

"Then they came to America and did not speak English as a first language in the early '60s. Wow," Roth told Maron. "So that kind of sparking, that kind of stuff, that runs deep."

The brothers' mother, Eugenia, met their father, Jan, a traveling musician, in Indonesia when it was under Dutch rule. Shortly after World War II, the couple decided to move to the Netherlands, where the rock stars were born.

Eugenia was treated as a "second-class citizen," Van Halen said in an interview in 2017 with music journalist [Denise Quan](#) for Smithsonian's National Museum of American History. The family packed up and left for the U.S. in 1962, making the trek by boat for nine days, before settling in the Pasadena, California, area.

Their early days in the U.S. were difficult, Van Halen told Quan. The family lived in a house shared with two other families. While his mother worked as a maid, his father picked up a job as a janitor and also maintained a music career. The environment at the time wasn't particularly inviting to the young immigrants, and Van Halen described his first day of school as "absolutely frightening."

"We already went through that in Holland, you know, first day, first grade. Now, you're in a whole other country where you can't speak the language, and you know absolutely nothing about anything and it was beyond frightening," he said. "I don't even know how to explain but I think it made us stronger because you had to be."

He told Quan that the school he attended at the time was still segregated and that because he couldn't speak the language, he was considered a "minority" student.

"My first friends in America were Black," Eddie told the journalist. "It was actually the white people that were the bullies. They would tear up my homework and papers, make me eat playground sand, all those things, and the Black kids stuck up for me."

In spite of the racism and discrimination he faced, Van Halen told Quan that looking back on his life, he was grateful for his experience as an immigrant.

"Coming here with approximately \$50 and a piano, not being able to speak the language, going through everything to get to where we are, if that's not the American dream, I don't know what is," he said in the interview.

Indonesian social media users have paid tribute to Van Halen, who's seen as a source of pride for many in the community.

[Van Halen - "Eruption" \(Eddie Van Halen Guitar Solo\) Live](#) In Charlotte, NC 9/11/15 – YouTube 9:18 minutes

“We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty.” - Maya Angelou

“We write to taste life twice, in the moment and in retrospect.” - Anais Nin

8] [Poet's Notebook – Denise Fletcher](#)

Denise is a freelance writer and artist. She has been writing since her ‘Peace’ poem was accepted in her junior high English class newsletter in 1974. She received a Bachelor of Science in Recreational Therapy from Minnesota State University, Mankato with a minor in Psychology. Her continued education includes a Massage Practitioner certificate from the Minneapolis School of Massage. She is qualified as a Certified Peer Specialist through the DBSA Peer-to-Peer Resource Center and has successfully completed e-courses in Trauma-informed Care and Emotional CPR. She finds healing in the arts and writing is her passion. She has completed several online MOOC courses in writing and poetry from the University of Pennsylvania, Udemy, the University of Iowa, Boston University, and Stanford University. She is an avid reader and lover of poetry.

Her creative works have appeared in a number of anthologies and in dozens of journals in the U.S., Canada and the U.K., including Florida Bards, Free Verse Revolution, Bards Against Hunger, Beakful, The Words are in My Soul, Remixt, The BeZine, the OCH Literary Society, Drabble Quarterly, I am Not a Silent Poet, Praxis Magazine, Kaleidoscope Magazine, Poetry Atlas, In New Light, Georgia Mental Health Consumer Network, Multifarious Literary Journal, Voices of Poetry & Prose, Home Health Aide Digest, Hopekeeper's Magazine, Open Minds Quarterly, Hit and Run Magazine, Many Voices, On Edge, Blurb, Bloomington Art Center Black Box Theater, Mouth Magazine, Doctor Yourself, VSA Arts, Artability, Intermedia Arts, Poets Against the War, Advocating Change Together, Artsforge, Loft Literary Center, Zoetrope Virtual Studio, Faithwriters, and other publications. She is the author of '*A Thread of Hope*,' a book of poetry, prose and artistry, and editor of the poetry anthology, *The Seven Ages of Man*. She is a native Minnesotan and Florida transplant, currently residing in the Tampa area.

*To read her **Vita and Publications**, click [here](#).

[Writing - My Publications Online](#) and [Art](#)

“Instead of worrying about what you cannot control, shift your energy to what you can create.” - Roy T. Bennett

“The things you do for yourself are gone when you are gone, but the things you do for others remain as your legacy.” - Kalu Ndukwe Kalu

9] [Grief Doesn't Have Five Stages](#) by Suchandrika Chakrabarti @ Pocket Worthy - Stories to fuel your mind

If you haven't experienced the death of someone close - someone so important to your life that the loss left you hollowed - then you haven't yet found out what your imagination is capable of.

Grief is like an impenetrable force field around the person left behind, the person who used to be like you (pro-tip: they're not really like you anymore; acknowledge that).

Inside it, the mourning person is both incredibly lonely and never alone. "You run through me unceasingly, like blood, like my own thoughts," the writer John Niven says in [this Father's Day letter to his late dad](#). A beautifully expressed, completely private moment between the two, but only really happening inside one person's mind.

"A lot of grief feels like madness and is crazy-making," says Julia Samuel, psychotherapist and author of [Grief Works](#). Death is an enormous concept to grapple with, and, yes, it can feel like you're losing your mind. Mourning is inscrutable for those who have yet to experience it; no wonder we try to impose a linear order onto it. Both the grieving and the witnesses to grief feel the need to map a way out.

You've heard of them, the five stages of grief: denial, anger, bargaining, depression, acceptance. You've seen [that Simpsons clip](#). They sound faster than the 12 Steps, less prescriptive than the 10 Commandments, but much less fun than the Rule of Threes. Unfortunately, I can tell you this is not at all how grief works.

Both of my parents died before my 20th birthday. The shock and the disbelief lasted for a long time. In those strange early days I'd wake up from vivid multi-colored scenes of simple domestic moments — dreams of lost normality - forgetting that I'd been locked out of that world. The knowledge would then slide in, taking those few precious seconds of believing that I was still a daughter, and making them absurd, a source of renewed pain.

Back then, my head invaded by grief, I couldn't find the words to explain the shifting size of it: unbearably huge one day, forcing endless crying and dwelling on the past; small and tucked away the next day, freeing me to just live for a little while.

The popular five stages framework presents bereavement as a simple linear process, but grief is closer to a huge, unending paradox.

Psychiatrist Elisabeth Kübler-Ross devised the five stages in the 1970s after speaking to terminally ill patients as a way of helping them deal with their own impending deaths. The Kübler-Ross model was quickly snapped up as a framework for all responses to death. Kübler-Ross noted this with concern, and [said](#) the steps were "not stops on some linear timeline in grief." Still, the model's enduring popularity for precisely that purpose tells that we desperately want a guide to living with death.

So, if even Kübler-Ross herself suggests grief is not experienced in stages, then what?

"They never come back to tell you what it's like," my dad once said to me about the people he'd lost;

an image that I've held on to for more than 15 years. He was right. There is a lot of imaginative work woven through the labor of mourning.

The Kübler-Ross model's enduring popularity tells us that we desperately want a guide to living with death.

"Grief goes in circles. I think we are slowly coming to realize as a society, that it is okay to grieve your whole life," [said](#) actress Beth Rylance. Her mother died four days after Beth's first birthday.

As an ambassador for child bereavement charity [Grief Encounter](#), Rylance [said](#), "I feel the loss of her more the older I get." As she has gone past life milestones and matured emotionally, Rylance has both experienced her mother's loss and come to understand how time has shaped her responses to the absence. Rylance's grief has grown up with her. Cruelly, comfortingly, it's been there in place of her mother. "If there is something I've learnt from growing up without my mum, it's that there isn't really an end to it," she said. "You don't suddenly one day feel better that you don't have a mum."

The grieving process is complex, isolating and ongoing - requiring emotional energy to find meaning in the vast unfairness. This goes on under the skin, invisible to the outside world. It's what you do just to continue living at the same basic level as everyone else. Certainly this involves feelings of denial, anger, and depression. Sometimes all at once, or not at all, and then again.

Sounds like a lot of effort? It is, and that's only part of it. Among some of the unwanted gifts of a new loss is overproduction of fight-or-flight hormones cortisol and adrenaline, leading to a racing pulse and state of hypervigilance. Grief is not confined to the emotions; it is a physical reaction going on in the heart, veins, and arteries of the bereaved. If this continues, anxiety, exhaustion, and a fear of building relationships can follow.

One significant death means that anyone can die, anytime; the world is no longer safe. This feeling is particularly true of people who lost a parent in their teenage years. Comedian Cariad Lloyd, whose father died when she was a teenager, compares it to having the floor pulled out from under you, which is exactly right.

"I joined the club when I was 15," Lloyd said, alluding to the common feeling shared by people who've been through a devastating loss: that we're in it together because we understand something overwhelmingly large and unspoken, knowledge that can only be gained through loss. We have a need to talk to each other. That's why she started her award-winning podcast, [Griefcast](#), in 2016.

"When we were growing up," she said, "everything was stable. And then, suddenly, nothing was. As a teenager, it feels like: oh, well now I don't believe in anything. I'd worry that everything would be taken away from me all the time, because it had been. We had evidence of that."

There's no choice except to engage with loss, to acknowledge and grow around the outline of the missing loved one. "If you ignore grief and push it down," Julia Samuel said, "you can live and you can even function, but you will live a very narrow emotional life because you are using so much energy to cope."

When dealt with head-on, "mourning can be one of the most enriching, vivid things you ever do, if you

lean into it fully. There's a feeling of joy that eventually arises," wrote Heather Havrilesky, in her [Ask Polly](#) column for now-defunct site *The Awl*.

So if the five stages of grief are inadequate for guiding us through loss and explaining how that journey might go, is there any structure that works?

I've found a lot of truth in Julia Samuel's [Pillars of Strength](#), which are built from her 25 years' experience of counseling the bereaved. They categorize the effects of loss, showing the bereaved person that, as confusing and alienating as mourning is, there is help available.

The eight pillars are: relationship with the person who's died; relationship with oneself; ways to express grief; time; mind and body; limits; structure; focusing. You don't progress through them in a linear fashion. Each pillar is a resource you can return to. They provide reasons for why your feelings are changing over time, and suggest ways to get through the harder moments. The pillars also frame a series of windows onto that experience, for those who remain outside the club.

They make clear the basis of grief's paradox: "The relationship with the person who has died, although radically altered, continues; loving them in absence, rather than presence." It is an experience that covers the real and the imaginary, the living and the dead.

Mourning is so much more than an act of endurance. Really, grieving is the task of taking the love that was once shared between two people, and transforming it to fit inside one broken but still-beating heart. That's why it takes time; that's why it hurts.

Suchandrika Chakrabarti spends her time writing, teaching and on Twitter. You can find her there [@SuchandrikaC](#). This post originally appeared on [The Outline](#) and was published September 5, 2018.

"When you stop expecting people to be perfect, you can like them for who they are." - Donald Miller

"A lie can travel half way around the world while the truth is putting on its shoes." - Mark Twain

10] [ORCHESTRATING CHANGE](#) – The Me2/Orchestra

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

"There are some things in life that you just can't fake. Making great music and true compassion are at the core of this extraordinary film. Mental illness is no longer remote. Mental health is not merely an aspiration. Orchestrating Change is a signpost for love, talent and the gift of making a community." - Sean Astin, Actor, Director & Mental Health Advocate.

Seventy musicians wait on stage, poised to begin a concert at the beautiful Art Deco Flynn Center for

the Performing Arts in Burlington, VT. The conductor strides to the podium and raises his arms for the downbeat. But this is not an ordinary orchestra; in fact, it is quite extraordinary because about half of the musicians live with diagnoses of bipolar disorder, anxiety, obsessive-compulsive disorder, schizophrenia, associative disorder, borderline personality, depression or addiction.

Conductor Ronald Braunstein graduated from Juilliard and at the age of 24 became the first American to win the prestigious Herbert von Karajan Conducting Prize. Instantly, he was circling the globe to conduct major orchestras including the Berlin Philharmonic, the Tokyo Symphony, the Stuttgart Radio Orchestra and the San Francisco Symphony. But, his professional triumphs were often interrupted by intense mood swings and alternating periods of depression and mania. At age 30, he was diagnosed with bipolar disorder. As knowledge of Ronald's diagnosis became public, his manager dropped him and the classical music community shunned him. His once meteoric career plummeted. Ronald spent decades teaching when he was well but never really coming to terms with his diagnosis. He filled notebooks with suicidal thoughts.

Then, on the brink of destitution, he moved to Burlington, Vermont to take a job with a local orchestra. The job proved short-lived but in Burlington Ronald met and married Caroline Whiddon, a career orchestra executive director. In 2011, they founded Me2/Orchestra, Inc.

Me2/'s mission is to combat the stigmatization of the mentally ill at every concert through music, understanding, compassion and open dialogues about living with mental illness with each audience. Ronald had dreamed of creating an orchestra where he and others like him (Me2/) could create music in a supportive and caring atmosphere.

As of September 2019, there will be three Me2/Orchestras: one in Burlington, one in Boston, and the newest in New Hampshire. A smaller ensemble is growing in Portland, Oregon and another will launch soon in Denmark.

[ORCHESTRATING CHANGE Preview @ Vimeo 4:39 minutes](#)

ORCHESTRATING CHANGE documents the poignant and powerful ways Me2/Orchestra has transformed the lives of Ronald and his musicians, enabling them to come out of the shadows and be heard. The film presents the growth of Me2/Orchestra from Ronald's dream to an organization that is becoming a recognized voice in the national dialogue about mental health as Ronald and Caroline are featured speakers at the annual Kennedy Forum on Mental Health in Chicago. Filled with beautiful music and New England scenery through the seasons, *ORCHESTRATING CHANGE* highlights the small, intimate moments between husband and wife, parents and children, friends and partners, all living with the daily realities of mental illness.

We followed several of the musicians' experiences living with mental illness during the course of two years in which two of them experienced breakdowns during that time requiring hospitalization and one was briefly incarcerated. But they were able to return to the orchestra knowing they had the full support of Ronald, Caroline and their fellow musicians.

Ronald's vision has not just come to life. It is changing lives. The Me2/Orchestra is erasing the stigmas about mental illnesses, dispelling stereotypes, and promoting dialogue with exhilarating performances. Our cameras captured Me2 performances at South Station in Boston as part of the international Bach in

the Subways celebration and at a juvenile detention facility in Vermont.

After most performances, the musicians engage in a dialogue with the audience either answering questions about their instruments or about mental illness. For many in the audience, it is a rare opportunity to talk openly about mental illness in a completely stigma-free environment.

ORCHESTRATING CHANGE culminates with the two orchestras, Me2/Burlington and Me2/Boston, coming together for the first time for a triumphant performance at Burlington's Art Deco jewel, the Flynn Center for the Performing Arts. It is a powerful and emotional accomplishment for Ronald and the musicians who have so often been stigmatized and cast aside.

“You may say I'm a dreamer, but I'm not the only one. I hope someday you'll join us. And the world will live as one.” - John Lennon

“The world is indeed full of peril, and in it there are many dark places; but still there is much that is fair, and though in all lands love is now mingled with grief, it grows perhaps the greater.” - J.R.R. Tolkien

11] [On Edge: A Journey Through Anxiety](#) by Andrea Petersen @ Goodreads

A celebrated science and health reporter offers a wry, bracingly honest account of living with anxiety.

A racing heart. Difficulty breathing. Overwhelming dread. Andrea Petersen was first diagnosed with an anxiety disorder at the age of twenty, but she later realized that she had been experiencing panic attacks since childhood. With time her symptoms multiplied. She agonized over every odd physical sensation. She developed fears of driving on highways, going to movie theaters, even licking envelopes. Although having a name for her condition was an enormous relief, it was only the beginning of a journey to understand and master it - one that took her from psychiatrists' offices to yoga retreats to the Appalachian Trail.

Woven into Petersen's personal story is a fascinating look at the biology of anxiety and the groundbreaking research that might point the way to new treatments. She compares psychoactive drugs to non-drug treatments, including biofeedback and exposure therapy. And she explores the role that genetics and the environment play in mental illness, visiting top neuroscientists and tracing her family history - from her grandmother, who, plagued by paranoia, once tried to burn down her own house, to her young daughter, in whom Petersen sees shades of herself.

Brave and empowering, this is essential reading for anyone who knows what it means to live on edge.

[Andrea Petersen: "On Edge: A Journey Through Anxiety"](#) – YouTube 52:06 minutes

[Andrea Petersen](#) is a contributing writer at *The Wall Street Journal*, where she reports on psychology, health and travel. During her 18 years as a staff reporter and editor at the *Journal*, Andrea has covered a wide variety of beats including telecommunications, pharmaceuticals and aging. [On Edge: A Journey Through Anxiety](#) is her first book.

Andrea is the recipient of a *Rosalynn Carter Fellowship for Mental Health Journalism*. She lives in Brooklyn, New York with her husband and daughter.

“Perhaps one did not want to be loved so much as to be understood.” - George Orwell

“The truth will set you free, but first it will piss you off.” - Joe Klaas

12] [New PTSD Treatments Emerge as Cases Rise Among Some Groups](#) By Andrea Petersen @ Wall Street Journal

Studies offer hope for Covid-19 survivors and front-line workers suffering from post traumatic stress disorder

As the pandemic grinds on, psychologists and psychiatrists are bracing for rising rates of post traumatic stress disorder. The concern comes as a wave of potential treatments for PTSD are on the horizon.

Psychologists and psychiatrists say new treatments for PTSD, some of which involve combining psychotherapy and drugs, are sorely needed, as some Covid-19 survivors and front-line workers grapple with the disorder.

Only around [20% to 30% of people](#) who take the medications that are FDA-approved to treat the disorder, the antidepressants Zoloft and Paxil, achieve complete remission. The most evidence-based talk therapies for trauma are effective for about half of patients. Skilled therapists who can deliver those treatments are in short supply in some parts of the country.

Scientists are seeing early positive studies combining psychotherapy with certain drugs, including MDMA (known as the street drug Ecstasy), to enhance the treatments' efficacy. A growing body of research shows that transcranial magnetic stimulation, which uses a high-powered magnet placed on the scalp to stimulate neurons in certain parts of the brain, can ease PTSD symptoms. Early research is finding that ketamine, a version of which the Food and Drug Administration approved last year for treatment-resistant depression, also can alleviate PTSD.

Already, some studies are finding elevated rates of PTSD among health-care workers and young people. In a study published in August in the journal *Psychological Trauma* that surveyed 270 health-care professionals in Greece in April, [16.7% met criteria for a diagnosis of PTSD](#). A survey of nearly 900 18-to-30 year-olds conducted between April 13 and May 19 found that [about 32% of young adults](#) had high levels of PTSD symptoms, with those expressing more loneliness and worries about Covid most affected. The study was published in the journal *Psychiatry Research* in June.

Doctors say people who have had severe Covid-19 infections are likely to face a higher risk, too. A meta-analysis published in May in the *Lancet* found that about 32% of patients who had the coronavirus SARS during that earlier outbreak [had PTSD](#) about three years after their acute illnesses.

“Front line workers have direct trauma exposure, witnessing people dying in pretty large numbers, or where they had to make some really difficult decisions about who they give resources to,” says Tanja Jovanovic, professor of psychiatry at Wayne State University in Detroit. “The more traumas you have,

the higher your symptoms.”

Only a fraction of people who experience or witness a life-threatening traumatic event develop PTSD. The numbers vary depending on the study and the type of trauma - whether from combat, a sexual assault or a car accident, for example, but researchers say that, in general, about 10% to 20% of people do. The disorder is characterized by nightmares, flashbacks, difficulty sleeping, avoidance of situations that remind the person of the trauma and other symptoms that last for more than one month and impair functioning.

“If you’re irritable and you can’t sleep and you have nightmares, it’s hard to maintain relationships or a job,” says Dr. Jovanovic. People with PTSD have a greater risk of substance abuse, physical health problems and suicide, notes Barbara Rothbaum, professor of psychiatry and director of the Emory Healthcare veteran’s program and trauma and anxiety recovery program at Emory University School of Medicine.

People who have pre-existing mental health issues, like anxiety or depression, are more likely to develop PTSD after a trauma, says Murray Stein, a professor of psychiatry at the University of California, San Diego and a staff psychiatrist at the VA San Diego Healthcare System. The risk for PTSD is about 40% to 50% genetic, says Kerry Ressler, chief scientific officer at McLean Hospital and a professor of psychiatry at Harvard Medical School.

Michael Skinner says he has been dealing with PTSD since the early 1990s, the result of childhood abuse. The trauma “just overwhelmed me,” he says. Mr. Skinner became unable to work, his marriage fell apart and he attempted suicide twice. He spent years bouncing between therapists and trying various medications without getting much relief before he found a therapist who specializes in treating trauma. This treatment, he says, helped. So has connecting with other survivors of childhood abuse in support groups. In recent years, he has continued to see therapists off and on.

“I have found peace in my life. I have found joy,” says Mr. Skinner, a 66-year-old musician in Goffstown, N.H. But he still has nightmares and sometimes “the emotional triggers come out of nowhere,” he says. “This stuff is with me every day and every night.”

The most effective psychotherapies for PTSD are cognitive processing therapy and prolonged exposure therapy, versions of cognitive behavioral therapy. In cognitive processing therapy, people learn to challenge thoughts and beliefs that fuel PTSD symptoms. In prolonged exposure, people recount their trauma to a therapist many times and visit places that remind them of the traumatic experience. “Folks with PTSD, they avoid thinking about [the traumatic event], they avoid all reminders, so then it festers and haunts them,” says Dr. Rothbaum. “We help them confront the memories and reminders in a therapeutic environment.”

Researchers are trying to make psychotherapy more effective. Kim Fellingham, chair of clinical psychology at the University of Melbourne, is conducting a randomized controlled trial combining prolonged exposure with aerobic exercise. Participants doing the intervention ride an exercise bicycle for 20 minutes before beginning their therapy session. Aerobic exercise boosts the levels of a protein called brain-derived neurotrophic factor, or BDNF. In studies, higher levels of BDNF improve fear extinction learning. Extinction learning is part of how scientists believe exposure therapy works in people: with repeated exposure to traumatic memories in a safe space, people with PTSD learn not to

fear their traumatic memories.

Scientists are also combining therapy with medications to boost efficacy. The use of MDMA combined with psychotherapy is being studied in two Phase 3 clinical trials, says Rick Doblin, executive director of the Multidisciplinary Association for Psychedelic Studies, the nonprofit funding the research. In a review of six Phase 2 studies published in 2019 in the journal *Psychopharmacology*, 54% of participants who received two treatments, each of which included a dose of MDMA and an eight-hour psychotherapy session where patients relayed their traumatic experiences, [no longer met criteria for PTSD](#), compared with 23% of participants who received psychotherapy and a placebo. About 40% of people who received the MDMA treatment reported side effects including anxiety, headaches and nausea.

“MDMA allows people to engage trustingly with other people in a therapeutic context,” says Boadie W. Dunlop, director of the Mood and Anxiety Disorders Program at Emory University School of Medicine, who is an investigator on studies involving MDMA. Researchers are examining other drugs, including the steroid dexamethasone and D-cycloserine, a medication used for tuberculosis, in combination with psychotherapy to treat PTSD.

“Tears shed for another person are not a sign of weakness. They are a sign of a pure heart.” - José N. Harris

“I no longer believed in the idea of soul mates, or love at first sight. But I was beginning to believe that a very few times in your life, if you were lucky, you might meet someone who was exactly right for you. Not because he was perfect, or because you were, but because your combined flaws were arranged in a way that allowed two separate beings to hinge together.” - Lisa Kleypas

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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